

1999-2001 MAX OT Validation Table
State: DC

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000 - 2001	Cross Year Change Within Expected Range (+/-15%)
		Value	Within Range	Value	Within Range	Value	Within Range			
All OT Claims										
Total Number of Claims	N/A	2,783,634	N/A	2,939,531	N/A	3,288,316	N/A	5.60	11.87	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Supplemental Claims										
% Cap 20 Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	29.73	N/A	27.40	N/A	24.95	N/A	-7.83	-8.94	Yes
Total FFS Claims Excluding Capitation Payments	N/A	1,956,046	N/A	2,134,018	N/A	2,467,811	N/A	9.10	15.64	No
	5-20	3.60	No	2.98	No	3.10	No	-17.44	4.01	Yes
% Crossover	> 1%	0.66	No	5.02	Yes	1.78	Yes	660.96	-64.61	No
% Adjusted Claims	N/A	.	N/A	91.23	N/A	30.64	N/A	N/A	-66.41	No
% Standard Adjustments	N/A	\$180	N/A	\$50	N/A	\$91	N/A	-72.19	80.76	No
Average Paid per Cap Payment (TOS 20, 21, 22)	N/A	29.73	N/A	27.40	N/A	24.95	N/A	-7.83	-8.94	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$163	Yes	\$173	Yes	\$185	Yes	5.88	6.86	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	N/A
S Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1998										
Total Number of Claims	N/A	1,885,537	N/A	2,070,509	N/A	2,391,420	N/A	9.81	15.50	No
% Claims with> \$0 Paid	>95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% Claims with Span Bill	N/A	2.63	N/A	3.02	N/A	3.27	N/A	15.04	8.03	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.02	N/A	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.77	N/A	0.15	N/A	0.16	N/A	-81.15	8.05	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.07	N/A	3.47	N/A	3.64	N/A	13.33	4.74	Yes
% Claims W/ Service Place 11- Office	50-90	18.64	No	17.15	No	25.66	No	-7.95	49.56	No
% Claims W/ Service Place 12 - Home	>0-5	17.31	No	16.72	No	14.63	No	-3.39	-12.50	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	6.32	No	5.37	No	4.35	Yes	-14.94	-19.03	No
% Claims W/ Service Place 32 - NF	>0-5	0.55	Yes	0.47	Yes	0.43	Yes	-13.89	-8.84	Yes
% Claims W/ Service Place 23 - ER	1-10	0.55	No	0.54	No	0.54	No	-0.83	-0.73	Yes
% Claims w/ Service Place 22 - OPD	>0-10	12.65	No	11.26	No	6.53	Yes	-10.96	-42.01	No
% Claims W/ Service Place 99 - Unknown/Other	<5	31.58	No	36.97	No	33.54	No	17.08	-9.27	N/A
% Claims with TPL	>0 - 15	0.00	Yes	0.00	Yes	0.00	Yes	82.13	2497.42	No
Aver. TPL Paid -claims with TPL	N/A	\$500	N/A	\$30	N/A	\$61	N/A	-94.00	103.78	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	17.45	Yes	11.74	Yes	11.10	Yes	-32.74	-5.40	Yes
% claims MAX TOS 09: Dental	2-20	0.63	No	0.48	No	0.42	No	-23.05	-12.37	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.77	Yes	0.81	Yes	0.88	Yes	5.74	9.18	Yes
% claims MAX TOS 11: OPD	3-25	5.66	Yes	3.36	Yes	2.23	No	-40.70	-33.53	No
% claims MAX TOS 12: Clinic	2-25	11.99	Yes	9.89	Yes	21.84	Yes	-17.55	120.94	No
% claims MAX TOS 13: HH	>0-25	11.48	Yes	10.02	Yes	8.38	Yes	-12.71	-16.42	No
% claims MAX TOS 15: Lab/Xray	4-20	6.57	Yes	11.08	Yes	9.10	Yes	68.78	-17.84	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.10	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	1.55	Yes	5.79	Yes	5.65	Yes	272.40	-2.32	Yes

