

2002-2004 MAX OT Validation Table
State: RI

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	5,288,439	N/A	5,457,272	N/A	5,622,024	N/A	3.19	3.02	Yes
	N/A	26.64	N/A	26.64	N/A	27.85	N/A	0.03	4.55	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.08	N/A	0.09	N/A	0.08	N/A	12.41	-13.10	Yes
% Supplemental Claims	N/A	24.20	N/A	23.76	N/A	26.19	N/A	-1.81	10.25	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	2,596,088	N/A	2,701,993	N/A	2,579,194	N/A	4.08	-4.54	Yes
Total FFS Claims Excluding Capitation Payments	5-20	14.10	Yes	12.84	Yes	6.14	Yes	-8.95	-52.10	No
% Crossover	> 1%	5.74	Yes	3.26	Yes	4.30	Yes	-43.20	32.00	No
% Adjusted Claims	N/A	55.06	N/A	9.53	N/A	76.01	N/A	-82.70	697.50	No
% Standard Adjustments	N/A	\$289	N/A	\$1,017	N/A	\$949	N/A	251.50	-6.74	Yes
Average Paid per HMO Cap Payment	N/A	33.02	N/A	32.42	N/A	36.34	N/A	-1.79	12.09	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	\$125	Yes	\$137	Yes	\$160	Yes	9.11	16.88	No
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	2,229,962	N/A	2,355,038	N/A	2,420,717	N/A	5.61	2.79	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	14.30	N/A	15.41	N/A	16.08	N/A	7.75	4.39	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.46	N/A	13.23	N/A	13.07	N/A	-1.72	-1.22	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	52.16	N/A	53.23	N/A	54.70	N/A	2.06	2.76	Yes
% Other Claims with Span Bills/All Other Claims	N/A	12.32	N/A	13.35	N/A	13.87	N/A	8.28	3.92	Yes
% Claims W/ Service Place 11- Office	50-90	58.97	Yes	58.53	Yes	47.45	No	-0.75	-18.90	No
% Claims W/ Service Place 12 - Home	>0-5	7.09	No	8.11	No	13.67	No	14.31	68.63	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.66	Yes	3.86	Yes	3.83	Yes	5.47	-0.84	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.21	Yes	0.35	Yes	0.80	Yes	67.59	130.90	No
% Claims W/ Service Place 23 - ER	1-10	2.40	Yes	2.42	Yes	2.20	Yes	0.92	-9.23	Yes
% Claims w/ Service Place 22 - OPD	>0-10	7.83	Yes	8.19	Yes	7.61	Yes	4.54	-7.05	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with TPL	>0 - 15	0.33	Yes	0.43	Yes	0.44	Yes	29.82	2.13	Yes
Aver. TPL Paid -claims with TPL	N/A	\$120	N/A	\$110	N/A	\$113	N/A	-8.42	2.98	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	9.66	No	10.65	Yes	9.85	No	10.29	-7.59	Yes
% claims MAX TOS 09: Dental	2-20	14.10	Yes	14.49	Yes	14.47	Yes	2.76	-0.19	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.02	Yes	1.64	Yes	1.13	Yes	61.16	-30.80	No
% claims MAX TOS 11: OPD	3-25	2.45	No	2.73	No	2.72	No	11.78	-0.51	Yes
% claims MAX TOS 12: Clinic	2-25	1.07	No	1.11	No	1.08	No	3.30	-2.96	Yes
% claims MAX TOS 13: HH	>0-25	4.88	Yes	5.18	Yes	5.47	Yes	5.96	5.78	Yes
% claims MAX TOS 15: Lab/Xray	4-20	11.07	Yes	10.96	Yes	10.32	Yes	-0.99	-5.83	Yes
% claims MAX TOS 16: Drugs	<3	0.13	Yes	0.13	Yes	0.06	Yes	1.54	-56.50	No
% claims MAX TOS 19: Other Services	<25	21.12	Yes	20.13	Yes	21.11	Yes	-4.70	4.90	Yes
% claims MAX TOS 51: DME	>3	4.83	Yes	4.01	Yes	4.91	Yes	-17.10	22.63	No
% claims MAX TOS 26: Transportation	>1	1.29	Yes	1.70	Yes	2.30	Yes	31.91	34.90	No

