

2002-2004 MAX OT Validation Table
State: WV

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	11,453,808	N/A	11,979,572	N/A	10,500,019	N/A	4.59	-12.40	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	14.06	N/A	14.10	N/A	8.46	N/A	0.29	-40.00	No
Total FFS Claims Excluding Capitation Payments	N/A	9,843,193	N/A	10,290,115	N/A	9,611,857	N/A	4.54	-6.59	Yes
	5-20	14.41	Yes	14.39	Yes	7.25	Yes	-0.16	-49.60	No
% Crossover	> 1%	1.24	Yes	1.29	Yes	5.19	Yes	3.69	302.50	No
% Adjusted Claims	N/A	73.06	N/A	70.68	N/A	37.69	N/A	-3.25	-46.70	No
% Standard Adjustments	N/A	\$195	N/A	\$191	N/A	\$145	N/A	-1.83	-24.10	No
Average Paid per HMO Cap Payment	N/A	5.02	N/A	4.88	N/A	4.44	N/A	-2.75	-9.08	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	9.05	N/A	9.22	N/A	4.02	N/A	1.98	-56.40	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$93	Yes	\$99	Yes	\$104	Yes	5.41	5.84	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	No	\$3	Yes	\$3	Yes	0.00	0.00	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	8,425,016	N/A	8,809,860	N/A	8,914,940	N/A	4.57	1.19	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	14.87	N/A	15.74	N/A	13.04	N/A	5.87	-17.20	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	28.85	N/A	27.56	N/A	10.01	N/A	-4.49	-63.70	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	20.62	N/A	21.27	N/A	7.59	N/A	3.15	-64.30	No
% Other Claims with Span Bills/All Other Claims	N/A	14.11	N/A	15.09	N/A	13.22	N/A	6.91	-12.40	Yes
% Claims W/ Service Place 11- Office	50-90	43.21	No	42.13	No	36.00	No	-2.52	-14.50	Yes
% Claims W/ Service Place 12 - Home	>0-5	10.61	No	11.08	No	12.47	No	4.50	12.49	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.88	Yes	4.84	Yes	5.04	No	-0.81	4.12	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.06	Yes	0.05	Yes	0.06	Yes	-11.40	18.46	No
% Claims W/ Service Place 23 - ER	1-10	3.90	Yes	4.01	Yes	6.16	Yes	2.78	53.74	No
% Claims w/ Service Place 22 - OPD	>0-10	23.88	No	24.19	No	20.44	No	1.27	-15.50	No
% Claims W/ Service Place 99 - Unknown/Other	<5	0.97	Yes	0.13	Yes	0.93	Yes	-86.90	629.60	No
% Claims with TPL	>0 - 15	0.21	Yes	0.18	Yes	0.05	Yes	-15.70	-71.70	No
Aver. TPL Paid -claims with TPL	N/A	\$36	N/A	\$45	N/A	\$29	N/A	25.67	-36.20	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.24	Yes	17.19	Yes	16.55	Yes	-0.29	-3.72	Yes
% claims MAX TOS 09: Dental	2-20	8.20	Yes	8.34	Yes	9.02	Yes	1.63	8.23	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.99	Yes	4.50	Yes	1.83	Yes	12.86	-59.30	No
% claims MAX TOS 11: OPD	3-25	5.04	Yes	5.14	Yes	5.01	Yes	2.00	-2.54	Yes
% claims MAX TOS 12: Clinic	2-25	7.40	Yes	7.31	Yes	4.81	Yes	-1.31	-34.10	No
% claims MAX TOS 13: HH	>0-25	0.25	Yes	0.25	Yes	0.32	Yes	0.17	30.42	No
% claims MAX TOS 16: Lab/Xray	4-20	26.95	No	27.19	No	26.03	No	0.89	-4.27	Yes
% claims MAX TOS 16: Drugs	<3	1.57	Yes	1.56	Yes	0.59	Yes	-0.39	-62.40	No
% claims MAX TOS 19: Other Services	<25	3.67	Yes	4.00	Yes	6.32	Yes	9.04	57.79	No
% claims MAX TOS 51: DME	>3	2.90	No	2.10	No	2.81	No	-27.40	33.79	No
% claims MAX TOS 26: Transportation	>1	3.99	Yes	4.34	Yes	4.37	Yes	8.72	0.91	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.07	N/A	0.07	N/A	0.02	N/A	-2.17	-67.50	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	0.39	Yes	0.57	Yes	1.40	Yes	46.99	145.70	No
