

1999-2001 MAX OT Validation Table
State: SC

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	18,107,210	N/A	19,693,498	N/A	21,240,122	N/A	8.76	7.85	Yes
*	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims (Claim Type=2, and MAX TOS 21)	N/A	1.13	N/A	1.75	N/A	2.31	N/A	54.58	31.74	No
Total FFS Claims Excluding Capitation Payments	N/A	17,901,817	N/A	19,348,176	N/A	20,749,477	N/A	8.08	7.24	Yes
	5-20	16.59	Yes	16.07	Yes	11.96	Yes	-3.13	-25.57	No
% Crossover	> 1%	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Adjusted Claims	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Standard Adjustments	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	0.46	N/A	0.98	N/A	1.50	N/A	113.28	52.51	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.67	N/A	0.77	N/A	0.81	N/A	14.38	5.21	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	\$83	Yes	\$78	Yes	\$74	No	-5.42	-5.25	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$112	Yes	\$90	Yes	\$85	Yes	-19.40	-5.82	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 199										
Total Number of Claims	N/A	14,931,920	N/A	16,238,664	N/A	18,267,364	N/A	8.75	12.49	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	1.53	N/A	1.50	N/A	1.50	N/A	-1.43	-0.03	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.52	N/A	6.94	N/A	8.27	N/A	25.61	19.22	No
% 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	1.22	N/A	1.30	N/A	1.25	N/A	6.55	-3.85	Yes
% Claims W/ Service Place 11- Office	50-90	24.33	No	26.08	No	28.14	No	7.21	7.87	Yes
% Claims W/ Service Place 12 - Home	>0-5	23.07	No	23.05	No	21.90	No	-0.12	-4.95	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.55	Yes	4.37	Yes	4.25	Yes	-4.08	-2.71	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.05	Yes	0.13	Yes	0.03	Yes	159.67	-76.10	No
% Claims W/ Service Place 23 - ER	1-10	2.88	Yes	2.91	Yes	2.99	Yes	1.08	2.73	Yes
% Claims w/ Service Place 22 - OPD	>0-10	10.66	No	10.68	No	10.16	No	0.18	-4.81	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	14.81	No	14.38	No	14.82	No	-2.94	3.11	N/A
% Claims with TPL	>0 - 15	0.27	Yes	0.29	Yes	0.41	Yes	6.01	39.35	No
Aver. TPL Paid -claims with TPL	N/A	\$44	N/A	\$42	N/A	\$45	N/A	-3.08	7.13	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	23.47	Yes	18.94	Yes	18.69	Yes	-19.29	-1.32	Yes
% claims MAX TOS 09: Dental	2-20	6.29	Yes	8.11	Yes	9.04	Yes	28.87	11.47	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.32	Yes	1.36	Yes	1.50	Yes	3.48	10.58	Yes
% claims MAX TOS 11: OPD	3-25	7.45	Yes	3.80	Yes	3.71	Yes	-49.00	-2.21	Yes
% claims MAX TOS 12: Clinic	2-25	20.18	Yes	13.96	Yes	14.43	Yes	-30.79	3.31	Yes
% claims MAX TOS 13: HH	>0-25	1.48	Yes	1.06	Yes	0.86	Yes	-28.13	-18.94	No
% claims MAX TOS 15: Lab/Xray	4-20	8.08	Yes	15.26	Yes	15.16	Yes	88.84	-0.62	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.07	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	0.49	Yes	0.41	Yes	0.45	Yes	-16.80	10.67	Yes
% claims MAX TOS 51: DME	>3	2.73	No	2.82	No	3.06	Yes	3.20	8.44	Yes
% claims MAX TOS 26: Transportation	>1	2.00	Yes	1.98	Yes	1.91	Yes	-0.90	-3.56	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.04	N/A	0.04	N/A	-4.45	-5.41	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	16.47	2.93	Yes
