

1999-2001 MAX OT Validation Table
State: OH

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	45,241,650	N/A	48,832,478	N/A	57,704,284	N/A	7.94	18.17	No
*	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
% Supplemental Claims	N/A									
% Claims (Claim Type=2, and MAX TOS	N/A	6.13	N/A	5.55	N/A	5.56	N/A	-9.42	0.20	Yes
Total FFS Claims Excluding Capitation Payments	N/A	42,468,282	N/A	46,120,955	N/A	54,493,800	N/A	8.60	18.15	No
	5-20	7.92	Yes	7.78	Yes	7.35	Yes	-1.86	-5.45	Yes
% Crossover	> 1%	1.70	Yes	0.48	No	1.12	Yes	-71.93	134.88	No
% Adjusted Claims	N/A	.	N/A	62.13	N/A	78.65	N/A	N/A	26.58	No
% Standard Adjustments	N/A	\$76	N/A	\$72	N/A	\$74	N/A	-4.27	2.93	Yes
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	6.13	N/A	5.55	N/A	5.56	N/A	-9.42	0.20	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	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	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$123	Yes	\$137	Yes	\$143	Yes	11.49	3.98	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	N/A	N/A	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	39,103,041	N/A	42,534,188	N/A	50,487,004	N/A	8.77	18.70	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	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	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	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims W/ Service Place 11- Office	50-90	16.24	No	17.10	No	18.13	No	5.28	6.04	Yes
% Claims W/ Service Place 12 - Home	>0-5	23.03	No	22.98	No	21.34	No	-0.21	-7.13	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.21	Yes	3.25	Yes	3.08	Yes	1.29	-5.13	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.33	Yes	0.36	Yes	0.43	Yes	9.84	20.61	No
% Claims W/ Service Place 23 - ER	1-10	3.92	Yes	4.08	Yes	4.31	Yes	4.15	5.59	Yes
% Claims w/ Service Place 22 - OPD	>0-10	16.12	No	16.63	No	16.39	No	3.16	-1.47	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.88	Yes	0.05	Yes	2.52	Yes	-98.29	5020.21	N/A
% Claims with TPL	>0 - 15	0.21	Yes	0.36	Yes	0.50	Yes	76.12	39.09	No
Aver. TPL Paid -claims with TPL	N/A	\$32	N/A	\$48	N/A	\$56	N/A	52.06	16.40	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	13.85	Yes	13.42	Yes	12.81	Yes	-3.14	-4.54	Yes
% claims MAX TOS 09: Dental	2-20	3.67	Yes	3.91	Yes	4.34	Yes	6.40	11.13	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.31	Yes	1.33	Yes	1.47	Yes	1.84	10.90	Yes
% claims MAX TOS 11: OPD	3-25	6.79	Yes	5.20	Yes	5.19	Yes	-23.37	-0.27	Yes
% claims MAX TOS 12: Clinic	2-25	1.96	No	1.70	No	1.74	No	-12.98	2.49	Yes
% claims MAX TOS 13: HH	>0-25	1.98	Yes	1.86	Yes	2.73	Yes	-5.89	46.81	No
% claims MAX TOS 15: Lab/Xray	4-20	14.04	Yes	21.88	No	16.51	Yes	55.79	-24.52	No

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.23	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	20.96	Yes	19.69	Yes	19.42	Yes	-6.05	-1.35	Yes
% claims MAX TOS 51: DME	>3	4.05	Yes	1.67	No	2.34	No	-58.83	40.30	No
% claims MAX TOS 26: Transportation	>1	4.25	Yes	4.22	Yes	3.92	Yes	-0.89	-6.94	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.03	N/A	0.03	N/A	-26.41	16.11	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-76.65	-10.49	Yes
% 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	0.21	Yes	0.20	Yes	0.20	Yes	-8.51	3.09	Yes
% claims MAX TOS 33: Rehabilitation	>0	13.97	Yes	11.75	Yes	11.84	Yes	-15.88	0.78	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.28	No	0.31	No	0.47	No	12.55	51.04	N/A
% claims MAX TOS 35: Hospice	>0	0.55	Yes	0.60	Yes	0.72	Yes	8.13	20.01	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.09	N/A	0.11	N/A	0.17	N/A	25.41	57.26	N/A
% claims MAX TOS 38: Private Nursing	N/A	1.09	N/A	0.94	N/A	1.07	N/A	-14.30	14.27	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	0.00	N/A	0.00	N/A	N/A	112.77	No
% claims MAX TOS 53: Psych. Services	>1	10.12	Yes	10.58	Yes	11.42	Yes	4.56	7.86	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.63	Yes	0.61	Yes	0.63	Yes	-3.63	4.00	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	\$46	N/A	\$49	N/A	\$51	N/A	5.41	4.22	Yes
08: Physicians	\$20-90	\$41	Yes	\$49	Yes	\$51	Yes	20.89	3.71	Yes
09: Dental	\$10-100	\$26	Yes	\$40	Yes	\$41	Yes	55.64	2.71	Yes
10: Other Practitioner	\$10-100	\$23	Yes	\$27	Yes	\$27	Yes	19.05	0.48	Yes
11: OPD	\$20-100	\$65	Yes	\$94	Yes	\$95	Yes	44.60	0.92	Yes
12: Clinic	\$20-100	\$57	Yes	\$62	Yes	\$75	Yes	8.07	21.24	No
13: HH	N/A	\$55	N/A	\$53	N/A	\$53	N/A	-2.26	-1.40	Yes
15: Lab/Xray	10-60	\$23	Yes	\$33	Yes	\$25	Yes	43.81	-24.14	No
16: Drugs	10-60	.	No	.	No	\$7	No	N/A	N/A	N/A
19: Other Service	N/A	\$48	N/A	\$49	N/A	\$53	N/A	1.46	7.59	Yes
51: DME	N/A	\$53	N/A	\$30	N/A	\$47	N/A	-43.77	57.58	No
26: Transportation	N/A	\$19	N/A	\$21	N/A	\$21	N/A	10.27	0.02	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$93	N/A	\$93	N/A	\$101	N/A	0.17	7.79	Yes
33: Rehabilitation	N/A	\$46	N/A	\$42	N/A	\$44	N/A	-7.93	5.07	Yes
34: PT/OT/speech/hear	N/A	\$24	N/A	\$25	N/A	\$25	N/A	0.44	0.35	N/A
35: Hospice	N/A	\$116	N/A	\$124	N/A	\$133	N/A	7.34	7.13	Yes
52: Residential Care	N/A	.	N/A	\$173	N/A	\$165	N/A	N/A	-4.90	Yes
53: Psych. Services	N/A	\$64	N/A	\$65	N/A	\$66	N/A	0.67	2.21	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$27	N/A	\$28	N/A	\$29	N/A	3.45	6.08	Yes
% Family Planning (code 2)	N/A	0.15	N/A	0.16	N/A	0.19	N/A	8.61	21.26	No
% RHC (code 3)	N/A	0.08	N/A	0.08	N/A	0.07	N/A	-2.99	-8.80	Yes

