

2002-2004 MAX OT Validation Table
State: ME

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	9,713,388	N/A	11,740,351	N/A	11,762,360	N/A	20.87	0.19	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	10.33	N/A	11.77	N/A	15.37	N/A	13.92	30.60	No
Total FFS Claims Excluding Capitation Payments	N/A	8,710,138	N/A	10,358,924	N/A	9,954,785	N/A	18.93	-3.90	Yes
	5-20	5.71	Yes	5.49	Yes	4.63	No	-3.75	-15.70	No
% Crossover	> 1%	0.82	No	0.76	No	0.25	No	-7.49	-67.50	No
% Adjusted Claims	N/A	1.70	N/A	0.77	N/A	1.85	N/A	-54.90	140.70	No
% Standard Adjustments	N/A	\$278	N/A	\$252	N/A	\$352	N/A	-9.10	39.71	No
Average Paid per HMO Cap Clms (TOS 20)	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	10.33	N/A	11.77	N/A	15.37	N/A	13.92	30.60	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	\$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	8,213,043	N/A	9,789,910	N/A	9,493,753	N/A	19.20	-3.03	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	7.53	N/A	7.47	N/A	7.21	N/A	-0.76	-3.43	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.73	N/A	3.17	N/A	1.97	N/A	-14.90	-38.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.14	N/A	0.15	N/A	0.08	N/A	12.13	-49.00	No
% Other Claims with Span Bills/All Other Claims	N/A	8.03	N/A	8.11	N/A	7.93	N/A	1.08	-2.22	Yes
% Claims W/ Service Place 11- Office	50-90	20.08	No	19.46	No	18.18	No	-3.07	-6.60	Yes
% Claims W/ Service Place 12 - Home	>0-5	7.35	No	6.88	No	6.38	No	-6.37	-7.28	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.17	Yes	2.10	Yes	1.83	Yes	-3.21	-12.90	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.14	Yes	0.16	Yes	0.14	Yes	15.04	-14.20	Yes
% Claims W/ Service Place 23 - ER	1-10	2.07	Yes	2.15	Yes	2.08	Yes	4.15	-3.32	Yes
% Claims w/ Service Place 22 - OPD	>0-10	19.67	No	22.41	No	24.05	No	13.97	7.32	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	36.45	No	34.26	No	34.07	No	-6.00	-0.55	Yes
% Claims with TPL	>0 - 15	1.19	Yes	0.84	Yes	0.74	Yes	-28.90	-12.70	Yes
Aver. TPL Paid -claims with TPL	N/A	\$71	N/A	\$76	N/A	\$72	N/A	7.79	-5.80	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	10.00	Yes	9.85	No	8.68	No	-1.52	-11.90	Yes
% claims MAX TOS 09: Dental	2-20	4.34	Yes	4.22	Yes	4.60	Yes	-2.69	8.97	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	2.00	Yes	1.97	Yes	1.85	Yes	-1.64	-6.14	Yes
% claims MAX TOS 11: OPD	3-25	9.72	Yes	11.68	Yes	11.37	Yes	20.12	-2.66	Yes
% claims MAX TOS 12: Clinic	2-25	7.59	Yes	7.90	Yes	3.09	Yes	4.05	-60.80	No
% claims MAX TOS 13: HH	>0-25	1.03	Yes	0.83	Yes	0.52	Yes	-19.30	-37.60	No
% claims MAX TOS 16: Lab/Xray	4-20	15.43	Yes	16.24	Yes	16.83	Yes	5.28	3.62	Yes
% claims MAX TOS 16: Drugs	<3	0.21	Yes	0.31	Yes	0.23	Yes	45.45	-26.20	No
% claims MAX TOS 19: Other Services	<25	8.56	Yes	6.98	Yes	4.38	Yes	-18.40	-37.30	No
% claims MAX TOS 51: DME	>3	3.42	Yes	3.61	Yes	3.62	Yes	5.58	0.19	Yes
% claims MAX TOS 26: Transportation	>1	22.12	Yes	20.79	Yes	20.74	Yes	-6.00	-0.22	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	1.57	-22.50	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-15.20	-6.64	Yes
% claims MAX TOS 30: PCS	>0	0.55	Yes	1.44	Yes	1.68	Yes	159.90	16.46	No
