

1999-2001 MAX OT Validation Table
State: PA

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	28,898,905	N/A	32,114,533	N/A	31,800,111	N/A	11.13	-0.98	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	59.22	N/A	63.54	N/A	59.40	N/A	7.31	-6.51	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	11,786,248	N/A	11,708,401	N/A	12,909,412	N/A	-0.66	10.26	Yes
Total FFS Claims Excluding Capitation Payments	5-20	7.42	Yes	6.61	Yes	5.62	Yes	-10.98	-15.03	No
% Crossover	> 1%	3.00	Yes	0.52	No	0.38	No	-82.52	-26.87	No
% Adjusted Claims	N/A	.	N/A	53.27	N/A	71.67	N/A	N/A	34.55	No
% Standard Adjustments	N/A	\$74	N/A	\$488	N/A	\$618	N/A	561.40	26.68	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	32.12	N/A	31.61	N/A	31.87	N/A	-1.57	0.80	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	27.10	N/A	31.93	N/A	27.54	N/A	17.82	-13.76	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	\$184	Yes	\$202	Yes	\$220	Yes	9.83	9.07	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$66	Yes	\$69	Yes	\$84	Yes	4.23	21.59	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	10,911,301	N/A	10,934,679	N/A	12,184,539	N/A	0.21	11.43	Yes
% Claims with> \$0 Paid	>95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	2.92	N/A	3.54	N/A	3.67	N/A	21.32	3.80	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.34	N/A	1.08	N/A	1.28	N/A	223.25	17.87	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	34.44	N/A	47.70	N/A	54.05	N/A	38.50	13.31	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.98	N/A	3.47	N/A	3.52	N/A	16.69	1.44	Yes
% Claims W/ Service Place 11- Office	50-90	38.44	No	38.80	No	40.61	No	0.92	4.67	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.59	No	9.17	No	9.04	No	6.79	-1.51	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.83	Yes	4.61	Yes	4.42	Yes	-4.68	-4.05	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.51	Yes	0.52	Yes	0.53	Yes	1.68	0.62	Yes
% Claims W/ Service Place 23 - ER	1-10	7.74	Yes	7.32	Yes	7.50	Yes	-5.45	2.46	Yes
% Claims w/ Service Place 22 - OPD	>0-10	19.27	No	18.34	No	17.64	No	-4.81	-3.83	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	1.85	Yes	1.75	Yes	1.76	Yes	-4.96	0.27	N/A
% Claims with TPL	>0 - 15	0.19	Yes	0.27	Yes	0.26	Yes	41.73	-6.31	Yes
Aver. TPL Paid -claims with TPL	N/A	\$41	N/A	\$40	N/A	\$45	N/A	-0.77	12.51	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	20.00	Yes	18.15	Yes	16.05	Yes	-9.24	-11.57	Yes
% claims MAX TOS 09: Dental	2-20	6.12	Yes	5.45	Yes	5.54	Yes	-10.89	1.65	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.77	Yes	2.62	Yes	2.34	Yes	-5.49	-10.61	Yes
% claims MAX TOS 11: OPD	3-25	8.37	Yes	7.69	Yes	7.15	Yes	-8.09	-7.02	Yes
% claims MAX TOS 12: Clinic	2-25	2.80	Yes	2.00	Yes	1.84	No	-28.46	-7.85	Yes
% claims MAX TOS 13: HH	>0-25	0.51	Yes	0.56	Yes	0.61	Yes	10.03	9.24	Yes
% claims MAX TOS 15: Lab/Xray	4-20	20.65	No	20.66	No	19.87	Yes	0.07	-3.81	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	2.05	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	15.10	Yes	17.60	Yes	17.50	Yes	16.54	-0.59	Yes
% claims MAX TOS 51: DME	>3	3.29	Yes	2.29	No	2.41	No	-30.36	5.24	Yes
% claims MAX TOS 26: Transportation	>1	0.50	No	0.46	No	0.45	No	-7.32	-2.47	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-5.56	-8.74	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	1.33	Yes	1.80	Yes	2.05	Yes	34.63	14.16	Yes
% claims MAX TOS 31: TCM	>0	1.23	Yes	1.11	Yes	0.92	Yes	-9.56	-17.01	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	0.18	No	0.23	No	0.28	No	28.80	24.33	N/A
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.01	Yes	0.01	Yes	-4.05	-11.00	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.03	N/A	0.04	N/A	0.03	N/A	37.04	-6.27	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.01	N/A	0.00	N/A	0.01	N/A	-29.79	43.92	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	0.05	N/A	0.05	N/A	0.04	N/A	-2.93	-23.35	No
% claims MAX TOS 53: Psych. Services	>1	16.31	Yes	17.59	Yes	19.15	Yes	7.83	8.84	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	0.00	Yes	N/A	N/A	N/A
% 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	\$56	N/A	\$64	N/A	\$69	N/A	14.62	6.73	Yes
08: Physicians	\$20-90	\$40	Yes	\$40	Yes	\$44	Yes	2.16	7.82	Yes
09: Dental	\$10-60	\$30	Yes	\$31	Yes	\$35	Yes	1.78	13.73	Yes
10: Other Practitioner	\$10-100	\$27	Yes	\$45	Yes	\$66	Yes	63.36	47.46	No
11: OPD	\$20-100	\$65	Yes	\$64	Yes	\$67	Yes	-0.76	3.34	Yes
12: Clinic	\$20-100	\$73	Yes	\$88	Yes	\$94	Yes	19.81	6.59	Yes
13: HH	N/A	\$735	N/A	\$907	N/A	\$969	N/A	23.44	6.88	Yes
15: Lab/Xray	10-60	\$16	Yes	\$18	Yes	\$19	Yes	10.23	4.68	Yes
16: Drugs	10-60	.	No	.	No	\$10	No	N/A	N/A	N/A
19: Other Service	N/A	\$113	N/A	\$125	N/A	\$133	N/A	10.43	6.20	Yes
51: DME	N/A	\$60	N/A	\$65	N/A	\$70	N/A	8.77	7.16	Yes
26: Transportation	N/A	\$59	N/A	\$57	N/A	\$59	N/A	-2.88	2.14	Yes
30: PCS	N/A	\$89	N/A	\$101	N/A	\$126	N/A	13.43	24.71	No
31: Targeted Case Management	N/A	\$26	N/A	\$26	N/A	\$28	N/A	0.43	6.19	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
34: PT/OT/speech/hear	N/A	\$20	N/A	\$20	N/A	\$20	N/A	-2.95	-0.72	N/A
35: Hospice	N/A	\$1,608	N/A	\$1,283	N/A	\$1,840	N/A	-20.26	43.49	No
52: Residential Care	N/A	\$2,293	N/A	\$1,947	N/A	\$1,910	N/A	-15.08	-1.88	Yes
53: Psych. Services	N/A	\$49	N/A	\$59	N/A	\$60	N/A	20.53	2.86	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	\$428	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	0.44	N/A	0.36	N/A	0.33	N/A	-17.58	-7.77	Yes
% RHC (code 3)	N/A	0.69	N/A	0.34	N/A	0.30	N/A	-51.29	-12.03	Yes

