

1999-2001 MAX OT Validation Table
State: MA

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	25,129,547	N/A	27,008,272	N/A	28,886,799	N/A	7.48	6.96	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	11.45	N/A	10.19	N/A	8.74	N/A	-11.04	-14.24	Yes
Total FFS Claims Excluding Capitation Payments	N/A	22,252,413	N/A	24,257,278	N/A	26,363,346	N/A	9.01	8.68	Yes
% Crossover	> 1%	2.31	Yes	5.41	Yes	4.27	Yes	134.43	-21.13	No
% Adjusted Claims	N/A	.	N/A	62.34	N/A	54.31	N/A	N/A	-12.88	Yes
% Standard Adjustments	N/A	\$125	N/A	\$92	N/A	\$85	N/A	-26.23	-8.06	Yes
Average Paid per HMO Cap Clms (TOS 20)	N/A	2.17	N/A	1.81	N/A	1.74	N/A	-16.52	-3.58	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	9.28	N/A	8.38	N/A	6.99	N/A	-9.76	-16.54	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	\$510	No	\$587	No	\$638	No	15.11	8.78	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$104	Yes	\$113	Yes	\$130	Yes	8.59	14.86	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	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	19,356,018	N/A	19,982,675	N/A	21,791,661	N/A	3.24	9.05	Yes
% Claims with> \$0 Paid	>95%	99.91	Yes	100.00	Yes	100.00	Yes	0.09	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	12.51	N/A	11.99	N/A	10.96	N/A	-4.17	-8.54	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.39	N/A	0.47	N/A	0.32	N/A	21.71	-31.67	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	33.95	N/A	35.62	N/A	38.36	N/A	4.91	7.69	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.83	N/A	11.10	N/A	9.92	N/A	-6.19	-10.63	Yes
% Claims W/ Service Place 11- Office	50-90	51.42	Yes	52.72	Yes	52.32	Yes	2.52	-0.75	Yes
% Claims W/ Service Place 12 - Home	>0-5	10.52	No	9.88	No	9.39	No	-6.11	-4.91	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.95	Yes	2.69	Yes	2.67	Yes	-8.75	-0.95	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.79	Yes	1.81	Yes	1.67	Yes	1.04	-7.52	Yes
% Claims W/ Service Place 23 - ER	1-10	2.43	Yes	2.48	Yes	2.42	Yes	1.90	-2.33	Yes
% Claims w/ Service Place 22 - OPD	>0-10	4.21	Yes	4.06	Yes	3.86	Yes	-3.49	-4.96	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	26.59	No	26.27	No	27.56	No	-1.19	4.90	N/A
% Claims with TPL	>0 - 15	0.19	Yes	0.18	Yes	0.22	Yes	-6.15	24.05	No
Aver. TPL Paid -claims with TPL	N/A	\$106	N/A	\$105	N/A	\$104	N/A	-0.90	-0.89	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	15.35	Yes	14.12	Yes	12.92	Yes	-8.02	-8.49	Yes
% claims MAX TOS 09: Dental	2-20	9.73	Yes	9.42	Yes	9.35	Yes	-3.18	-0.75	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.84	Yes	0.89	Yes	0.90	Yes	5.67	1.11	Yes
% claims MAX TOS 11: OPD	3-25	10.18	Yes	7.81	Yes	7.12	Yes	-23.27	-8.82	Yes
% claims MAX TOS 12: Clinic	2-25	3.14	Yes	2.59	Yes	1.67	No	-17.58	-35.36	No
% claims MAX TOS 13: HH	>0-25	8.33	Yes	7.01	Yes	6.07	Yes	-15.84	-13.33	Yes
% claims MAX TOS 15: Lab/Xray	4-20	16.50	Yes	17.03	Yes	18.13	Yes	3.22	6.47	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.01	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	11.73	Yes	13.14	Yes	13.73	Yes	12.02	4.56	Yes
% claims MAX TOS 51: DME	>3	4.41	Yes	4.44	Yes	4.32	Yes	0.78	-2.76	Yes
