

1999-2001 MAX OT Validation Table
State: IN

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	18,965,076	N/A	21,643,036	N/A	25,228,291	N/A	14.12	16.57	No
*	N/A	4.58	N/A	3.69	N/A	3.55	N/A	-19.55	-3.87	Yes
% 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	N/A	19.99	N/A	20.50	N/A	20.36	N/A	2.55	-0.70	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	14,303,834	N/A	16,407,055	N/A	19,196,969	N/A	14.70	17.00	No
Total FFS Claims Excluding Capitation Payments	5-20	15.84	Yes	15.30	Yes	14.26	Yes	-3.40	-6.82	Yes
% Crossover	> 1%	4.42	Yes	4.25	Yes	2.95	Yes	-3.86	-30.43	No
% Adjusted Claims	N/A	.	N/A	95.67	N/A	97.58	N/A	N/A	2.00	Yes
% Standard Adjustments	N/A	\$86	N/A	\$75	N/A	\$113	N/A	-12.88	50.87	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	7.22	N/A	6.19	N/A	5.87	N/A	-14.23	-5.19	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	13.74	N/A	15.10	N/A	15.24	N/A	9.92	0.94	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$115	Yes	\$116	Yes	\$124	Yes	0.99	7.32	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	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1999										
Total Number of Claims	N/A	12,037,995	N/A	13,896,465	N/A	16,459,790	N/A	15.44	18.45	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	1.86	N/A	1.47	N/A	1.39	N/A	-20.98	-5.16	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.03	N/A	0.02	N/A	0.00	N/A	-21.55	-79.78	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.27	N/A	1.61	N/A	1.52	N/A	-29.09	-5.87	Yes
% Claims W/ Service Place 11- Office	50-90	36.31	No	36.09	No	37.04	No	-0.61	2.64	Yes
% Claims W/ Service Place 12 - Home	>0-5	13.70	No	13.11	No	12.30	No	-4.32	-6.17	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.59	Yes	4.28	Yes	4.13	Yes	-6.74	-3.50	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.76	Yes	0.71	Yes	0.65	Yes	-6.92	-9.31	Yes
% Claims W/ Service Place 23 - ER	1-10	2.90	Yes	2.90	Yes	2.95	Yes	0.16	1.62	Yes
% Claims w/ Service Place 22 - OPD	>0-10	18.11	No	19.03	No	19.31	No	5.10	1.43	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	1.08	Yes	0.95	Yes	1.26	Yes	-12.38	32.32	N/A
% Claims with TPL	>0 - 15	1.39	Yes	1.50	Yes	1.43	Yes	8.43	-4.88	Yes
Aver. TPL Paid -claims with TPL	N/A	\$29	N/A	\$29	N/A	\$30	N/A	-0.12	3.45	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	20.01	Yes	18.69	Yes	15.51	Yes	-6.59	-17.03	No
% claims MAX TOS 09: Dental	2-20	11.53	Yes	11.96	Yes	12.75	Yes	3.67	6.61	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	7.19	Yes	2.84	Yes	2.77	Yes	-60.50	-2.34	Yes
% claims MAX TOS 11: OPD	3-25	13.87	Yes	4.83	Yes	4.66	Yes	-65.19	-3.42	Yes
% claims MAX TOS 12: Clinic	2-25	2.74	Yes	2.88	Yes	3.56	Yes	5.03	23.44	No
% claims MAX TOS 13: HH	>0-25	4.47	Yes	4.06	Yes	3.48	Yes	-9.23	-14.13	Yes
% claims MAX TOS 15: Lab/Xray	4-20	8.36	Yes	19.97	Yes	20.21	No	138.75	1.20	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: IN

