

1999-2001 MAX OT Validation Table
State: VT

| 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 | 3,212,336 | N/A | 3,445,332 | N/A | 4,060,053 | N/A | 7.25 | 17.84 | No |
| * | N/A | 18.58 | N/A | 0.00 | N/A | 0.00 | N/A | -100.00 | 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 | N/A | N/A |
| % Supplemental Claims | N/A | 23.70 | N/A | 19.48 | N/A | 21.52 | N/A | -17.81 | 10.47 | Yes |
| Total FFS Claims (Claim Type=2, and MAX TOS | N/A | 1,854,100 | N/A | 2,774,109 | N/A | 3,186,254 | N/A | 49.62 | 14.86 | Yes |
| Total FFS Claims Excluding Capitation Payments | 5-20 | 12.32 | Yes | 8.55 | Yes | 7.90 | Yes | -30.60 | -7.60 | Yes |
| % Crossover | > 1% | 2.80 | Yes | 4.90 | Yes | 1.46 | Yes | 75.07 | -70.30 | No |
| % Adjusted Claims | N/A | . | N/A | 78.58 | N/A | 70.06 | N/A | N/A | -10.85 | Yes |
| % Standard Adjustments | N/A | \$210 | N/A | \$179 | N/A | \$313 | N/A | -14.50 | 74.19 | No |
| % Claims(TOC 1,2) TOS 20: PCCM Cap Payment | N/A | 28.19 | N/A | 2.74 | N/A | 0.00 | N/A | -90.27 | -100.00 | No |
| % 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 | 0.92 | N/A | 16.74 | N/A | 21.52 | N/A | 1719.30 | 28.57 | N/A |
| Average Paid per HMO Cap Clms (TOS 20 | \$75-\$300 | \$98 | Yes | \$98 | Yes | . | No | -0.65 | N/A | N/A |
| 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 | \$5 | Yes | \$5 | Yes | \$5 | Yes | 0.00 | 0.00 | 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 | 1,625,682 | N/A | 2,536,922 | N/A | 2,934,530 | N/A | 56.05 | 15.67 | No |
| % Claims with> \$0 Paid | >95% | 99.84 | Yes | 100.00 | Yes | 100.00 | Yes | 0.16 | 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 | 9.54 | N/A | 7.53 | N/A | 7.22 | N/A | -21.12 | -4.08 | Yes |
| % OPD Claims with Span Bill/ All OPD Claims(TOS 11) | N/A | 1.90 | N/A | 5.81 | N/A | 5.88 | N/A | 205.56 | 1.13 | Yes |
| % HH Claims with Span Bill/All HH Claims (TOS 13) | N/A | 91.71 | N/A | 92.26 | N/A | 90.50 | N/A | 0.59 | -1.90 | Yes |
| % Other Claims with Span Bills/All Other Claims | N/A | 8.77 | N/A | 6.54 | N/A | 6.40 | N/A | -25.44 | -2.14 | Yes |
| % Claims W/ Service Place 11- Office | 50-90 | 42.01 | No | 43.35 | No | 41.74 | No | 3.18 | -3.72 | Yes |
| % Claims W/ Service Place 12 - Home | >0-5 | 9.01 | No | 6.51 | No | 7.39 | No | -27.78 | 13.54 | Yes |
| % Claims W/ Service Place 21 - Hospital | >0-5 | 1.65 | Yes | 2.19 | Yes | 2.09 | Yes | 32.61 | -4.52 | Yes |
| % Claims W/ Service Place 32 - NF | >0-5 | 0.39 | Yes | 0.21 | Yes | 0.20 | Yes | -45.68 | -7.19 | Yes |
| % Claims W/ Service Place 23 - ER | 1-10 | 0.84 | No | 1.92 | Yes | 2.05 | Yes | 128.18 | 6.49 | Yes |
| % Claims w/ Service Place 22 - OPD | >0-10 | 12.13 | No | 22.58 | No | 22.63 | No | 86.10 | 0.25 | Yes |
| % Claims W/ Service Place 99 - Unknown/Other | <5 | 18.50 | No | 12.23 | No | 11.40 | No | -33.88 | -6.78 | N/A |
| % Claims with TPL | >0 - 15 | 3.33 | Yes | 1.15 | Yes | 0.88 | Yes | -65.59 | -22.89 | No |
| Aver. TPL Paid -claims with TPL | N/A | \$41 | N/A | \$50 | N/A | \$60 | N/A | 20.07 | 20.64 | No |
| PERCENT CLAIMS/MAX TOS | | | | | | | | | | Yes |
| % claims MAX TOS 08: Physicians | 10-35 | 10.03 | Yes | 18.74 | Yes | 18.51 | Yes | 86.79 | -1.24 | Yes |
| % claims MAX TOS 09: Dental | 2-20 | 18.06 | Yes | 11.65 | Yes | 10.35 | Yes | -35.50 | -11.18 | Yes |
| % claims MAX TOS 10: Other Practitioners | 0.5-8 | 2.42 | Yes | 1.94 | Yes | 1.73 | Yes | -19.89 | -10.68 | Yes |
| % claims MAX TOS 11: OPD | 3-25 | 10.43 | Yes | 6.32 | Yes | 6.56 | Yes | -39.40 | 3.77 | Yes |
| % claims MAX TOS 12: Clinic | 2-25 | 3.88 | Yes | 2.86 | Yes | 2.61 | Yes | -26.38 | -8.88 | Yes |
| % claims MAX TOS 13: HH | >0-25 | 1.79 | Yes | 1.20 | Yes | 1.01 | Yes | -32.82 | -15.75 | No |
| % claims MAX TOS 15: Lab/Xray | 4-20 | 3.74 | No | 21.82 | No | 22.54 | No | 483.14 | 3.33 | Yes |

