

1999-2001 MAX OT Validation Table
State: ND

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	1,713,491	N/A	1,436,975	N/A	1,484,627	N/A	-16.14	3.32	Yes
*	N/A	0.56	N/A	0.51	N/A	0.36	N/A	-10.37	-28.81	No
% 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	14.93	N/A	17.41	N/A	16.24	N/A	16.59	-6.68	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,447,999	N/A	1,179,583	N/A	1,238,132	N/A	-18.54	4.96	Yes
Total FFS Claims Excluding Capitation Payments	5-20	11.26	Yes	14.48	Yes	14.52	Yes	28.67	0.27	Yes
% Crossover	> 1%	3.62	Yes	2.78	Yes	2.37	Yes	-23.29	-14.66	Yes
% Adjusted Claims	N/A	.	N/A	64.14	N/A	67.65	N/A	N/A	5.48	Yes
% Standard Adjustments	N/A	\$266	N/A	\$350	N/A	\$503	N/A	31.77	43.74	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	0.62	N/A	1.93	N/A	2.73	N/A	213.64	41.29	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	14.40	N/A	15.56	N/A	13.57	N/A	8.08	-12.80	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$127	Yes	\$111	Yes	\$119	Yes	-12.29	6.85	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	\$2	No	\$2	No	\$2	No	0.00	0.00	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	1,285,025	N/A	1,008,753	N/A	1,058,345	N/A	-21.50	4.92	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	8.23	N/A	8.43	N/A	6.40	N/A	2.42	-24.13	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.82	N/A	8.65	N/A	8.82	N/A	-1.89	1.90	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	16.79	N/A	9.63	N/A	7.01	N/A	-42.61	-27.21	No
% Other Claims with Span Bills/All Other Claims	N/A	8.06	N/A	8.38	N/A	6.23	N/A	3.89	-25.68	No
% Claims W/ Service Place 11- Office	50-90	50.90	Yes	51.36	Yes	51.92	Yes	0.91	1.09	Yes
% Claims W/ Service Place 12 - Home	>0-5	32.81	No	27.01	No	26.46	No	-17.68	-2.04	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.35	Yes	4.36	Yes	4.34	Yes	30.31	-0.37	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.12	Yes	0.18	Yes	0.16	Yes	46.61	-13.47	Yes
% Claims W/ Service Place 23 - ER	1-10	1.52	Yes	1.98	Yes	2.23	Yes	30.00	12.99	Yes
% Claims w/ Service Place 22 - OPD	>0-10	8.66	Yes	11.37	No	11.78	No	31.35	3.55	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.01	Yes	118.38	46.94	N/A
% Claims with TPL	>0 - 15	0.57	Yes	0.78	Yes	0.78	Yes	37.53	-0.69	Yes
Aver. TPL Paid -claims with TPL	N/A	\$55	N/A	\$56	N/A	\$69	N/A	3.23	21.97	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	19.02	Yes	19.55	Yes	3.02	No	2.79	-84.55	No
% claims MAX TOS 09: Dental	2-20	8.62	Yes	11.06	Yes	10.98	Yes	28.37	-0.68	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.67	Yes	3.02	Yes	3.01	Yes	12.93	-0.07	Yes
% claims MAX TOS 11: OPD	3-25	6.19	Yes	8.00	Yes	5.93	Yes	29.12	-25.81	No
% claims MAX TOS 12: Clinic	2-25	13.49	Yes	6.27	Yes	5.31	Yes	-53.51	-15.38	No
% claims MAX TOS 13: HH	>0-25	1.42	Yes	2.69	Yes	2.36	Yes	89.77	-12.05	Yes
% claims MAX TOS 15: Lab/Xray	4-20	8.86	Yes	15.43	Yes	17.51	Yes	74.18	13.49	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	2.04	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	19.55	Yes	12.03	Yes	26.76	No	-38.48	122.54	No
% claims MAX TOS 51: DME	>3	3.68	Yes	5.30	Yes	5.71	Yes	43.71	7.83	Yes
