

1999-2001 MAX OT Validation Table
State: WV

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	8,511,150	N/A	9,539,651	N/A	10,238,462	N/A	12.08	7.33	Yes
*	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
% Supplemental Claims	N/A									
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	4.17	N/A	8.90	N/A	12.91	N/A	113.41	45.10	No
Total FFS Claims Excluding Capitation Payments	N/A	8,156,277	N/A	8,690,807	N/A	8,916,570	N/A	6.55	2.60	Yes
	5-20	11.33	Yes	10.69	Yes	10.89	Yes	-5.65	1.86	Yes
% Crossover	> 1%	6.14	Yes	2.48	Yes	5.34	Yes	-59.63	115.41	No
% Adjusted Claims	N/A	.	N/A	82.23	N/A	71.35	N/A	N/A	-13.22	Yes
% Standard Adjustments	N/A	\$80	N/A	\$123	N/A	\$72	N/A	53.56	-41.61	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	0.00	N/A	0.84	N/A	5.07	N/A	N/A	503.31	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	4.17	N/A	8.06	N/A	7.84	N/A	93.24	-2.72	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	.	No	\$94	Yes	\$93	Yes	N/A	-1.32	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.69	-0.54	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1999										
Total Number of Claims	N/A	7,232,072	N/A	7,761,627	N/A	7,945,481	N/A	7.32	2.37	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	N/A	N/A
% Claims with Span Bill	N/A	12.02	N/A	12.65	N/A	13.91	N/A	5.24	9.96	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.57	N/A	26.00	N/A	28.74	N/A	106.89	10.52	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	16.17	N/A	22.28	N/A	20.49	N/A	37.74	-8.04	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.86	N/A	11.95	N/A	13.11	N/A	0.72	9.72	Yes
% Claims W/ Service Place 11- Office	50-90	52.31	Yes	43.35	No	43.67	No	-17.13	0.74	Yes
% Claims W/ Service Place 12 - Home	>0-5	7.11	No	9.53	No	9.53	No	34.00	0.00	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.70	Yes	5.00	Yes	4.92	Yes	6.32	-1.59	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.10	Yes	0.10	Yes	0.08	Yes	0.83	-19.05	No
% Claims W/ Service Place 23 - ER	1-10	2.30	Yes	3.52	Yes	3.78	Yes	52.80	7.34	Yes
% Claims w/ Service Place 22 - OPD	>0-10	19.86	No	23.72	No	23.53	No	19.43	-0.77	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	1.68	Yes	0.64	Yes	1.03	Yes	-61.75	60.24	N/A
% Claims with TPL	>0 - 15	0.18	Yes	0.18	Yes	0.19	Yes	-4.42	7.27	Yes
Aver. TPL Paid -claims with TPL	N/A	\$55	N/A	\$42	N/A	\$36	N/A	-22.33	-15.25	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	21.13	Yes	18.45	Yes	17.83	Yes	-12.68	-3.36	Yes
% claims MAX TOS 09: Dental	2-20	8.07	Yes	7.48	Yes	7.91	Yes	-7.31	5.85	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.17	Yes	1.66	Yes	3.31	Yes	41.59	99.23	No
% claims MAX TOS 11: OPD	3-25	18.97	Yes	4.83	Yes	4.98	Yes	-74.52	2.96	Yes
% claims MAX TOS 12: Clinic	2-25	8.51	Yes	9.08	Yes	7.45	Yes	6.75	-17.97	No
% claims MAX TOS 13: HH	>0-25	0.45	Yes	0.18	Yes	0.25	Yes	-60.42	38.16	No
% claims MAX TOS 15: Lab/Xray	4-20	11.83	Yes	26.76	No	26.54	No	126.14	-0.81	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.71	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	2.01	Yes	2.02	Yes	2.58	Yes	0.28	28.06	No
% claims MAX TOS 51: DME	>3	2.37	No	2.53	No	2.82	No	6.63	11.50	Yes
% claims MAX TOS 26: Transportation	>1	2.70	Yes	3.66	Yes	4.07	Yes	35.83	11.13	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.13	N/A	0.09	N/A	0.08	N/A	-32.20	-13.41	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	1.32	Yes	0.33	Yes	0.39	Yes	-75.23	19.54	No