% claims MAX TOS 30: PCS	>0	20.00	Yes	18.42	Yes	17.36	Yes	-7.91	-5.75	Yes
% claims MAX TOS 31: TCM	>0	1.90	Yes	1.79	Yes	1.71	Yes	-5.67	-4.15	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.64	Yes	0.32	Yes	0.31	Yes	-50.08	-1.74	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.29	No	0.54	No	0.63	No	84.08	16.46	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.02	Yes	0.02	Yes	-37.21	-1.55	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.14	N/A	0.07	N/A	0.08	N/A	-47.05	6.84	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.16	N/A	0.13	N/A	0.19	N/A	-18.02	42.45	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	0.20	N/A	0.36	N/A	0.36	N/A	77.89	1.50	Yes
% claims MAX TOS 53: Psych. Services	>1	3.11	Yes	8.44	Yes	8.36	Yes	171.38	-0.96	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	2.16	Yes	2.03	Yes	N/A	-5.86	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	\$57	N/A	\$59	N/A	\$58	N/A	3.45	-1.45	Yes
08: Physicians	\$20-90	\$42	Yes	\$47	Yes	\$57	Yes	11.70	21.60	No
09: Dental	\$10-60	\$20	Yes	\$48	Yes	\$49	Yes	146.48	2.76	Yes
10: Other Practitioner	\$10-100	\$29	Yes	\$29	Yes	\$28	Yes	0.16	-0.85	Yes
11: OPD	\$20-100	\$125	No	\$89	Yes	\$90	Yes	-29.07	1.70	Yes
12: Clinic	\$20-100	\$59	Yes	\$48	Yes	\$48	Yes	-17.76	-0.10	Yes
13: HH	N/A	\$65	N/A	\$70	N/A	\$78	N/A	8.09	11.55	Yes
15: Lab/Xray	10-60	\$12	Yes	\$45	Yes	\$17	Yes	270.55	-61.98	No
16: Drugs	10-60	.	No	.	No	\$74	No	N/A	N/A	N/A
19: Other Service	N/A	\$554	N/A	\$638	N/A	\$580	N/A	15.08	-9.09	Yes
51: DME	N/A	\$81	N/A	\$84	N/A	\$81	N/A	3.77	-3.15	Yes
26: Transportation	N/A	\$107	N/A	\$101	N/A	\$101	N/A	-5.98	0.30	Yes
30: PCS	N/A	\$25	N/A	\$24	N/A	\$24	N/A	-4.54	-1.01	Yes
31: Targeted Case Management	N/A	\$157	N/A	\$166	N/A	\$187	N/A	5.76	13.04	Yes
33: Rehabilitation	N/A	\$152	N/A	\$288	N/A	\$270	N/A	89.58	-6.34	Yes
34: PT/OT/speech/hear	N/A	\$32	N/A	\$33	N/A	\$32	N/A	1.32	-0.93	N/A
35: Hospice	N/A	\$581	N/A	\$793	N/A	\$883	N/A	36.57	11.33	Yes
52: Residential Care	N/A	\$1,818	N/A	\$1,270	N/A	\$1,420	N/A	-30.16	11.88	Yes
53: Psych. Services	N/A	\$73	N/A	\$70	N/A	\$73	N/A	-4.47	4.02	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$90	N/A	\$96	N/A	N/A	7.00	Yes
% Family Planning (code 2)	N/A	6.80	N/A	5.82	N/A	5.74	N/A	-14.51	-1.39	Yes
% RHC (code 3)	N/A	1.07	N/A	1.06	N/A	1.11	N/A	-0.83	4.53	Yes

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(code 4)	N/A	0.92	N/A	0.90	N/A	0.99	N/A	-1.46	9.90	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	20.36	N/A	20.75	N/A	19.59	N/A	1.95	-5.63	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$99	N/A	\$123	N/A	\$137	N/A	23.49	11.80	Yes
RHC (code 3)	N/A	\$55	N/A	\$56	N/A	\$58	N/A	2.57	4.18	Yes
FQHC (code 4)	N/A	\$74	N/A	\$73	N/A	\$79	N/A	-1.26	8.21	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	\$185	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$27	N/A	\$27	N/A	\$27	N/A	-0.28	0.82	Yes
% Claims with DX	> 60	78.44	Yes	78.29	Yes	79.45	Yes	-0.20	1.49	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.23	Yes	100.00	Yes	100.00	Yes	0.78	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	24.51	N/A	24.54	N/A	25.15	N/A	0.12	2.50	Yes
