

2002-2004 MAX OT Validation Table
State: VT

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	4,423,264	N/A	4,163,997	N/A	4,049,042	N/A	-5.86	-2.76	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	21.21	N/A	13.21	N/A	0.00	N/A	-37.70	-100.00	No
Total FFS Claims Excluding Capitation Payments	N/A	3,484,964	N/A	3,614,052	N/A	4,049,042	N/A	3.70	12.04	Yes
	5-20	7.59	Yes	8.30	Yes	8.17	Yes	9.33	-1.50	Yes
% Crossover	> 1%	1.41	Yes	1.50	Yes	1.87	Yes	6.01	24.91	No
% Adjusted Claims	N/A	64.60	N/A	78.45	N/A	79.04	N/A	21.45	0.75	Yes
% Standard Adjustments	N/A	\$259	N/A	\$173	N/A	\$327	N/A	-33.00	88.82	No
Average Paid per HMO Cap Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	21.21	N/A	13.21	N/A	0.00	N/A	-37.70	-100.00	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	.	No	.	No	.	No	.	.	N/A
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	\$5	Yes	\$5	Yes	.	No	0.00	.	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	3,220,473	N/A	3,314,176	N/A	3,718,125	N/A	2.91	12.19	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	7.27	N/A	7.45	N/A	6.61	N/A	2.47	-11.20	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.02	N/A	4.75	N/A	5.07	N/A	-21.20	6.92	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	87.46	N/A	85.23	N/A	30.50	N/A	-2.54	-64.20	No
% Other Claims with Span Bills/All Other Claims	N/A	6.51	N/A	6.82	N/A	6.37	N/A	4.80	-6.61	Yes
% Claims W/ Service Place 11- Office	50-90	39.63	No	39.48	No	36.22	No	-0.38	-8.26	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.01	No	8.38	No	9.58	No	4.60	14.38	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.18	Yes	2.02	Yes	1.93	Yes	-7.12	-4.43	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.18	Yes	0.16	Yes	0.17	Yes	-12.50	3.99	Yes
% Claims W/ Service Place 23 - ER	1-10	1.99	Yes	2.15	Yes	2.13	Yes	8.03	-0.93	Yes
% Claims w/ Service Place 22 - OPD	>0-10	21.72	No	21.74	No	22.62	No	0.07	4.04	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	11.62	No	11.41	No	13.87	No	-1.87	21.60	No
% Claims with TPL	>0 - 15	0.82	Yes	0.77	Yes	0.53	Yes	-6.32	-30.30	No
Aver. TPL Paid -claims with TPL	N/A	\$69	N/A	\$73	N/A	\$82	N/A	4.83	13.66	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.98	Yes	17.08	Yes	16.88	Yes	-4.96	-1.20	Yes
% claims MAX TOS 09: Dental	2-20	8.38	Yes	8.25	Yes	7.77	Yes	-1.52	-5.80	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.56	Yes	0.94	Yes	0.95	Yes	-39.50	0.52	Yes
% claims MAX TOS 11: OPD	3-25	6.25	Yes	7.25	Yes	7.32	Yes	16.05	1.03	Yes
% claims MAX TOS 12: Clinic	2-25	2.58	Yes	2.62	Yes	2.84	Yes	1.60	8.27	Yes
% claims MAX TOS 13: HH	>0-25	0.97	Yes	0.98	Yes	1.37	Yes	1.56	39.40	No
% claims MAX TOS 15: Lab/Xray	4-20	22.70	No	21.24	No	20.66	No	-6.42	-2.74	Yes
% claims MAX TOS 16: Drugs	<3	0.33	Yes	1.22	Yes	0.33	Yes	266.70	-72.80	No
% claims MAX TOS 19: Other Services	<25	12.08	Yes	13.35	Yes	7.56	Yes	10.54	-43.40	No
% claims MAX TOS 51: DME	>3	2.54	No	1.40	No	1.60	No	-44.80	14.50	Yes
% claims MAX TOS 26: Transportation	>1	5.01	Yes	5.04	Yes	4.09	Yes	0.66	-18.70	No

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% claims MAX TOS 24: Sterilizations	N/A	0.09	N/A	0.08	N/A	0.07	N/A	-6.09	-13.30	Yes
