

**2002-2004 MAX OT Validation Table  
State: NC**

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	56,504,933	N/A	62,041,851	N/A	70,147,238	N/A	9.80	13.06	Yes
	N/A	0.27	N/A	0.18	N/A	0.01	N/A	-33.70	-93.60	No
% 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	20.35	N/A	21.95	N/A	22.61	N/A	7.86	3.04	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	44,854,700	N/A	48,314,658	N/A	54,277,001	N/A	7.71	12.34	Yes
Total FFS Claims Excluding Capitation Payments	5-20	13.19	Yes	9.00	Yes	10.41	Yes	-31.80	15.66	No
% Crossover	> 1%	1.36	Yes	9.86	Yes	2.56	Yes	624.40	-74.10	No
% Adjusted Claims	N/A	79.49	N/A	96.29	N/A	84.78	N/A	21.14	-12.00	Yes
% Standard Adjustments	N/A	\$89	N/A	\$56	N/A	\$61	N/A	-37.20	9.56	Yes
Average Paid per HMO Cap Payment	N/A	0.51	N/A	0.22	N/A	0.23	N/A	-56.40	4.44	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	19.89	N/A	21.76	N/A	22.38	N/A	9.40	2.85	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$106	Yes	\$134	Yes	\$136	Yes	26.19	1.41	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	\$3	No	\$2	No	\$3	No	-3.18	7.67	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	38,939,892	N/A	43,967,304	N/A	48,628,535	N/A	12.91	10.60	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	3.03	N/A	2.72	N/A	2.49	N/A	-10.20	-8.70	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	-43.90	-23.00	No
% Other Claims with Span Bills/All Other Claims	N/A	3.27	N/A	2.94	N/A	2.65	N/A	-10.30	-9.78	Yes
% Claims W/ Service Place 11- Office	50-90	19.20	No	19.35	No	18.76	No	0.78	-3.03	Yes
% Claims W/ Service Place 12 - Home	>0-5	15.22	No	14.23	No	20.53	No	-6.51	44.29	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.60	Yes	3.49	Yes	3.38	Yes	-2.89	-3.27	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.03	Yes	0.03	Yes	0.03	Yes	8.57	5.93	Yes
% Claims W/ Service Place 23 - ER	1-10	2.56	Yes	2.65	Yes	2.41	Yes	3.65	-8.89	Yes
% Claims w/ Service Place 22 - OPD	>0-10	9.22	Yes	9.61	Yes	8.79	Yes	4.21	-8.58	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	43.51	No	42.20	No	23.43	No	-3.01	-44.50	No
% Claims with TPL	>0 - 15	0.37	Yes	0.48	Yes	0.38	Yes	28.45	-19.80	No
Aver. TPL Paid -claims with TPL	N/A	\$52	N/A	\$52	N/A	\$56	N/A	-0.27	6.32	Yes
PERCENT CLAIMS/MAX TOS										
	10-35	15.91	Yes	16.39	Yes	15.64	Yes	3.03	-4.62	Yes
% claims MAX TOS 08: Physicians	2-20	6.48	Yes	6.96	Yes	7.04	Yes	7.46	1.13	Yes
% claims MAX TOS 09: Dental	0.5-8	1.03	Yes	0.89	Yes	0.95	Yes	-13.50	6.53	Yes
% claims MAX TOS 10: Other Practioner	3-25	6.06	Yes	6.12	Yes	5.03	Yes	0.88	-17.70	No
% claims MAX TOS 11: OPD	2-25	12.05	Yes	9.60	Yes	5.68	Yes	-20.30	-40.90	No
% claims MAX TOS 12: Clinic	>0-25	1.39	Yes	1.19	Yes	1.17	Yes	-13.90	-2.16	Yes
% claims MAX TOS 13: HH	4-20	16.94	Yes	16.80	Yes	17.14	Yes	-0.80	2.02	Yes
% claims MAX TOS 15: Lab/Xray	<3	0.07	Yes	0.07	Yes	0.04	Yes	4.64	-41.80	No
% claims MAX TOS 16: Drugs	<25	21.10	Yes	20.54	Yes	10.03	Yes	-2.66	-51.10	No
% claims MAX TOS 19: Other Services	>3	4.10	Yes	3.62	Yes	4.02	Yes	-11.60	10.92	Yes
% claims MAX TOS 51: DME	>1	1.43	Yes	1.37	Yes	1.32	Yes	-4.53	-3.43	Yes
% claims MAX TOS 26: Transportation										

