

2002-2004 MAX OT Validation Table
State: MA

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	30,325,685	N/A	31,580,886	N/A	32,962,273	N/A	4.14	4.37	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	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
% Supplemental Claims	N/A	8.14	N/A	15.05	N/A	22.46	N/A	84.78	49.30	No
Total FFS Claims Excluding Capitation Payments	N/A	27,856,480	N/A	26,829,318	N/A	25,557,843	N/A	-3.69	-4.74	Yes
	5-20	17.58	Yes	18.85	Yes	9.71	Yes	7.23	-48.50	No
% Crossover	> 1%	2.71	Yes	7.53	Yes	6.11	Yes	177.90	-18.90	No
% Adjusted Claims	N/A	73.43	N/A	82.19	N/A	77.35	N/A	11.93	-5.89	Yes
% Standard Adjustments	N/A	\$140	N/A	\$113	N/A	\$139	N/A	-19.50	23.22	No
Average Paid per HMO Cap Payment	N/A	1.79	N/A	5.97	N/A	10.18	N/A	233.30	70.42	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	6.35	N/A	2.65	N/A	3.06	N/A	-58.20	15.34	No
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	6.42	N/A	9.22	N/A	.	43.68	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$672	No	\$459	No	\$391	No	-31.80	-14.70	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$153	Yes	\$173	Yes	\$75	Yes	13.18	-56.80	No
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	\$68	No	\$69	No	.	2.32	Yes
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	22,958,413	N/A	21,771,030	N/A	23,075,123	N/A	-5.17	5.99	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	10.38	N/A	10.19	N/A	11.61	N/A	-1.80	13.88	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.11	N/A	0.08	N/A	0.00	N/A	-27.70	-98.40	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	38.15	N/A	37.24	N/A	39.36	N/A	-2.39	5.70	Yes
% Other Claims with Span Bills/All Other Claims	N/A	9.36	N/A	9.19	N/A	10.07	N/A	-1.76	9.49	Yes
% Claims W/ Service Place 11- Office	50-90	51.99	Yes	47.67	No	43.37	No	-8.32	-9.02	Yes
% Claims W/ Service Place 12 - Home	>0-5	9.44	No	10.89	No	12.22	No	15.27	12.25	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.76	Yes	3.05	Yes	2.91	Yes	10.56	-4.70	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.60	Yes	1.60	Yes	1.26	Yes	0.50	-21.30	No
% Claims W/ Service Place 23 - ER	1-10	2.40	Yes	2.25	Yes	2.19	Yes	-6.10	-2.70	Yes
% Claims w/ Service Place 22 - OPD	>0-10	3.91	Yes	4.05	Yes	3.96	Yes	3.67	-2.29	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	27.80	No	27.49	No	26.52	No	-1.12	-3.54	Yes
% Claims with TPL	>0 - 15	0.26	Yes	0.30	Yes	0.32	Yes	13.11	6.36	Yes
Aver. TPL Paid -claims with TPL	N/A	\$115	N/A	\$158	N/A	\$132	N/A	37.24	-16.60	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	12.33	Yes	11.86	Yes	11.23	Yes	-3.79	-5.34	Yes
% claims MAX TOS 09: Dental	2-20	7.95	Yes	7.29	Yes	7.19	Yes	-8.31	-1.34	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.91	Yes	0.63	Yes	0.61	Yes	-30.40	-2.73	Yes
% claims MAX TOS 11: OPD	3-25	6.94	Yes	8.17	Yes	7.74	Yes	17.74	-5.30	Yes
% claims MAX TOS 12: Clinic	2-25	1.58	No	1.67	No	1.63	No	6.00	-2.86	Yes
% claims MAX TOS 13: HH	>0-25	5.78	Yes	6.22	Yes	7.92	Yes	7.68	27.38	No
% claims MAX TOS 15: Lab/Xray	4-20	18.90	Yes	16.40	Yes	17.47	Yes	-13.20	6.50	Yes
% claims MAX TOS 16: Drugs	<3	0.01	Yes	0.04	Yes	0.07	Yes	302.20	58.00	No
% claims MAX TOS 19: Other Services	<25	14.61	Yes	17.01	Yes	20.15	Yes	16.45	18.44	No
% claims MAX TOS 51: DME	>3	4.22	Yes	2.52	No	2.36	No	-40.20	-6.54	Yes