% claims MAX TOS 31: TCM	>0	0.72	Yes	0.81	Yes	0.84	Yes	13.36	3.04	Yes
% claims MAX TOS 33: Rehabilitation	>0	8.26	Yes	5.31	Yes	3.86	Yes	-35.71	-27.34	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.42	Yes	1.69	Yes	1.62	Yes	18.79	-3.93	N/A
% claims MAX TOS 35: Hospice	>0	0.11	Yes	0.13	Yes	0.15	Yes	19.96	14.87	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.06	N/A	0.09	N/A	0.10	N/A	48.17	8.78	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.09	N/A	0.17	N/A	0.20	N/A	93.63	21.80	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	1.65	-42.00	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	0.51	N/A	0.67	N/A	0.80	N/A	32.05	18.72	No
% claims MAX TOS 53: Psych. Services	>1	9.31	Yes	12.83	Yes	10.92	Yes	37.75	-14.86	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.78	Yes	0.87	Yes	1.03	Yes	11.50	17.24	No
% claims MAX TOS 99: Unknown	<1	0.02	Yes	0.00	Yes	0.00	Yes	-98.61	-77.02	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$70	N/A	\$70	N/A	\$74	N/A	0.07	5.90	Yes
08: Physicians	\$20-90	\$55	Yes	\$60	Yes	\$63	Yes	10.55	4.13	Yes
09: Dental	\$10-60	\$32	Yes	\$33	Yes	\$44	Yes	1.90	33.13	No
10: Other Practitioner	\$10-100	\$57	Yes	\$63	Yes	\$66	Yes	9.99	5.27	Yes
11: OPD	\$20-100	\$40	Yes	\$98	Yes	\$113	No	144.12	15.53	No
12: Clinic	\$20-100	\$53	Yes	\$52	Yes	\$59	Yes	-2.30	14.71	Yes
13: HH	N/A	\$173	N/A	\$172	N/A	\$154	N/A	-0.53	-10.90	Yes
15: Lab/Xray	10-60	\$19	Yes	\$20	Yes	\$20	Yes	4.72	4.27	Yes
16: Drugs	10-60	.	No	.	No	\$13	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$392	N/A	\$352	N/A	\$321	N/A	-10.19	-8.76	Yes
51: DME	N/A	\$68	N/A	\$83	N/A	\$82	N/A	20.95	-0.33	Yes
26: Transportation	N/A	\$86	N/A	\$70	N/A	\$71	N/A	-18.34	0.57	Yes
30: PCS	N/A	\$308	N/A	\$78	N/A	\$60	N/A	-74.55	-24.01	No
31: Targeted Case Management	N/A	\$37	N/A	\$34	N/A	\$30	N/A	-8.08	-10.81	Yes
33: Rehabilitation	N/A	\$57	N/A	\$56	N/A	\$50	N/A	-2.03	-10.96	Yes
34: PT/OT/speech/hear	N/A	\$21	N/A	\$22	N/A	\$23	N/A	3.89	3.16	N/A
35: Hospice	N/A	\$121	N/A	\$142	N/A	\$177	N/A	17.87	24.57	No
52: Residential Care	N/A	\$1,471	N/A	\$1,269	N/A	\$1,256	N/A	-13.74	-1.07	Yes
53: Psych. Services	N/A	\$90	N/A	\$99	N/A	\$99	N/A	10.93	-0.63	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$275	N/A	\$266	N/A	\$272	N/A	-2.99	1.99	Yes
% Family Planning (code 2)										
% RHC (code 3)	N/A	0.31	N/A	0.30	N/A	0.29	N/A	-3.92	-2.88	Yes
	N/A	1.70	N/A	1.60	N/A	1.62	N/A	-5.70	0.98	Yes

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(code 4)	N/A	2.09	N/A	2.01	N/A	1.99	N/A	-3.94	-0.85	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	3.44	N/A	3.40	N/A	4.24	N/A	-1.27	24.62	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$35	N/A	\$36	N/A	\$36	N/A	3.18	0.70	Yes
RHC (code 3)	N/A	\$63	N/A	\$66	N/A	\$69	N/A	4.74	4.06	Yes
FQHC (code 4)	N/A	\$73	N/A	\$76	N/A	\$79	N/A	5.00	3.92	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$497	N/A	\$482	N/A	\$459	N/A	-3.06	-4.67	Yes
% Claims with DX	> 60	87.33	Yes	88.36	Yes	87.19	Yes	1.18	-1.33	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	97.85	Yes	100.00	Yes	100.00	Yes	2.20	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	8.28	N/A	12.47	N/A	13.10	N/A	50.62	5.10	Yes
% Claims with DX, where length=3	5-25	6.54	Yes	7.04	Yes	7.27	Yes	7.67	3.18	Yes
% Claims with DX, where length=4	40-70	48.97	Yes	50.95	Yes	51.37	Yes	4.06	0.81	Yes
