

**2002-2004 MAX OT Validation Table**  
**State: MN**

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	22,534,511	N/A	26,094,552	N/A	25,512,215	N/A	15.80	-2.23	Yes
	N/A	32.42	N/A	37.16	N/A	31.09	N/A	14.64	-16.30	No
% 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	17.36	N/A	15.15	N/A	16.97	N/A	-12.70	11.95	Yes
% Claims (Claim Type=2, and MAX TOS	N/A	11,317,927	N/A	12,442,730	N/A	13,250,845	N/A	9.94	6.50	Yes
Total FFS Claims Excluding Capitation Payments	5-20	16.95	Yes	16.90	Yes	16.34	Yes	-0.26	-3.33	Yes
% Crossover	> 1%	3.85	Yes	4.36	Yes	8.09	Yes	13.17	85.47	No
% Adjusted Claims	N/A	36.09	N/A	35.81	N/A	35.55	N/A	-0.77	-0.71	Yes
% Standard Adjustments	N/A	\$180	N/A	\$169	N/A	\$151	N/A	-6.48	-10.60	Yes
Average Paid per HMO Cap Payment	N/A	25.69	N/A	24.12	N/A	24.62	N/A	-6.11	2.10	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$270	Yes	\$275	Yes	\$289	Yes	1.93	5.10	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	.	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	9,399,621	N/A	10,339,289	N/A	11,085,439	N/A	10.00	7.22	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	14.65	N/A	14.96	N/A	15.15	N/A	2.18	1.23	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.07	N/A	0.07	N/A	0.22	N/A	0.37	203.60	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	21.30	N/A	21.69	N/A	21.90	N/A	1.82	1.00	Yes
% Other Claims with Span Bills/All Other Claims	N/A	14.88	N/A	15.23	N/A	15.43	N/A	2.32	1.32	Yes
% Claims W/ Service Place 11- Office	50-90	24.75	No	22.32	No	22.96	No	-9.83	2.89	Yes
% Claims W/ Service Place 12 - Home	>0-5	22.06	No	22.08	No	23.07	No	0.10	4.48	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.50	Yes	3.52	Yes	4.06	Yes	0.74	15.24	No
% Claims W/ Service Place 32 - NF	>0-5	0.13	Yes	0.18	Yes	0.15	Yes	38.93	-16.60	No
% Claims W/ Service Place 23 - ER	1-10	1.39	Yes	1.34	Yes	1.33	Yes	-3.82	-0.76	Yes
% Claims w/ Service Place 22 - OPD	>0-10	16.27	No	15.02	No	14.71	No	-7.68	-2.05	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	23.06	No	21.66	No	18.61	No	-6.05	-14.10	Yes
% Claims with TPL	>0 - 15	0.37	Yes	0.32	Yes	0.37	Yes	-12.30	14.26	Yes
Aver. TPL Paid -claims with TPL	N/A	\$102	N/A	\$125	N/A	\$146	N/A	23.21	16.24	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	12.24	Yes	11.97	Yes	12.29	Yes	-2.17	2.67	Yes
% claims MAX TOS 09: Dental	2-20	5.11	Yes	5.08	Yes	4.80	Yes	-0.55	-5.60	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.40	Yes	1.34	Yes	2.55	Yes	-4.32	90.71	No
% claims MAX TOS 11: OPD	3-25	3.67	Yes	3.59	Yes	3.45	Yes	-2.18	-3.84	Yes
% claims MAX TOS 12: Clinic	2-25	1.38	No	1.12	No	0.96	No	-18.30	-14.40	Yes
% claims MAX TOS 13: HH	>0-25	4.78	Yes	4.33	Yes	3.76	Yes	-9.31	-13.20	Yes
% claims MAX TOS 15: Lab/Xray	4-20	13.29	Yes	12.69	Yes	13.06	Yes	-4.51	2.93	Yes
% claims MAX TOS 16: Drugs	<3	0.14	Yes	0.16	Yes	0.17	Yes	15.58	5.11	Yes
% claims MAX TOS 19: Other Services	<25	2.22	Yes	2.55	Yes	8.49	Yes	14.82	232.50	No
% claims MAX TOS 51: DME	>3	5.04	Yes	4.36	Yes	5.31	Yes	-13.60	21.89	No
% claims MAX TOS 26: Transportation	>1	13.43	Yes	11.62	Yes	8.87	Yes	-13.50	-23.60	No

