

2002-2004 MAX OT Validation Table
State: MT

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	3,139,407	N/A	3,340,430	N/A	4,072,665	N/A	6.40	21.92	No
	N/A	0.00	N/A	0.14	N/A	0.31	N/A	3,868.00	116.50	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	18.05	N/A	18.31	N/A	15.67	N/A	1.42	-14.40	Yes
Total FFS Claims Excluding Capitation Payments	N/A	2,572,543	N/A	2,724,027	N/A	3,421,838	N/A	5.89	25.62	No
	5-20	10.32	Yes	10.12	Yes	5.59	Yes	-1.95	-44.80	No
% Crossover	> 1%	4.25	Yes	11.74	Yes	3.56	Yes	176.50	-69.70	No
% Adjusted Claims	N/A	88.70	N/A	89.95	N/A	95.73	N/A	1.40	6.43	Yes
% Standard Adjustments	N/A	\$106	N/A	\$136	N/A	\$189	N/A	27.97	38.80	No
Average Paid per HMO Cap Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% 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	18.05	N/A	18.34	N/A	15.72	N/A	1.56	-14.30	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$108	Yes	.	No	.	No	.	.	N/A
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	0.00	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	2,306,970	N/A	2,448,292	N/A	3,230,697	N/A	6.13	31.96	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	9.99	N/A	8.78	N/A	6.15	N/A	-12.10	-30.00	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.95	N/A	11.80	N/A	9.91	N/A	-15.40	-16.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	92.51	N/A	87.62	N/A	82.36	N/A	-5.29	-6.00	Yes
% Other Claims with Span Bills/All Other Claims	N/A	9.82	N/A	8.63	N/A	6.01	N/A	-12.10	-30.40	No
% Claims W/ Service Place 11- Office	50-90	43.91	No	44.10	No	32.02	No	0.43	-27.40	No
% Claims W/ Service Place 12 - Home	>0-5	16.76	No	12.21	No	11.77	No	-27.20	-3.58	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.20	Yes	4.08	Yes	3.15	Yes	-2.96	-22.80	No
% Claims W/ Service Place 32 - NF	>0-5	0.31	Yes	0.31	Yes	0.24	Yes	1.41	-21.50	No
% Claims W/ Service Place 23 - ER	1-10	5.08	Yes	4.11	Yes	2.04	Yes	-19.10	-50.30	No
% Claims w/ Service Place 22 - OPD	>0-10	13.90	No	12.05	No	11.15	No	-13.30	-7.50	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.50	Yes	2.78	Yes	19.83	No	11.10	614.30	No
% Claims with TPL	>0 - 15	0.11	Yes	0.11	Yes	0.08	Yes	0.96	-25.10	No
Aver. TPL Paid -claims with TPL	N/A	\$130	N/A	\$122	N/A	\$117	N/A	-6.07	-3.97	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.71	Yes	17.17	Yes	12.75	Yes	-3.00	-25.70	No
% claims MAX TOS 09: Dental	2-20	6.37	Yes	5.46	Yes	4.38	Yes	-14.30	-19.70	No
% claims MAX TOS 10: Other Practioner	0.5-8	4.43	Yes	4.03	Yes	3.25	Yes	-9.12	-19.20	No
% claims MAX TOS 11: OPD	3-25	2.66	No	3.01	Yes	2.45	No	12.94	-18.70	No
% claims MAX TOS 12: Clinic	2-25	1.98	No	2.25	Yes	2.04	Yes	13.72	-9.34	Yes
% claims MAX TOS 13: HH	>0-25	0.07	Yes	0.06	Yes	0.05	Yes	-17.40	-19.10	No
% claims MAX TOS 15: Lab/Xray	4-20	12.44	Yes	11.76	Yes	8.94	Yes	-5.45	-24.00	No
% claims MAX TOS 16: Drugs	<3	0.22	Yes	0.25	Yes	0.11	Yes	13.81	-57.40	No
% claims MAX TOS 19: Other Services	<25	11.02	Yes	22.21	Yes	36.63	No	101.50	64.91	No
% claims MAX TOS 51: DME	>3	5.71	Yes	4.24	Yes	4.20	Yes	-25.80	-0.80	Yes
% claims MAX TOS 26: Transportation	>1	1.29	Yes	1.14	Yes	0.77	No	-11.60	-32.20	No