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.01	N/A	-11.40	68.04	No
% claims MAX TOS 25: Abortions	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-0.47	74.59	No
% claims MAX TOS 30: PCS	>0	1.67	Yes	1.70	Yes	1.83	Yes	2.26	7.65	Yes
% claims MAX TOS 31: TCM	>0	1.10	Yes	1.96	Yes	2.75	Yes	77.82	39.94	No
% claims MAX TOS 33: Rehabilitation	>0	13.21	Yes	10.73	Yes	2.76	Yes	-18.80	-74.30	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 35: Hospice	>0	0.04	Yes	0.01	Yes	0.01	Yes	-75.10	-7.90	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	0.00	N/A	0.00	N/A	0.00	N/A	-5.31	191.90	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	0.79	N/A	1.18	N/A	1.15	N/A	50.34	-3.26	Yes
% claims MAX TOS 53: Psych. Services	>1	8.04	Yes	8.12	Yes	15.60	Yes	1.00	92.10	No
% claims MAX TOS 54: Adult Day Care	>0	3.52	Yes	3.56	Yes	2.48	Yes	0.96	-30.40	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	\$147	N/A	\$165	N/A	\$175	N/A	12.00	6.27	Yes
08: Physicians	\$20-90	\$41	Yes	\$43	Yes	\$48	Yes	4.56	11.41	Yes
09: Dental	\$10-60	\$39	Yes	\$40	Yes	\$42	Yes	1.16	6.43	Yes
10: Other Practioner	\$10-100	\$23	Yes	\$28	Yes	\$24	Yes	21.38	-15.50	No
11: OPD	\$20-100	\$262	No	\$265	No	\$331	No	1.26	25.12	No
12: Clinic	\$20-100	\$121	No	\$128	No	\$161	No	5.86	26.26	No
13: HH	N/A	\$187	N/A	\$200	N/A	\$203	N/A	7.02	1.31	Yes
15: Lab/Xray	10-60	\$52	Yes	\$53	Yes	\$54	Yes	2.98	2.31	Yes
16: Drugs	10-60	\$15	Yes	\$16	Yes	\$21	Yes	5.70	31.66	No
19: Other Services	N/A	\$55	N/A	\$56	N/A	\$53	N/A	1.79	-5.68	Yes
51: DME	N/A	\$126	N/A	\$151	N/A	\$121	N/A	19.89	-19.90	No
26: Transportation	N/A	\$43	N/A	\$40	N/A	\$40	N/A	-6.83	-0.71	Yes
30: PCS	N/A	\$138	N/A	\$134	N/A	\$136	N/A	-2.82	1.56	Yes
31: Targeted Case Management	N/A	\$123	N/A	\$128	N/A	\$112	N/A	3.76	-12.40	Yes
33: Rehabilitation	N/A	\$240	N/A	\$273	N/A	\$291	N/A	13.69	6.83	Yes
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	\$1,879	N/A	\$2,069	N/A	\$2,059	N/A	10.08	-0.46	Yes
52: Residential Care	N/A	\$3,627	N/A	\$3,493	N/A	\$3,962	N/A	-3.68	13.41	Yes
53: Pysch. Services	N/A	\$158	N/A	\$191	N/A	\$256	N/A	20.29	34.56	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$545	N/A	\$563	N/A	\$781	N/A	3.40	38.62	No
% Family Planning (code 2)	N/A	0.03	N/A	0.03	N/A	0.03	N/A	-9.68	4.11	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	1.82	N/A	2.18	N/A	2.08	N/A	19.65	-4.34	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	6.30	N/A	6.69	N/A	7.07	N/A	6.18	5.70	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$111	N/A	\$118	N/A	\$163	N/A	6.35	38.39	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$94	N/A	\$97	N/A	\$103	N/A	3.06	6.47	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waver (code 6-7)	N/A	\$161	N/A	\$160	N/A	\$163	N/A	-0.72	1.73	Yes
% Claims with DX	> 60	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	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	17.38	N/A	18.76	N/A	18.93	N/A	7.97	0.93	Yes
% Claims with DX, where length=3	5-25	8.49	Yes	8.30	Yes	8.62	Yes	-2.34	3.95	Yes
% Claims with DX, where length=4	40-70	63.05	Yes	63.87	Yes	63.29	Yes	1.31	-0.90	Yes
% Claims with DX, where length=5	20-55	28.46	Yes	27.83	Yes	28.08	Yes	-2.19	0.90	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	99.76	Yes	99.79	Yes	99.82	Yes	0.03	0.03	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	23.61	N/A	24.41	N/A	22.91	N/A	3.39	-6.18	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	76.39	N/A	75.59	N/A	77.09	N/A	-1.05	2.00	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 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	91.26	N/A	88.77	N/A	88.97	N/A	-2.73	0.23	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	366,126	N/A	346,955	N/A	158,477	N/A	-5.24	-54.30	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	9.43	N/A	10.29	N/A	14.91	N/A	9.20	44.85	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.19	N/A	10.99	N/A	10.19	N/A	7.87	-7.28	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	9.29	N/A	10.15	N/A	18.34	N/A	9.19	80.73	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	44.34	N/A	50.09	N/A	17.50	N/A	12.97	-65.10	No
% claims MAX TOS 10: Other Practioner	N/A	6.73	N/A	5.75	N/A	6.49	N/A	-14.50	12.97	Yes
% claims MAX TOS 11: OPD	N/A	14.69	N/A	17.13	N/A	42.11	N/A	16.63	145.80	No
% claims MAX TOS 12: Clinic	N/A	2.66	N/A	3.05	N/A	6.90	N/A	14.51	126.30	No
% 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	17.20	N/A	9.01	N/A	0.01	N/A	-47.60	-99.90	No
% claims MAX TOS 19: Other Services	N/A	7.87	N/A	8.86	N/A	21.39	N/A	12.64	141.30	No
% 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	3.33	N/A	2.92	N/A	0.17	N/A	-12.20	-94.00	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	3.18	N/A	3.18	N/A	5.41	N/A	-0.09	70.24	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	\$28	N/A	\$28	N/A	\$35	N/A	-0.54	26.58	No
% Claims with DX	N/A	99.98	N/A	99.99	N/A	100.00	N/A	0.01	0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.98	Yes	99.99	Yes	100.00	Yes	0.01	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	49.41	N/A	52.49	N/A	52.80	N/A	6.22	0.60	Yes
% Claims with DX, where length=3	5-25	8.72	Yes	9.20	Yes	10.77	Yes	5.53	17.08	No
% Claims with DX, where length=4	40-70	45.21	Yes	44.80	Yes	41.97	Yes	-0.90	-6.31	Yes
% Claims with DX, where length=5	20-55	46.07	Yes	46.00	Yes	47.25	Yes	-0.16	2.73	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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