% claims MAX TOS 26: Transportation	>1	10.92	Yes	10.59	Yes	9.81	Yes	-3.09	-7.34	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-22.00	-26.80	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	0.26	Yes	0.32	Yes	0.34	Yes	24.20	7.27	Yes
% claims MAX TOS 31: TCM	>0	0.92	Yes	1.02	Yes	1.42	Yes	11.61	39.01	No
% claims MAX TOS 33: Rehabilitation	>0	1.51	Yes	1.84	Yes	1.84	Yes	22.48	-0.45	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.44	No	0.44	No	0.35	No	-1.10	-20.60	No
% claims MAX TOS 35: Hospice	>0	0.04	Yes	0.01	Yes	0.14	Yes	-77.50	1,589.00	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	12.19	24.13	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.13	N/A	0.16	N/A	0.19	N/A	22.89	16.95	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 52: Residential Care	N/A	1.46	N/A	1.42	N/A	1.12	N/A	-2.59	-21.20	No
% claims MAX TOS 53: Psych. Services	>1	4.95	Yes	6.56	Yes	6.53	Yes	32.68	-0.47	Yes
% claims MAX TOS 54: Adult Day Care	>0	6.13	Yes	5.77	Yes	1.87	Yes	-5.99	-67.60	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.02	Yes	0.01	Yes	.	-41.50	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$99	N/A	\$107	N/A	\$108	N/A	7.95	1.50	Yes
08: Physicians	\$20-90	\$67	Yes	\$65	Yes	\$64	Yes	-2.77	-2.33	Yes
09: Dental	\$10-60	\$50	Yes	\$48	Yes	\$45	Yes	-5.59	-4.81	Yes
10: Other Practioner	\$10-100	\$35	Yes	\$40	Yes	\$41	Yes	11.99	2.99	Yes
11: OPD	\$20-100	\$140	No	\$127	No	\$158	No	-8.85	24.17	No
12: Clinic	\$20-100	\$127	No	\$122	No	\$113	No	-3.88	-7.98	Yes
13: HH	N/A	\$139	N/A	\$141	N/A	\$139	N/A	1.81	-1.35	Yes
15: Lab/Xray	10-60	\$29	Yes	\$31	Yes	\$31	Yes	7.63	-1.13	Yes
16: Drugs	10-60	\$89	No	\$25	Yes	\$38	Yes	-72.40	53.84	No
19: Other Services	N/A	\$89	N/A	\$86	N/A	\$89	N/A	-3.04	3.02	Yes
51: DME	N/A	\$54	N/A	\$77	N/A	\$81	N/A	42.04	4.90	Yes
26: Transportation	N/A	\$33	N/A	\$30	N/A	\$28	N/A	-7.26	-7.82	Yes
30: PCS	N/A	\$74	N/A	\$53	N/A	\$65	N/A	-29.30	23.72	No
31: Targeted Case Management	N/A	\$168	N/A	\$168	N/A	\$228	N/A	-0.03	35.20	No
33: Rehabilitation	N/A	\$300	N/A	\$244	N/A	\$196	N/A	-18.70	-19.70	No
34: PT/OT/speech/hear	N/A	\$30	N/A	\$29	N/A	\$16	N/A	-4.38	-42.80	No
35: Hospice	N/A	\$2,238	N/A	\$1,875	N/A	\$1,329	N/A	-16.20	-29.10	No
52: Residential Care	N/A	\$1,636	N/A	\$1,648	N/A	\$1,937	N/A	0.77	17.54	No
53: Pysch. Services	N/A	\$99	N/A	\$201	N/A	\$180	N/A	102.90	-10.60	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$95	N/A	\$93	N/A	\$100	N/A	-2.56	7.64	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.27	N/A	0.26	N/A	0.20	N/A	-2.72	-22.50	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	1.21	N/A	1.16	N/A	1.21	N/A	-4.04	3.70	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	248.80	84.31	No
% IHS (code 6,7)	N/A	4.10	N/A	4.27	N/A	0.36	N/A	4.05	-91.70	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$92	N/A	\$70	N/A	\$43	N/A	-23.60	-39.30	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$64	N/A	\$66	N/A	\$68	N/A	3.27	3.33	Yes
IHS (code 5)	N/A	\$195	N/A	\$203	N/A	\$209	N/A	3.95	2.97	Yes

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Waiver (code 6-7)	N/A	\$599	N/A	\$622	N/A	\$253	N/A	3.87	-59.30	No
% Claims with DX	> 60	47.88	No	49.04	No	51.86	No	2.41	5.74	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.11	Yes	99.44	Yes	99.62	Yes	0.33	0.18	Yes