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			
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	2.38	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	3.26	Yes	2.57	Yes	2.62	Yes	-21.13	1.83	Yes
% claims MAX TOS 51: DME	>3	3.07	Yes	3.26	Yes	3.36	Yes	6.00	3.15	Yes
% claims MAX TOS 26: Transportation	>1	6.41	Yes	5.92	Yes	5.46	Yes	-7.66	-7.76	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.03	N/A	0.04	N/A	46.75	39.34	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-71.12	68.85	No
% claims MAX TOS 30: PCS	>0	0.02	Yes	0.00	Yes	0.00	Yes	-82.36	-98.57	No
% claims MAX TOS 31: TCM	>0	0.14	Yes	0.14	Yes	0.14	Yes	-3.20	1.43	Yes
% claims MAX TOS 33: Rehabilitation	>0	11.71	Yes	12.14	Yes	12.06	Yes	3.63	-0.61	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.60	Yes	1.44	Yes	1.67	Yes	-9.95	15.84	N/A
% claims MAX TOS 35: Hospice	>0	0.71	Yes	0.82	Yes	0.99	Yes	16.40	19.86	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-5.77	-29.95	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.02	N/A	0.03	N/A	0.03	N/A	27.86	5.75	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	N/A	0.25	N/A	0.27	N/A	0.29	N/A	7.79	7.07	Yes
% claims MAX TOS 53: Psych. Services	>1	4.55	Yes	8.09	Yes	7.91	Yes	77.89	-2.23	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.06	Yes	0.07	Yes	0.12	Yes	23.18	68.53	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$58	N/A	\$60	N/A	\$60	N/A	2.71	0.60	Yes
08: Physicians	\$20-90	\$48	Yes	\$51	Yes	\$56	Yes	5.40	9.96	Yes
09: Dental	\$10-60	\$55	Yes	\$57	Yes	\$55	Yes	3.22	-3.97	Yes
10: Other Practitioner	\$10-100	\$43	Yes	\$40	Yes	\$40	Yes	-5.84	-1.99	Yes
11: OPD	\$20-100	\$48	Yes	\$102	No	\$105	No	115.10	2.89	Yes
12: Clinic	\$20-100	\$53	Yes	\$51	Yes	\$53	Yes	-4.40	5.27	Yes
13: HH	N/A	\$87	N/A	\$88	N/A	\$92	N/A	1.39	4.43	Yes
15: Lab/Xray	10-60	\$20	Yes	\$23	Yes	\$23	Yes	16.35	-1.07	Yes
16: Drugs	10-60	.	No	.	No	\$11	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$148	N/A	\$169	N/A	\$174	N/A	14.12	2.71	Yes
51: DME	N/A	\$96	N/A	\$100	N/A	\$95	N/A	3.85	-4.85	Yes
26: Transportation	N/A	\$30	N/A	\$31	N/A	\$31	N/A	4.15	-0.46	Yes
30: PCS	N/A	\$111	N/A	\$121	N/A	\$115	N/A	8.54	-4.75	Yes
31: Targeted Case Management	N/A	\$42	N/A	\$41	N/A	\$39	N/A	-0.74	-6.32	Yes
33: Rehabilitation	N/A	\$65	N/A	\$60	N/A	\$61	N/A	-6.59	1.37	Yes
34: PT/OT/speech/hear	N/A	\$38	N/A	\$45	N/A	\$42	N/A	18.67	-6.46	N/A
35: Hospice	N/A	\$80	N/A	\$82	N/A	\$85	N/A	2.48	4.24	Yes
52: Residential Care	N/A	\$1,067	N/A	\$1,331	N/A	\$1,406	N/A	24.80	5.63	Yes
53: Psych. Services	N/A	\$94	N/A	\$72	N/A	\$73	N/A	-22.71	1.07	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$435	N/A	\$401	N/A	\$313	N/A	-7.98	-21.87	No
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.36	N/A	0.41	N/A	0.45	N/A	13.60	11.77	Yes
	N/A	0.41	N/A	0.47	N/A	0.64	N/A	15.42	35.63	No

