

**2002-2004 MAX OT Validation Table  
State: MI**

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	27,705,537	N/A	39,880,322	N/A	46,926,176	N/A	43.94	17.67	No
	N/A	4.52	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Supplemental Claims	N/A	51.33	N/A	62.00	N/A	64.55	N/A	20.79	4.12	Yes
Total FFS Claims Excluding Capitation Payments	N/A	12,233,199	N/A	15,156,095	N/A	16,634,928	N/A	23.89	9.76	Yes
	5-20	9.33	Yes	8.70	Yes	7.89	Yes	-6.79	-9.31	Yes
% Crossover	> 1%	0.99	No	1.14	Yes	1.99	Yes	15.14	74.32	No
% Adjusted Claims	N/A	22.15	N/A	12.30	N/A	24.28	N/A	-44.50	97.30	No
% Standard Adjustments	N/A	\$131	N/A	\$100	N/A	\$189	N/A	-23.40	88.27	No
Average Paid per HMO Cap Payment	N/A	35.31	N/A	23.75	N/A	28.05	N/A	-32.70	18.07	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	18.45	N/A	38.24	N/A	36.51	N/A	107.30	-4.54	Yes
% 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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$155	Yes	\$165	Yes	\$172	Yes	7.03	3.87	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$69	Yes	\$86	Yes	\$53	Yes	24.41	-38.20	No
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	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	11,091,887	N/A	13,838,059	N/A	15,322,999	N/A	24.76	10.73	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	1.93	N/A	1.81	N/A	1.20	N/A	-5.88	-34.00	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	2.23	N/A	2.64	N/A	3.21	N/A	18.27	21.28	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	84.84	N/A	69.20	N/A	27.72	N/A	-18.40	-59.90	No
% Other Claims with Span Bills/All Other Claims	N/A	0.51	N/A	0.49	N/A	0.40	N/A	-5.04	-17.70	No
% Claims W/ Service Place 11- Office	50-90	68.98	Yes	66.87	Yes	56.29	Yes	-3.05	-15.80	No
% Claims W/ Service Place 12 - Home	>0-5	4.95	Yes	11.66	No	25.78	No	135.60	121.10	No
% Claims W/ Service Place 21 - Hospital	>0-5	5.80	No	6.06	No	5.39	No	4.56	-11.20	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.10	Yes	0.11	Yes	0.11	Yes	12.07	-7.61	Yes
% Claims W/ Service Place 23 - ER	1-10	2.75	Yes	2.88	Yes	2.50	Yes	4.55	-13.10	Yes
% Claims w/ Service Place 22 - OPD	>0-10	3.17	Yes	3.21	Yes	3.08	Yes	1.31	-4.00	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	-59.90	-100.00	No
% Claims with TPL	>0 - 15	0.16	Yes	0.19	Yes	0.16	Yes	17.69	-15.10	No
Aver. TPL Paid -claims with TPL	N/A	\$59	N/A	\$60	N/A	\$64	N/A	1.35	7.15	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	16.40	Yes	16.76	Yes	15.48	Yes	2.19	-7.64	Yes
% claims MAX TOS 09: Dental	2-20	20.76	No	18.35	Yes	15.30	Yes	-11.60	-16.60	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.15	Yes	1.07	Yes	0.81	Yes	-6.77	-24.10	No
% claims MAX TOS 11: OPD	3-25	21.33	Yes	21.14	Yes	18.25	Yes	-0.89	-13.70	Yes
% claims MAX TOS 12: Clinic	2-25	19.52	Yes	22.29	Yes	31.31	No	14.23	40.44	No
% claims MAX TOS 13: HH	>0-25	1.24	Yes	1.27	Yes	1.04	Yes	2.12	-18.00	No
% claims MAX TOS 16: Lab/Xray	4-20	7.66	Yes	7.64	Yes	7.04	Yes	-0.17	-7.87	Yes
% claims MAX TOS 16: Drugs	<3	0.17	Yes	0.14	Yes	0.10	Yes	-18.80	-25.00	No
% claims MAX TOS 19: Other Services	<25	0.93	Yes	1.81	Yes	0.42	Yes	95.36	-76.60	No
% claims MAX TOS 51: DME	>3	5.99	Yes	5.07	Yes	6.01	Yes	-15.40	18.54	No
% claims MAX TOS 26: Transportation	>1	0.53	No	0.61	No	0.57	No	13.87	-6.27	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.02	N/A	1.73	-9.78	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	49.25	-14.70	Yes
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	1.44	Yes	0.81	Yes	0.77	Yes	-43.50	-5.68	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.00	Yes	0.01	Yes	0.00	Yes	3,960.00	-86.90	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	-78.80	37.84	No
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.08	Yes	0.12	Yes	276.40	43.95	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.06	N/A	0.06	N/A	0.04	N/A	5.88	-27.70	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.16	N/A	0.16	N/A	0.17	N/A	4.79	5.47	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	0.09	N/A	0.05	N/A	0.01	N/A	-41.00	-80.80	No
% claims MAX TOS 53: Psych. Services	>1	2.54	Yes	2.59	Yes	2.34	Yes	2.13	-9.57	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.05	Yes	0.19	Yes	.	248.10	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$61	N/A	\$58	N/A	\$53	N/A	-3.89	-8.97	Yes
08: Physicians	\$20-90	\$65	Yes	\$62	Yes	\$63	Yes	-3.61	1.06	Yes
09: Dental	\$10-60	\$26	Yes	\$27	Yes	\$24	Yes	4.63	-10.20	Yes
10: Other Practitioner	\$10-100	\$36	Yes	\$37	Yes	\$40	Yes	3.38	7.35	Yes
