

2002-2004 MAX OT Validation Table
State: MD

Measure	Expected Range	2002		2003		2004		% Change 2002 - 2003	% Change 2003 - 2004	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	20,094,119	N/A	21,650,506	N/A	20,457,371	N/A	7.75	-5.51	Yes
	N/A	13.27	N/A	12.54	N/A	12.65	N/A	-5.53	0.92	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Supplemental Claims	N/A	24.83	N/A	23.09	N/A	26.04	N/A	-6.99	12.76	Yes
Total FFS Claims Excluding Capitation Payments	N/A	12,247,393	N/A	13,592,871	N/A	12,510,825	N/A	10.99	-7.96	Yes
	5-20	12.54	Yes	12.03	Yes	14.06	Yes	-4.13	16.92	No
% Crossover	> 1%	0.73	No	1.64	Yes	4.58	Yes	123.90	179.20	No
% Adjusted Claims	N/A	92.93	N/A	97.74	N/A	98.06	N/A	5.17	0.33	Yes
% Standard Adjustments	N/A	\$121	N/A	\$95	N/A	\$144	N/A	-21.30	51.32	No
Average Paid per HMO Cap Payment	N/A	28.63	N/A	26.40	N/A	29.81	N/A	-7.77	12.90	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
% 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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$215	Yes	\$238	Yes	\$255	Yes	10.96	6.94	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
FS 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	10,711,013	N/A	11,958,064	N/A	10,751,597	N/A	11.64	-10.10	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
% Claims with Span Bill	N/A	0.04	N/A	0.03	N/A	0.04	N/A	-15.70	14.53	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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
% Other Claims with Span Bills/All Other Claims	N/A	0.05	N/A	0.04	N/A	0.04	N/A	-27.50	13.03	Yes
% Claims W/ Service Place 11- Office	50-90	27.12	No	26.74	No	21.00	No	-1.41	-21.40	No
% Claims W/ Service Place 12 - Home	>0-5	52.62	No	53.68	No	59.81	No	2.00	11.43	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.71	Yes	2.86	Yes	3.99	Yes	5.42	39.38	No
% Claims W/ Service Place 32 - NF	>0-5	0.33	Yes	0.34	Yes	0.44	Yes	3.92	26.49	No
% Claims W/ Service Place 23 - ER	1-10	1.85	Yes	1.70	Yes	1.84	Yes	-7.98	7.69	Yes
% Claims w/ Service Place 22 - OPD	>0-10	2.84	Yes	2.76	Yes	3.19	Yes	-2.84	15.88	No
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with TPL	>0 - 15	0.17	Yes	0.19	Yes	0.20	Yes	12.66	7.56	Yes
Aver. TPL Paid -claims with TPL	N/A	\$171	N/A	\$177	N/A	\$207	N/A	3.47	16.63	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	4.90	No	5.09	No	6.38	No	3.94	25.32	No
% claims MAX TOS 09: Dental	2-20	0.07	No	0.07	No	0.08	No	4.26	11.30	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.06	No	0.03	No	0.00	No	-43.00	-100.00	No
% claims MAX TOS 11: OPD	3-25	2.68	No	2.81	No	1.79	No	4.74	-36.40	No
% claims MAX TOS 12: Clinic	2-25	0.62	No	0.57	No	0.62	No	-8.75	8.73	Yes
% claims MAX TOS 13: HH	>0-25	24.26	Yes	12.23	Yes	12.13	Yes	-49.60	-0.81	Yes
% claims MAX TOS 15: Lab/Xray	4-20	4.10	Yes	5.96	Yes	4.77	Yes	45.40	-19.90	No
% claims MAX TOS 16: Drugs	<3	0.12	Yes	0.12	Yes	0.14	Yes	4.64	12.43	Yes
% claims MAX TOS 19: Other Services	<25	1.14	Yes	2.04	Yes	2.21	Yes	79.65	8.39	Yes
% claims MAX TOS 51: DME	>3	1.67	No	1.70	No	2.25	No	1.64	32.59	No
% claims MAX TOS 26: Transportation	>1	0.15	No	0.14	No	0.17	No	-4.79	23.26	No

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	14.19	20.21	No
