

1999-2001 MAX OT Validation Table
State: ME

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	6,909,553	N/A	7,491,193	N/A	8,861,583	N/A	8.42	18.29	No
*	N/A	0.56	N/A	0.00	N/A	0.00	N/A	-99.53	-100.00	No
% Encounter Claims (Claim Type=3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-92.23	-100.00	No
% Supplemental Claims	N/A	2.35	N/A	7.20	N/A	12.60	N/A	206.18	75.03	No
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	6,708,374	N/A	6,951,878	N/A	7,745,395	N/A	3.63	11.41	Yes
Total FFS Claims Excluding Capitation Payments	5-20	9.66	Yes	6.79	Yes	5.89	Yes	-29.73	-13.28	Yes
% Crossover	> 1%	0.81	No	0.74	No	0.71	No	-9.07	-4.08	Yes
% Adjusted Claims	N/A	.	N/A	5.06	N/A	4.83	N/A	N/A	-4.52	Yes
% Standard Adjustments	N/A	\$206	N/A	\$274	N/A	\$282	N/A	32.89	3.17	Yes
Average Paid per HMO Cap Clms (TOS 20)	N/A	0.88	N/A	0.11	N/A	0.00	N/A	-86.94	-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	1.49	N/A	7.08	N/A	12.60	N/A	375.92	77.85	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$75	Yes	\$54	No	.	No	-28.43	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	\$3	Yes	\$3	Yes	\$3	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 1999										
Total Number of Claims	N/A	6,060,262	N/A	6,479,943	N/A	7,289,397	N/A	6.93	12.49	Yes
% 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	7.49	N/A	7.83	N/A	7.49	N/A	4.66	-4.35	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.96	N/A	6.49	N/A	4.60	N/A	8.88	-29.08	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.36	N/A	0.21	N/A	0.14	N/A	-39.83	-34.00	No
% Other Claims with Span Bills/All Other Claims	N/A	8.05	N/A	8.10	N/A	7.88	N/A	0.54	-2.67	Yes
% Claims W/ Service Place 11- Office	50-90	20.52	No	20.22	No	19.90	No	-1.47	-1.57	Yes
% Claims W/ Service Place 12 - Home	>0-5	9.69	No	8.37	No	7.83	No	-13.58	-6.53	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.31	Yes	2.15	Yes	2.07	Yes	-7.01	-3.81	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.25	Yes	0.23	Yes	0.16	Yes	-7.84	-31.70	No
% Claims W/ Service Place 23 - ER	1-10	1.80	Yes	1.75	Yes	1.99	Yes	-2.84	14.20	Yes
% Claims w/ Service Place 22 - OPD	>0-10	16.57	No	17.38	No	18.55	No	4.92	6.73	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	36.76	No	37.27	No	37.19	No	1.39	-0.21	N/A
% Claims with TPL	>0 - 15	0.63	Yes	0.91	Yes	0.89	Yes	45.52	-2.35	Yes
Aver. TPL Paid -claims with TPL	N/A	\$49	N/A	\$55	N/A	\$62	N/A	11.40	12.97	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	11.41	Yes	10.09	Yes	9.86	No	-11.63	-2.19	Yes
% claims MAX TOS 09: Dental	2-20	4.69	Yes	4.58	Yes	4.28	Yes	-2.31	-6.62	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.17	Yes	2.04	Yes	2.01	Yes	-6.24	-1.64	Yes
% claims MAX TOS 11: OPD	3-25	15.82	Yes	9.16	Yes	9.01	Yes	-42.11	-1.67	Yes
% claims MAX TOS 12: Clinic	2-25	8.03	Yes	7.16	Yes	7.53	Yes	-10.92	5.20	Yes
% claims MAX TOS 13: HH	>0-25	3.07	Yes	1.47	Yes	1.19	Yes	-52.17	-18.79	No
% claims MAX TOS 15: Lab/Xray	4-20	5.71	Yes	13.95	Yes	14.56	Yes	144.04	4.41	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.18	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	12.35	Yes	10.10	Yes	9.22	Yes	-18.21	-8.70	Yes
% claims MAX TOS 51: DME	>3	2.00	No	2.39	No	3.14	Yes	19.26	31.59	No
% claims MAX TOS 26: Transportation	>1	22.07	Yes	21.97	Yes	22.07	Yes	-0.48	0.48	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-9.65	-13.33	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	4.72	-8.35	Yes