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: VT

| 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 | | | |
| % claims MAX TOS 16: Drugs | <3 | 0.00 | Yes | 0.00 | Yes | 0.42 | Yes | N/A | N/A | N/A |
| % claims MAX TOS 49: Other Services | <25 | 11.97 | Yes | 10.48 | Yes | 11.38 | Yes | -12.43 | 8.58 | Yes |
| % claims MAX TOS 51: DME | >3 | 3.61 | Yes | 3.20 | Yes | 2.71 | No | -11.31 | -15.29 | No |
| % claims MAX TOS 26: Transportation | >1 | 8.29 | Yes | 5.56 | Yes | 5.00 | Yes | -32.87 | -10.10 | Yes |
| % claims MAX TOS 24: Sterilizations | N/A | 0.17 | N/A | 0.10 | N/A | 0.10 | N/A | -39.30 | -7.41 | Yes |
| % claims MAX TOS 25: Abortions | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | -36.88 | 11.34 | Yes |
| % claims MAX TOS 30: PCS | >0 | 0.50 | Yes | 0.59 | Yes | 0.91 | Yes | 17.75 | 55.80 | No |
| % claims MAX TOS 31: TCM | >0 | 0.01 | Yes | 0.00 | Yes | 0.05 | Yes | -94.51 | 14106.73 | No |
| % claims MAX TOS 33: Rehabilitation | >0 | 0.00 | No | 0.00 | No | 0.00 | No | N/A | N/A | N/A |
| % claims MAX TOS 34: PT/OT/hear/speech | >1 | 0.02 | No | 0.12 | No | 0.35 | No | 611.25 | 195.35 | N/A |
| % claims MAX TOS 35: Hospice | >0 | 0.00 | Yes | 0.01 | Yes | 0.01 | Yes | 32.55 | -0.38 | Yes |
| % 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 | 0.04 | N/A | 0.06 | N/A | 0.06 | N/A | 43.44 | -4.93 | 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 | 0.04 | N/A | 0.00 | N/A | 0.00 | N/A | -100.00 | N/A | N/A |
| % claims MAX TOS 53: Psych. Services | >1 | 24.16 | Yes | 14.84 | Yes | 15.25 | Yes | -38.56 | 2.74 | Yes |
| % claims MAX TOS 54: Adult Day Care | >0 | 0.00 | No | 0.00 | No | 0.00 | No | N/A | N/A | N/A |
| % claims MAX TOS 99: Unknown | <1 | 0.09 | Yes | 0.09 | Yes | 0.07 | Yes | 7.94 | -28.38 | N/A |
| Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid) | | | | | | | | | | Yes |
| Total | N/A | \$118 | N/A | \$105 | N/A | \$108 | N/A | -10.90 | 2.74 | Yes |
| 08: Physicians | \$20-90 | \$42 | Yes | \$52 | Yes | \$56 | Yes | 21.97 | 8.02 | Yes |
| 09: Dental | \$10-60 | \$39 | Yes | \$42 | Yes | \$43 | Yes | 7.35 | 1.78 | Yes |
| 10: Other Practitioner | \$10-100 | \$109 | No | \$101 | No | \$98 | Yes | -7.24 | -2.78 | Yes |
| 11: OPD | \$20-100 | \$45 | Yes | \$122 | No | \$135 | No | 170.25 | 10.16 | Yes |
| 12: Clinic | \$20-100 | \$39 | Yes | \$66 | Yes | \$79 | Yes | 66.84 | 20.77 | No |
| 13: HH | N/A | \$171 | N/A | \$241 | N/A | \$268 | N/A | 40.81 | 11.47 | Yes |
| 15: Lab/Xray | 10-60 | \$22 | Yes | \$22 | Yes | \$23 | Yes | 1.32 | 2.98 | Yes |
| 16: Drugs | 10-60 | . | No | . | No | \$18 | Yes | N/A | N/A | N/A |
| 19: Other Service | N/A | \$554 | N/A | \$488 | N/A | \$460 | N/A | -11.94 | -5.61 | Yes |
| 51: DME | N/A | \$57 | N/A | \$60 | N/A | \$63 | N/A | 4.37 | 5.43 | Yes |
| 26: Transportation | N/A | \$20 | N/A | \$24 | N/A | \$26 | N/A | 20.41 | 5.41 | Yes |
| 30: PCS | N/A | \$375 | N/A | \$262 | N/A | \$193 | N/A | -30.10 | -26.36 | No |
| 31: Targeted Case Management | N/A | \$43 | N/A | \$7 | N/A | \$5 | N/A | -84.58 | -18.20 | No |
| 33: Rehabilitation | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| 34: PT/OT/speech/hear | N/A | \$68 | N/A | \$37 | N/A | \$27 | N/A | -46.02 | -26.61 | N/A |
| 35: Hospice | N/A | \$1,309 | N/A | \$1,649 | N/A | \$2,057 | N/A | 26.04 | 24.70 | No |
| 52: Residential Care | N/A | \$570 | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| 53: Psych. Services | N/A | \$85 | N/A | \$98 | N/A | \$97 | N/A | 15.12 | -1.20 | Yes |
| PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1) | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| % Family Planning (code 2) | N/A | 1.11 | N/A | 0.97 | N/A | 0.91 | N/A | -12.58 | -5.56 | Yes |
| % RHC (code 3) | N/A | 2.67 | N/A | 2.09 | N/A | 1.91 | N/A | -21.67 | -8.82 | Yes |

