

2002-2004 MAX OT Validation Table
State: DE

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	4,598,192	N/A	5,282,839	N/A	5,958,948	N/A	14.89	12.80	Yes
	N/A	34.23	N/A	25.59	N/A	28.09	N/A	-25.20	9.75	Yes
% 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	28.00	N/A	44.34	N/A	40.96	N/A	58.34	-7.62	Yes
Total FFS Claims Excluding Capitation Payments	N/A	1,736,743	N/A	1,588,386	N/A	1,844,433	N/A	-8.54	16.12	No
	5-20	14.32	Yes	15.85	Yes	14.66	Yes	10.71	-7.52	Yes
% Crossover	> 1%	0.95	No	0.94	No	0.59	No	-1.96	-37.40	No
% Adjusted Claims	N/A	80.06	N/A	94.97	N/A	88.49	N/A	18.63	-6.83	Yes
% Standard Adjustments	N/A	\$402	N/A	\$569	N/A	\$307	N/A	41.69	-46.10	No
Average Paid per HMO Cap Payment	N/A	32.41	N/A	26.78	N/A	25.11	N/A	-17.40	-6.23	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	10.17	N/A	32.81	N/A	31.84	N/A	222.70	-2.94	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$201	Yes	\$197	Yes	\$221	Yes	-1.97	12.24	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$6	No	\$6	No	\$6	No	0.00	0.00	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	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	1,488,107	N/A	1,336,632	N/A	1,574,076	N/A	-10.20	17.76	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	7.97	N/A	7.63	N/A	6.89	N/A	-4.26	-9.77	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.85	N/A	0.56	N/A	0.17	N/A	-69.90	-68.50	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	6.71	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	8.05	N/A	8.16	N/A	7.35	N/A	1.36	-9.92	Yes
% Claims W/ Service Place 11- Office	50-90	10.59	No	21.95	No	23.64	No	107.30	7.72	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.13	No	13.16	No	13.85	No	61.91	5.26	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	1.36	Yes	2.69	Yes	2.78	Yes	97.42	3.52	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.20	Yes	0.23	Yes	0.71	Yes	15.14	210.90	No
% Claims W/ Service Place 23 - ER	1-10	0.33	No	0.95	No	1.16	Yes	186.40	22.50	No
% Claims w/ Service Place 22 - OPD	>0-10	3.12	Yes	7.19	Yes	8.98	Yes	130.20	24.80	No
% Claims W/ Service Place 99 - Unknown/Other	<5	72.86	No	47.96	No	42.60	No	-34.20	-11.20	Yes
% Claims with TPL	>0 - 15	0.09	Yes	0.17	Yes	0.18	Yes	88.73	6.07	Yes
Aver. TPL Paid -claims with TPL	N/A	\$75	N/A	\$60	N/A	\$62	N/A	-19.70	2.82	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	3.55	No	7.72	No	9.21	No	117.60	19.40	No
% claims MAX TOS 09: Dental	2-20	6.12	Yes	11.17	Yes	10.82	Yes	82.50	-3.11	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	21.64	No	13.03	No	3.04	Yes	-39.80	-76.70	No
% claims MAX TOS 11: OPD	3-25	0.56	No	1.63	No	2.18	No	192.50	33.76	No
% claims MAX TOS 12: Clinic	2-25	0.45	No	0.76	No	0.91	No	68.15	20.24	No
% claims MAX TOS 13: HH	>0-25	3.31	Yes	4.94	Yes	4.18	Yes	49.29	-15.50	No
% claims MAX TOS 16: Lab/Xray	4-20	3.19	No	7.42	Yes	9.84	Yes	132.80	32.67	No
% claims MAX TOS 16: Drugs	<3	0.13	Yes	0.68	Yes	0.79	Yes	440.30	16.33	No
% claims MAX TOS 19: Other Services	<25	11.82	Yes	33.93	No	45.84	No	187.00	35.11	No
% claims MAX TOS 51: DME	>3	0.83	No	1.79	No	2.00	No	114.30	11.94	Yes
% claims MAX TOS 26: Transportation	>1	36.56	Yes	4.84	Yes	1.26	Yes	-86.80	-74.00	No

*Cross-year change for encounter claims is expected to be +15%, no negative.