% claims MAX TOS 30: PCS	>0	0.57	Yes	0.59	Yes	0.55	Yes	2.81	-6.94	Yes
% claims MAX TOS 31: TCM	>0	2.39	Yes	3.46	Yes	3.77	Yes	44.92	8.70	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.57	Yes	0.68	Yes	0.77	Yes	21.06	12.23	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	2.14	Yes	2.12	Yes	1.91	Yes	-1.22	-9.79	N/A
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	No	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-47.75	-50.29	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.06	N/A	0.05	N/A	0.04	N/A	-23.37	-17.71	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.26	N/A	0.33	N/A	0.31	N/A	28.34	-7.05	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	1.44	N/A	1.57	N/A	1.47	N/A	9.53	-6.36	Yes
% claims MAX TOS 53: Psych. Services	>1	5.19	Yes	6.47	Yes	6.11	Yes	24.68	-5.59	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	1.81	Yes	2.01	Yes	N/A	10.93	Yes
% claims MAX TOS 99: Unknown	<1	0.01	Yes	0.00	Yes	0.00	Yes	-98.55	122.24	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$103	N/A	\$111	N/A	\$113	N/A	7.55	2.44	Yes
08: Physicians	\$20-90	\$43	Yes	\$47	Yes	\$47	Yes	8.28	-0.01	Yes
09: Dental	\$10-60	\$35	Yes	\$37	Yes	\$38	Yes	4.23	4.02	Yes
10: Other Practitioner	\$10-100	\$29	Yes	\$29	Yes	\$33	Yes	-0.93	14.90	Yes
11: OPD	\$20-100	\$92	Yes	\$164	No	\$164	No	77.74	-0.04	Yes
12: Clinic	\$20-100	\$115	No	\$117	No	\$119	No	1.12	2.14	Yes
13: HH	N/A	\$74	N/A	\$79	N/A	\$78	N/A	6.46	-1.03	Yes
15: Lab/Xray	10-60	\$19	Yes	\$17	Yes	\$24	Yes	-12.53	40.11	No
16: Drugs	10-60	.	No	.	No	\$11	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$323	N/A	\$355	N/A	\$380	N/A	9.75	7.16	Yes
51: DME	N/A	\$336	N/A	\$338	N/A	\$313	N/A	0.58	-7.40	Yes
26: Transportation	N/A	\$11	N/A	\$11	N/A	\$11	N/A	0.23	-4.45	Yes
30: PCS	N/A	\$124	N/A	\$129	N/A	\$136	N/A	4.18	4.81	Yes
31: Targeted Case Management	N/A	\$270	N/A	\$247	N/A	\$252	N/A	-8.68	2.04	Yes
33: Rehabilitation	N/A	\$262	N/A	\$253	N/A	\$239	N/A	-3.27	-5.63	Yes
34: PT/OT/speech/hear	N/A	\$39	N/A	\$41	N/A	\$41	N/A	4.14	0.58	N/A
35: Hospice	N/A	.	N/A	.	N/A	\$489	N/A	N/A	N/A	N/A
52: Residential Care	N/A	\$386	N/A	\$375	N/A	\$369	N/A	-2.83	-1.55	Yes
53: Psych. Services	N/A	\$71	N/A	\$114	N/A	\$114	N/A	61.65	0.12	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$260	N/A	\$263	N/A	N/A	1.24	Yes
% Family Planning (code 2)	N/A	0.49	N/A	0.46	N/A	0.50	N/A	-6.48	9.04	Yes
% RHC (code 3)	N/A	1.03	N/A	1.04	N/A	1.12	N/A	1.41	7.50	Yes

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(code 4)	N/A	1.09	N/A	1.21	N/A	1.26	N/A	11.73	3.73	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 Waiver (code 6,7)	N/A	3.70	N/A	3.52	N/A	3.22	N/A	-4.86	-8.62	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$88	N/A	\$90	N/A	\$90	N/A	1.95	0.41	Yes
RHC (code 3)	N/A	\$56	N/A	\$60	N/A	\$59	N/A	6.71	-2.60	Yes
FQHC (code 4)	N/A	\$77	N/A	\$79	N/A	\$84	N/A	2.46	6.30	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$614	N/A	\$690	N/A	\$748	N/A	12.37	8.39	Yes
% Claims with DX	> 60	67.43	Yes	67.49	Yes	67.67	Yes	0.08	0.28	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	37.97	N/A	37.45	N/A	38.66	N/A	-1.37	3.24	Yes
% Claims with DX, where length=3	5-25	9.23	Yes	7.68	Yes	6.38	Yes	-16.77	-16.91	No
% Claims with DX, where length=4	40-70	51.21	Yes	50.56	Yes	49.68	Yes	-1.27	-1.73	Yes