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|---|----------------|---------|--------------|---------|--------------|---------|--------------|--------------------|----------------------|--|
| | | Value | Within Range | Value | Within Range | Value | Within Range | | | |
| (code 4) | N/A | 1.01 | N/A | 0.66 | N/A | 0.61 | N/A | -33.93 | -7.95 | 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 (code 6,7) | N/A | 5.62 | N/A | 5.35 | N/A | 6.49 | N/A | -4.83 | 21.28 | No |
| AVERAGE EXPENDITURES BY PROGRAM | | | | | | | | | | |
| Family Planning (code 2) | N/A | \$41 | N/A | \$41 | N/A | \$45 | N/A | 0.37 | 7.33 | Yes |
| RHC (code 3) | N/A | \$34 | N/A | \$57 | N/A | \$71 | N/A | 67.97 | 24.78 | No |
| FQHC (code 4) | N/A | \$51 | N/A | \$84 | N/A | \$100 | N/A | 63.69 | 18.17 | No |
| IHS (code 5) | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| Waiver (code 6-7) | N/A | \$780 | N/A | \$616 | N/A | \$496 | N/A | -21.09 | -19.49 | No |
| % Claims with DX | > 60 | 98.82 | Yes | 99.27 | Yes | 99.34 | Yes | 0.46 | 0.07 | Yes |
| % Claims with DX (MAX TOS 8, 11, 12) | 85-100 | 100.00 | Yes | 100.00 | Yes | 99.99 | Yes | 0.00 | -0.01 | Yes |
| % Claims with 1 DX that have 2 DX | N/A | 7.05 | N/A | 10.51 | N/A | 10.70 | N/A | 49.11 | 1.78 | Yes |
| % Claims with DX, where length=3 | 5-25 | 8.14 | Yes | 8.11 | Yes | 8.43 | Yes | -0.42 | 3.99 | Yes |
| % Claims with DX, where length=4 | 40-70 | 60.87 | Yes | 61.26 | Yes | 59.21 | Yes | 0.64 | -3.34 | Yes |
| % Claims with DX, where length=5 | 20-55 | 30.99 | Yes | 30.64 | Yes | 32.36 | Yes | -1.15 | 5.62 | 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 | 97.72 | No | 98.36 | Yes | 98.28 | Yes | 0.66 | -0.08 | Yes |
| % CPT-4 Service Code Indicator (code 01)/Claims with Service Codes | N/A | 21.73 | N/A | 44.59 | N/A | 46.38 | N/A | 105.18 | 4.03 | Yes |
| % HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes | N/A | 25.30 | N/A | 18.41 | N/A | 16.39 | N/A | -27.26 | -10.94 | 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 | 51.59 | N/A | 36.22 | N/A | 36.52 | N/A | -29.80 | 0.83 | 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 | 17.22 | N/A | 0.00 | N/A | 0.00 | N/A | -100.00 | N/A | N/A |
| FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims | | | | | | | | | | |
| Total Number of Claims | N/A | 228,418 | N/A | 237,187 | N/A | 251,724 | N/A | 3.84 | 6.13 | Yes |
| % Claims with> \$0 Paid | >95% | 99.98 | Yes | 100.00 | Yes | 100.00 | Yes | 0.02 | 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 | 8.38 | N/A | 7.98 | N/A | 7.30 | N/A | -4.86 | -8.47 | Yes |
| % OPD Claims with Span Bill/ All OPD Claims(TOS 11) | N/A | 12.87 | N/A | 13.25 | N/A | 12.59 | N/A | 2.95 | -4.99 | Yes |
| % 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 | 7.57 | N/A | 7.01 | N/A | 6.31 | N/A | -7.41 | -10.00 | Yes |
| PERCENT CLAIMS/MAX TOS (excluding 20-22) | | | | | | | | | | |

