

2002-2004 MAX OT Validation Table
State: SC

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	21,258,464	N/A	22,483,118	N/A	22,843,337	N/A	5.76	1.60	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	3.68	N/A	3.68	N/A	3.47	N/A	-0.02	-5.49	Yes
Total FFS Claims Excluding Capitation Payments	N/A	20,476,675	N/A	21,656,486	N/A	22,049,556	N/A	5.76	1.82	Yes
	5-20	5.79	Yes	6.05	Yes	6.25	Yes	4.51	3.35	Yes
% Crossover	> 1%	0.00	No	0.00	No	0.11	No	.	.	N/A
% Adjusted Claims	N/A	.	N/A	.	N/A	0.00	N/A	.	.	N/A
% Standard Adjustments	N/A	.	N/A	.	N/A	\$81	N/A	.	.	N/A
Average Paid per HMO Cap Payment	N/A	2.62	N/A	2.70	N/A	2.54	N/A	3.05	-5.80	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	1.06	N/A	0.98	N/A	0.80	N/A	-7.63	-18.30	No
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.13	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$80	Yes	\$89	Yes	\$102	Yes	11.43	14.73	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$73	Yes	\$69	Yes	\$69	Yes	-5.25	0.19	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	\$2	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	19,292,008	N/A	20,347,039	N/A	20,671,688	N/A	5.47	1.60	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	1.49	N/A	1.57	N/A	1.76	N/A	5.31	12.00	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.46	N/A	10.87	N/A	16.96	N/A	14.83	56.08	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.19	N/A	1.23	N/A	1.21	N/A	3.69	-1.70	Yes
% Claims W/ Service Place 11- Office	50-90	28.43	No	29.31	No	29.70	No	3.09	1.34	Yes
% Claims W/ Service Place 12 - Home	>0-5	21.18	No	20.13	No	19.35	No	-4.94	-3.90	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.18	Yes	4.10	Yes	4.29	Yes	-1.89	4.54	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.02	Yes	0.03	Yes	0.02	Yes	3.81	-18.70	No
% Claims W/ Service Place 23 - ER	1-10	3.15	Yes	3.02	Yes	2.76	Yes	-4.15	-8.58	Yes
% Claims w/ Service Place 22 - OPD	>0-10	10.25	No	9.85	Yes	9.84	Yes	-3.94	-0.11	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	15.59	No	13.80	No	9.84	No	-11.50	-28.70	No
% Claims with TPL	>0 - 15	0.44	Yes	0.43	Yes	0.41	Yes	-2.53	-4.64	Yes
Aver. TPL Paid -claims with TPL	N/A	\$48	N/A	\$48	N/A	\$50	N/A	-0.38	2.74	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	18.58	Yes	19.21	Yes	19.19	Yes	3.39	-0.14	Yes
% claims MAX TOS 09: Dental	2-20	9.09	Yes	9.81	Yes	9.88	Yes	7.95	0.70	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.50	Yes	1.46	Yes	1.49	Yes	-2.90	1.96	Yes
% claims MAX TOS 11: OPD	3-25	3.74	Yes	3.57	Yes	3.48	Yes	-4.73	-2.31	Yes
% claims MAX TOS 12: Clinic	2-25	15.63	Yes	16.37	Yes	16.09	Yes	4.73	-1.74	Yes
% claims MAX TOS 13: HH	>0-25	0.73	Yes	0.60	Yes	0.26	Yes	-18.20	-55.80	No
% claims MAX TOS 16: Lab/Xray	4-20	15.63	Yes	14.45	Yes	15.03	Yes	-7.56	3.98	Yes
% claims MAX TOS 16: Drugs	<3	0.09	Yes	0.12	Yes	0.09	Yes	37.61	-24.10	No
% claims MAX TOS 19: Other Services	<25	0.50	Yes	1.24	Yes	0.51	Yes	148.70	-59.10	No
% claims MAX TOS 51: DME	>3	3.21	Yes	2.51	No	3.62	Yes	-21.60	43.77	No
% claims MAX TOS 26: Transportation	>1	1.98	Yes	2.29	Yes	2.61	Yes	15.31	13.94	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.03	N/A	0.03	N/A	-11.70	-3.71	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	58.02	-1.57	Yes