% claims MAX TOS 25: Abortions	N/A	0.04	N/A	0.05	N/A	0.05	N/A	9.43	6.15	Yes
% claims MAX TOS 30: PCS	>0	10.21	Yes	8.75	Yes	10.03	Yes	-14.30	14.66	Yes
% claims MAX TOS 31: TCM	>0	0.63	Yes	0.51	Yes	0.34	Yes	-19.20	-33.00	No
% claims MAX TOS 33: Rehabilitation	>0	0.06	Yes	0.05	Yes	0.17	Yes	-20.50	223.20	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	10.94	Yes	9.28	Yes	9.86	Yes	-15.20	6.26	Yes
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.03	Yes	0.04	Yes	2.30	17.84	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.09	N/A	0.07	N/A	0.06	N/A	-20.40	-6.03	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.08	N/A	0.08	N/A	0.13	N/A	7.96	55.70	No
% claims MAX TOS 38: Private Nursing	N/A	1.01	N/A	0.99	N/A	1.41	N/A	-2.28	42.18	No
% claims MAX TOS 39: Religious Non Med.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	16.09	N/A	14.69	N/A	.	-8.69	Yes
% claims MAX TOS 53: Psych. Services	>1	27.51	Yes	23.73	Yes	12.89	Yes	-13.80	-45.70	No
% claims MAX TOS 54: Adult Day Care	>0	9.16	Yes	9.44	Yes	19.79	Yes	3.06	109.50	No
% claims MAX TOS 99: Unknown	<1	0.46	Yes	0.17	Yes	0.00	Yes	-64.10	-99.20	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
	N/A	\$87	N/A	\$91	N/A	\$107	N/A	5.24	16.75	No
Total	\$20-90	\$54	Yes	\$66	Yes	\$68	Yes	21.45	3.59	Yes
08: Physicians	\$10-60	\$36	Yes	\$33	Yes	\$39	Yes	-8.02	16.80	No
09: Dental	\$10-100	\$25	Yes	\$29	Yes	.	No	15.34	.	N/A
10: Other Practioner	\$20-100	\$273	No	\$285	No	\$313	No	4.44	9.62	Yes
11: OPD	\$20-100	\$87	Yes	\$96	Yes	\$135	No	10.22	41.56	No
12: Clinic	N/A	\$114	N/A	\$81	N/A	\$107	N/A	-29.20	32.17	No
13: HF	10-60	\$50	Yes	\$86	No	\$63	No	71.39	-26.40	No
15: Lab/Xray	10-60	\$12	Yes	\$14	Yes	\$12	Yes	16.09	-16.30	No
16: Drugs	N/A	\$94	N/A	\$93	N/A	\$98	N/A	-0.94	4.73	Yes
19: Other Services	N/A	\$132	N/A	\$146	N/A	\$150	N/A	10.63	2.13	Yes
51: DME	N/A	\$100	N/A	\$100	N/A	\$100	N/A	-0.04	-0.02	Yes
26: Transportation	N/A	\$29	N/A	\$29	N/A	\$28	N/A	0.21	-1.39	Yes
30: PCS	N/A	\$134	N/A	\$137	N/A	\$125	N/A	2.83	-8.79	Yes
31: Targeted Case Management	N/A	\$13	N/A	\$13	N/A	\$304	N/A	1.51	2,162.00	No
33: Rehabilitation	N/A	\$91	N/A	\$89	N/A	\$98	N/A	-2.14	9.01	Yes
34: PT/OT/speech/hear	N/A	\$2,984	N/A	\$3,165	N/A	\$3,219	N/A	6.08	1.71	Yes
35: Hospice	N/A	.	N/A	\$126	N/A	\$169	N/A	.	34.43	No
52: Residential Care	N/A	\$65	N/A	\$67	N/A	\$131	N/A	2.68	95.72	No
53: Pysch. Services	N/A	\$64	N/A	\$75	N/A	\$64	N/A	17.35	-14.10	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.30	N/A	0.26	N/A	0.31	N/A	-10.90	17.02	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.22	N/A	0.26	N/A	0.30	N/A	16.29	14.46	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	24.05	N/A	26.14	N/A	34.86	N/A	8.69	33.37	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$78	N/A	\$95	N/A	\$102	N/A	21.28	7.51	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$125	N/A	\$131	N/A	\$147	N/A	5.16	12.19	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$116	N/A	\$117	N/A	\$115	N/A	1.34	-1.62	Yes
% Claims with DX	> 60	58.01	No	57.71	No	78.41	Yes	-0.52	35.87	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.96	Yes	99.96	Yes	99.95	Yes	0.00	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	15.19	N/A	14.69	N/A	15.08	N/A	-3.24	2.61	Yes