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	>3	4.15	Yes	2.92	No	2.39	No	-29.56	-18.20	No
% claims MAX TOS 51: DME	>1	18.04	Yes	20.47	Yes	20.70	Yes	13.45	1.11	Yes
% claims MAX TOS 26: Transportation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-27.39	-1.68	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-60.97	-13.42	Yes
% claims MAX TOS 25: Abortions	>0	0.95	Yes	1.59	Yes	1.21	Yes	67.53	-23.68	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	0.07	Yes	0.03	Yes	0.01	Yes	-64.01	-63.18	No
% claims MAX TOS 33: Rehabilitation	>1	0.59	No	0.02	No	0.04	No	-96.29	101.64	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.01	Yes	0.01	Yes	0.01	Yes	4.15	-33.36	No
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.01	N/A	0.02	N/A	175.56	60.53	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care	>1	5.27	Yes	13.05	Yes	8.14	Yes	147.50	-37.63	No
% claims MAX TOS 53: Psych. Services	>0	14.81	Yes	8.73	Yes	7.76	Yes	-41.08	-11.15	Yes
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)	N/A	\$76	N/A	\$77	N/A	\$73	N/A	1.77	-5.07	Yes
Total	\$20-90	\$36	Yes	\$40	Yes	\$56	Yes	11.09	42.76	No
08: Physicians	\$10-60	\$16	Yes	\$22	Yes	\$23	Yes	34.56	8.58	Yes
09: Dental	\$10-100	\$24	Yes	\$25	Yes	\$28	Yes	3.16	14.30	Yes
10: Other Practioner	\$20-100	\$134	No	\$139	No	\$138	No	3.94	-0.64	Yes
11: OPD	\$20-100	\$90	Yes	\$125	No	\$86	Yes	38.96	-30.68	No
12: Clinic	N/A	\$59	N/A	\$63	N/A	\$67	N/A	7.18	6.88	Yes
13: HH	10-60	\$14	Yes	\$40	Yes	\$29	Yes	182.35	-27.32	No
15: Lab/Xray	10-60	.	No	.	No	\$43	Yes	N/A	N/A	N/A
16: Drugs	N/A	\$570	N/A	\$162	N/A	\$141	N/A	-71.60	-13.14	Yes
19: Other Services	N/A	\$89	N/A	\$107	N/A	\$119	N/A	20.37	11.02	Yes
51: DME	N/A	\$36	N/A	\$39	N/A	\$38	N/A	7.58	-1.49	Yes
26: Transportation	N/A	\$56	N/A	\$60	N/A	\$63	N/A	6.67	5.83	Yes
30: PCS	N/A	.	N/A	.	N/A	\$185	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$17	N/A	\$24	N/A	\$32	N/A	44.32	30.38	No
33: Rehabilitation	N/A	\$60	N/A	\$97	N/A	\$80	N/A	61.13	-17.99	N/A
34: PT/OT/speech/hear	N/A	\$2,164	N/A	\$2,262	N/A	\$2,636	N/A	4.53	16.53	No
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
52: Residential Care	N/A	\$111	N/A	\$116	N/A	\$114	N/A	4.72	-2.20	Yes
53: Psych. Services	N/A	\$118	N/A	\$89	N/A	\$97	N/A	-24.25	8.78	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.10	N/A	0.08	N/A	0.14	N/A	-21.28	76.10	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 4)	N/A	0.00	N/A	0.00	N/A	0.01	N/A	N/A	N/A	N/A
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	0.12	N/A	0.75	N/A	1.05	N/A	514.33	38.69	No
AVERAGE EXPENDITURES BY PROGRAM										

