

**1999-2001 MAX OT Validation Table**  
**State: NC**

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	43,066,904	N/A	45,936,594	N/A	52,237,502	N/A	6.66	13.72	Yes
*	N/A	0.58	N/A	0.70	N/A	0.76	N/A	22.02	7.78	Yes
% 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	21.77	N/A	20.88	N/A	20.18	N/A	-4.09	-3.35	Yes
Total FFS Claims Excluding Capitation Payments	N/A	33,444,363	N/A	36,023,269	N/A	41,300,900	N/A	7.71	14.65	Yes
	5-20	16.35	Yes	16.21	Yes	15.44	Yes	-0.84	-4.78	Yes
% Crossover	> 1%	0.50	No	1.36	Yes	1.10	Yes	168.51	-18.58	No
% Adjusted Claims	N/A	.	N/A	70.28	N/A	85.59	N/A	N/A	21.78	No
% Standard Adjustments	N/A	\$78	N/A	\$71	N/A	\$94	N/A	-9.42	32.85	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	1.55	N/A	1.67	N/A	1.28	N/A	8.19	-23.70	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	20.35	N/A	19.35	N/A	19.06	N/A	-4.89	-1.53	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$75	No	\$75	Yes	\$87	Yes	1.13	14.81	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	\$37	Yes	N/A	N/A	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	\$5	No	\$3	Yes	\$3	Yes	-43.11	0.00	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	27,976,500	N/A	30,183,454	N/A	34,925,476	N/A	7.89	15.71	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	N/A	N/A
% Claims with Span Bill	N/A	3.46	N/A	3.65	N/A	3.23	N/A	5.30	-11.29	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.02	N/A	0.01	N/A	0.00	N/A	-45.89	-65.91	No
% Other Claims with Span Bills/All Other Claims	N/A	4.02	N/A	3.91	N/A	3.49	N/A	-2.88	-10.83	Yes
% Claims W/ Service Place 11- Office	50-90	0.04	No	9.15	No	19.42	No	23668.44	112.17	No
% Claims W/ Service Place 12 - Home	>0-5	0.03	Yes	8.63	No	16.44	No	28619.54	90.45	No
% Claims W/ Service Place 21 - Hospital	>0-5	0.01	Yes	2.17	Yes	3.73	Yes	15051.42	72.04	No
% Claims W/ Service Place 32 - NF	>0-5	0.00	Yes	0.01	Yes	0.02	Yes	10822.26	87.58	No
% Claims W/ Service Place 23 - ER	1-10	0.02	No	1.19	Yes	2.41	Yes	6250.51	102.92	No
% Claims w/ Service Place 22 - OPD	>0-10	0.02	Yes	4.83	Yes	8.97	Yes	26197.44	85.48	No
% Claims W/ Service Place 99 - Unknown/Other	<5	99.71	No	70.45	No	42.71	No	-29.34	-39.38	N/A
% Claims with TPL	>0 - 15	0.29	Yes	0.38	Yes	0.41	Yes	30.55	7.08	Yes
Aver. TPL Paid -claims with TPL	N/A	\$41	N/A	\$46	N/A	\$51	N/A	13.39	10.83	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	17.68	Yes	16.65	Yes	16.22	Yes	-5.81	-2.62	Yes
% claims MAX TOS 09: Dental	2-20	4.91	Yes	4.91	Yes	6.10	Yes	-0.12	24.28	No
% claims MAX TOS 10: Other Practitioners	0.5-8	1.05	Yes	1.05	Yes	1.10	Yes	0.38	4.61	Yes
% claims MAX TOS 11: OPD	3-25	11.89	Yes	4.92	Yes	5.64	Yes	-58.66	14.77	Yes
% claims MAX TOS 12: Clinic	2-25	12.65	Yes	10.68	Yes	11.16	Yes	-15.60	4.51	Yes
% claims MAX TOS 13: HH	>0-25	2.05	Yes	1.78	Yes	1.54	Yes	-13.36	-13.57	Yes
% claims MAX TOS 15: Lab/Xray	4-20	8.63	Yes	16.40	Yes	16.78	Yes	89.97	2.32	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.08	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	14.52	Yes	20.53	Yes	11.29	Yes	41.37	-45.00	No
% claims MAX TOS 51: DME	>3	2.87	No	4.27	Yes	4.15	Yes	48.55	-2.77	Yes
% claims MAX TOS 26: Transportation	>1	1.11	Yes	1.08	Yes	1.38	Yes	-2.79	27.69	No
% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.03	N/A	0.03	N/A	-45.86	5.96	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-62.46	167.37	No
% claims MAX TOS 30: PCS	>0	7.47	Yes	2.70	Yes	10.30	Yes	-63.80	281.14	No
% claims MAX TOS 31: TCM	>0	2.94	Yes	2.93	Yes	2.84	Yes	-0.19	-3.16	Yes
% 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	2.06	Yes	1.97	Yes	1.76	Yes	-4.23	-10.79	N/A
% claims MAX TOS 35: Hospice	>0	0.31	Yes	0.33	Yes	0.40	Yes	4.83	23.56	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-41.81	-31.15	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	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	1.45	N/A	1.84	N/A	2.17	N/A	27.18	17.95	No
% claims MAX TOS 53: Psych. Services	>1	8.17	Yes	7.74	Yes	6.90	Yes	-5.22	-10.90	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.17	Yes	0.19	Yes	0.16	Yes	13.97	-13.32	Yes
% 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	\$57	N/A	\$62	N/A	\$66	N/A	8.82	5.52	Yes
08: Physicians	\$20-90	\$61	Yes	\$72	Yes	\$75	Yes	18.56	4.27	Yes
09: Dental	\$10-60	\$41	Yes	\$42	Yes	\$44	Yes	3.46	3.84	Yes
10: Other Practitioner	\$10-100	\$29	Yes	\$34	Yes	\$37	Yes	19.08	8.59	Yes
11: OPD	\$20-100	\$62	Yes	\$99	Yes	\$113	No	60.09	13.56	Yes
12: Clinic	\$20-100	\$30	Yes	\$30	Yes	\$47	Yes	0.90	54.89	No
13: HH	N/A	\$119	N/A	\$128	N/A	\$140	N/A	7.66	9.97	Yes
15: Lab/Xray	10-60	\$21	Yes	\$29	Yes	\$28	Yes	37.58	-3.36	Yes
16: Drugs	10-60	.	No	.	No	\$22	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$72	N/A	\$68	N/A	\$88	N/A	-6.56	30.41	No
51: DME	N/A	\$65	N/A	\$69	N/A	\$71	N/A	6.83	2.64	Yes
26: Transportation	N/A	\$27	N/A	\$29	N/A	\$27	N/A	5.64	-7.68	Yes
30: PCS	N/A	\$75	N/A	\$167	N/A	\$68	N/A	121.08	-59.26	No
31: Targeted Case Management	N/A	\$56	N/A	\$59	N/A	\$59	N/A	5.26	-0.17	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
34: PT/OT/speech/hear	N/A	\$39	N/A	\$40	N/A	\$40	N/A	2.27	0.61	N/A
35: Hospice	N/A	\$111	N/A	\$112	N/A	\$114	N/A	1.09	1.91	Yes
52: Residential Care	N/A	\$130	N/A	\$139	N/A	\$153	N/A	6.57	10.03	Yes
53: Psych. Services	N/A	\$69	N/A	\$71	N/A	\$79	N/A	2.09	10.80	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$64	N/A	\$63	N/A	\$67	N/A	-1.48	5.36	Yes
% Family Planning (code 2)	N/A	0.40	N/A	0.50	N/A	0.67	N/A	25.31	34.60	No
% RHC (code 3)	N/A	1.43	N/A	0.91	N/A	0.80	N/A	-36.68	-12.35	Yes

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(code 4)	N/A	0.99	N/A	1.16	N/A	1.24	N/A	17.06	6.15	Yes
% FQHC (code 5)	N/A	0.03	N/A	0.03	N/A	0.05	N/A	2.38	82.84	N/A
% IHS Waiver (code 6,7)	N/A	14.88	N/A	15.47	N/A	14.82	N/A	3.96	-4.22	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$95	N/A	\$74	N/A	\$58	N/A	-22.85	-20.98	No
RHC (code 3)	N/A	\$27	N/A	\$39	N/A	\$43	N/A	43.47	12.41	Yes
FQHC (code 4)	N/A	\$41	N/A	\$33	N/A	\$30	N/A	-19.18	-8.61	Yes
IHS (code 5)	N/A	\$119	N/A	\$118	N/A	\$76	N/A	-0.82	-36.05	N/A
Waiver (code 6-7)	N/A	\$81	N/A	\$85	N/A	\$91	N/A	5.47	6.66	Yes
% Claims with DX	> 60	94.97	Yes	94.96	Yes	93.75	Yes	-0.01	-1.27	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.71	Yes	99.57	Yes	99.54	Yes	-0.14	-0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	34.78	N/A	34.76	N/A	36.13	N/A	-0.04	3.93	Yes
% Claims with DX, where length=3	5-25	9.96	Yes	10.21	Yes	10.54	Yes	2.52	3.23	Yes
