

2002-2004 MAX OT Validation Table
State: VA

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	14,815,825	N/A	15,936,875	N/A	16,454,940	N/A	7.57	3.25	Yes
	N/A	23.45	N/A	23.04	N/A	25.25	N/A	-1.73	9.59	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.05	N/A	0.08	N/A	10,237.00	63.75	No
% Supplemental Claims	N/A	25.10	N/A	24.94	N/A	26.37	N/A	-0.66	5.75	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	7,622,847	N/A	8,282,574	N/A	7,946,713	N/A	8.66	-4.06	Yes
Total FFS Claims Excluding Capitation Payments	5-20	20.10	No	30.22	No	15.21	Yes	50.36	-49.70	No
% Crossover	> 1%	0.67	No	2.68	Yes	1.16	Yes	302.20	-56.60	No
% Adjusted Claims	N/A	82.71	N/A	65.18	N/A	85.25	N/A	-21.20	30.79	No
% Standard Adjustments	N/A	\$483	N/A	\$209	N/A	\$493	N/A	-56.70	135.70	No
Average Paid per HMO Cap Payment	N/A	25.47	N/A	27.34	N/A	27.38	N/A	7.35	0.16	Yes
% 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	7.32	N/A	5.09	N/A	7.94	N/A	-30.50	56.06	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$220	Yes	\$217	Yes	\$241	Yes	-1.36	11.01	Yes
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	0.27	9.02	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	6,090,771	N/A	5,779,529	N/A	6,737,977	N/A	-5.11	16.58	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	11.88	N/A	11.04	N/A	12.35	N/A	-7.06	11.84	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.69	N/A	9.44	N/A	15.43	N/A	8.68	63.41	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	82.61	N/A	80.15	N/A	71.54	N/A	-2.97	-10.70	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.92	N/A	11.01	N/A	12.24	N/A	-7.63	11.10	Yes
% Claims W/ Service Place 11- Office	50-90	43.32	No	39.37	No	38.95	No	-9.12	-1.09	Yes
% Claims W/ Service Place 12 - Home	>0-5	11.15	No	11.03	No	14.26	No	-1.10	29.29	No
% Claims W/ Service Place 21 - Hospital	>0-5	9.09	No	8.82	No	9.41	No	-2.92	6.73	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.00	Yes	0.24	Yes	0.36	Yes	21,172.00	50.39	No
% Claims W/ Service Place 23 - ER	1-10	2.57	Yes	3.10	Yes	3.73	Yes	20.75	20.19	No
% Claims w/ Service Place 22 - OPD	>0-10	2.76	Yes	5.51	Yes	7.92	Yes	99.68	43.63	No
% Claims W/ Service Place 99 - Unknown/Other	<5	1.14	Yes	0.70	Yes	0.27	Yes	-38.40	-62.00	No
% Claims with TPL	>0 - 15	1.37	Yes	1.07	Yes	0.79	Yes	-21.90	-25.70	No
Aver. TPL Paid -claims with TPL	N/A	\$114	N/A	\$106	N/A	\$103	N/A	-6.95	-2.36	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	26.72	Yes	27.83	Yes	23.94	Yes	4.13	-14.00	Yes
% claims MAX TOS 09: Dental	2-20	5.20	Yes	5.12	Yes	4.58	Yes	-1.50	-10.60	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.71	Yes	0.84	Yes	0.64	Yes	17.58	-24.30	No
% claims MAX TOS 11: OPD	3-25	5.21	Yes	5.06	Yes	0.48	No	-2.76	-90.40	No
% claims MAX TOS 12: Clinic	2-25	4.74	Yes	4.42	Yes	7.04	Yes	-6.75	59.41	No
% claims MAX TOS 13: HH	>0-25	0.18	Yes	0.16	Yes	0.16	Yes	-12.50	5.48	Yes
% claims MAX TOS 15: Lab/Xray	4-20	28.44	No	27.69	No	31.92	No	-2.66	15.29	No
% claims MAX TOS 16: Drugs	<3	0.13	Yes	1.05	Yes	2.46	Yes	705.60	135.30	No
% claims MAX TOS 19: Other Services	<25	3.27	Yes	4.38	Yes	6.95	Yes	33.96	58.60	No
% claims MAX TOS 51: DME	>3	6.06	Yes	5.24	Yes	5.77	Yes	-13.50	10.15	Yes
% claims MAX TOS 26: Transportation	>1	0.18	No	0.19	No	0.23	No	8.75	16.14	No

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% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-61.20	-68.80	No
% claims MAX TOS 25: Abortions	N/A	0.03	N/A	0.01	N/A	0.00	N/A	-64.00	-98.50	No