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(code 2)	N/A	\$55	N/A	\$55	N/A	\$44	N/A	0.47	-20.40	No
Family Planning (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
RHC (code 4)	N/A	.	N/A	.	N/A	\$107	N/A	N/A	N/A	N/A
FGHC (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 6, 7)	N/A	\$83	N/A	\$84	N/A	\$92	N/A	1.58	9.11	Yes
Waiver (code 6, 7)	> 60	80.67	Yes	78.03	Yes	78.56	Yes	-3.27	0.68	Yes
% Claims with DX	85-100	99.72	Yes	99.79	Yes	99.89	Yes	0.08	0.10	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	0.11	N/A	0.01	N/A	0.01	N/A	-92.44	-17.72	No
% Claims with 1 DX that have 2 DX	5-25	25.86	No	26.04	No	23.20	Yes	0.70	-10.90	Yes
% Claims with DX, where length=3	40-70	36.48	No	29.70	No	26.52	No	-18.58	-10.71	Yes
% Claims with DX, where length=4	20-55	37.66	Yes	44.26	Yes	50.28	Yes	17.52	13.60	Yes
% Claims with DX, where length=5										
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.99	Yes	99.99	Yes	99.99	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	33.56	N/A	28.93	N/A	27.52	N/A	-13.79	-4.88	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	43.33	N/A	42.35	N/A	52.94	N/A	-2.26	25.00	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	23.10	N/A	28.71	N/A	19.53	N/A	24.27	-31.96	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	94.73	No	0.00	-5.27	Yes
% HCPCS Format Codes Cnnnnn or Cnnnn/Claims with HCPCS	98-100	77.54	No	76.86	No	62.70	No	-0.88	-18.42	No
% Claims with TOS 08 with Physician Specialty	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	70,509	N/A	63,509	N/A	76,391	N/A	-9.93	20.28	No
% Claims with > \$0 Paid	>95%	99.97	Yes	100.00	Yes	100.00	Yes	0.03	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% Claims with Span Bill	N/A	18.34	N/A	19.49	N/A	17.34	N/A	6.28	-11.03	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.81	N/A	10.54	N/A	6.12	N/A	19.57	-41.92	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	24.98	N/A	24.57	N/A	21.54	N/A	-1.64	-12.33	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	8.03	N/A	6.96	N/A	5.46	N/A	-13.30	-21.49	No
% claims MAX TOS 10: Other Practitioner	N/A	6.24	N/A	8.05	N/A	6.66	N/A	28.87	-17.20	No
% claims MAX TOS 11: OPD	N/A	41.04	N/A	36.16	N/A	27.21	N/A	-11.88	-24.76	No
% claims MAX TOS 12: Clinic	N/A	10.53	N/A	11.03	N/A	9.07	N/A	4.76	-17.78	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	4.09	N/A	4.82	N/A	7.87	N/A	17.80	63.42	No

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% claims MAX TOS 19: Other Services	N/A	27.38	N/A	30.57	N/A	39.25	N/A	11.66	28.38	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	1.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	N/A	2.65	N/A	2.34	N/A	3.43	N/A	-11.36	46.34	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.05	N/A	0.07	N/A	0.00	N/A	42.74	-100.00	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	0.00	N/A	0.04	N/A	N/A	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Amount Paid	N/A	\$102	N/A	\$103	N/A	\$107	N/A	1.60	3.95	Yes
% Claims with DX	N/A	19.28	N/A	29.83	N/A	31.88	N/A	54.71	6.86	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	2.59	No	17.56	No	19.16	No	577.68	9.10	Yes
% Claims with 1 DX that have 2 DX	N/A	59.32	N/A	56.04	N/A	42.99	N/A	-5.53	-23.29	No
% Claims with DX, where length=3	5-25	21.49	Yes	17.93	Yes	18.33	Yes	-16.55	2.23	Yes
% Claims with DX, where length=4	40-70	47.91	Yes	46.63	Yes	44.93	Yes	-2.68	-3.64	Yes
% Claims with DX, where length=5	20-55	30.60	Yes	35.44	Yes	36.74	Yes	15.82	3.66	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	7.25	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	78.28	N/A	N/A	N/A	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	21.72	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A

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