% claims MAX TOS 31: TCM	>0	0.76	Yes	0.69	Yes	0.91	Yes	-10.40	32.89	No
% claims MAX TOS 33: Rehabilitation	>0	2.34	Yes	1.79	Yes	5.42	Yes	-23.40	202.20	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.72	Yes	1.76	Yes	1.91	Yes	2.30	8.55	Yes
% claims MAX TOS 35: Hospice	>0	0.13	Yes	0.15	Yes	0.09	Yes	12.96	-37.40	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.10	N/A	0.13	N/A	0.11	N/A	28.05	-19.70	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.27	N/A	0.30	N/A	0.39	N/A	8.64	30.20	No
% claims MAX TOS 38: Private Nursing	N/A	0.03	N/A	0.06	N/A	0.08	N/A	88.10	28.83	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	1.00	N/A	1.07	N/A	1.67	N/A	6.29	56.61	No
% claims MAX TOS 53: Psych. Services	>1	10.04	Yes	10.01	Yes	9.18	Yes	-0.31	-8.25	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.38	Yes	1.50	Yes	0.95	Yes	8.74	-36.30	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	749.90	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
	N/A	\$74	N/A	\$76	N/A	\$82	N/A	3.13	7.04	Yes
Total	\$20-90	\$64	Yes	\$65	Yes	\$67	Yes	1.82	2.81	Yes
08: Physicians	\$10-60	\$45	Yes	\$47	Yes	\$47	Yes	3.26	0.20	Yes
09: Dental	\$10-100	\$69	Yes	\$71	Yes	\$87	Yes	4.26	21.85	No
10: Other Practioner	\$20-100	\$116	No	\$121	No	\$128	No	4.05	5.86	Yes
11: OPD	\$20-100	\$60	Yes	\$66	Yes	\$83	Yes	8.58	26.64	No
12: Clinic	N/A	\$156	N/A	\$140	N/A	\$112	N/A	-10.00	-19.70	No
13: HH	10-60	\$21	Yes	\$22	Yes	\$24	Yes	4.30	8.76	Yes
15: Lab/Xray	10-60	\$13	Yes	\$13	Yes	\$14	Yes	-2.26	8.15	Yes
16: Drugs	N/A	\$247	N/A	\$244	N/A	\$181	N/A	-1.28	-25.60	No
19: Other Services	N/A	\$81	N/A	\$87	N/A	\$85	N/A	7.58	-3.36	Yes
51: DME	N/A	\$69	N/A	\$63	N/A	\$58	N/A	-9.57	-7.12	Yes
26: Transportation	N/A	\$32	N/A	\$157	N/A	\$187	N/A	398.40	19.03	No
30: PCS	N/A	\$33	N/A	\$32	N/A	\$40	N/A	-4.52	25.18	No
31: Targeted Case Management	N/A	\$35	N/A	\$31	N/A	\$123	N/A	-9.86	290.40	No
33: Rehabilitation	N/A	\$23	N/A	\$23	N/A	\$25	N/A	0.33	11.22	Yes
34: PT/OT/speech/hear	N/A	\$216	N/A	\$233	N/A	\$514	N/A	7.53	120.80	No
35: Hospice	N/A	\$956	N/A	\$957	N/A	\$594	N/A	0.02	-37.90	No
52: Residential Care	N/A	\$98	N/A	\$87	N/A	\$80	N/A	-11.30	-8.52	Yes
53: Pysch. Services	N/A	\$256	N/A	\$276	N/A	\$276	N/A	7.44	0.32	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.30	N/A	0.29	N/A	0.19	N/A	-1.38	-33.50	No
% RHC (code 3)	N/A	1.60	N/A	1.60	N/A	1.30	N/A	0.18	-18.80	No
% FQHC (code 4)	N/A	2.04	N/A	2.08	N/A	1.86	N/A	2.05	-10.20	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS Waiver (code 6,7)	N/A	5.90	N/A	6.12	N/A	9.09	N/A	3.62	48.66	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$37	N/A	\$39	N/A	\$37	N/A	3.94	-2.94	Yes
RHC (code 3)	N/A	\$71	N/A	\$74	N/A	\$80	N/A	4.30	6.86	Yes
FQHC (code 4)	N/A	\$82	N/A	\$85	N/A	\$88	N/A	3.64	3.86	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$349	N/A	\$362	N/A	\$281	N/A	3.84	-22.40	No
% Claims with DX	> 60	87.03	Yes	87.33	Yes	89.00	Yes	0.35	1.91	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.98	Yes	0.00	-0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	13.85	N/A	14.99	N/A	30.02	N/A	8.22	100.20	No
% Claims with DX, where length=3	5-25	7.47	Yes	7.77	Yes	7.97	Yes	4.14	2.46	Yes
% Claims with DX, where length=4	40-70	51.42	Yes	50.75	Yes	48.57	Yes	-1.30	-4.30	Yes