% claims MAX TOS 25: Abortions	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-47.80	28.36	No
% claims MAX TOS 30: PCS	>0	0.95	Yes	0.96	Yes	1.20	Yes	0.84	25.35	No
% claims MAX TOS 31: TCM	>0	0.00	Yes	0.00	Yes	2.82	Yes	-87.90	9,340,000.00	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	Yes	0.00	Yes	.	18.85	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.73	No	1.01	Yes	1.39	Yes	37.76	37.25	No
% claims MAX TOS 35: Hospice	>0	0.00	Yes	0.01	Yes	0.01	Yes	36.55	-2.57	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	0.07	N/A	0.09	N/A	0.10	N/A	33.63	3.71	Yes
% 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	0.00	N/A	0.17	N/A	0.06	N/A	.	-64.50	No
% claims MAX TOS 53: Psych. Services	>1	17.33	Yes	18.04	Yes	20.87	Yes	4.13	15.63	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	Yes	0.00	No	.	-100.00	No
% claims MAX TOS 99: Unknown	<1	0.13	Yes	0.08	Yes	1.54	No	-40.00	1,854.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$111	N/A	\$115	N/A	\$118	N/A	3.78	2.38	Yes
08: Physicians	\$20-90	\$57	Yes	\$60	Yes	\$61	Yes	5.94	1.42	Yes
09: Dental	\$10-60	\$44	Yes	\$43	Yes	\$45	Yes	-2.12	5.44	Yes
10: Other Practioner	\$10-100	\$107	No	\$164	No	\$154	No	52.13	-5.99	Yes
11: OPD	\$20-100	\$142	No	\$135	No	\$146	No	-5.43	8.53	Yes
12: Clinic	\$20-100	\$84	Yes	\$92	Yes	\$93	Yes	8.96	1.98	Yes
13: HH	N/A	\$269	N/A	\$246	N/A	\$155	N/A	-8.47	-37.00	No
15: Lab/Xray	10-60	\$23	Yes	\$26	Yes	\$29	Yes	12.24	11.08	Yes
16: Drugs	10-60	\$21	Yes	\$11	Yes	\$22	Yes	-45.70	90.03	No
19: Other Services	N/A	\$437	N/A	\$383	N/A	\$336	N/A	-12.30	-12.20	Yes
51: DME	N/A	\$74	N/A	\$128	N/A	\$119	N/A	72.36	-7.07	Yes
26: Transportation	N/A	\$28	N/A	\$33	N/A	\$34	N/A	17.07	2.25	Yes
30: PCS	N/A	\$209	N/A	\$301	N/A	\$271	N/A	43.99	-9.98	Yes
31: Targeted Case Management	N/A	\$66	N/A	\$35	N/A	\$66	N/A	-46.60	88.50	No
33: Rehabilitation	N/A	.	N/A	\$8,624	N/A	\$26,843	N/A	.	211.20	No
34: PT/OT/speech/hear	N/A	\$21	N/A	\$20	N/A	\$20	N/A	-1.84	0.85	Yes
35: Hospice	N/A	\$1,885	N/A	\$2,342	N/A	\$2,204	N/A	24.25	-5.88	Yes
52: Residential Care	N/A	.	N/A	\$1,647	N/A	\$975	N/A	.	-40.80	No
53: Pysch. Services	N/A	\$97	N/A	\$98	N/A	\$214	N/A	0.70	118.90	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$1,343	N/A	.	N/A	.	.	N/A
% Family Planning (code 2)	N/A	0.87	N/A	0.79	N/A	0.75	N/A	-8.83	-4.66	Yes
% RHC (code 3)	N/A	1.81	N/A	1.54	N/A	1.48	N/A	-14.80	-3.66	Yes
% FQHC (code 4)	N/A	0.67	N/A	0.98	N/A	0.99	N/A	45.35	1.63	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	7.33	N/A	7.99	N/A	7.48	N/A	8.89	-6.29	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$46	N/A	\$50	N/A	\$57	N/A	8.84	14.07	Yes
RHC (code 3)	N/A	\$71	N/A	\$74	N/A	\$78	N/A	3.91	5.93	Yes
FQHC (code 4)	N/A	\$114	N/A	\$115	N/A	\$121	N/A	1.11	5.13	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$437	N/A	\$405	N/A	\$422	N/A	-7.20	3.99	Yes
% Claims with DX	> 60	99.39	Yes	99.45	Yes	99.37	Yes	0.06	-0.08	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.97	Yes	99.99	Yes	-0.03	0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	11.06	N/A	11.44	N/A	13.25	N/A	3.42	15.82	No