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% claims MAX TOS 25: Abortions	N/A	0.14	N/A	0.10	N/A	0.12	N/A	-25.00	11.71	Yes
% claims MAX TOS 30: PCS	>0	7.46	Yes	4.60	Yes	5.68	Yes	-38.40	23.46	No
% claims MAX TOS 31: TCM	>0	3.28	Yes	2.64	Yes	1.90	Yes	-19.20	-28.30	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.19	Yes	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.10	No	0.06	No	0.00	No	-42.70	-100.00	No
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.02	Yes	0.01	Yes	44.61	-30.90	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	2.23	N/A	2.28	N/A	1.74	N/A	2.08	-23.50	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	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
% claims MAX TOS 52: Residential Care	N/A	0.39	N/A	0.28	N/A	0.04	N/A	-29.10	-85.80	No
% claims MAX TOS 53: Psych. Services	>1	18.41	Yes	15.51	Yes	14.34	Yes	-15.80	-7.52	Yes
% claims MAX TOS 54: Adult Day Care	>0	4.08	Yes	2.95	Yes	0.42	Yes	-27.80	-85.80	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	\$96	N/A	\$93	N/A	\$77	N/A	-2.50	-17.60	No
08: Physicians	\$20-90	\$75	Yes	\$75	Yes	\$76	Yes	-0.25	1.95	Yes
09: Dental	\$10-60	\$50	Yes	\$48	Yes	\$49	Yes	-3.25	1.30	Yes
10: Other Practioner	\$10-100	\$53	Yes	\$56	Yes	\$57	Yes	4.80	2.84	Yes
11: OPD	\$20-100	\$274	No	\$234	No	\$178	No	-14.80	-23.60	No
12: Clinic	\$20-100	\$117	No	\$119	No	\$113	No	1.79	-4.72	Yes
13: HH	N/A	\$405	N/A	\$348	N/A	\$326	N/A	-13.90	-6.30	Yes
15: Lab/Xray	10-60	\$41	Yes	\$54	Yes	\$52	Yes	30.67	-3.96	Yes
16: Drugs	10-60	\$63	No	\$44	Yes	\$75	No	-30.70	72.76	No
19: Other Services	N/A	\$134	N/A	\$103	N/A	\$56	N/A	-23.30	-45.40	No
51: DME	N/A	\$86	N/A	\$112	N/A	\$108	N/A	30.85	-3.37	Yes
26: Transportation	N/A	\$78	N/A	\$92	N/A	\$119	N/A	18.00	29.17	No
30: PCS	N/A	\$136	N/A	\$186	N/A	\$122	N/A	36.33	-34.10	No
31: Targeted Case Management	N/A	\$53	N/A	\$46	N/A	\$46	N/A	-13.00	0.33	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	\$49	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	\$79	N/A	\$102	N/A	.	N/A	29.38	.	N/A
35: Hospice	N/A	\$2,040	N/A	\$2,005	N/A	\$2,230	N/A	-1.70	11.20	Yes
52: Residential Care	N/A	\$923	N/A	\$849	N/A	\$1,873	N/A	-8.08	120.70	No
53: Pysch. Services	N/A	\$118	N/A	\$96	N/A	\$98	N/A	-18.50	1.26	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$45	N/A	\$52	N/A	\$292	N/A	13.97	463.20	No
% Family Planning (code 2)	N/A	0.69	N/A	0.67	N/A	0.46	N/A	-3.08	-32.00	No
% RHC (code 3)	N/A	1.35	N/A	1.41	N/A	1.09	N/A	4.38	-22.30	No
% FQHC (code 4)	N/A	1.22	N/A	1.37	N/A	1.30	N/A	12.38	-4.86	Yes
% FQHC (code 5)	N/A	3.95	N/A	4.26	N/A	3.33	N/A	7.78	-21.90	No
% IHS (code 6,7)	N/A	7.74	N/A	6.36	N/A	5.38	N/A	-17.80	-15.40	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$128	N/A	\$129	N/A	\$134	N/A	0.72	4.36	Yes
RHC (code 3)	N/A	\$96	N/A	\$97	N/A	\$101	N/A	0.97	4.95	Yes
FQHC (code 4)	N/A	\$90	N/A	\$89	N/A	\$94	N/A	-1.15	5.02	Yes
IHS (code 5)	N/A	\$209	N/A	\$239	N/A	\$247	N/A	14.72	3.22	Yes