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(code 4)	N/A	0.47	N/A	0.49	N/A	0.52	N/A	5.73	4.94	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	21.78	N/A	21.67	N/A	20.11	N/A	-0.52	-7.18	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$73	N/A	\$82	N/A	\$80	N/A	13.31	-3.26	Yes
RHC (code 3)	N/A	\$56	N/A	\$56	N/A	\$60	N/A	-0.20	8.01	Yes
FQHC (code 4)	N/A	\$79	N/A	\$81	N/A	\$86	N/A	3.72	6.07	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$48	N/A	\$49	N/A	\$52	N/A	3.13	5.33	Yes
% Claims with DX	> 60	90.17	Yes	93.29	Yes	90.91	Yes	3.46	-2.55	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.84	Yes	99.86	Yes	99.81	Yes	0.02	-0.05	Yes
% Claims with 1 DX that have 2 DX	N/A	22.36	N/A	23.57	N/A	26.26	N/A	5.45	11.38	Yes
% Claims with DX, where length=3	5-25	5.27	Yes	5.61	Yes	5.82	Yes	6.49	3.63	Yes
% Claims with DX, where length=4	40-70	48.74	Yes	49.09	Yes	49.15	Yes	0.73	0.13	Yes
% Claims with DX, where length=5	20-55	45.98	Yes	45.22	Yes	44.99	Yes	-1.64	-0.51	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	99.97	N/A	99.99	N/A	-0.03	0.02	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.98	Yes	99.82	Yes	99.83	Yes	-0.16	0.01	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	35.99	N/A	37.29	N/A	37.53	N/A	3.61	0.64	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	6.75	N/A	7.05	N/A	7.27	N/A	4.58	2.98	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	54.42	N/A	55.66	N/A	52.72	N/A	2.27	-5.28	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	3,365,241	N/A	3,586,767	N/A	4,006,796	N/A	6.58	11.71	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	N/A	N/A
% Claims with Span Bill	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	66.02	N/A	66.31	N/A	66.62	N/A	0.43	0.48	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	7.67	N/A	7.59	N/A	7.01	N/A	-1.12	-7.64	Yes
% claims MAX TOS 11: OPD	N/A	11.06	N/A	10.36	N/A	10.46	N/A	-6.33	0.98	Yes
% claims MAX TOS 12: Clinic	N/A	1.91	N/A	2.00	N/A	2.04	N/A	4.35	2.36	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	1.24	N/A	1.35	N/A	1.30	N/A	8.49	-3.16	Yes
% claims MAX TOS 19: Other Services	N/A	7.75	N/A	7.94	N/A	7.99	N/A	2.47	0.62	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	3.53	N/A	3.57	N/A	3.62	N/A	1.09	1.17	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	0.33	N/A	0.41	N/A	0.41	N/A	24.66	0.27	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.16	N/A	0.16	N/A	0.15	N/A	3.98	-5.04	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 ^e	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	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	\$38	N/A	\$39	N/A	\$39	N/A	1.69	-0.08	Yes
% Claims with DX	N/A	84.99	N/A	86.57	N/A	87.50	N/A	1.85	1.08	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	85.83	Yes	86.94	Yes	87.70	Yes	1.30	0.87	Yes
% Claims with 1 DX that have 2 DX	N/A	45.82	N/A	48.76	N/A	50.37	N/A	6.42	3.29	Yes
% Claims with DX, where length=3	5-25	10.84	Yes	10.94	Yes	11.02	Yes	0.97	0.67	Yes
% Claims with DX, where length=4	40-70	49.53	Yes	48.95	Yes	47.47	Yes	-1.18	-3.02	Yes
% Claims with DX, where length=5	20-55	39.62	Yes	40.10	Yes	41.51	Yes	1.22	3.51	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	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

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