% claims MAX TOS 31: TCM	>0	2.72	Yes	2.52	Yes	2.33	Yes	-7.14	-7.84	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.70	Yes	0.74	Yes	0.69	Yes	4.82	-6.05	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.84	Yes	1.84	Yes	1.77	Yes	-0.28	-3.60	Yes
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.01	Yes	20.61	22.53	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	25.05	-14.10	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.05	N/A	0.06	N/A	0.05	N/A	8.68	-7.24	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.27	N/A	0.26	N/A	0.24	N/A	-4.00	-8.17	Yes
% 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	1.32	N/A	1.70	N/A	1.87	N/A	28.43	10.43	Yes
% claims MAX TOS 53: Psych. Services	>1	5.87	Yes	4.76	Yes	12.87	Yes	-19.00	170.40	No
% claims MAX TOS 54: Adult Day Care	>0	2.20	Yes	2.26	Yes	2.55	Yes	2.80	13.15	Yes
% claims MAX TOS 99: Unknown	<1	0.02	Yes	0.01	Yes	0.00	Yes	-35.10	-94.10	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$121	N/A	\$126	N/A	\$129	N/A	3.97	2.31	Yes
08: Physicians	\$20-90	\$48	Yes	\$47	Yes	\$48	Yes	-1.70	1.79	Yes
09: Dental	\$10-60	\$40	Yes	\$44	Yes	\$46	Yes	11.24	3.67	Yes
10: Other Practioner	\$10-100	\$32	Yes	\$32	Yes	\$31	Yes	0.42	-3.40	Yes
11: OPD	\$20-100	\$178	No	\$176	No	\$171	No	-0.98	-2.87	Yes
12: Clinic	\$20-100	\$125	No	\$129	No	\$118	No	2.86	-8.23	Yes
13: HH	N/A	\$79	N/A	\$82	N/A	\$83	N/A	3.51	0.91	Yes
15: Lab/Xray	10-60	\$26	Yes	\$28	Yes	\$38	Yes	6.26	36.85	No
16: Drugs	10-60	\$10	No	\$8	No	\$9	No	-12.10	1.22	Yes
19: Other Services	N/A	\$420	N/A	\$365	N/A	\$260	N/A	-13.00	-28.90	No
51: DME	N/A	\$327	N/A	\$321	N/A	\$326	N/A	-1.85	1.38	Yes
26: Transportation	N/A	\$11	N/A	\$11	N/A	\$11	N/A	3.37	0.38	Yes
30: PCS	N/A	\$142	N/A	\$122	N/A	\$119	N/A	-13.90	-2.75	Yes
31: Targeted Case Management	N/A	\$368	N/A	\$377	N/A	\$370	N/A	2.40	-1.89	Yes
33: Rehabilitation	N/A	\$250	N/A	\$234	N/A	\$210	N/A	-6.37	-10.40	Yes
34: PT/OT/speech/hear	N/A	\$41	N/A	\$42	N/A	\$41	N/A	0.65	-1.39	Yes
35: Hospice	N/A	\$612	N/A	\$789	N/A	\$754	N/A	28.93	-4.40	Yes
52: Residential Care	N/A	\$437	N/A	\$948	N/A	\$939	N/A	116.90	-0.96	Yes
53: Pysch. Services	N/A	\$120	N/A	\$142	N/A	\$227	N/A	18.10	60.15	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$270	N/A	\$269	N/A	\$245	N/A	-0.17	-8.93	Yes
% Family Planning (code 2)	N/A	0.51	N/A	0.47	N/A	0.50	N/A	-9.27	7.84	Yes
% RHC (code 3)	N/A	1.12	N/A	1.11	N/A	1.05	N/A	-0.89	-4.96	Yes
% FQHC (code 4)	N/A	1.30	N/A	1.51	N/A	1.61	N/A	15.58	6.55	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS Waiver (code 6,7)	N/A	2.98	N/A	2.49	N/A	2.78	N/A	-16.20	11.29	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$95	N/A	\$108	N/A	\$100	N/A	12.87	-7.55	Yes
RHC (code 3)	N/A	\$64	N/A	\$72	N/A	\$76	N/A	11.67	5.72	Yes
FQHC (code 4)	N/A	\$94	N/A	\$99	N/A	\$110	N/A	5.31	11.44	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$830	N/A	\$896	N/A	\$825	N/A	7.89	-7.97	Yes
% Claims with DX	> 60	68.76	Yes	73.24	Yes	73.10	Yes	6.52	-0.20	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	39.88	N/A	37.98	N/A	38.10	N/A	-4.78	0.32	Yes
% Claims with DX, where length=3	5-25	6.52	Yes	8.17	Yes	7.72	Yes	25.39	-5.45	Yes
% Claims with DX, where length=4	40-70	48.99	Yes	47.37	Yes	45.87	Yes	-3.30	-3.17	Yes