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Waiver (code 6-7)	N/A	\$135	N/A	\$148	N/A	\$140	N/A	9.60	-5.05	Yes
% Claims with DX	> 60	93.64	Yes	94.55	Yes	95.62	Yes	0.97	1.13	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	34.54	N/A	38.48	N/A	23.70	N/A	11.42	-38.40	No
% Claims with DX, where length=3	5-25	8.55	Yes	6.86	Yes	5.16	Yes	-19.70	-24.90	No
% Claims with DX, where length=4	40-70	47.79	Yes	43.12	Yes	51.80	Yes	-9.77	20.13	No
% Claims with DX, where length=5	20-55	43.67	Yes	50.02	Yes	43.04	Yes	14.55	-13.90	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.99	N/A	99.99	N/A	99.99	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	92.90	No	93.06	No	94.32	No	0.17	1.35	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	47.83	N/A	46.09	N/A	35.46	N/A	-3.65	-23.10	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	51.47	N/A	53.28	N/A	64.39	N/A	3.50	20.85	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.69	N/A	0.63	N/A	0.15	N/A	-8.67	-75.70	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	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	265,573	N/A	275,735	N/A	191,141	N/A	3.83	-30.70	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	11.91	N/A	11.33	N/A	13.36	N/A	-4.83	17.85	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.43	N/A	9.49	N/A	11.84	N/A	-16.90	24.71	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	100.00	N/A	52.94	N/A	0.00	-47.10	No
% Other Claims with Span Bills/All Other Claims	N/A	11.95	N/A	11.53	N/A	13.53	N/A	-3.49	17.35	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	56.95	N/A	57.76	N/A	39.29	N/A	1.43	-32.00	No
% claims MAX TOS 10: Other Practitioner	N/A	8.18	N/A	7.95	N/A	7.10	N/A	-2.83	-10.70	Yes
% claims MAX TOS 11: OPD	N/A	7.88	N/A	9.75	N/A	10.44	N/A	23.82	7.02	Yes
% claims MAX TOS 12: Clinic	N/A	5.54	N/A	4.43	N/A	7.12	N/A	-20.00	60.69	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.01	N/A	10.07	206.50	No
% claims MAX TOS 15: Lab/Xray	N/A	4.58	N/A	3.17	N/A	8.76	N/A	-30.80	176.70	No
% claims MAX TOS 19: Other Services	N/A	9.44	N/A	9.21	N/A	14.98	N/A	-2.44	62.60	No
% claims MAX TOS 51: DME	N/A	1.32	N/A	1.18	N/A	2.02	N/A	-10.80	71.35	No
% claims MAX TOS 26: Transportation	N/A	1.40	N/A	1.47	N/A	1.86	N/A	5.10	25.81	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	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	0.36	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	\$34	N/A	\$30	N/A	\$44	N/A	-10.20	45.38	No
% 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	44.84	N/A	47.47	N/A	51.11	N/A	5.88	7.65	Yes
% Claims with DX, where length=3	5-25	10.77	Yes	10.14	Yes	11.49	Yes	-5.84	13.28	Yes
% Claims with DX, where length=4	40-70	45.28	Yes	44.15	Yes	40.88	Yes	-2.50	-7.41	Yes
% Claims with DX, where length=5	20-55	43.94	Yes	45.70	Yes	47.63	Yes	4.00	4.21	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.99	N/A	100.00	N/A	100.00	N/A	0.01	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	89.86	No	91.30	No	81.24	No	1.60	-11.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	2.60	N/A	2.78	N/A	3.55	N/A	7.05	27.40	No

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