11: OPD	\$20-100	\$54	Yes	\$48	Yes	\$38	Yes	-12.50	-20.20	No
12: Clinic	\$20-100	\$65	Yes	\$64	Yes	\$50	Yes	-2.00	-20.80	No
13: HH	N/A	\$176	N/A	\$178	N/A	\$177	N/A	1.44	-0.88	Yes
15: Lab/Xray	10-60	\$19	Yes	\$20	Yes	\$21	Yes	4.54	5.77	Yes
16: Drugs	10-60	\$80	No	\$114	No	\$204	No	42.86	79.42	No
19: Other Services	N/A	\$70	N/A	\$45	N/A	\$51	N/A	-36.00	14.28	Yes
51: DME	N/A	\$125	N/A	\$117	N/A	\$72	N/A	-6.53	-38.20	No
26: Transportation	N/A	\$122	N/A	\$125	N/A	\$123	N/A	2.58	-1.45	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$214	N/A	\$216	N/A	\$210	N/A	0.74	-2.84	Yes
33: Rehabilitation	N/A	\$17	N/A	\$18	N/A	\$22	N/A	5.28	17.90	No
34: PT/OT/speech/hear	N/A	\$49	N/A	\$33	N/A	\$68	N/A	-32.50	105.80	No
35: Hospice	N/A	\$1,633	N/A	\$2,065	N/A	\$3,220	N/A	26.42	55.95	No
52: Residential Care	N/A	\$2,333	N/A	\$2,340	N/A	\$217	N/A	0.29	-90.70	No
53: Psych. Services	N/A	\$61	N/A	\$69	N/A	\$85	N/A	13.09	23.06	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$61	N/A	\$62	N/A	.	1.72	Yes
% Family Planning (code 2)	N/A	0.43	N/A	0.41	N/A	0.35	N/A	-4.19	-15.00	Yes
% RHC (code 3)	N/A	1.17	N/A	1.28	N/A	1.44	N/A	9.27	12.36	Yes
% FQHC (code 4)	N/A	2.49	N/A	2.57	N/A	2.77	N/A	3.42	7.66	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Waiver (code 6,7)	N/A	2.55	N/A	7.09	N/A	20.65	N/A	178.10	191.20	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$44	N/A	\$47	N/A	\$48	N/A	7.27	2.99	Yes
RHC (code 3)	N/A	\$41	N/A	\$40	N/A	\$38	N/A	-2.75	-3.09	Yes
FQHC (code 4)	N/A	\$31	N/A	\$33	N/A	\$31	N/A	4.88	-5.26	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$182	N/A	\$54	N/A	\$26	N/A	-70.10	-51.40	No
% Claims with DX	> 60	79.22	Yes	81.65	Yes	84.70	Yes	3.08	3.73	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	5.78	Yes	6.84	Yes	9.16	Yes	18.30	33.92	No
% Claims with DX, where length=4	40-70	61.04	Yes	57.07	Yes	51.49	Yes	-6.50	-9.79	Yes
% Claims with DX, where length=5	20-55	33.18	Yes	36.09	Yes	39.35	Yes	8.77	9.05	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	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	32.52	N/A	37.05	N/A	38.54	N/A	13.93	4.01	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	63.06	N/A	59.78	N/A	59.12	N/A	-5.20	-1.11	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	4.42	N/A	3.17	N/A	2.35	N/A	-28.30	-26.00	No
% 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	99.41	N/A	99.28	N/A	99.35	N/A	-0.13	0.07	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	1,141,312	N/A	1,318,036	N/A	1,311,929	N/A	15.48	-0.46	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	34.34	N/A	35.16	N/A	32.99	N/A	2.36	-6.16	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	53.44	N/A	54.43	N/A	55.91	N/A	1.87	2.71	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	7.53	N/A	7.85	N/A	6.89	N/A	4.22	-12.20	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	14.66	N/A	13.63	N/A	14.75	N/A	-7.03	8.18	Yes
% claims MAX TOS 10: Other Practitioner	N/A	1.02	N/A	1.12	N/A	1.11	N/A	9.78	-1.45	Yes
% claims MAX TOS 11: OPD	N/A	58.41	N/A	58.62	N/A	53.25	N/A	0.36	-9.16	Yes
% claims MAX TOS 12: Clinic	N/A	0.17	N/A	0.11	N/A	0.18	N/A	-36.60	65.31	No
% 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	1.37	N/A	1.20	N/A	1.75	N/A	-12.40	46.05	No
% claims MAX TOS 19: Other Services	N/A	0.65	N/A	0.04	N/A	0.28	N/A	-93.50	569.90	No
% claims MAX TOS 51: DME	N/A	21.51	N/A	23.60	N/A	26.92	N/A	9.69	14.08	Yes
% claims MAX TOS 26: Transportation	N/A	0.98	N/A	0.16	N/A	0.10	N/A	-84.10	-37.90	No
% 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	-82.70	22.79	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.00	N/A	0.00	N/A	0.00	N/A	311.30	175.00	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	1.05	N/A	1.38	N/A	1.52	N/A	30.89	10.53	Yes
% 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	\$33	N/A	\$36	N/A	\$36	N/A	6.69	2.54	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	42.32	No	43.19	No	42.20	No	2.06	-2.30	Yes
% Claims with DX, where length=4	40-70	32.33	No	30.37	No	29.41	No	-6.04	-3.18	Yes
% Claims with DX, where length=5	20-55	25.36	Yes	26.44	Yes	28.39	Yes	4.26	7.40	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	.	N/A	.	N/A	.	N/A	.	.	N/A
% 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	38.73	N/A	36.15	N/A	34.48	N/A	-6.65	-4.62	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	60.84	N/A	63.40	N/A	65.12	N/A	4.21	2.71	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.43	N/A	0.45	N/A	0.40	N/A	3.54	-10.70	Yes

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