% Claims with DX, where length=3	5-25	9.11	Yes	9.79	Yes	9.53	Yes	7.46	-2.74	Yes
% Claims with DX, where length=4	40-70	55.80	Yes	54.60	Yes	54.36	Yes	-2.15	-0.43	Yes
% Claims with DX, where length=5	20-55	35.09	Yes	35.61	Yes	36.11	Yes	1.48	1.42	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	99.85	N/A	99.95	N/A	-0.14	0.09	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	97.64	No	97.71	No	96.36	No	0.08	-1.38	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	47.19	N/A	46.97	N/A	50.90	N/A	-0.48	8.38	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	13.24	N/A	12.43	N/A	46.49	N/A	-6.11	274.10	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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	38.90	N/A	40.06	N/A	1.96	N/A	2.98	-95.10	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	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	264,491	N/A	299,876	N/A	330,917	N/A	13.38	10.35	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	7.80	N/A	7.81	N/A	7.17	N/A	0.21	-8.28	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.44	N/A	14.76	N/A	16.09	N/A	9.82	8.99	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	6.72	N/A	6.86	N/A	6.34	N/A	2.07	-7.54	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	67.73	N/A	56.75	N/A	49.93	N/A	-16.20	-12.00	Yes
% claims MAX TOS 10: Other Practitioner	N/A	3.82	N/A	2.98	N/A	2.76	N/A	-22.00	-7.18	Yes
% claims MAX TOS 11: OPD	N/A	16.08	N/A	12.13	N/A	8.50	N/A	-24.60	-29.90	No
% claims MAX TOS 12: Clinic	N/A	6.77	N/A	4.94	N/A	4.64	N/A	-26.90	-6.11	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	0.06	N/A	9.83	N/A	17.58	N/A	16,789.00	78.73	No
% claims MAX TOS 19: Other Services	N/A	1.15	N/A	1.58	N/A	0.23	N/A	38.34	-85.20	No
% claims MAX TOS 51: DME	N/A	0.02	N/A	3.77	N/A	6.37	N/A	16,239.00	69.02	No
% claims MAX TOS 26: Transportation	N/A	3.39	N/A	3.31	N/A	3.13	N/A	-2.46	-5.47	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	0.00	N/A	0.00	N/A	0.00	N/A	-64.70	-100.00	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.64	N/A	0.88	N/A	1.19	N/A	38.52	35.52	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	0.03	N/A	3.44	N/A	5.16	N/A	11,405.00	50.18	No
% 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	\$41	N/A	\$40	N/A	\$41	N/A	-2.24	3.14	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
% Claims with DX, where length=3	5-25	5.56	Yes	1.09	No	1.51	No	-80.40	38.89	No
% Claims with DX, where length=4	40-70	53.49	Yes	6.05	No	8.62	No	-88.70	42.57	No
% Claims with DX, where length=5	20-55	40.95	Yes	92.86	No	89.87	No	126.80	-3.23	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.67	N/A	66.83	N/A	49.13	N/A	-32.90	-26.50	No
% 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	100.00	Yes	98.96	Yes	99.28	Yes	-1.03	0.32	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	99.92	N/A	91.34	N/A	85.60	N/A	-8.58	-6.29	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.07	N/A	8.01	N/A	14.33	N/A	12,209.00	78.93	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.02	N/A	0.65	N/A	0.07	N/A	3,329.00	-89.00	No

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