% Claims with DX, where length=5	20-55	39.56	Yes	41.76	Yes	43.94	Yes	5.56	5.21	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.99	N/A	99.97	N/A	99.97	N/A	-0.02	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	99.99	N/A	100.00	N/A	99.99	N/A	0.00	0.00	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.62	Yes	99.99	Yes	98.78	Yes	0.37	-1.21	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	27.47	N/A	26.91	N/A	27.52	N/A	-2.05	2.26	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	24.71	N/A	27.35	N/A	27.50	N/A	10.68	0.52	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	47.81	N/A	45.73	N/A	44.98	N/A	-4.34	-1.64	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	90.04	No	83.83	No	84.18	No	-6.90	0.42	Yes
% Claims with TOS 08 with Physician Specialty	N/A	93.25	N/A	94.02	N/A	92.99	N/A	0.83	-1.10	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	648,112	N/A	471,935	N/A	455,998	N/A	-27.18	-3.38	Yes
% Claims with> \$0 Paid	>95%	99.85	Yes	100.00	Yes	100.00	Yes	0.15	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	9.28	N/A	8.41	N/A	8.30	N/A	-9.45	-1.21	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.67	N/A	34.26	N/A	23.53	N/A	254.20	-31.31	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	73.68	N/A	84.55	N/A	75.76	N/A	14.75	-10.40	N/A
% Other Claims with Span Bills/All Other Claims	N/A	9.15	N/A	8.36	N/A	8.29	N/A	-8.65	-0.80	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	44.53	N/A	67.45	N/A	79.81	N/A	51.47	18.33	No
% claims MAX TOS 10: Other Practitioners ^r	N/A	6.38	N/A	4.75	N/A	3.83	N/A	-25.47	-19.38	No
% claims MAX TOS 11: OPD	N/A	23.74	N/A	0.10	N/A	0.00	N/A	-99.58	-96.26	No
% claims MAX TOS 12: Clinic	N/A	7.14	N/A	9.82	N/A	10.74	N/A	37.58	9.37	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.03	N/A	0.01	N/A	122.26	-44.47	N/A
% claims MAX TOS 15: Lab/Xray	N/A	8.30	N/A	5.67	N/A	0.44	N/A	-31.64	-92.26	No
% claims MAX TOS 19: Other Services	N/A	6.88	N/A	4.15	N/A	0.82	N/A	-39.61	-80.21	No
% claims MAX TOS 51: DME	N/A	0.03	N/A	4.08	N/A	0.15	N/A	15350.11	-96.23	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.39	N/A	3.51	N/A	3.99	N/A	46.73	13.87	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	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-72.53	-100.00	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.58	N/A	0.42	N/A	0.09	N/A	-27.25	-78.63	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	\$36	N/A	\$27	N/A	\$27	N/A	-24.81	0.43	Yes
% Claims with DX	N/A	91.85	N/A	91.60	N/A	92.38	N/A	-0.27	0.86	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.17	Yes	92.76	Yes	93.41	Yes	-1.49	0.70	Yes
% Claims with 1 DX that have 2 DX	N/A	18.82	N/A	11.54	N/A	13.25	N/A	-38.68	14.80	Yes
% Claims with DX, where length=3	5-25	9.85	Yes	10.97	Yes	8.30	Yes	11.31	-24.33	No
% Claims with DX, where length=4	40-70	47.71	Yes	46.33	Yes	46.72	Yes	-2.90	0.84	Yes
% Claims with DX, where length=5	20-55	42.44	Yes	42.70	Yes	44.98	Yes	0.63	5.34	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	.	N/A	53.66	N/A	42.42	N/A	N/A	-20.94	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.08	No	5.53	No	0.99	No	6498.84	-82.15	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	34.54	N/A	23.76	N/A	81.47	N/A	-31.22	242.89	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	65.46	N/A	76.24	N/A	18.53	N/A	16.47	-75.69	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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