% claims MAX TOS 30: PCS	>0	3.44	Yes	3.28	Yes	4.67	Yes	-4.68	42.29	No
% claims MAX TOS 31: TCM	>0	0.17	Yes	0.11	Yes	0.18	Yes	-35.00	58.90	No
% claims MAX TOS 33: Rehabilitation	>0	0.88	Yes	0.68	Yes	0.06	Yes	-22.20	-91.30	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.08	No	0.08	No	0.09	No	4.18	7.92	Yes
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.03	Yes	0.06	Yes	-8.66	115.50	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.04	N/A	0.04	N/A	0.02	N/A	-12.60	-36.70	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.36	N/A	0.40	N/A	0.34	N/A	9.30	-13.30	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.38	N/A	0.44	N/A	0.66	N/A	17.99	49.53	No
% 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	1.38	N/A	0.63	N/A	0.00	N/A	-54.30	-99.90	No
% claims MAX TOS 53: Psych. Services	>1	10.64	Yes	11.08	Yes	9.63	Yes	4.13	-13.10	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.73	Yes	1.24	Yes	0.11	Yes	-27.90	-91.10	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	\$136	N/A	\$132	N/A	\$142	N/A	-2.39	7.48	Yes
08: Physicians	\$20-90	\$60	Yes	\$60	Yes	\$68	Yes	0.38	13.53	Yes
09: Dental	\$10-60	\$40	Yes	\$40	Yes	\$42	Yes	0.26	2.93	Yes
10: Other Practioner	\$10-100	\$44	Yes	\$43	Yes	\$48	Yes	-1.42	11.54	Yes
11: OPD	\$20-100	\$249	No	\$257	No	\$990	No	3.28	285.30	No
12: Clinic	\$20-100	\$59	Yes	\$66	Yes	\$145	No	12.87	118.40	No
13: HF	N/A	\$399	N/A	\$353	N/A	\$324	N/A	-11.70	-8.06	Yes
15: Lab/Xray	10-60	\$16	Yes	\$16	Yes	\$45	Yes	0.68	179.70	No
16: Drugs	10-60	\$17	Yes	\$12	Yes	\$11	Yes	-28.30	-7.41	Yes
19: Other Services	N/A	\$272	N/A	\$446	N/A	\$736	N/A	63.82	64.95	No
51: DME	N/A	\$83	N/A	\$88	N/A	\$90	N/A	5.52	3.03	Yes
26: Transportation	N/A	\$137	N/A	\$141	N/A	\$150	N/A	3.27	6.01	Yes
30: PCS	N/A	\$441	N/A	\$400	N/A	\$342	N/A	-9.34	-14.60	Yes
31: Targeted Case Management	N/A	\$38	N/A	\$56	N/A	\$100	N/A	47.93	78.67	No
33: Rehabilitation	N/A	\$307	N/A	\$228	N/A	\$88	N/A	-25.60	-61.40	No
34: PT/OT/speech/hear	N/A	\$31	N/A	\$35	N/A	\$34	N/A	14.76	-4.32	Yes
35: Hospice	N/A	\$2,212	N/A	\$2,162	N/A	\$2,268	N/A	-2.27	4.91	Yes
52: Residential Care	N/A	\$1,954	N/A	\$2,910	N/A	\$1,598	N/A	48.97	-45.10	No
53: Pysch. Services	N/A	\$227	N/A	\$221	N/A	\$158	N/A	-2.84	-28.30	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$485	N/A	\$477	N/A	\$434	N/A	-1.79	-8.94	Yes
% Family Planning (code 2)	N/A	0.42	N/A	0.24	N/A	0.09	N/A	-44.10	-60.10	No
% RHC (code 3)	N/A	1.48	N/A	1.27	N/A	1.31	N/A	-14.60	3.73	Yes
% FQHC (code 4)	N/A	0.63	N/A	0.62	N/A	0.68	N/A	-2.36	9.99	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	4.29	N/A	10.98	N/A	19.90	N/A	156.20	81.14	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$76	N/A	\$82	N/A	\$112	N/A	7.79	36.87	No
RHC (code 3)	N/A	\$55	N/A	\$57	N/A	\$60	N/A	3.50	4.19	Yes
FQHC (code 4)	N/A	\$65	N/A	\$71	N/A	\$81	N/A	9.81	12.96	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6, 7)	N/A	\$447	N/A	\$364	N/A	\$345	N/A	-18.50	-5.13	Yes
% Claims with DX	> 60	78.34	Yes	85.38	Yes	93.07	Yes	8.99	9.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	97.63	Yes	99.32	Yes	-2.36	1.73	Yes
% Claims with 1 DX that have 2 DX	N/A	4.00	N/A	13.88	N/A	21.62	N/A	246.70	55.80	No
% Claims with DX, where length=3	5-25	18.35	Yes	12.93	Yes	9.80	Yes	-29.50	-24.20	No
% Claims with DX, where length=4	40-70	58.66	Yes	53.07	Yes	47.84	Yes	-9.54	-9.84	Yes
% Claims with DX, where length=5	20-55	22.93	Yes	33.88	Yes	42.08	Yes	47.71	24.23	No
