

**1999-2001 MAX OT Validation Table**  
**State: MI**

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	17,799,201	N/A	18,585,946	N/A	22,381,809	N/A	4.42	20.42	No
*	N/A	0.00	N/A	0.00	N/A	5.17	N/A	N/A	N/A	N/A
% Encounter Claims (Claim Type=3)	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-99.83	190.64	No
% Supplemental Claims	N/A	49.82	N/A	49.16	N/A	44.07	N/A	-1.33	-10.36	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	8,928,233	N/A	18,585,940	N/A	11,362,232	N/A	108.17	-38.87	No
Total FFS Claims Excluding Capitation Payments	5-20	8.35	Yes	4.37	No	8.92	Yes	-47.64	103.99	No
% Crossover	> 1%	3.20	Yes	2.79	Yes	1.00	Yes	-12.81	-64.02	No
% Adjusted Claims	N/A	.	N/A	94.02	N/A	18.82	N/A	N/A	-79.98	No
% Standard Adjustments	N/A	\$92	N/A	\$227	N/A	\$114	N/A	145.88	-49.84	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	36.57	N/A	38.04	N/A	37.95	N/A	4.03	-0.22	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	13.26	N/A	11.12	N/A	8.51	N/A	-16.17	-23.44	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	\$139	Yes	\$150	Yes	\$156	Yes	7.85	4.38	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$120	Yes	\$97	Yes	\$47	Yes	-18.59	-51.67	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	8,182,405	N/A	8,636,567	N/A	10,348,502	N/A	5.55	19.82	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	0.13	N/A	0.22	N/A	0.84	N/A	68.69	275.79	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.46	N/A	2.32	N/A	N/A	401.42	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	44.09	N/A	37.24	N/A	54.94	N/A	-15.53	47.53	No
% Other Claims with Span Bills/All Other Claims	N/A	0.04	N/A	0.05	N/A	0.24	N/A	28.76	434.15	No
% Claims W/ Service Place 11- Office	50-90	84.26	Yes	84.34	Yes	83.37	Yes	0.09	-1.15	Yes
% Claims W/ Service Place 12 - Home	>0-5	7.77	No	7.70	No	3.83	Yes	-0.95	-50.29	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.84	Yes	3.93	Yes	4.81	Yes	2.29	22.43	No
% Claims W/ Service Place 32 - NF	>0-5	0.05	Yes	0.06	Yes	0.06	Yes	28.37	7.07	Yes
% Claims W/ Service Place 23 - ER	1-10	0.00	No	0.01	No	1.53	Yes	N/A	18121.71	No
% Claims w/ Service Place 22 - OPD	>0-10	3.80	Yes	3.73	Yes	3.22	Yes	-1.87	-13.60	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	N/A	122.55	N/A
% Claims with TPL	>0 - 15	0.00	No	0.07	Yes	0.13	Yes	N/A	84.83	No
Aver. TPL Paid -claims with TPL	N/A	.	N/A	\$73	N/A	\$61	N/A	N/A	-16.35	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.18	Yes	16.48	Yes	15.39	Yes	-4.10	-6.59	Yes
% claims MAX TOS 09: Dental	2-20	22.61	No	21.84	No	20.05	No	-3.39	-8.21	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.84	Yes	0.80	Yes	0.95	Yes	-4.98	19.17	No
% claims MAX TOS 11: OPD	3-25	21.01	Yes	22.02	Yes	21.89	Yes	4.80	-0.60	Yes
% claims MAX TOS 12: Clinic	2-25	15.67	Yes	15.04	Yes	19.11	Yes	-4.01	27.10	No
% claims MAX TOS 13: HH	>0-25	0.24	Yes	0.23	Yes	0.25	Yes	-3.20	9.60	Yes
% claims MAX TOS 15: Lab/Xray	4-20	7.74	Yes	8.02	Yes	7.57	Yes	3.53	-5.56	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.32	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	0.63	Yes	0.32	Yes	0.78	Yes	-49.07	143.25	No
% claims MAX TOS 51: DME	>3	6.22	Yes	7.01	Yes	6.28	Yes	12.71	-10.38	Yes
% claims MAX TOS 26: Transportation	>1	0.48	No	0.48	No	0.51	No	-0.47	7.02	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.03	N/A	0.03	N/A	18.87	9.13	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	98.10	85.06	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	4.74	Yes	4.68	Yes	2.97	Yes	-1.23	-36.55	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	Yes	0.00	Yes	0.00	Yes	-93.77	189.90	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	-91.99	179.83	N/A
% claims MAX TOS 35: Hospice	>0	0.00	Yes	0.00	Yes	0.00	Yes	11.28	158.27	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.09	N/A	0.08	N/A	0.08	N/A	-13.14	-2.61	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.12	N/A	0.13	N/A	0.13	N/A	9.84	-2.47	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	0.00	N/A	0.11	N/A	0.00	N/A	N/A	-95.89	No
% claims MAX TOS 53: Psych. Services	>1	2.41	Yes	2.75	Yes	2.68	Yes	13.87	-2.39	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	\$56	N/A	\$61	N/A	\$61	N/A	8.86	0.98	Yes
08: Physicians	\$20-90	\$48	Yes	\$51	Yes	\$64	Yes	8.11	24.96	No
09: Dental	\$10-60	\$24	Yes	\$25	Yes	\$25	Yes	1.65	1.81	Yes
10: Other Practitioner	\$10-100	\$36	Yes	\$40	Yes	\$38	Yes	8.98	-4.63	Yes
11: OPD	\$20-100	\$45	Yes	\$55	Yes	\$61	Yes	22.64	10.69	Yes
12: Clinic	\$20-100	\$61	Yes	\$62	Yes	\$64	Yes	1.29	3.13	Yes
13: HH	N/A	\$762	N/A	\$758	N/A	\$481	N/A	-0.58	-36.51	No
15: Lab/Xray	10-60	\$16	Yes	\$17	Yes	\$18	Yes	4.40	3.93	Yes
16: Drugs	10-60	.	No	.	No	\$16	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$123	N/A	\$32	N/A	\$66	N/A	-73.66	105.23	No
51: DME	N/A	\$117	N/A	\$141	N/A	\$149	N/A	20.51	5.90	Yes
26: Transportation	N/A	\$116	N/A	\$121	N/A	\$122	N/A	5.04	0.48	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$186	N/A	\$189	N/A	\$164	N/A	1.85	-13.07	Yes
33: Rehabilitation	N/A	\$19	N/A	\$11	N/A	\$21	N/A	-41.47	88.71	No
34: PT/OT/speech/hear	N/A	\$18	N/A	\$21	N/A	\$40	N/A	19.38	88.70	N/A
35: Hospice	N/A	\$403	N/A	\$459	N/A	\$1,454	N/A	13.81	216.90	No
52: Residential Care	N/A	.	N/A	\$36	N/A	\$2,258	N/A	N/A	6165.25	No
53: Psych. Services	N/A	\$90	N/A	\$88	N/A	\$76	N/A	-2.49	-13.60	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	0.46	N/A	0.48	N/A	0.46	N/A	3.56	-4.63	Yes
% RHC (code 3)	N/A	1.20	N/A	1.10	N/A	1.18	N/A	-7.83	7.16	Yes