% claims MAX TOS 26: Transportation	>1	3.64	Yes	5.35	Yes	6.11	Yes	46.95	14.12	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.07	N/A	0.06	N/A	0.06	N/A	-10.06	0.29	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.01	N/A	307.64	239.56	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	3.24	Yes	4.29	Yes	5.19	Yes	32.45	21.04	No
% claims MAX TOS 33: Rehabilitation	>0	1.49	Yes	1.77	Yes	0.63	Yes	18.64	-64.37	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	4.17	Yes	2.28	Yes	2.28	Yes	-45.30	-0.23	N/A
% claims MAX TOS 35: Hospice	>0	0.04	Yes	0.04	Yes	0.05	Yes	4.01	23.14	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.03	N/A	0.00	N/A	0.00	N/A	-97.50	63.40	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	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	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	0.74	N/A	0.18	N/A	0.14	N/A	-75.66	-20.82	No
% claims MAX TOS 53: Psych. Services	>1	3.00	Yes	2.62	Yes	2.84	Yes	-12.62	8.40	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.08	Yes	0.07	Yes	0.05	Yes	-17.61	-32.74	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.01	Yes	109.28	53.33	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$90	N/A	\$110	N/A	\$114	N/A	21.53	3.35	Yes
08: Physicians	\$20-90	\$53	Yes	\$60	Yes	\$55	Yes	12.63	-7.64	Yes
09: Dental	\$10-60	\$46	Yes	\$46	Yes	\$47	Yes	0.58	2.69	Yes
10: Other Practitioner	\$10-100	\$27	Yes	\$20	Yes	\$22	Yes	-24.48	10.30	Yes
11: OPD	\$20-100	\$219	No	\$218	No	\$239	No	-0.46	9.69	Yes
12: Clinic	\$20-100	\$47	Yes	\$48	Yes	\$60	Yes	2.78	24.99	No
13: HH	N/A	\$128	N/A	\$93	N/A	\$102	N/A	-26.89	8.84	Yes
15: Lab/Xray	10-60	\$18	Yes	\$18	Yes	\$30	Yes	0.26	64.25	No
16: Drugs	10-60	.	No	.	No	\$15	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$191	N/A	\$415	N/A	\$225	N/A	117.84	-45.73	No
51: DME	N/A	\$46	N/A	\$39	N/A	\$66	N/A	-15.42	69.69	No
26: Transportation	N/A	\$27	N/A	\$28	N/A	\$28	N/A	2.80	2.00	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$33	N/A	\$34	N/A	\$38	N/A	2.13	12.44	Yes
33: Rehabilitation	N/A	\$250	N/A	\$309	N/A	\$887	N/A	23.22	187.41	No
34: PT/OT/speech/hear	N/A	\$16	N/A	\$24	N/A	\$25	N/A	46.89	3.31	N/A
35: Hospice	N/A	\$1,431	N/A	\$1,729	N/A	\$1,891	N/A	20.88	9.33	Yes
52: Residential Care	N/A	\$477	N/A	\$1,767	N/A	\$2,719	N/A	270.39	53.87	No
53: Psych. Services	N/A	\$91	N/A	\$67	N/A	\$64	N/A	-26.56	-4.50	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$48	N/A	\$63	N/A	\$80	N/A	29.50	28.17	No
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.77	N/A	0.99	N/A	1.04	N/A	28.67	4.53	Yes
	N/A	2.49	N/A	2.99	N/A	2.85	N/A	20.00	-4.71	Yes

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(code 4)	N/A	0.42	N/A	0.58	N/A	0.54	N/A	38.28	-7.59	Yes
% FQHC (code 5)	N/A	2.87	N/A	3.59	N/A	3.42	N/A	24.87	-4.74	N/A
% IHS Waiver (code 6,7)	N/A	21.68	N/A	14.55	N/A	13.10	N/A	-32.87	-10.01	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$51	N/A	\$49	N/A	\$50	N/A	-4.16	1.85	Yes
RHC (code 3)	N/A	\$46	N/A	\$48	N/A	\$50	N/A	4.28	3.11	Yes
FQHC (code 4)	N/A	\$91	N/A	\$89	N/A	\$98	N/A	-1.48	10.05	Yes
IHS (code 5)	N/A	\$175	N/A	\$175	N/A	\$186	N/A	0.24	6.35	N/A
Waiver (code 6-7)	N/A	\$176	N/A	\$348	N/A	\$388	N/A	97.49	11.51	Yes