% claims MAX TOS 30: PCS	>0	16.79	Yes	15.92	Yes	15.04	Yes	-5.16	-5.52	Yes
% claims MAX TOS 31: TCM	>0	1.85	Yes	2.11	Yes	2.18	Yes	14.17	3.11	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.31	Yes	0.35	Yes	0.51	Yes	13.33	45.96	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.67	No	0.77	No	0.75	No	15.10	-2.62	Yes
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.02	Yes	0.02	Yes	-3.34	34.11	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.07	N/A	0.09	N/A	0.10	N/A	28.72	11.94	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.24	N/A	0.23	N/A	0.21	N/A	-7.39	-6.88	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	300.60	-10.80	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	0.32	N/A	0.34	N/A	0.02	N/A	9.33	-95.50	No
% claims MAX TOS 53: Psych. Services	>1	7.08	Yes	6.69	Yes	6.98	Yes	-5.57	4.35	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.92	Yes	1.80	Yes	1.91	Yes	-6.13	6.02	Yes
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	3,640.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$61	N/A	\$62	N/A	\$63	N/A	3.05	0.47	Yes
08: Physicians	\$20-90	\$60	Yes	\$63	Yes	\$64	Yes	5.36	1.26	Yes
09: Dental	\$10-60	\$44	Yes	\$45	Yes	\$45	Yes	0.83	0.54	Yes
10: Other Practioner	\$10-100	\$28	Yes	\$31	Yes	\$32	Yes	9.94	3.07	Yes
11: OPD	\$20-100	\$92	Yes	\$95	Yes	\$89	Yes	3.50	-6.39	Yes
12: Clinic	\$20-100	\$50	Yes	\$58	Yes	\$55	Yes	15.80	-5.29	Yes
13: HH	N/A	\$79	N/A	\$79	N/A	\$78	N/A	-0.24	-0.47	Yes
15: Lab/Xray	10-60	\$18	Yes	\$19	Yes	\$20	Yes	8.93	4.28	Yes
16: Drugs	10-60	\$227	No	\$336	No	\$534	No	48.02	58.97	No
19: Other Services	N/A	\$532	N/A	\$191	N/A	\$262	N/A	-64.00	36.91	No
51: DME	N/A	\$78	N/A	\$95	N/A	\$71	N/A	22.17	-24.90	No
26: Transportation	N/A	\$98	N/A	\$93	N/A	\$85	N/A	-4.46	-8.70	Yes
30: PCS	N/A	\$24	N/A	\$23	N/A	\$26	N/A	-3.01	9.83	Yes
31: Targeted Case Management	N/A	\$193	N/A	\$176	N/A	\$171	N/A	-9.03	-2.99	Yes
33: Rehabilitation	N/A	\$286	N/A	\$237	N/A	\$116	N/A	-17.10	-51.10	No
34: PT/OT/speech/hear	N/A	\$32	N/A	\$32	N/A	\$33	N/A	0.16	2.12	Yes
35: Hospice	N/A	\$1,130	N/A	\$1,261	N/A	\$1,143	N/A	11.60	-9.38	Yes
52: Residential Care	N/A	\$1,861	N/A	\$1,484	N/A	\$534	N/A	-20.20	-64.00	No
53: Pysch. Services	N/A	\$86	N/A	\$93	N/A	\$116	N/A	8.27	25.44	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$105	N/A	\$97	N/A	\$349	N/A	-7.29	260.50	No
% Family Planning (code 2)	N/A	6.41	N/A	6.48	N/A	6.31	N/A	1.15	-2.68	Yes
% RHC (code 3)	N/A	1.14	N/A	1.15	N/A	1.06	N/A	1.17	-8.15	Yes
% FQHC (code 4)	N/A	1.11	N/A	1.08	N/A	1.07	N/A	-3.26	-0.78	Yes
% IHS (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	90.81	-20.50	No
% Waiver (code 6,7)	N/A	18.88	N/A	18.22	N/A	17.39	N/A	-3.51	-4.55	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$142	N/A	\$143	N/A	\$149	N/A	0.65	4.71	Yes
RHC (code 3)	N/A	\$60	N/A	\$62	N/A	\$64	N/A	3.00	3.30	Yes
FQHC (code 4)	N/A	\$83	N/A	\$88	N/A	\$93	N/A	5.81	6.33	Yes
IHS (code 5)	N/A	\$192	N/A	\$197	N/A	\$199	N/A	2.50	1.26	Yes

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Waiver (code 6-7)	N/A	\$27	N/A	\$26	N/A	\$28	N/A	-2.25	7.08	Yes
% Claims with DX	> 60	80.15	Yes	78.71	Yes	78.68	Yes	-1.80	-0.04	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	25.98	N/A	26.00	N/A	27.19	N/A	0.06	4.57	Yes
% Claims with DX, where length=3	5-25	7.16	Yes	7.25	Yes	6.02	Yes	1.28	-16.90	No