% Claims with DX, where length=4	40-70	62.75	Yes	61.11	Yes	59.17	Yes	-2.63	-3.17	Yes
% Claims with DX, where length=5	20-55	27.28	Yes	28.68	Yes	30.29	Yes	5.12	5.61	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	88.38	No	86.68	No	86.43	No	-1.93	-0.28	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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	.	No	.	No	.	No	N/A	N/A	N/A
% HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS	98-100	64.24	No	62.78	No	58.25	No	-2.27	-7.22	Yes
% Claims with TOS 08 with Physician Specialty	N/A	99.66	N/A	92.45	N/A	26.41	N/A	-7.24	-71.43	No
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims</b>										
Total Number of Claims	N/A	5,467,863	N/A	5,839,815	N/A	6,375,424	N/A	6.80	9.17	Yes
% Claims with> \$0 Paid	>95%	99.95	Yes	100.00	Yes	100.00	Yes	0.05	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	4.80	N/A	4.54	N/A	4.08	N/A	-5.30	-10.24	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.80	N/A	7.95	N/A	9.60	N/A	-9.66	20.74	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	11.84	N/A	3.00	N/A	14.77	N/A	-74.69	392.94	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.41	N/A	4.33	N/A	3.68	N/A	-1.99	-14.92	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	63.32	N/A	64.01	N/A	63.65	N/A	1.09	-0.56	Yes
% claims MAX TOS 10: Other Practitioners <sup>r</sup>	N/A	3.07	N/A	3.18	N/A	3.25	N/A	3.75	2.02	Yes
% claims MAX TOS 11: OPD	N/A	8.77	N/A	6.04	N/A	6.74	N/A	-31.09	11.50	Yes
% claims MAX TOS 12: Clinic	N/A	5.80	N/A	5.17	N/A	5.61	N/A	-10.98	8.68	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-2.37	-87.29	N/A
% claims MAX TOS 15: Lab/Xray	N/A	14.98	N/A	16.34	N/A	15.40	N/A	9.14	-5.75	Yes
% claims MAX TOS 19: Other Services	N/A	0.26	N/A	0.18	N/A	0.75	N/A	-30.93	308.85	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.98	N/A	0.43	N/A	N/A	-55.99	N/A
% claims MAX TOS 26: Transportation <sup>n</sup>	N/A	3.22	N/A	3.42	N/A	3.56	N/A	6.32	4.03	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-69.47	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-63.36	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.09	N/A	0.15	N/A	0.18	N/A	75.01	16.29	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 <sup>e</sup>	N/A	1.45	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	8.17	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.17	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$28	N/A	\$29	N/A	\$29	N/A	3.88	-0.32	Yes
% Claims with DX	N/A	99.70	N/A	99.80	N/A	99.79	N/A	0.10	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	99.99	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	40.52	N/A	39.65	N/A	40.78	N/A	-2.15	2.86	Yes
% Claims with DX, where length=3	5-25	11.59	Yes	11.09	Yes	10.38	Yes	-4.31	-6.42	Yes
% Claims with DX, where length=4	40-70	48.45	Yes	48.25	Yes	48.05	Yes	-0.41	-0.42	Yes
% Claims with DX, where length=5	20-55	39.94	Yes	40.64	Yes	41.57	Yes	1.77	2.27	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	39.40	N/A	23.00	N/A	17.60	N/A	-41.62	-23.46	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	44.79	N/A	98.86	N/A	N/A	120.70	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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