% Claims with DX, where length=3	5-25	16.84	Yes	15.56	Yes	12.51	Yes	-7.58	-19.60	No
% Claims with DX, where length=4	40-70	32.65	No	30.00	No	61.71	Yes	-8.10	105.70	No
% Claims with DX, where length=5	20-55	50.51	Yes	54.43	Yes	25.78	Yes	7.76	-52.60	No
% 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	99.33	Yes	99.62	Yes	97.87	No	0.29	-1.76	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	8.58	N/A	8.90	N/A	24.12	N/A	3.73	171.00	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	31.69	N/A	64.18	N/A	75.87	N/A	102.50	18.21	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	79.04	1,017.00	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	59.73	N/A	26.91	N/A	0.01	N/A	-54.90	-100.00	No
% 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 Ccnnn /Claims with HCPCS	98-100	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	1,536,380	N/A	1,634,807	N/A	1,759,228	N/A	6.41	7.61	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
% Claims with Span Bill	N/A	11.16	N/A	12.07	N/A	12.09	N/A	8.16	0.20	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.27	N/A	12.29	N/A	12.52	N/A	9.13	1.88	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	11.15	N/A	12.05	N/A	12.06	N/A	8.08	0.09	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	50.15	N/A	49.57	N/A	48.61	N/A	-1.17	-1.94	Yes
% claims MAX TOS 10: Other Practitioner	N/A	3.43	N/A	3.26	N/A	3.16	N/A	-4.98	-2.91	Yes
% claims MAX TOS 11: OPD	N/A	5.93	N/A	6.30	N/A	6.16	N/A	6.37	-2.22	Yes
% claims MAX TOS 12: Clinic	N/A	1.48	N/A	1.57	N/A	1.53	N/A	5.75	-2.27	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	18.45	N/A	17.71	N/A	17.89	N/A	-4.01	1.03	Yes
% claims MAX TOS 19: Other Services	N/A	2.13	N/A	2.06	N/A	2.27	N/A	-3.37	10.14	Yes
% claims MAX TOS 51: DME	N/A	6.68	N/A	7.10	N/A	7.32	N/A	6.20	3.10	Yes
% claims MAX TOS 26: Transportation	N/A	1.97	N/A	2.00	N/A	2.05	N/A	1.39	2.49	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.35	N/A	1.40	N/A	1.56	N/A	3.71	11.85	Yes
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 53: Psych. Services	N/A	7.97	N/A	8.60	N/A	9.07	N/A	7.91	5.46	Yes
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Amount Paid	N/A	\$40	N/A	\$43	N/A	\$45	N/A	5.99	6.76	Yes
% Claims with DX	N/A	99.98	N/A	99.98	N/A	99.98	N/A	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	99.99	Yes	-0.01	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	46.43	N/A	49.80	N/A	51.57	N/A	7.27	3.54	Yes
% Claims with DX, where length=3	5-25	10.47	Yes	10.17	Yes	9.63	Yes	-2.94	-5.32	Yes
% Claims with DX, where length=4	40-70	43.44	Yes	42.24	Yes	42.02	Yes	-2.75	-0.54	Yes
% Claims with DX, where length=5	20-55	46.08	Yes	47.59	Yes	48.36	Yes	3.26	1.62	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	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.51	Yes	98.52	Yes	98.42	Yes	0.02	-0.10	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	86.09	N/A	86.22	N/A	84.90	N/A	0.16	-1.53	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	13.88	N/A	13.73	N/A	15.07	N/A	-1.05	9.74	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.03	N/A	0.03	N/A	0.01	N/A	-14.40	-45.40	No

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