2002-2004 MAX OT Validation Table
State: DE

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			
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.03	N/A	0.02	N/A	274.40	-14.40	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	1.53	Yes	3.54	Yes	3.09	Yes	131.90	-12.60	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	6.05	Yes	3.85	Yes	1.61	Yes	-36.30	-58.20	No
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.19	Yes	0.15	Yes	483.10	-17.10	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-43.20	2.76	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	1.01	N/A	1.02	N/A	0.98	N/A	1.58	-4.33	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	0.38	N/A	0.00	N/A	0.16	N/A	-100.00	.	N/A
% claims MAX TOS 53: Psych. Services	>1	1.66	Yes	2.62	Yes	3.13	Yes	57.42	19.62	No
% claims MAX TOS 54: Adult Day Care	>0	1.14	Yes	0.82	Yes	0.75	Yes	-27.50	-9.46	Yes
% claims MAX TOS 99: Unknown	<1	0.01	Yes	0.01	Yes	0.01	Yes	-13.20	-6.18	Yes
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$112	N/A	\$134	N/A	\$132	N/A	19.89	-2.00	Yes
08: Physicians	\$20-90	\$92	No	\$93	No	\$95	No	0.77	1.85	Yes
09: Dental	\$10-60	\$75	No	\$59	Yes	\$63	No	-21.20	6.62	Yes
10: Other Practioner	\$10-100	\$24	Yes	\$25	Yes	\$32	Yes	5.71	26.08	No
11: OPD	\$20-100	\$174	No	\$169	No	\$176	No	-3.02	4.10	Yes
12: Clinic	\$20-100	\$324	No	\$232	No	\$192	No	-28.30	-17.30	No
13: HH	N/A	\$106	N/A	\$78	N/A	\$90	N/A	-26.80	15.05	No
15: Lab/Xray	10-60	\$30	Yes	\$31	Yes	\$37	Yes	2.78	19.37	No
16: Drugs	10-60	\$9	No	\$8	No	\$9	No	-4.41	7.51	Yes
19: Other Services	N/A	\$358	N/A	\$173	N/A	\$114	N/A	-51.80	-34.30	No
51: DME	N/A	\$88	N/A	\$84	N/A	\$88	N/A	-4.40	4.49	Yes
26: Transportation	N/A	\$18	N/A	\$37	N/A	\$57	N/A	107.60	52.50	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabilitation	N/A	\$122	N/A	\$126	N/A	\$137	N/A	3.38	8.31	Yes
34: PT/OT/speech/hear	N/A	\$32	N/A	\$32	N/A	\$46	N/A	-0.05	42.66	No
35: Hospice	N/A	\$3,585	N/A	\$1,388	N/A	\$1,879	N/A	-61.30	35.35	No
52: Residential Care	N/A	\$2,691	N/A	.	N/A	\$1,972	N/A	.	.	N/A
53: Pysch. Services	N/A	\$1,033	N/A	\$1,115	N/A	\$949	N/A	7.88	-14.90	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$300	N/A	\$118	N/A	\$131	N/A	-60.70	10.49	Yes
% Family Planning (code 2)	N/A	0.04	N/A	0.10	N/A	0.13	N/A	139.70	28.21	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.03	N/A	0.15	N/A	0.21	N/A	375.10	38.30	No
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Waiver (code 6,7)	N/A	10.98	N/A	16.87	N/A	17.25	N/A	53.71	2.27	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$55	N/A	\$44	N/A	\$50	N/A	-19.70	11.53	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$114	N/A	\$117	N/A	\$118	N/A	2.71	0.23	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

*Cross-year change for encounter claims is expected to be +15%, no negative.

2002-2004 MAX OT Validation Table
State: DE

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			
Waiver (code 6-7)	N/A	\$344	N/A	\$273	N/A	\$250	N/A	-20.60	-8.36	Yes
% Claims with DX	> 60	61.62	Yes	87.44	Yes	89.30	Yes	41.89	2.13	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.13	Yes	99.13	Yes	99.99	Yes	1.03	0.86	Yes
% Claims with 1 DX that have 2 DX	N/A	7.47	N/A	5.87	N/A	7.53	N/A	-21.50	28.37	No
% Claims with DX, where length=3	5-25	37.50	No	37.96	No	34.14	No	1.21	-10.10	Yes
% Claims with DX, where length=4	40-70	52.16	Yes	47.69	Yes	48.15	Yes	-8.58	0.96	Yes
% Claims with DX, where length=5	20-55	10.32	No	14.34	No	17.71	No	39.01	23.48	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	99.29	Yes	98.46	Yes	98.02	Yes	-0.83	-0.44	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	9.63	N/A	22.61	N/A	30.69	N/A	134.80	35.75	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	60.60	N/A	55.51	N/A	69.31	N/A	-8.41	24.85	No
% 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	29.77	N/A	21.88	N/A	0.00	N/A	-26.50	-100.00	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	248,636	N/A	251,754	N/A	270,357	N/A	1.25	7.39	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	4.63	N/A	4.17	N/A	2.67	N/A	-9.83	-36.10	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.48	N/A	3.09	N/A	2.42	N/A	-43.50	-21.60	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.56	N/A	4.28	N/A	2.70	N/A	-6.09	-37.00	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	59.94	N/A	62.45	N/A	61.63	N/A	4.19	-1.31	Yes
% claims MAX TOS 10: Other Practitioner	N/A	4.76	N/A	4.74	N/A	4.58	N/A	-0.43	-3.48	Yes
% claims MAX TOS 11: OPD	N/A	8.01	N/A	8.77	N/A	10.01	N/A	9.55	14.11	Yes
% claims MAX TOS 12: Clinic	N/A	1.94	N/A	2.08	N/A	2.19	N/A	7.25	5.21	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	13.24	N/A	12.32	N/A	11.34	N/A	-6.90	-7.99	Yes
% claims MAX TOS 19: Other Services	N/A	7.32	N/A	7.65	N/A	8.33	N/A	4.52	8.97	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	4.10	N/A	1.03	N/A	1.02	N/A	-75.00	-0.25	Yes
% 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	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

*Cross-year change for encounter claims is expected to be +15%, no negative.

2002-2004 MAX OT Validation Table
State: DE

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			
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.22	N/A	0.40	N/A	0.65	N/A	78.24	63.94	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	.	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	\$46	N/A	\$36	N/A	\$39	N/A	-22.50	8.27	Yes
% Claims with DX	N/A	99.49	N/A	99.83	N/A	99.87	N/A	0.34	0.04	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.46	Yes	99.92	Yes	99.94	Yes	0.46	0.03	Yes
% Claims with 1 DX that have 2 DX	N/A	26.15	N/A	5.95	N/A	6.33	N/A	-77.30	6.38	Yes
% Claims with DX, where length=3	5-25	11.58	Yes	10.76	Yes	10.91	Yes	-7.02	1.38	Yes
% Claims with DX, where length=4	40-70	45.77	Yes	43.97	Yes	42.96	Yes	-3.94	-2.28	Yes
% Claims with DX, where length=5	20-55	42.61	Yes	45.21	Yes	46.12	Yes	6.09	2.01	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

*Cross-year change for encounter claims is expected to be +15%, no negative.