

2002-2004 MAX OT Validation Table
State: OH

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	65,114,444	N/A	71,506,443	N/A	76,658,714	N/A	9.82	7.21	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	6.35	N/A	6.95	N/A	7.37	N/A	9.31	6.11	Yes
Total FFS Claims Excluding Capitation Payments	N/A	60,976,722	N/A	66,539,543	N/A	71,008,471	N/A	9.12	6.72	Yes
	5-20	7.16	Yes	7.36	Yes	7.55	Yes	2.84	2.61	Yes
% Crossover	> 1%	0.82	No	0.65	No	0.74	No	-19.90	12.93	Yes
% Adjusted Claims	N/A	63.03	N/A	68.63	N/A	47.92	N/A	8.89	-30.20	No
% Standard Adjustments	N/A	\$74	N/A	\$118	N/A	\$71	N/A	59.84	-39.90	No
Average Paid per HMO Cap Payment	N/A	6.35	N/A	6.95	N/A	7.37	N/A	9.31	6.11	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$151	Yes	\$157	Yes	\$167	Yes	3.84	6.22	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	.	No	.	No	.	No	.	.	N/A
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	56,613,222	N/A	61,642,630	N/A	65,646,275	N/A	8.88	6.50	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	0.00	N/A	0.00	N/A	0.00	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
% 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
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	17.72	No	17.37	No	16.22	No	-1.94	-6.61	Yes
% Claims W/ Service Place 12 - Home	>0-5	21.46	No	22.27	No	23.72	No	3.81	6.50	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.04	Yes	2.98	Yes	2.89	Yes	-1.89	-3.00	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.50	Yes	0.57	Yes	0.71	Yes	12.54	25.67	No
% Claims W/ Service Place 23 - ER	1-10	4.27	Yes	4.24	Yes	3.95	Yes	-0.66	-6.87	Yes
% Claims w/ Service Place 22 - OPD	>0-10	16.15	No	16.09	No	16.03	No	-0.34	-0.38	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.47	Yes	2.54	Yes	2.59	Yes	2.92	1.73	Yes
% Claims with TPL	>0 - 15	0.57	Yes	0.62	Yes	0.68	Yes	8.67	9.21	Yes
Aver. TPL Paid -claims with TPL	N/A	\$61	N/A	\$62	N/A	\$63	N/A	3.23	1.37	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	12.51	Yes	12.69	Yes	12.03	Yes	1.43	-5.19	Yes
% claims MAX TOS 09: Dental	2-20	4.27	Yes	4.32	Yes	4.35	Yes	0.98	0.79	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.51	Yes	1.44	Yes	1.04	Yes	-4.72	-27.60	No
% claims MAX TOS 11: OPD	3-25	5.16	Yes	6.26	Yes	6.19	Yes	21.28	-1.09	Yes
% claims MAX TOS 12: Clinic	2-25	1.78	No	1.77	No	1.68	No	-0.84	-5.04	Yes
% claims MAX TOS 13: HH	>0-25	3.64	Yes	4.33	Yes	4.94	Yes	18.93	13.99	Yes
% claims MAX TOS 15: Lab/Xray	4-20	16.49	Yes	14.76	Yes	14.72	Yes	-10.50	-0.23	Yes
% claims MAX TOS 16: Drugs	<3	1.06	Yes	1.06	Yes	0.92	Yes	0.51	-13.50	Yes
% claims MAX TOS 19: Other Services	<25	19.69	Yes	20.56	Yes	21.60	Yes	4.39	5.09	Yes
% claims MAX TOS 51: DME	>3	2.05	No	1.72	No	1.84	No	-16.00	6.86	Yes
% claims MAX TOS 26: Transportation	>1	3.86	Yes	4.06	Yes	4.37	Yes	5.16	7.56	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.03	N/A	0.03	N/A	0.03	N/A	-6.73	-8.05	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-15.80	-8.94	Yes
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	0.18	Yes	0.18	Yes	0.14	Yes	-1.97	-21.10	No
% claims MAX TOS 33: Rehabilitation	>0	11.76	Yes	11.51	Yes	9.36	Yes	-2.09	-18.70	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.53	No	0.58	No	0.73	No	8.89	25.07	No
% claims MAX TOS 35: Hospice	>0	0.72	Yes	0.13	Yes	0.15	Yes	-81.60	12.06	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.24	N/A	0.26	N/A	0.32	N/A	9.76	19.97	No
% claims MAX TOS 38: Private Nursing	N/A	1.00	N/A	0.95	N/A	1.00	N/A	-5.70	5.78	Yes
% 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	0.00	N/A	0.68	N/A	2.50	N/A	51,576.00	270.60	No
% claims MAX TOS 53: Psych. Services	>1	11.14	Yes	10.05	Yes	9.24	Yes	-9.79	-8.09	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.64	Yes	0.62	Yes	0.63	Yes	-1.71	1.18	Yes
% 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	\$53	N/A	\$55	N/A	\$57	N/A	2.58	3.41	Yes
08: Physicians	\$20-90	\$51	Yes	\$50	Yes	\$53	Yes	-1.20	4.69	Yes
09: Dental	\$10-60	\$41	Yes	\$43	Yes	\$44	Yes	3.59	2.46	Yes
10: Other Practioner	\$10-100	\$27	Yes	\$28	Yes	\$32	Yes	2.15	15.77	No
11: OPD	\$20-100	\$96	Yes	\$83	Yes	\$88	Yes	-14.30	6.31	Yes
12: Clinic	\$20-100	\$75	Yes	\$74	Yes	\$75	Yes	-1.16	2.04	Yes
13: HH	N/A	\$50	N/A	\$47	N/A	\$43	N/A	-6.61	-6.80	Yes
15: Lab/Xray	10-60	\$26	Yes	\$30	Yes	\$31	Yes	12.82	3.90	Yes
16: Drugs	10-60	\$7	No	\$8	No	\$9	No	11.43	7.90	Yes
19: Other Services	N/A	\$61	N/A	\$62	N/A	\$64	N/A	2.69	2.08	Yes