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: IN

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			
(code 4)	N/A	0.78	N/A	0.82	N/A	0.90	N/A	5.07	9.91	Yes
% 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	3.72	N/A	3.43	N/A	3.19	N/A	-7.72	-6.96	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$61	N/A	\$66	N/A	\$62	N/A	8.27	-6.35	Yes
RHC (code 3)	N/A	\$47	N/A	\$47	N/A	\$44	N/A	-1.07	-6.01	Yes
FQHC (code 4)	N/A	\$51	N/A	\$43	N/A	\$40	N/A	-15.59	-7.06	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$200	N/A	\$242	N/A	\$279	N/A	21.29	15.19	No
% Claims with DX	> 60	88.06	Yes	87.73	Yes	87.08	Yes	-0.37	-0.74	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	31.98	N/A	32.69	N/A	33.12	N/A	2.22	1.29	Yes
% Claims with DX, where length=3	5-25	6.12	Yes	6.15	Yes	6.50	Yes	0.45	5.82	Yes
% Claims with DX, where length=4	40-70	56.02	Yes	55.44	Yes	53.53	Yes	-1.04	-3.43	Yes
% Claims with DX, where length=5	20-55	37.86	Yes	38.42	Yes	39.96	Yes	1.47	4.03	Yes
% 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	99.93	N/A	99.98	N/A	100.00	N/A	0.05	0.02	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.07	Yes	99.06	Yes	98.68	Yes	-0.01	-0.39	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	49.82	N/A	51.01	N/A	51.34	N/A	2.39	0.64	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	50.18	N/A	48.99	N/A	48.66	N/A	-2.38	-0.67	Yes
% 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	15.78	142.79	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% 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	2,265,839	N/A	2,510,590	N/A	2,737,179	N/A	10.80	9.03	Yes
% 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	5.23	N/A	5.17	N/A	4.95	N/A	-1.17	-4.32	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.82	N/A	12.70	N/A	15.49	N/A	-0.91	21.95	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	57.14	N/A	80.00	N/A	.	N/A	40.00	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.56	N/A	4.44	N/A	4.36	N/A	-2.62	-1.78	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: IN

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			
% claims MAX TOS 08: Physicians	N/A	42.45	N/A	40.94	N/A	38.40	N/A	-3.56	-6.20	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	13.33	N/A	13.03	N/A	12.81	N/A	-2.24	-1.68	Yes
% claims MAX TOS 11: OPD	N/A	8.17	N/A	8.87	N/A	5.29	N/A	8.58	-40.35	No
% claims MAX TOS 12: Clinic	N/A	6.06	N/A	7.01	N/A	9.87	N/A	15.54	40.92	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-35.53	-100.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	13.77	N/A	13.48	N/A	15.98	N/A	-2.07	18.55	No
% claims MAX TOS 19: Other Services	N/A	10.93	N/A	11.56	N/A	11.09	N/A	5.75	-4.09	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.96	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	3.98	N/A	3.77	N/A	4.25	N/A	-5.34	12.81	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-18.93	-63.66	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	679.64	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.12	N/A	0.05	N/A	0.03	N/A	-62.76	-24.20	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.11	N/A	1.08	N/A	1.07	N/A	-2.38	-0.91	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-81.66	N/A
% claims MAX TOS 52: Residential Care ^e	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	0.00	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	\$29	N/A	\$30	N/A	\$30	N/A	4.19	0.36	Yes
% Claims with DX	N/A	99.76	N/A	99.76	N/A	99.65	N/A	0.00	-0.11	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	51.32	N/A	52.00	N/A	52.04	N/A	1.32	0.07	Yes
% Claims with DX, where length=3	5-25	13.15	Yes	12.94	Yes	12.50	Yes	-1.59	-3.38	Yes
% Claims with DX, where length=4	40-70	45.63	Yes	45.23	Yes	44.71	Yes	-0.87	-1.16	Yes
% Claims with DX, where length=5	20-55	41.23	Yes	41.83	Yes	42.79	Yes	1.47	2.30	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	98.68	N/A	99.28	N/A	98.10	N/A	0.60	-1.18	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	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	.	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.