% Claims with DX, where length=5	20-55	44.49	Yes	44.38	Yes	46.35	Yes	-0.26	4.44	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.99	N/A	100.00	N/A	100.00	N/A	0.01	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	98.66	Yes	98.65	Yes	97.27	No	-0.01	-1.40	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	28.99	N/A	30.86	N/A	30.18	N/A	6.45	-2.22	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	26.16	N/A	28.28	N/A	29.14	N/A	8.11	3.02	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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	44.85	N/A	40.86	N/A	40.69	N/A	-8.90	-0.41	Yes
% 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	84.85	No	88.23	No	98.07	Yes	3.98	11.16	Yes
% Claims with TOS 08 with Physician Specialty	N/A	92.35	N/A	92.66	N/A	92.37	N/A	0.34	-0.31	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	497,095	N/A	569,014	N/A	461,032	N/A	14.47	-19.00	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	7.26	N/A	6.68	N/A	4.77	N/A	-7.92	-28.70	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	20.00	N/A	0.00	N/A	.	-100.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	71.25	N/A	89.55	N/A	84.85	N/A	25.69	-5.25	Yes
% Other Claims with Span Bills/All Other Claims	N/A	7.25	N/A	6.67	N/A	4.76	N/A	-7.92	-28.60	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	77.98	N/A	78.04	N/A	77.02	N/A	0.08	-1.31	Yes
% claims MAX TOS 10: Other Practitioner	N/A	6.16	N/A	6.76	N/A	6.82	N/A	9.67	0.88	Yes
% claims MAX TOS 11: OPD	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	97.47	No
% claims MAX TOS 12: Clinic	N/A	10.89	N/A	10.02	N/A	10.86	N/A	-7.98	8.38	Yes
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-26.80	-39.20	No
% claims MAX TOS 15: Lab/Xray	N/A	0.38	N/A	0.41	N/A	0.42	N/A	7.78	1.62	Yes
% claims MAX TOS 19: Other Services	N/A	0.77	N/A	0.64	N/A	0.69	N/A	-17.20	7.84	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	3.61	N/A	4.00	N/A	4.07	N/A	10.64	1.87	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	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.07	N/A	0.03	N/A	0.03	N/A	-58.90	10.23	Yes
% 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	0.00	N/A	0.00	N/A	0.00	N/A	-56.30	-100.00	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	\$27	N/A	\$27	N/A	\$29	N/A	1.82	5.08	Yes
% Claims with DX	N/A	93.09	N/A	94.43	N/A	96.06	N/A	1.44	1.73	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	93.78	Yes	95.16	Yes	96.52	Yes	1.47	1.43	Yes
% Claims with 1 DX that have 2 DX	N/A	15.46	N/A	14.01	N/A	11.94	N/A	-9.36	-14.80	Yes
% Claims with DX, where length=3	5-25	7.25	Yes	7.34	Yes	7.36	Yes	1.28	0.27	Yes
% Claims with DX, where length=4	40-70	46.51	Yes	45.62	Yes	44.38	Yes	-1.93	-2.70	Yes
% Claims with DX, where length=5	20-55	46.24	Yes	47.04	Yes	48.26	Yes	1.74	2.58	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	92.50	N/A	100.00	N/A	100.00	N/A	8.11	0.00	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.67	No	0.69	No	0.72	No	1.61	4.59	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	75.88	N/A	71.85	N/A	71.75	N/A	-5.31	-0.15	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	24.12	N/A	28.15	N/A	28.25	N/A	16.69	0.37	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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