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|--|----------------|--------|--------------|--------|--------------|--------|--------------|--------------------|----------------------|--|
| | | Value | Within Range | Value | Within Range | Value | Within Range | | | |
| % claims MAX TOS 08: Physicians | N/A | 68.48 | N/A | 69.83 | N/A | 69.93 | N/A | 1.96 | 0.14 | Yes |
| % claims MAX TOS 10: Other Practitioners ^r | N/A | 3.63 | N/A | 3.70 | N/A | 3.87 | N/A | 2.02 | 4.60 | Yes |
| % claims MAX TOS 11: OPD | N/A | 15.38 | N/A | 15.52 | N/A | 15.81 | N/A | 0.88 | 1.92 | Yes |
| % claims MAX TOS 12: Clinic | N/A | 9.59 | N/A | 7.69 | N/A | 6.75 | N/A | -19.87 | -12.25 | Yes |
| % 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 | 0.06 | N/A | 0.06 | N/A | 0.03 | N/A | 4.71 | -49.79 | No |
| % claims MAX TOS 19: Other Services | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % 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 | 2.56 | N/A | 2.85 | N/A | 3.14 | N/A | 11.02 | 10.38 | 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 | 0.01 | N/A | 0.01 | N/A | 0.00 | N/A | -14.40 | -47.00 | No |
| % claims MAX TOS 33: Rehabilitation | N/A | 0.04 | N/A | 0.07 | N/A | 0.20 | N/A | 97.19 | 175.01 | N/A |
| % claims MAX TOS 34: PT/OT/hear/speech | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | 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 | \$37 | N/A | \$40 | N/A | \$40 | N/A | 8.45 | -0.90 | Yes |
| % Claims with DX | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 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 | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Claims with DX, where length=3 | 5-25 | 6.70 | Yes | 6.98 | Yes | 6.54 | Yes | 4.10 | -6.31 | Yes |
| % Claims with DX, where length=4 | 40-70 | 65.97 | Yes | 65.48 | Yes | 66.33 | Yes | -0.74 | 1.30 | Yes |
| % Claims with DX, where length=5 | 20-55 | 27.33 | Yes | 27.54 | Yes | 27.13 | Yes | 0.79 | -1.50 | 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 | 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 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | N/A |
| % CPT-4 Service Code Indicator (code 01)/Claims with Service Codes | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | N/A |
| % HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Other Codes Indicator /Claims with Service Codes | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |

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