51: DME	N/A	\$52	N/A	\$53	N/A	\$55	N/A	1.04	4.73	Yes
26: Transportation	N/A	\$23	N/A	\$23	N/A	\$23	N/A	0.75	-2.78	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$108	N/A	\$108	N/A	\$108	N/A	-0.26	-0.07	Yes
33: Rehabilitation	N/A	\$47	N/A	\$48	N/A	\$46	N/A	0.64	-2.52	Yes
34: PT/OT/speech/hear	N/A	\$25	N/A	\$25	N/A	\$26	N/A	1.81	2.82	Yes
35: Hospice	N/A	\$161	N/A	\$155	N/A	\$123	N/A	-3.36	-20.90	No
52: Residential Care	N/A	\$177	N/A	\$178	N/A	\$96	N/A	0.52	-46.00	No
53: Pysch. Services	N/A	\$68	N/A	\$73	N/A	\$80	N/A	7.32	9.93	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$30	N/A	\$30	N/A	\$31	N/A	-0.44	5.32	Yes
% Family Planning (code 2)	N/A	0.20	N/A	0.17	N/A	0.14	N/A	-14.50	-18.30	No
% RHC (code 3)	N/A	0.08	N/A	0.09	N/A	0.09	N/A	13.61	-4.94	Yes
% FQHC (code 4)	N/A	0.57	N/A	0.61	N/A	0.59	N/A	7.21	-3.69	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	20.32	N/A	21.20	N/A	22.63	N/A	4.34	6.73	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$78	N/A	\$85	N/A	\$102	N/A	8.23	20.04	No
RHC (code 3)	N/A	\$61	N/A	\$62	N/A	\$64	N/A	2.42	3.24	Yes
FQHC (code 4)	N/A	\$85	N/A	\$85	N/A	\$85	N/A	-0.47	0.87	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$59	N/A	\$61	N/A	\$62	N/A	2.51	1.66	Yes
% Claims with DX	> 60	90.80	Yes	90.10	Yes	90.03	Yes	-0.78	-0.08	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.77	Yes	99.76	Yes	99.80	Yes	-0.02	0.04	Yes
% Claims with 1 DX that have 2 DX	N/A	28.34	N/A	31.94	N/A	39.14	N/A	12.71	22.56	No
% Claims with DX, where length=3	5-25	5.93	Yes	6.63	Yes	8.84	Yes	11.80	33.19	No
% Claims with DX, where length=4	40-70	47.05	Yes	45.86	Yes	44.08	Yes	-2.51	-3.90	Yes
% Claims with DX, where length=5	20-55	46.99	Yes	47.49	Yes	47.09	Yes	1.07	-0.85	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	99.99	N/A	99.98	N/A	99.99	N/A	-0.01	0.00	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.82	Yes	99.80	Yes	99.68	Yes	-0.02	-0.12	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	37.15	N/A	37.76	N/A	40.45	N/A	1.63	7.12	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	7.13	N/A	7.31	N/A	8.26	N/A	2.48	13.03	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	53.27	N/A	52.41	N/A	48.71	N/A	-1.61	-7.06	Yes
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	98.31	Yes	89.87	No	-1.69	-8.59	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /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
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	4,363,500	N/A	4,896,913	N/A	5,362,196	N/A	12.22	9.50	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	0.00	N/A	0.00	N/A	0.00	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
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	0.00	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
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	65.97	N/A	65.45	N/A	64.59	N/A	-0.78	-1.31	Yes
% claims MAX TOS 10: Other Practitioner	N/A	6.77	N/A	6.79	N/A	6.47	N/A	0.27	-4.67	Yes
% claims MAX TOS 11: OPD	N/A	10.84	N/A	10.58	N/A	10.74	N/A	-2.33	1.49	Yes
% claims MAX TOS 12: Clinic	N/A	2.09	N/A	2.03	N/A	2.00	N/A	-3.19	-1.42	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	1.25	N/A	1.32	N/A	1.51	N/A	5.93	14.10	Yes
% claims MAX TOS 19: Other Services	N/A	8.29	N/A	8.36	N/A	8.64	N/A	0.84	3.29	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	3.64	N/A	3.63	N/A	3.65	N/A	-0.11	0.49	Yes
% 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	0.59	N/A	1.09	N/A	1.29	N/A	84.66	18.87	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.17	N/A	0.19	N/A	0.22	N/A	11.92	19.47	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	0.00	N/A	0.00	N/A	0.00	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
Average Amount Paid	N/A	\$39	N/A	\$39	N/A	\$41	N/A	-0.20	4.80	Yes
% Claims with DX	N/A	85.94	N/A	86.56	N/A	84.85	N/A	0.73	-1.98	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	86.01	Yes	86.39	Yes	84.77	No	0.44	-1.88	Yes
% Claims with 1 DX that have 2 DX	N/A	50.72	N/A	52.01	N/A	51.91	N/A	2.54	-0.20	Yes
% Claims with DX, where length=3	5-25	11.31	Yes	11.02	Yes	10.70	Yes	-2.55	-2.94	Yes
% Claims with DX, where length=4	40-70	46.35	Yes	45.17	Yes	44.38	Yes	-2.55	-1.75	Yes
% Claims with DX, where length=5	20-55	42.33	Yes	43.80	Yes	44.92	Yes	3.48	2.56	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	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
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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