

2002-2004 MAX OT Validation Table
State: PA

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	35,358,920	N/A	38,368,651	N/A	43,134,310	N/A	8.51	12.42	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	64.43	N/A	66.53	N/A	65.90	N/A	3.26	-0.95	Yes
Total FFS Claims Excluding Capitation Payments	N/A	12,578,084	N/A	12,843,596	N/A	14,710,701	N/A	2.11	14.54	Yes
	5-20	5.99	Yes	4.90	No	3.37	No	-18.20	-31.20	No
% Crossover	> 1%	0.35	No	3.64	Yes	3.65	Yes	934.10	0.31	Yes
% Adjusted Claims	N/A	67.77	N/A	74.15	N/A	81.89	N/A	9.42	10.44	Yes
% Standard Adjustments	N/A	\$699	N/A	\$73	N/A	\$198	N/A	-89.60	172.20	No
Average Paid per HMO Cap Payment	N/A	32.81	N/A	32.61	N/A	32.02	N/A	-0.61	-1.79	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	30.05	N/A	29.82	N/A	29.24	N/A	-0.78	-1.91	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	1.57	N/A	4.10	N/A	4.63	N/A	161.20	12.81	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$241	Yes	\$268	Yes	\$286	Yes	11.08	6.63	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$96	Yes	\$102	Yes	\$104	Yes	5.91	2.46	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	Yes
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	11,824,611	N/A	12,214,376	N/A	14,214,649	N/A	3.30	16.38	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	3.96	N/A	4.23	N/A	4.76	N/A	6.86	12.35	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.17	N/A	0.63	N/A	0.01	N/A	-46.10	-98.80	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	62.10	N/A	63.21	N/A	55.35	N/A	1.80	-12.40	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.70	N/A	3.95	N/A	4.49	N/A	6.65	13.66	Yes
% Claims W/ Service Place 11- Office	50-90	45.14	No	47.16	No	46.16	No	4.50	-2.12	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.93	No	8.87	No	11.18	No	-0.68	26.13	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.06	Yes	3.78	Yes	3.92	Yes	-6.88	3.71	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.62	Yes	0.54	Yes	0.35	Yes	-12.00	-35.40	No
% Claims W/ Service Place 23 - ER	1-10	6.98	Yes	4.75	Yes	2.36	Yes	-32.00	-50.30	No
% Claims w/ Service Place 22 - OPD	>0-10	15.14	No	16.16	No	17.88	No	6.74	10.61	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	1.66	Yes	3.44	Yes	6.62	No	108.00	92.19	No
% Claims with TPL	>0 - 15	0.22	Yes	0.19	Yes	0.21	Yes	-15.80	13.15	Yes
Aver. TPL Paid -claims with TPL	N/A	\$47	N/A	\$40	N/A	\$43	N/A	-14.80	6.25	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	14.55	Yes	13.53	Yes	13.15	Yes	-6.99	-2.81	Yes
% claims MAX TOS 09: Dental	2-20	5.67	Yes	5.55	Yes	5.37	Yes	-2.19	-3.22	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	2.15	Yes	2.09	Yes	1.61	Yes	-2.70	-23.10	No
% claims MAX TOS 11: OPD	3-25	5.80	Yes	5.55	Yes	5.11	Yes	-4.41	-7.82	Yes
% claims MAX TOS 12: Clinic	2-25	1.65	No	1.63	No	1.62	No	-1.45	-0.76	Yes
% claims MAX TOS 13: HH	>0-25	0.69	Yes	0.79	Yes	0.98	Yes	13.71	23.53	No
% claims MAX TOS 15: Lab/Xray	4-20	18.56	Yes	17.45	Yes	17.05	Yes	-5.96	-2.32	Yes
% claims MAX TOS 16: Drugs	<3	1.66	Yes	1.53	Yes	1.38	Yes	-7.89	-9.81	Yes
% claims MAX TOS 19: Other Services	<25	20.68	Yes	22.59	Yes	23.49	Yes	9.25	3.96	Yes
% claims MAX TOS 51: DME	>3	2.45	No	2.48	No	3.55	Yes	1.32	43.05	No
% claims MAX TOS 26: Transportation	>1	0.45	No	0.42	No	0.46	No	-6.34	8.03	Yes