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(code 4)	N/A	1.72	N/A	1.71	N/A	2.01	N/A	-0.19	17.00	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	2.07	N/A	3.21	N/A	3.24	N/A	54.58	1.07	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$30	N/A	\$28	N/A	\$38	N/A	-5.04	35.19	No
RHC (code 3)	N/A	\$28	N/A	\$30	N/A	\$35	N/A	8.76	18.54	No
FQHC (code 4)	N/A	\$27	N/A	\$28	N/A	\$30	N/A	3.94	7.03	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$202	N/A	\$204	N/A	\$210	N/A	0.82	2.87	Yes
% Claims with DX	> 60	74.70	Yes	75.52	Yes	78.37	Yes	1.10	3.77	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	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	5.67	Yes	5.63	Yes	5.90	Yes	-0.64	4.75	Yes
% Claims with DX, where length=4	40-70	66.99	Yes	65.32	Yes	61.96	Yes	-2.49	-5.14	Yes
% Claims with DX, where length=5	20-55	27.34	Yes	29.03	Yes	32.12	Yes	6.17	10.65	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	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	32.84	N/A	32.70	N/A	31.83	N/A	-0.43	-2.67	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	7.17	N/A	21.84	N/A	54.49	N/A	204.70	149.55	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	59.99	N/A	45.46	N/A	13.67	N/A	-24.22	-69.93	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	99.74	N/A	99.48	N/A	99.46	N/A	-0.26	-0.02	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims</b>										
Total Number of Claims	N/A	745,828	N/A	812,880	N/A	1,013,730	N/A	8.99	24.71	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	0.00	N/A	4.85	N/A	23.24	N/A	1205022.83	379.43	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	10.95	N/A	47.13	N/A	N/A	330.22	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	20.00	N/A	10.00	N/A	30.00	N/A	-50.00	200.00	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	0.55	N/A	259.20	62119.69	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	21.77	N/A	19.60	N/A	18.91	N/A	-9.97	-3.54	Yes
% claims MAX TOS 10: Other Practitioners <sup>r</sup>	N/A	3.11	N/A	3.00	N/A	1.82	N/A	-3.64	-39.20	No
% claims MAX TOS 11: OPD	N/A	45.43	N/A	44.24	N/A	48.71	N/A	-2.61	10.10	Yes
% claims MAX TOS 12: Clinic	N/A	0.33	N/A	0.61	N/A	0.58	N/A	82.17	-4.81	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-8.25	-19.81	N/A
% claims MAX TOS 15: Lab/Xray	N/A	3.06	N/A	2.99	N/A	2.08	N/A	-2.28	-30.67	No
% claims MAX TOS 19: Other Services	N/A	6.99	N/A	0.38	N/A	0.86	N/A	-94.50	122.87	No
% claims MAX TOS 51: DME	N/A	16.38	N/A	25.72	N/A	24.03	N/A	56.97	-6.58	N/A
% claims MAX TOS 26: Transportation <sup>n</sup>	N/A	2.66	N/A	2.21	N/A	1.50	N/A	-16.91	-32.30	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	0.02	N/A	0.02	N/A	0.00	N/A	12.86	-95.96	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.02	N/A	0.02	N/A	0.01	N/A	21.37	-69.45	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 <sup>e</sup>	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	2.41	N/A	0.98	N/A	1.19	N/A	-59.51	21.44	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	\$28	N/A	\$30	N/A	\$34	N/A	6.91	14.38	Yes
% Claims with DX	N/A	92.32	N/A	92.71	N/A	96.45	N/A	0.42	4.04	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	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	36.64	No	32.81	No	35.90	No	-10.47	9.41	Yes
% Claims with DX, where length=4	40-70	39.27	No	41.39	Yes	36.87	No	5.40	-10.92	Yes
% Claims with DX, where length=5	20-55	24.07	Yes	25.79	Yes	27.23	Yes	7.15	5.57	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	46.39	N/A	42.97	N/A	42.69	N/A	-7.37	-0.65	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	51.11	N/A	54.45	N/A	55.57	N/A	6.53	2.07	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	2.50	N/A	2.58	N/A	1.73	N/A	3.32	-32.86	N/A

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