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% claims MAX TOS 24: Sterilizations	N/A	0.03	N/A	0.03	N/A	0.04	N/A	10.63	35.92	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-17.30	29.16	No
% claims MAX TOS 30: PCS	>0	1.84	Yes	2.35	Yes	14.23	Yes	27.64	504.50	No
% claims MAX TOS 31: TCM	>0	2.52	Yes	2.21	Yes	5.20	Yes	-12.30	135.60	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.36	Yes	1.09	Yes	0.80	No	-19.70	-26.50	No
% claims MAX TOS 35: Hospice	>0	0.49	Yes	0.53	Yes	0.61	Yes	9.77	14.94	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	4.25	-10.40	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	1.59	N/A	4.02	N/A	0.62	N/A	152.90	-84.50	No
% claims MAX TOS 53: Psych. Services	>1	5.47	Yes	5.81	Yes	10.32	Yes	6.33	77.41	No
% claims MAX TOS 54: Adult Day Care	>0	0.13	Yes	0.37	Yes	0.10	Yes	180.50	-71.90	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$68	N/A	\$68	N/A	\$69	N/A	-0.37	1.83	Yes
08: Physicians	\$20-90	\$72	Yes	\$70	Yes	\$73	Yes	-2.80	4.66	Yes
09: Dental	\$10-60	\$46	Yes	\$52	Yes	\$54	Yes	12.70	3.78	Yes
10: Other Practitioner	\$10-100	\$38	Yes	\$43	Yes	\$41	Yes	12.60	-4.24	Yes
11: OPD	\$20-100	\$127	No	\$121	No	\$121	No	-4.71	-0.58	Yes
12: Clinic	\$20-100	\$68	Yes	\$62	Yes	\$31	Yes	-8.50	-50.10	No
13: HH	N/A	\$150	N/A	\$153	N/A	\$162	N/A	1.77	5.91	Yes
15: Lab/Xray	10-60	\$29	Yes	\$29	Yes	\$35	Yes	1.32	20.75	No
16: Drugs	10-60	\$25	Yes	\$24	Yes	\$34	Yes	-2.88	41.65	No
19: Other Services	N/A	\$69	N/A	\$60	N/A	\$86	N/A	-12.00	42.20	No
51: DME	N/A	\$73	N/A	\$74	N/A	\$67	N/A	1.56	-9.77	Yes
26: Transportation	N/A	\$27	N/A	\$27	N/A	\$30	N/A	3.27	9.11	Yes
30: PCS	N/A	\$169	N/A	\$129	N/A	\$53	N/A	-23.50	-59.20	No
31: Targeted Case Management	N/A	\$60	N/A	\$61	N/A	\$67	N/A	1.71	10.12	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	\$45	N/A	\$50	N/A	\$40	N/A	9.17	-19.70	No
35: Hospice	N/A	\$120	N/A	\$121	N/A	\$128	N/A	1.20	5.48	Yes
52: Residential Care	N/A	\$167	N/A	\$160	N/A	\$222	N/A	-3.93	38.43	No
53: Pysch. Services	N/A	\$74	N/A	\$76	N/A	\$121	N/A	3.48	58.78	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$66	N/A	\$101	N/A	\$37	N/A	53.65	-63.50	No
% Family Planning (code 2)	N/A	0.65	N/A	0.53	N/A	0.49	N/A	-18.40	-8.49	Yes
% RHC (code 3)	N/A	0.78	N/A	0.74	N/A	0.60	N/A	-4.87	-18.60	No
% FQHC (code 4)	N/A	0.92	N/A	0.81	N/A	0.72	N/A	-12.20	-11.20	Yes
% FQHC (code 5)	N/A	0.05	N/A	0.04	N/A	0.04	N/A	-18.60	-10.70	Yes
% IHS (code 6,7)	N/A	13.38	N/A	12.32	N/A	12.51	N/A	-7.90	1.58	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$63	N/A	\$66	N/A	\$62	N/A	4.78	-6.19	Yes
RHC (code 3)	N/A	\$42	N/A	\$42	N/A	\$43	N/A	-1.19	2.93	Yes
FQHC (code 4)	N/A	\$40	N/A	\$47	N/A	\$50	N/A	17.30	7.70	Yes
IHS (code 5)	N/A	\$74	N/A	\$71	N/A	\$70	N/A	-3.87	-0.26	Yes

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Waiver (code 6-7)	N/A	\$91	N/A	\$88	N/A	\$85	N/A	-3.19	-4.12	Yes
% Claims with DX	> 60	93.38	Yes	92.91	Yes	92.84	Yes	-0.51	-0.07	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.58	Yes	99.59	Yes	99.56	Yes	0.01	-0.04	Yes
% Claims with 1 DX that have 2 DX	N/A	36.97	N/A	39.85	N/A	39.84	N/A	7.80	-0.02	Yes
% Claims with DX, where length=3	5-25	10.92	Yes	11.34	Yes	11.72	Yes	3.83	3.40	Yes