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

2002-2004 MAX OT Validation Table
State: PA

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			
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.01	N/A	-14.70	-18.70	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	2.75	Yes	1.78	Yes	0.00	No	-35.40	-100.00	No
% claims MAX TOS 31: TCM	>0	0.86	Yes	1.30	Yes	0.62	Yes	51.99	-52.50	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	1.12	Yes	0.01	Yes	.	-99.20	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.24	No	0.28	No	0.88	No	17.67	214.30	No
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.02	Yes	0.12	Yes	19.94	518.60	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.03	N/A	0.04	N/A	0.05	N/A	11.36	36.35	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-20.60	61.28	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.04	N/A	0.01	N/A	.	-78.20	No
% 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	0.03	N/A	0.13	N/A	0.04	N/A	340.50	-69.60	No
% claims MAX TOS 53: Psych. Services	>1	20.13	Yes	20.84	Yes	24.35	Yes	3.49	16.85	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	Yes	0.01	Yes	0.13	Yes	48.76	2,174.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	5.37	Yes
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$70	N/A	\$72	N/A	\$77	N/A	3.74	6.16	Yes
08: Physicians	\$20-90	\$44	Yes	\$44	Yes	\$47	Yes	-1.16	6.76	Yes
09: Dental	\$10-60	\$35	Yes	\$36	Yes	\$38	Yes	3.51	3.81	Yes
10: Other Practioner	\$10-100	\$85	Yes	\$60	Yes	\$14	Yes	-29.60	-77.10	No
11: OPD	\$20-100	\$68	Yes	\$66	Yes	\$63	Yes	-3.80	-4.58	Yes
12: Clinic	\$20-100	\$98	Yes	\$102	No	\$107	No	4.64	4.39	Yes
13: HH	N/A	\$878	N/A	\$865	N/A	\$794	N/A	-1.54	-8.21	Yes
15: Lab/Xray	10-60	\$20	Yes	\$20	Yes	\$22	Yes	2.86	8.24	Yes
16: Drugs	10-60	\$10	No	\$10	Yes	\$11	Yes	0.22	10.51	Yes
19: Other Services	N/A	\$116	N/A	\$98	N/A	\$97	N/A	-15.20	-1.63	Yes
51: DME	N/A	\$75	N/A	\$90	N/A	\$88	N/A	20.84	-2.28	Yes
26: Transportation	N/A	\$59	N/A	\$60	N/A	\$90	N/A	0.62	50.36	No
30: PCS	N/A	\$138	N/A	\$134	N/A	.	N/A	-2.68	.	N/A
31: Targeted Case Management	N/A	\$29	N/A	\$87	N/A	\$84	N/A	193.50	-3.08	Yes
33: Rehabilitation	N/A	.	N/A	\$388	N/A	\$130	N/A	.	-66.40	No
34: PT/OT/speech/hear	N/A	\$20	N/A	\$48	N/A	\$74	N/A	142.10	53.61	No
35: Hospice	N/A	\$1,834	N/A	\$1,337	N/A	\$256	N/A	-27.10	-80.90	No
52: Residential Care	N/A	\$1,731	N/A	\$760	N/A	\$751	N/A	-56.10	-1.14	Yes
53: Pysch. Services	N/A	\$58	N/A	\$59	N/A	\$94	N/A	0.39	60.42	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$1,056	N/A	\$1,913	N/A	\$575	N/A	81.13	-69.90	No
% Family Planning (code 2)	N/A	0.28	N/A	0.23	N/A	0.17	N/A	-17.10	-26.80	No
% RHC (code 3)	N/A	0.32	N/A	0.42	N/A	0.35	N/A	29.15	-16.00	No
% FQHC (code 4)	N/A	0.58	N/A	0.70	N/A	0.83	N/A	21.18	18.12	No
% 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	3.08	N/A	3.62	N/A	4.59	N/A	17.80	26.76	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$38	N/A	\$76	N/A	\$61	N/A	98.07	-20.50	No
RHC (code 3)	N/A	\$70	N/A	\$78	N/A	\$83	N/A	11.38	5.53	Yes
FQHC (code 4)	N/A	\$104	N/A	\$91	N/A	\$92	N/A	-12.20	0.73	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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