% Claims with DX, where length=4	40-70	47.72	Yes	46.35	Yes	46.87	Yes	-2.87	1.11	Yes
% Claims with DX, where length=5	20-55	45.11	Yes	46.39	Yes	47.11	Yes	2.84	1.55	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	99.90	Yes	99.91	Yes	99.88	Yes	0.01	-0.03	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	36.33	N/A	37.55	N/A	44.98	N/A	3.35	19.79	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	25.46	N/A	41.32	N/A	46.13	N/A	62.25	11.64	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	38.21	N/A	21.14	N/A	8.89	N/A	-44.70	-57.90	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,184,667	N/A	1,309,447	N/A	1,377,868	N/A	10.53	5.23	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	1.88	N/A	1.50	N/A	1.97	N/A	-20.40	31.11	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.51	N/A	18.91	N/A	28.12	N/A	-3.09	48.76	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.86	N/A	0.67	N/A	0.69	N/A	-21.50	3.00	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	22.55	N/A	21.53	N/A	20.44	N/A	-4.52	-5.06	Yes
% claims MAX TOS 10: Other Practitioner	N/A	1.94	N/A	1.84	N/A	1.53	N/A	-4.83	-17.10	No
% claims MAX TOS 11: OPD	N/A	5.49	N/A	4.53	N/A	4.64	N/A	-17.60	2.42	Yes
% claims MAX TOS 12: Clinic	N/A	20.03	N/A	26.47	N/A	28.88	N/A	32.17	9.09	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No
% claims MAX TOS 15: Lab/Xray	N/A	12.25	N/A	11.03	N/A	9.76	N/A	-9.93	-11.50	Yes
% claims MAX TOS 19: Other Services	N/A	0.34	N/A	0.10	N/A	0.31	N/A	-69.90	205.00	No
% claims MAX TOS 51: DME	N/A	16.37	N/A	17.32	N/A	17.62	N/A	5.82	1.70	Yes
% claims MAX TOS 26: Transportation	N/A	6.24	N/A	4.92	N/A	4.69	N/A	-21.10	-4.73	Yes
% 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	0.01	N/A	0.16	N/A	0.75	N/A	1,300.00	361.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.05	N/A	0.11	N/A	0.33	N/A	145.00	187.80	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	49.84	-69.50	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	0.23	N/A	0.20	N/A	0.00	N/A	-13.10	-100.00	No
% claims MAX TOS 53: Psych. Services	N/A	14.04	N/A	11.27	N/A	10.53	N/A	-19.80	-6.53	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	\$48	N/A	\$44	N/A	\$44	N/A	-8.15	-1.11	Yes
% Claims with DX	N/A	99.47	N/A	99.59	N/A	99.77	N/A	0.12	0.18	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.25	Yes	99.58	Yes	100.00	Yes	0.34	0.42	Yes
% Claims with 1 DX that have 2 DX	N/A	45.94	N/A	50.61	N/A	53.11	N/A	10.16	4.94	Yes
% Claims with DX, where length=3	5-25	23.59	Yes	27.34	No	25.64	No	15.91	-6.22	Yes
% Claims with DX, where length=4	40-70	33.43	No	30.91	No	31.24	No	-7.54	1.06	Yes
% Claims with DX, where length=5	20-55	42.83	Yes	41.62	Yes	43.12	Yes	-2.82	3.60	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	96.01	N/A	95.80	N/A	100.00	N/A	-0.22	4.39	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	99.05	Yes	99.31	Yes	99.78	Yes	0.26	0.48	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	43.02	N/A	41.55	N/A	43.60	N/A	-3.41	4.94	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	42.26	N/A	47.80	N/A	56.10	N/A	13.09	17.38	No
% Other Codes Indicator /Claims with Service Codes	N/A	14.72	N/A	10.65	N/A	0.29	N/A	-27.60	-97.30	No

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