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

**2002-2004 MAX OT Validation Table  
State: MN**

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	0.02	N/A	0.01	N/A	0.01	N/A	-41.30	-9.11	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-14.40	-24.20	No
% claims MAX TOS 30: PCS	>0	7.06	Yes	7.42	Yes	7.74	Yes	5.15	4.35	Yes
% claims MAX TOS 31: TCM	>0	8.24	Yes	9.05	Yes	10.15	Yes	9.89	12.15	Yes
% claims MAX TOS 33: Rehabilitation	>0	2.84	Yes	2.82	Yes	1.99	Yes	-0.80	-29.30	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	2.20	Yes	1.51	Yes	1.48	Yes	-31.00	-2.27	Yes
% claims MAX TOS 35: Hospice	>0	0.06	Yes	0.06	Yes	0.07	Yes	6.68	15.39	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.08	N/A	0.06	N/A	0.06	N/A	-25.80	4.17	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.59	N/A	0.58	N/A	0.61	N/A	-1.81	4.15	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.32	N/A	0.32	N/A	0.31	N/A	0.04	-2.42	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	0.07	N/A	1.54	N/A	1.50	N/A	2,141.00	-2.65	Yes
% claims MAX TOS 53: Psych. Services	>1	13.69	Yes	15.66	Yes	9.99	Yes	14.34	-36.20	No
% claims MAX TOS 54: Adult Day Care	>0	2.15	Yes	2.15	Yes	2.36	Yes	-0.18	10.11	Yes
% 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	\$178	N/A	\$182	N/A	\$185	N/A	2.22	1.96	Yes
08: Physicians	\$20-90	\$67	Yes	\$70	Yes	\$76	Yes	4.55	7.55	Yes
09: Dental	\$10-60	\$44	Yes	\$46	Yes	\$47	Yes	4.10	2.68	Yes
10: Other Practioner	\$10-100	\$35	Yes	\$39	Yes	\$76	Yes	10.16	98.26	No
11: OPD	\$20-100	\$95	Yes	\$99	Yes	\$108	No	4.16	9.77	Yes
12: Clinic	\$20-100	\$107	No	\$145	No	\$166	No	34.97	14.50	Yes
13: HH	N/A	\$94	N/A	\$93	N/A	\$107	N/A	-0.88	15.32	No
15: Lab/Xray	10-60	\$29	Yes	\$30	Yes	\$32	Yes	3.65	5.98	Yes
16: Drugs	10-60	\$49	Yes	\$39	Yes	\$33	Yes	-21.90	-14.80	Yes
19: Other Services	N/A	\$362	N/A	\$257	N/A	\$171	N/A	-28.90	-33.40	No
51: DME	N/A	\$87	N/A	\$97	N/A	\$87	N/A	10.76	-9.93	Yes
26: Transportation	N/A	\$27	N/A	\$28	N/A	\$33	N/A	5.79	16.57	No
30: PCS	N/A	\$392	N/A	\$365	N/A	\$417	N/A	-6.87	14.14	Yes
31: Targeted Case Management	N/A	\$210	N/A	\$185	N/A	\$199	N/A	-12.20	7.51	Yes
33: Rehabilitation	N/A	\$708	N/A	\$672	N/A	\$509	N/A	-5.13	-24.20	No
34: PT/OT/speech/hear	N/A	\$30	N/A	\$33	N/A	\$37	N/A	9.00	13.85	Yes
35: Hospice	N/A	\$2,613	N/A	\$2,631	N/A	\$2,659	N/A	0.66	1.07	Yes
52: Residential Care	N/A	\$1,337	N/A	\$2,990	N/A	\$3,024	N/A	123.70	1.11	Yes
53: Pysch. Services	N/A	\$393	N/A	\$108	N/A	\$92	N/A	-72.40	-14.90	Yes
53: Pysch. Services	N/A	\$531	N/A	\$524	N/A	\$512	N/A	-1.40	-2.24	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.25	N/A	0.21	N/A	0.20	N/A	-14.40	-4.29	Yes
% RHC (code 3)	N/A	0.26	N/A	0.24	N/A	0.22	N/A	-6.66	-8.05	Yes
% FQHC (code 4)	N/A	0.49	N/A	0.50	N/A	0.55	N/A	1.80	10.75	Yes
% FQHC (code 5)	N/A	0.52	N/A	0.27	N/A	0.24	N/A	-48.10	-10.60	Yes
% IHS (code 6,7)	N/A	18.52	N/A	19.48	N/A	19.32	N/A	5.16	-0.80	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$44	N/A	\$47	N/A	\$54	N/A	6.23	15.81	No
RHC (code 3)	N/A	\$84	N/A	\$91	N/A	\$101	N/A	8.42	10.65	Yes
FQHC (code 4)	N/A	\$125	N/A	\$162	N/A	\$161	N/A	29.61	-0.49	Yes
IHS (code 5)	N/A	\$190	N/A	\$158	N/A	\$163	N/A	-16.80	3.09	Yes