% claims MAX TOS 26: Transportation	>1	8.35	Yes	10.53	Yes	11.11	Yes	26.02	5.51	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-22.53	-1.88	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	0.20	Yes	0.19	Yes	0.22	Yes	-2.59	14.87	Yes
% claims MAX TOS 31: TCM	>0	0.99	Yes	1.01	Yes	0.96	Yes	1.87	-4.97	Yes
% claims MAX TOS 33: Rehabilitation	>0	1.41	Yes	1.53	Yes	1.61	Yes	8.89	4.65	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.31	No	0.35	No	0.38	No	14.71	7.66	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.03	Yes	0.03	Yes	7.61	2.65	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.01	N/A	56.32	48.90	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.01	N/A	0.07	N/A	104.11	754.19	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	1.25	N/A	1.35	N/A	1.40	N/A	7.86	3.42	Yes
% claims MAX TOS 53: Psych. Services	>1	2.87	Yes	3.44	Yes	4.32	Yes	19.94	25.53	No
% claims MAX TOS 54: Adult Day Care	>0	4.36	Yes	5.09	Yes	5.66	Yes	16.67	11.14	Yes
% 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	\$92	N/A	\$92	N/A	\$95	N/A	0.24	3.10	Yes
08: Physicians	\$20-90	\$61	Yes	\$63	Yes	\$64	Yes	3.64	2.15	Yes
09: Dental	\$10-60	\$32	Yes	\$37	Yes	\$42	Yes	15.37	14.10	Yes
10: Other Practitioner	\$10-100	\$33	Yes	\$35	Yes	\$35	Yes	4.81	1.42	Yes
11: OPD	\$20-100	\$90	Yes	\$112	No	\$133	No	24.82	18.60	No
12: Clinic	\$20-100	\$87	Yes	\$99	Yes	\$124	No	13.90	24.74	No
13: HH	N/A	\$114	N/A	\$132	N/A	\$146	N/A	15.59	10.46	Yes
15: Lab/Xray	10-60	\$25	Yes	\$28	Yes	\$28	Yes	10.69	-0.88	Yes
16: Drugs	10-60	.	No	.	No	\$74	No	N/A	N/A	N/A
19: Other Service	N/A	\$75	N/A	\$84	N/A	\$85	N/A	11.77	1.24	Yes
51: DME	N/A	\$57	N/A	\$56	N/A	\$56	N/A	-1.03	-0.53	Yes
26: Transportation	N/A	\$26	N/A	\$24	N/A	\$28	N/A	-10.03	20.55	No
30: PCS	N/A	\$107	N/A	\$69	N/A	\$69	N/A	-35.33	-1.30	Yes
31: Targeted Case Management	N/A	\$169	N/A	\$157	N/A	\$168	N/A	-7.50	7.52	Yes
33: Rehabilitation	N/A	\$489	N/A	\$178	N/A	\$243	N/A	-63.58	36.51	No
34: PT/OT/speech/hear	N/A	\$19	N/A	\$31	N/A	\$32	N/A	69.17	0.54	N/A
35: Hospice	N/A	\$1,443	N/A	\$1,761	N/A	\$1,967	N/A	22.06	11.67	Yes
52: Residential Care	N/A	\$1,848	N/A	\$1,768	N/A	\$1,657	N/A	-4.30	-6.27	Yes
53: Psych. Services	N/A	\$108	N/A	\$111	N/A	\$106	N/A	2.53	-5.03	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$103	N/A	\$102	N/A	\$96	N/A	-1.39	-6.20	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.41	N/A	0.46	N/A	0.36	N/A	11.94	-20.38	No
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

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(code 4)	N/A	1.36	N/A	1.27	N/A	1.33	N/A	-6.91	4.73	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	117.94	73.21	N/A
% IHS (code 6,7)	N/A	4.34	N/A	4.36	N/A	4.10	N/A	0.49	-6.08	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$56	N/A	\$57	N/A	\$82	N/A	2.44	42.52	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	\$59	N/A	\$61	N/A	\$61	N/A	3.39	-0.09	Yes
IHS (code 5)	N/A	\$172	N/A	\$155	N/A	\$185	N/A	-10.01	19.53	N/A
Waiver (code 6, 7)	N/A	\$548	N/A	\$579	N/A	\$603	N/A	5.72	4.10	Yes
% Claims with DX	> 60	52.49	No	48.45	No	47.23	No	-7.69	-2.53	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.81	Yes	98.81	Yes	98.91	Yes	-0.01	0.10	Yes
% Claims with 1 DX that have 2 DX	N/A	28.15	N/A	24.07	N/A	22.40	N/A	-14.47	-6.93	Yes
% Claims with DX, where length=3	5-25	7.53	Yes	7.36	Yes	6.95	Yes	-2.25	-5.51	Yes