% 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	96.37	No	97.10	No	99.76	Yes	0.76	2.73	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	65.08	N/A	63.69	N/A	64.34	N/A	-2.14	1.01	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	5.43	N/A	7.49	N/A	25.11	N/A	37.83	235.30	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	6.37	N/A	2.70	N/A	0.21	N/A	-57.50	-92.10	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	23.09	N/A	23.50	N/A	5.05	N/A	1.76	-78.50	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	1,532,076	N/A	2,503,045	N/A	1,208,736	N/A	63.38	-51.70	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	7.40	N/A	10.47	N/A	7.90	N/A	41.52	-24.60	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.06	N/A	10.74	N/A	.	N/A	-17.80	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	91.38	N/A	88.70	N/A	.	N/A	-2.93	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	6.27	N/A	10.42	N/A	7.90	N/A	66.08	-24.20	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	31.81	N/A	59.56	N/A	99.78	N/A	87.25	67.54	No
% claims MAX TOS 10: Other Practitioner	N/A	3.14	N/A	0.90	N/A	0.00	N/A	-71.40	-100.00	No
% claims MAX TOS 11: OPD	N/A	16.52	N/A	4.50	N/A	0.00	N/A	-72.80	-100.00	No
% claims MAX TOS 12: Clinic	N/A	8.56	N/A	2.93	N/A	0.00	N/A	-65.80	-100.00	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.05	N/A	0.00	N/A	1,161.00	-100.00	No
% claims MAX TOS 15: Lab/Xray	N/A	3.60	N/A	10.94	N/A	0.09	N/A	203.60	-99.20	No
% claims MAX TOS 19: Other Services	N/A	25.97	N/A	7.34	N/A	0.13	N/A	-71.80	-98.30	No
% claims MAX TOS 51: DME	N/A	0.04	N/A	2.48	N/A	0.00	N/A	6,793.00	-100.00	No
% claims MAX TOS 26: Transportation	N/A	8.48	N/A	1.82	N/A	0.00	N/A	-78.50	-100.00	No
% claims MAX TOS 30: PCS	N/A	0.01	N/A	2.66	N/A	0.00	N/A	32,001.00	-100.00	No
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.06	N/A	0.00	N/A	6,527.00	-100.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.49	N/A	0.20	N/A	0.00	N/A	-59.30	-100.00	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.01	N/A	0.01	N/A	0.00	N/A	85.85	-100.00	No
% claims MAX TOS 36: Hospice	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-1.39	-100.00	No
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.39	N/A	0.00	N/A	54,704.00	-100.00	No
% claims MAX TOS 53: Psych. Services	N/A	0.04	N/A	3.38	N/A	0.00	N/A	7,760.00	-100.00	No
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.84	N/A	0.00	N/A	55,672.00	-100.00	No
Average Amount Paid	N/A	\$46	N/A	\$79	N/A	\$23	N/A	71.27	-71.20	No
% Claims with DX	N/A	99.08	N/A	61.95	N/A	16.47	N/A	-37.50	-73.40	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.54	Yes	50.07	No	16.44	No	-49.20	-67.20	No
% Claims with 1 DX that have 2 DX	N/A	0.12	N/A	7.71	N/A	0.00	N/A	6,592.00	-100.00	No
% Claims with DX, where length=3	5-25	27.16	No	16.98	Yes	14.82	Yes	-37.50	-12.80	Yes
% Claims with DX, where length=4	40-70	48.08	Yes	46.26	Yes	41.93	Yes	-3.78	-9.36	Yes
% Claims with DX, where length=5	20-55	24.76	Yes	36.57	Yes	43.05	Yes	47.68	17.72	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	0.16	N/A	25.73	N/A	.	N/A	16,387.00	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.58	No	29.44	No	.	No	4,940.00	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	68.06	N/A	48.87	N/A	.	N/A	-28.20	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	7.87	N/A	11.56	N/A	.	N/A	46.91	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	19.57	N/A	36.36	N/A	.	N/A	85.74	.	N/A

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