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

**2002-2004 MAX OT Validation Table**  
**State: MN**

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	\$540	N/A	\$522	N/A	\$524	N/A	-3.36	0.37	Yes
% Claims with DX	> 60	99.49	Yes	99.49	Yes	99.42	Yes	0.00	-0.07	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	99.99	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	24.49	N/A	24.97	N/A	27.43	N/A	1.95	9.86	Yes
% Claims with DX, where length=3	5-25	5.52	Yes	4.99	No	5.56	Yes	-9.72	11.57	Yes
% Claims with DX, where length=4	40-70	28.07	No	26.68	No	28.76	No	-4.98	7.81	Yes
% Claims with DX, where length=5	20-55	66.40	No	68.34	No	65.68	No	2.91	-3.89	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.99	N/A	99.99	N/A	100.00	N/A	0.00	0.01	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	99.52	N/A	99.17	N/A	98.87	N/A	-0.35	-0.31	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	98.59	Yes	98.66	Yes	98.77	Yes	0.07	0.12	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	33.50	N/A	32.11	N/A	33.25	N/A	-4.16	3.55	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	66.50	N/A	67.89	N/A	66.75	N/A	2.10	-1.68	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	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	10.73	N/A	19.55	N/A	18.31	N/A	82.15	-6.33	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	1,918,306	N/A	2,103,441	N/A	2,165,406	N/A	9.65	2.95	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	1.86	N/A	2.01	N/A	2.05	N/A	8.33	1.70	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.11	N/A	0.12	N/A	0.16	N/A	7.05	34.10	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	2.06	N/A	6.73	N/A	6.80	N/A	226.20	0.95	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.14	N/A	2.24	N/A	2.19	N/A	4.48	-1.99	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	53.72	N/A	53.41	N/A	53.97	N/A	-0.59	1.06	Yes
% claims MAX TOS 10: Other Practitioner	N/A	7.44	N/A	8.23	N/A	8.47	N/A	10.61	2.89	Yes
% claims MAX TOS 11: OPD	N/A	13.79	N/A	14.22	N/A	10.86	N/A	3.13	-23.60	No
% claims MAX TOS 12: Clinic	N/A	1.53	N/A	1.41	N/A	1.27	N/A	-7.74	-9.56	Yes
% claims MAX TOS 13: HH	N/A	2.37	N/A	1.75	N/A	1.67	N/A	-26.30	-4.56	Yes
% claims MAX TOS 15: Lab/Xray	N/A	5.13	N/A	4.99	N/A	6.27	N/A	-2.79	25.74	No
% claims MAX TOS 19: Other Services	N/A	0.56	N/A	0.60	N/A	0.53	N/A	8.23	-11.60	Yes
% claims MAX TOS 51: DME	N/A	7.55	N/A	7.81	N/A	8.18	N/A	3.55	4.65	Yes
% claims MAX TOS 26: Transportation	N/A	1.97	N/A	1.86	N/A	1.90	N/A	-5.76	2.04	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-69.60	-2.86	Yes
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	82.40	-100.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.01	N/A	0.02	N/A	0.03	N/A	65.78	26.74	No

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

**2002-2004 MAX OT Validation Table**  
**State: MN**

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	4.99	N/A	4.79	N/A	4.67	N/A	-3.92	-2.50	Yes
% 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	.	774.20	No
% claims MAX TOS 53: Psych. Services	N/A	0.10	N/A	0.07	N/A	1.35	N/A	-26.10	1,776.00	No
% 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	\$26	N/A	\$26	N/A	\$28	N/A	-0.32	4.89	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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	55.72	N/A	55.58	N/A	57.24	N/A	-0.25	2.98	Yes
% Claims with DX, where length=3	5-25	9.58	Yes	8.95	Yes	8.52	Yes	-6.59	-4.83	Yes
% Claims with DX, where length=4	40-70	43.71	Yes	42.89	Yes	42.58	Yes	-1.88	-0.72	Yes
% Claims with DX, where length=5	20-55	46.71	Yes	48.16	Yes	48.90	Yes	3.12	1.53	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	90.67	N/A	94.94	N/A	96.47	N/A	4.71	1.62	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	80.38	N/A	78.49	N/A	82.10	N/A	-2.35	4.60	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	13.23	No	13.34	No	13.29	No	0.87	-0.38	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	28.20	N/A	24.88	N/A	24.91	N/A	-11.80	0.13	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	71.80	N/A	75.12	N/A	75.09	N/A	4.63	-0.04	Yes
% Other Codes Indicator /Claims with Service Codes	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.