% Claims with DX, where length=4	40-70	54.05	Yes	53.37	Yes	52.14	Yes	-1.25	-2.31	Yes
% Claims with DX, where length=5	20-55	38.42	Yes	39.27	Yes	40.90	Yes	2.19	4.17	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	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	99.91	Yes	100.00	Yes	99.96	Yes	0.08	-0.04	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	42.50	N/A	40.02	N/A	39.64	N/A	-5.84	-0.96	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	57.50	N/A	59.98	N/A	60.36	N/A	4.31	0.64	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	N/A	N/A	N/A
% 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	2,896,395	N/A	4,274,603	N/A	4,571,685	N/A	47.58	6.95	Yes
% Claims with> \$0 Paid	>95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	3.88	N/A	3.28	N/A	3.02	N/A	-15.63	-7.80	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.93	N/A	8.50	N/A	7.82	N/A	-14.41	-8.03	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	86.21	N/A	88.89	N/A	.	N/A	3.11	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.43	N/A	2.29	N/A	2.12	N/A	-5.90	-7.58	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	38.30	N/A	40.47	N/A	40.30	N/A	5.65	-0.40	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.63	N/A	3.47	N/A	3.16	N/A	-24.93	-8.93	Yes
% claims MAX TOS 11: OPD	N/A	19.32	N/A	15.89	N/A	15.87	N/A	-17.78	-0.09	Yes
% claims MAX TOS 12: Clinic	N/A	12.63	N/A	1.30	N/A	1.44	N/A	-89.69	10.83	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-89.49	-100.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	12.45	N/A	14.09	N/A	14.05	N/A	13.18	-0.32	Yes
% claims MAX TOS 19: Other Services	N/A	1.51	N/A	0.24	N/A	0.27	N/A	-84.44	15.07	No
% claims MAX TOS 51: DME	N/A	4.34	N/A	4.40	N/A	4.69	N/A	1.17	6.73	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	6.03	N/A	7.12	N/A	7.37	N/A	17.94	3.61	Yes
% 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	0.04	N/A	0.04	N/A	0.04	N/A	11.91	-1.89	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.47	N/A	0.51	N/A	0.54	N/A	8.99	5.42	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	N/A
% claims MAX TOS 52: Residential Care ^e	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	12.18	N/A	11.74	N/A	470390.51	-3.63	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	\$35	N/A	\$31	N/A	\$30	N/A	-10.91	-3.24	Yes
% Claims with DX	N/A	87.80	N/A	86.10	N/A	86.57	N/A	-1.93	0.55	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	89.42	Yes	87.77	Yes	87.86	Yes	-1.85	0.11	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	8.52	Yes	8.99	Yes	8.89	Yes	5.50	-1.12	Yes
% Claims with DX, where length=4	40-70	41.03	Yes	41.84	Yes	41.23	Yes	1.98	-1.45	Yes
% Claims with DX, where length=5	20-55	50.45	Yes	49.17	Yes	49.87	Yes	-2.53	1.44	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	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	99.05	Yes	99.48	Yes	99.42	Yes	0.44	-0.07	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	83.13	N/A	84.13	N/A	83.23	N/A	1.20	-1.06	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	16.87	N/A	15.87	N/A	16.77	N/A	-5.92	5.62	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

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