% Claims with DX, where length=5	20-55	41.11	Yes	41.47	Yes	43.46	Yes	0.87	4.79	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	100.00	Yes	100.00	Yes	99.97	Yes	0.00	-0.03	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	50.21	N/A	51.33	N/A	51.28	N/A	2.23	-0.09	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	49.01	N/A	48.67	N/A	48.40	N/A	-0.71	-0.54	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.01	N/A	0.11	N/A	6,265.00	1,566.00	No
% 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
% 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	99.98	N/A	0.00	-0.02	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,418,177	N/A	1,480,255	N/A	696,917	N/A	4.38	-52.90	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	7.28	N/A	7.53	N/A	5.05	N/A	3.38	-32.90	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	24.47	N/A	27.72	N/A	11.73	N/A	13.28	-57.70	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.77	N/A	0.64	N/A	0.70	N/A	-16.90	9.28	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.65	N/A	3.85	N/A	3.33	N/A	5.45	-13.60	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	38.37	N/A	40.82	N/A	17.42	N/A	6.40	-57.30	No
% claims MAX TOS 10: Other Practioner	N/A	3.11	N/A	3.14	N/A	2.08	N/A	1.01	-33.80	No
% claims MAX TOS 11: OPD	N/A	17.64	N/A	15.57	N/A	20.87	N/A	-11.70	34.07	No
% claims MAX TOS 12: Clinic	N/A	4.63	N/A	5.24	N/A	11.86	N/A	13.19	126.40	No
% claims MAX TOS 13: HH	N/A	1.50	N/A	1.25	N/A	1.16	N/A	-16.80	-6.90	Yes
% claims MAX TOS 15: Lab/Xray	N/A	12.78	N/A	11.94	N/A	16.50	N/A	-6.59	38.20	No
% claims MAX TOS 19: Other Services	N/A	0.01	N/A	0.04	N/A	1.82	N/A	189.30	4,327.00	No
% claims MAX TOS 51: DME	N/A	9.46	N/A	9.77	N/A	15.38	N/A	3.24	57.45	No
% claims MAX TOS 26: Transportation	N/A	8.47	N/A	7.79	N/A	6.21	N/A	-8.05	-20.20	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	.	-100.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.06	N/A	0.05	N/A	0.10	N/A	-11.20	90.46	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.10	N/A	1.02	N/A	0.58	N/A	-7.64	-43.00	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	-100.00	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	2.29	N/A	2.85	N/A	4.36	N/A	24.42	52.85	No
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
Average Amount Paid	N/A	\$26	N/A	\$28	N/A	\$31	N/A	9.05	10.87	Yes
% Claims with DX	N/A	91.20	N/A	92.17	N/A	96.98	N/A	1.06	5.22	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	100.00	Yes	99.91	Yes	0.00	-0.09	Yes
% Claims with 1 DX that have 2 DX	N/A	19.47	N/A	18.13	N/A	50.13	N/A	-6.86	176.50	No
% Claims with DX, where length=3	5-25	12.43	Yes	13.51	Yes	17.34	Yes	8.72	28.32	No
% Claims with DX, where length=4	40-70	44.60	Yes	42.88	Yes	38.61	No	-3.85	-9.96	Yes
% Claims with DX, where length=5	20-55	42.97	Yes	43.61	Yes	44.05	Yes	1.47	1.02	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	9.13	N/A	10.41	N/A	53.58	N/A	13.94	414.80	No
% 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	94.43	No	93.92	No	95.32	No	-0.54	1.50	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	69.63	N/A	71.28	N/A	55.11	N/A	2.38	-22.70	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	30.34	N/A	28.66	N/A	44.14	N/A	-5.55	54.04	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.03	N/A	0.05	N/A	0.75	N/A	50.35	1,334.00	No

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