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(code 4)	N/A	0.36	N/A	0.59	N/A	0.57	N/A	64.17	-2.35	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	1.27	N/A	1.78	N/A	2.31	N/A	40.39	30.24	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$35	N/A	\$36	N/A	\$37	N/A	1.81	1.50	Yes
RHC (code 3)	N/A	\$82	N/A	\$67	N/A	\$68	N/A	-17.83	1.35	Yes
FQHC (code 4)	N/A	\$103	N/A	\$104	N/A	\$110	N/A	0.49	5.60	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$414	N/A	\$473	N/A	\$483	N/A	14.42	2.01	Yes
% Claims with DX	> 60	88.13	Yes	88.70	Yes	87.91	Yes	0.65	-0.89	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.51	Yes	99.25	Yes	99.25	Yes	-0.26	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	24.08	N/A	23.58	N/A	23.75	N/A	-2.05	0.70	Yes
% Claims with DX, where length=3	5-25	5.25	Yes	5.28	Yes	5.37	Yes	0.58	1.70	Yes
% Claims with DX, where length=4	40-70	54.59	Yes	54.80	Yes	55.13	Yes	0.39	0.60	Yes
% Claims with DX, where length=5	20-55	40.11	Yes	39.86	Yes	39.43	Yes	-0.62	-1.08	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	100.00	Yes	100.00	Yes	0.01	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	43.06	N/A	40.58	N/A	39.05	N/A	-5.76	-3.76	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	55.10	N/A	57.67	N/A	59.19	N/A	4.67	2.64	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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 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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	874,947	N/A	773,722	N/A	724,873	N/A	-11.57	-6.31	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	3.58	N/A	4.38	N/A	4.13	N/A	22.35	-5.87	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.73	N/A	0.35	N/A	0.32	N/A	-51.59	-8.47	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	89.19	N/A	95.65	N/A	97.37	N/A	7.25	1.79	N/A
% Other Claims with Span Bills/All Other Claims	N/A	3.64	N/A	4.47	N/A	4.20	N/A	23.04	-6.01	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	33.91	N/A	30.28	N/A	30.05	N/A	-10.71	-0.77	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	5.43	N/A	3.94	N/A	4.13	N/A	-27.46	4.86	Yes
% claims MAX TOS 11: OPD	N/A	1.95	N/A	2.31	N/A	2.14	N/A	18.68	-7.44	Yes
% claims MAX TOS 12: Clinic	N/A	16.71	N/A	18.91	N/A	23.38	N/A	13.17	23.63	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.01	N/A	0.01	N/A	40.59	-11.82	N/A
% claims MAX TOS 15: Lab/Xray	N/A	28.92	N/A	30.53	N/A	25.56	N/A	5.58	-16.27	No
% claims MAX TOS 19: Other Services	N/A	12.77	N/A	13.84	N/A	14.56	N/A	8.38	5.17	Yes
% 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	0.24	N/A	0.14	N/A	0.13	N/A	-41.97	-4.62	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	-57.59	24.53	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.01	N/A	0.01	N/A	0.00	N/A	33.64	-97.95	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-86.87	-75.37	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	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	\$14	N/A	\$14	N/A	\$15	N/A	2.24	7.57	Yes
% Claims with DX	N/A	99.93	N/A	99.96	N/A	99.94	N/A	0.03	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.98	Yes	99.99	Yes	99.99	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	47.92	N/A	45.06	N/A	46.17	N/A	-5.96	2.46	Yes
% Claims with DX, where length=3	5-25	18.14	Yes	19.49	Yes	22.42	Yes	7.44	15.08	No
% Claims with DX, where length=4	40-70	45.85	Yes	43.54	Yes	41.07	Yes	-5.03	-5.66	Yes
% Claims with DX, where length=5	20-55	36.02	Yes	36.98	Yes	36.50	Yes	2.66	-1.28	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	70.27	N/A	84.78	N/A	100.00	N/A	20.65	17.95	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	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	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

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