% Claims with DX, where length=4	40-70	57.35	Yes	55.43	Yes	54.05	Yes	-3.36	-2.48	Yes
% Claims with DX, where length=5	20-55	31.73	Yes	33.23	Yes	34.23	Yes	4.75	2.99	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	84.38	No	83.54	No	88.84	No	-0.99	6.34	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	7.30	N/A	43.75	N/A	.	499.30	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	100.00	N/A	92.70	N/A	56.25	N/A	-7.30	-39.30	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
% 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	.	No	100.00	Yes	100.00	Yes	.	0.00	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	55.76	No	55.28	No	98.82	Yes	-0.88	78.78	No
% Claims with TOS 08 with Physician Specialty	N/A	24.76	N/A	27.14	N/A	27.10	N/A	9.61	-0.14	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	5,914,808	N/A	4,347,354	N/A	5,648,466	N/A	-26.50	29.93	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	4.91	N/A	5.77	N/A	4.39	N/A	17.70	-23.90	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.04	N/A	0.00	N/A	0.01	N/A	-100.00	661.30	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	3.03	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.60	N/A	6.30	N/A	4.63	N/A	37.08	-26.60	No
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	55.11	N/A	51.33	N/A	52.62	N/A	-6.86	2.51	Yes
% claims MAX TOS 10: Other Practitioner	N/A	3.32	N/A	2.50	N/A	2.89	N/A	-24.90	15.74	No
% claims MAX TOS 11: OPD	N/A	6.96	N/A	8.36	N/A	5.07	N/A	20.17	-39.30	No
% claims MAX TOS 12: Clinic	N/A	4.85	N/A	6.02	N/A	5.20	N/A	24.10	-13.70	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	112.60	1.59	Yes
% claims MAX TOS 15: Lab/Xray	N/A	16.41	N/A	20.88	N/A	20.67	N/A	27.22	-0.99	Yes
% claims MAX TOS 19: Other Services	N/A	6.94	N/A	0.21	N/A	5.08	N/A	-97.00	2,356.00	No
% claims MAX TOS 51: DME	N/A	1.41	N/A	8.23	N/A	4.71	N/A	484.70	-42.70	No
% claims MAX TOS 26: Transportation	N/A	4.40	N/A	0.02	N/A	2.53	N/A	-99.60	13,570.00	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	0.00	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	0.15	N/A	0.00	N/A	0.00	N/A	-99.80	-89.70	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	0.31	N/A	2.31	N/A	1.21	N/A	635.60	-47.70	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	\$28	N/A	\$36	N/A	\$24	N/A	28.70	-32.10	No
% Claims with DX	N/A	99.68	N/A	100.00	N/A	99.98	N/A	0.32	-0.02	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	45.67	N/A	53.40	N/A	51.29	N/A	16.91	-3.94	Yes
% Claims with DX, where length=3	5-25	10.14	Yes	11.71	Yes	11.64	Yes	15.52	-0.57	Yes
% Claims with DX, where length=4	40-70	48.02	Yes	44.45	Yes	43.70	Yes	-7.43	-1.70	Yes
% Claims with DX, where length=5	20-55	41.84	Yes	43.84	Yes	44.66	Yes	4.77	1.87	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	31.13	N/A	99.99	N/A	96.45	N/A	221.20	-3.54	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	12.71	No	96.39	No	55.40	No	658.60	-42.50	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	21.19	N/A	81.74	N/A	.	285.80	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	100.00	N/A	78.81	N/A	18.26	N/A	-21.20	-76.80	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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