% Claims with 1 DX that have 2 DX	N/A	22.94	N/A	24.58	N/A	28.90	N/A	7.16	17.56	No
% Claims with DX, where length=3	5-25	6.56	Yes	6.71	Yes	6.28	Yes	2.24	-6.38	Yes
% Claims with DX, where length=4	40-70	51.21	Yes	47.75	Yes	46.33	Yes	-6.77	-2.96	Yes
% Claims with DX, where length=5	20-55	42.22	Yes	45.54	Yes	47.38	Yes	7.86	4.05	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	99.97	Yes	99.96	Yes	99.91	Yes	-0.01	-0.05	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	40.33	N/A	38.99	N/A	38.64	N/A	-3.33	-0.89	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	59.67	N/A	61.01	N/A	61.36	N/A	2.25	0.57	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
% 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
% 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	99.93	Yes	98.96	Yes	97.58	No	-0.97	-1.40	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	4,898,067	N/A	5,058,288	N/A	2,482,720	N/A	3.27	-50.90	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
% Claims with Span Bill	N/A	3.07	N/A	3.21	N/A	5.59	N/A	4.56	73.94	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	7.86	N/A	7.73	N/A	8.88	N/A	-1.66	14.86	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	87.50	N/A	85.71	N/A	61.11	N/A	-2.04	-28.70	No
% Other Claims with Span Bills/All Other Claims	N/A	2.14	N/A	2.29	N/A	4.09	N/A	6.92	78.75	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	40.11	N/A	39.83	N/A	25.17	N/A	-0.70	-36.80	No
% claims MAX TOS 10: Other Practitioner	N/A	2.99	N/A	2.40	N/A	1.73	N/A	-19.80	-28.00	No
% claims MAX TOS 11: OPD	N/A	16.30	N/A	16.99	N/A	31.29	N/A	4.25	84.16	No
% claims MAX TOS 12: Clinic	N/A	1.44	N/A	1.57	N/A	2.85	N/A	8.78	81.63	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-15.30	109.60	No
% claims MAX TOS 15: Lab/Xray	N/A	13.94	N/A	13.83	N/A	3.44	N/A	-0.78	-75.10	No
% claims MAX TOS 19: Other Services	N/A	0.31	N/A	0.27	N/A	0.66	N/A	-13.90	144.90	No
% claims MAX TOS 51: DME	N/A	4.54	N/A	4.48	N/A	8.30	N/A	-1.23	85.02	No
% claims MAX TOS 26: Transportation	N/A	7.24	N/A	7.40	N/A	2.79	N/A	2.13	-62.30	No
% 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	0.04	N/A	0.05	N/A	0.11	N/A	39.37	99.46	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.60	N/A	0.52	N/A	0.07	N/A	-12.70	-87.30	No
% 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	11.71	N/A	11.86	N/A	22.94	N/A	1.32	93.38	No
% 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	\$27	N/A	\$31	N/A	\$41	N/A	15.46	30.12	No
% Claims with DX	N/A	89.66	N/A	86.90	N/A	84.86	N/A	-3.08	-2.35	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	90.87	Yes	88.31	Yes	84.97	No	-2.82	-3.77	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
% Claims with DX, where length=3	5-25	8.79	Yes	8.66	Yes	7.80	Yes	-1.49	-9.94	Yes
% Claims with DX, where length=4	40-70	40.70	Yes	40.50	Yes	33.77	No	-0.51	-16.60	No
% Claims with DX, where length=5	20-55	50.50	Yes	50.84	Yes	58.43	No	0.67	14.92	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	99.21	Yes	99.01	Yes	97.57	No	-0.21	-1.46	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	83.44	N/A	83.47	N/A	76.32	N/A	0.03	-8.57	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	16.56	N/A	16.53	N/A	23.68	N/A	-0.17	43.29	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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