2002-2004 MAX OT Validation Table
State: PA

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			
Waiver (code 6-7)	N/A	\$505	N/A	\$514	N/A	\$490	N/A	1.83	-4.71	Yes
% Claims with DX	> 60	86.04	Yes	82.02	Yes	84.71	Yes	-4.67	3.28	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.80	Yes	99.90	Yes	99.83	Yes	0.10	-0.07	Yes
% Claims with 1 DX that have 2 DX	N/A	23.77	N/A	24.78	N/A	26.40	N/A	4.25	6.52	Yes
% Claims with DX, where length=3	5-25	5.58	Yes	5.24	Yes	4.52	No	-6.21	-13.80	Yes
% Claims with DX, where length=4	40-70	56.95	Yes	57.16	Yes	57.91	Yes	0.37	1.30	Yes
% Claims with DX, where length=5	20-55	37.38	Yes	37.54	Yes	37.53	Yes	0.44	-0.03	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	35.60	N/A	33.55	N/A	33.99	N/A	-5.75	1.32	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	62.74	N/A	65.61	N/A	66.00	N/A	4.57	0.59	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.01	N/A	.	86.28	No
% 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	0.00	N/A	42.41	N/A	100.00	N/A	.	135.80	No
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	753,473	N/A	629,220	N/A	496,052	N/A	-16.50	-21.20	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	4.17	N/A	3.77	N/A	3.15	N/A	-9.59	-16.40	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.32	N/A	0.20	N/A	0.91	N/A	-38.40	357.20	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	97.22	N/A	93.24	N/A	100.00	N/A	-4.09	7.25	Yes
% Other Claims with Span Bills/All Other Claims	N/A	4.23	N/A	3.82	N/A	3.21	N/A	-9.69	-16.00	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	27.55	N/A	27.16	N/A	25.47	N/A	-1.43	-6.20	Yes
% claims MAX TOS 10: Other Practitioner	N/A	4.00	N/A	4.02	N/A	3.25	N/A	0.51	-19.00	No
% claims MAX TOS 11: OPD	N/A	1.60	N/A	1.52	N/A	2.26	N/A	-5.35	48.94	No
% claims MAX TOS 12: Clinic	N/A	20.09	N/A	19.28	N/A	22.73	N/A	-4.03	17.90	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	0.00	N/A	23.07	-96.60	No
% claims MAX TOS 15: Lab/Xray	N/A	30.42	N/A	28.67	N/A	19.82	N/A	-5.75	-30.90	No
% claims MAX TOS 19: Other Services	N/A	16.16	N/A	18.99	N/A	26.01	N/A	17.54	36.93	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	1.48	Yes
% claims MAX TOS 26: Transportation	N/A	0.13	N/A	0.20	N/A	0.14	N/A	52.01	-31.40	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.01	N/A	159.50	143.90	No
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-52.10	-84.10	No

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

2002-2004 MAX OT Validation Table
State: PA

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			
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.01	N/A	0.12	N/A	0.26	N/A	1,694.00	114.30	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	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	0.01	N/A	.	486.70	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	\$14	N/A	\$15	N/A	\$16	N/A	7.12	10.67	Yes
% Claims with DX	N/A	99.97	N/A	99.96	N/A	99.82	N/A	-0.01	-0.15	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	49.16	N/A	47.82	N/A	53.35	N/A	-2.71	11.55	Yes
% Claims with DX, where length=3	5-25	19.63	Yes	21.75	Yes	30.81	No	10.79	41.65	No
% Claims with DX, where length=4	40-70	42.75	Yes	41.00	Yes	35.79	No	-4.08	-12.70	Yes
% Claims with DX, where length=5	20-55	37.62	Yes	37.25	Yes	33.40	Yes	-0.99	-10.30	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	37.00	N/A	90.80	N/A	.	145.40	No
% 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	.	No	0.34	No	0.85	No	.	146.80	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	52.91	N/A	58.07	N/A	.	9.74	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	47.09	N/A	41.93	N/A	.	-10.90	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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