% Claims with DX	> 60	90.62	Yes	87.96	Yes	88.06	Yes	-2.94	0.12	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	29.76	N/A	39.05	N/A	37.76	N/A	31.23	-3.30	Yes
% Claims with DX, where length=3	5-25	3.99	No	4.19	No	4.49	No	4.89	7.18	Yes
% Claims with DX, where length=4	40-70	46.84	Yes	58.47	Yes	56.68	Yes	24.83	-3.06	Yes
% Claims with DX, where length=5	20-55	49.17	Yes	37.34	Yes	38.83	Yes	-24.05	3.99	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	96.67	No	95.72	No	93.59	No	-0.98	-2.22	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	36.82	N/A	50.70	N/A	48.42	N/A	37.69	-4.49	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	8.66	N/A	13.06	N/A	13.82	N/A	50.82	5.76	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	54.52	N/A	36.19	N/A	34.38	N/A	-33.61	-5.00	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	99.61	Yes	99.99	Yes	99.98	Yes	0.38	-0.01	Yes
% Claims with TOS 08 with Physician Specialty	N/A	97.62	N/A	97.11	N/A	97.81	N/A	-0.52	0.73	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	162,974	N/A	170,830	N/A	179,787	N/A	4.82	5.24	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	13.11	N/A	12.32	N/A	11.91	N/A	-6.07	-3.28	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	20.70	N/A	18.43	N/A	17.37	N/A	-10.96	-5.72	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	12.10	N/A	11.48	N/A	11.19	N/A	-5.12	-2.49	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.79	N/A	4.90	N/A	5.05	N/A	2.29	2.98	Yes
% claims MAX TOS 11: OPD	N/A	11.81	N/A	12.07	N/A	11.66	N/A	2.25	-3.43	Yes
% claims MAX TOS 12: Clinic	N/A	7.93	N/A	7.87	N/A	5.60	N/A	-0.66	-28.90	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	4.28	N/A	4.29	N/A	4.65	N/A	0.22	8.38	Yes
% claims MAX TOS 19: Other Services	N/A	69.79	N/A	69.47	N/A	71.64	N/A	-0.45	3.13	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	1.26	N/A	1.29	N/A	1.24	N/A	2.10	-3.42	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	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	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.15	N/A	0.10	N/A	0.16	N/A	-29.15	51.16	N/A
% claims MAX TOS 35: Hospice	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 ^e	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	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	N/A	N/A
Average Amount Paid	N/A	\$38	N/A	\$37	N/A	\$38	N/A	-2.03	2.56	Yes
% Claims with DX	N/A	86.89	N/A	87.67	N/A	78.01	N/A	0.90	-11.02	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	91.00	Yes	92.40	Yes	77.40	No	1.54	-16.23	No
% Claims with 1 DX that have 2 DX	N/A	52.49	N/A	52.15	N/A	50.70	N/A	-0.66	-2.77	Yes
% Claims with DX, where length=3	5-25	9.45	Yes	9.53	Yes	9.37	Yes	0.84	-1.68	Yes
% Claims with DX, where length=4	40-70	49.54	Yes	48.86	Yes	47.24	Yes	-1.37	-3.31	Yes
% Claims with DX, where length=5	20-55	41.01	Yes	41.61	Yes	43.38	Yes	1.44	4.26	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	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	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	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	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

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