% Claims with DX, where length=5	20-55	44.49	Yes	42.00	Yes	41.36	Yes	-5.58	-1.52	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	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	49.89	N/A	50.37	N/A	50.07	N/A	0.98	-0.60	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	49.78	N/A	49.13	N/A	49.10	N/A	-1.31	-0.05	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnn or Cnnnn /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	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	924,205	N/A	929,180	N/A	971,089	N/A	0.54	4.51	Yes
% Claims with> \$0 Paid	>95%	99.97	Yes	100.00	Yes	100.00	Yes	0.03	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	6.45	N/A	6.96	N/A	7.86	N/A	7.83	12.91	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	22.14	N/A	21.13	N/A	22.83	N/A	-4.58	8.08	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	4.84	N/A	2.02	N/A	1.79	N/A	-58.19	-11.69	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.96	N/A	3.37	N/A	3.39	N/A	13.80	0.61	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	45.30	N/A	35.45	N/A	30.05	N/A	-21.75	-15.22	No
% claims MAX TOS 10: Other Practitioners ^r	N/A	3.04	N/A	3.07	N/A	3.05	N/A	0.87	-0.63	Yes
% claims MAX TOS 11: OPD	N/A	17.80	N/A	20.27	N/A	23.07	N/A	13.87	13.79	Yes
% claims MAX TOS 12: Clinic	N/A	5.36	N/A	6.16	N/A	6.28	N/A	14.88	1.98	Yes
% claims MAX TOS 13: HH	N/A	4.15	N/A	0.77	N/A	1.16	N/A	-81.44	50.94	N/A
% claims MAX TOS 15: Lab/Xray	N/A	9.57	N/A	8.53	N/A	8.92	N/A	-10.90	4.62	Yes
% claims MAX TOS 19: Other Services	N/A	0.00	N/A	0.00	N/A	0.01	N/A	-100.00	N/A	N/A
% claims MAX TOS 51: DME	N/A	5.44	N/A	11.41	N/A	12.41	N/A	109.85	8.82	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	8.21	N/A	9.89	N/A	10.88	N/A	20.44	9.99	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-4.32	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.31	N/A	0.07	N/A	0.08	N/A	-78.16	15.40	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.51	N/A	0.83	N/A	0.51	N/A	63.60	-38.32	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 52: Residential Care ^e	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-68.11	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.21	N/A	3.32	N/A	2.87	N/A	1502.91	-13.77	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-0.54	-68.11	N/A
Average Amount Paid	N/A	\$25	N/A	\$31	N/A	\$33	N/A	25.55	7.29	Yes
% Claims with DX	N/A	82.66	N/A	89.70	N/A	88.84	N/A	8.52	-0.95	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	89.73	Yes	100.00	Yes	99.98	Yes	11.45	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	17.73	N/A	21.75	N/A	25.09	N/A	22.67	15.36	No
% Claims with DX, where length=3	5-25	12.15	Yes	13.08	Yes	13.36	Yes	7.67	2.09	Yes
% Claims with DX, where length=4	40-70	48.90	Yes	46.12	Yes	45.03	Yes	-5.68	-2.35	Yes
% Claims with DX, where length=5	20-55	38.95	Yes	40.80	Yes	41.61	Yes	4.74	1.99	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	13.93	N/A	7.20	N/A	7.40	N/A	-48.34	2.75	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	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	93.97	No	92.36	No	91.91	No	-1.71	-0.49	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	65.07	N/A	64.78	N/A	58.15	N/A	-0.44	-10.23	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	34.92	N/A	35.18	N/A	41.83	N/A	0.75	18.91	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.01	N/A	0.04	N/A	0.01	N/A	185.97	-65.06	N/A

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