% Claims with DX, where length=3	5-25	8.14	Yes	8.28	Yes	7.56	Yes	1.76	-8.75	Yes
% Claims with DX, where length=4	40-70	47.39	Yes	48.35	Yes	48.33	Yes	2.03	-0.06	Yes
% Claims with DX, where length=5	20-55	44.45	Yes	43.35	Yes	44.11	Yes	-2.48	1.74	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	99.99	Yes	99.99	Yes	99.90	Yes	0.00	-0.09	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	43.02	N/A	43.54	N/A	37.44	N/A	1.21	-14.02	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	9.96	N/A	12.27	N/A	20.96	N/A	23.20	70.91	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	47.02	N/A	44.19	N/A	41.60	N/A	-6.02	-5.87	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,969,897	N/A	3,109,512	N/A	2,482,113	N/A	4.70	-20.18	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	4.17	N/A	3.97	N/A	3.45	N/A	-4.78	-12.96	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.91	N/A	9.21	N/A	11.58	N/A	3.31	25.74	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.08	N/A	3.89	N/A	3.34	N/A	-4.55	-14.07	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	69.76	N/A	56.25	N/A	53.35	N/A	-19.37	-5.16	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	2.55	N/A	2.64	N/A	2.55	N/A	3.58	-3.69	Yes
% claims MAX TOS 11: OPD	N/A	1.86	N/A	1.43	N/A	1.33	N/A	-22.93	-7.10	Yes
% claims MAX TOS 12: Clinic	N/A	6.25	N/A	4.82	N/A	6.75	N/A	-22.94	40.24	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.81	N/A	13.95	N/A	13.75	N/A	1614.06	-1.41	Yes
% claims MAX TOS 19: Other Services	N/A	2.65	N/A	1.33	N/A	1.07	N/A	-49.69	-19.53	No
% claims MAX TOS 51: DME	N/A	9.89	N/A	11.62	N/A	12.00	N/A	17.41	3.33	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	6.04	N/A	5.82	N/A	5.76	N/A	-3.75	-0.96	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.14	N/A	0.09	N/A	0.09	N/A	-33.74	-2.91	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	0.20	N/A	0.00	N/A	0.02	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	3.11	N/A	2.02	N/A	3.25	N/A	-35.05	60.81	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	\$23	N/A	\$23	N/A	\$27	N/A	1.27	12.88	Yes
% Claims with DX	N/A	88.85	N/A	88.90	N/A	92.41	N/A	0.05	3.95	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	88.57	Yes	86.69	Yes	91.08	Yes	-2.12	5.06	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	5.08	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	12.50	Yes	12.10	Yes	13.39	Yes	-3.17	10.59	Yes
% Claims with DX, where length=4	40-70	47.50	Yes	47.03	Yes	44.15	Yes	-1.00	-6.11	Yes
% Claims with DX, where length=5	20-55	39.78	Yes	40.64	Yes	41.82	Yes	2.17	2.90	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	27.36	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	91.17	No	91.18	No	92.78	No	0.01	1.75	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	76.58	N/A	76.90	N/A	73.19	N/A	0.41	-4.82	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	23.42	N/A	23.10	N/A	25.10	N/A	-1.36	8.65	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	1.71	N/A	N/A	N/A	N/A

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