

2002-2004 MAX OT Validation Table
State: ND

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	1,691,242	N/A	1,796,221	N/A	1,992,418	N/A	6.21	10.92	Yes
	N/A	0.55	N/A	0.66	N/A	0.65	N/A	19.80	-0.96	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	19.47	N/A	20.18	N/A	16.17	N/A	3.65	-19.90	No
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,352,651	N/A	1,421,883	N/A	1,657,343	N/A	5.12	16.56	No
Total FFS Claims Excluding Capitation Payments	5-20	14.10	Yes	16.10	Yes	12.23	Yes	14.16	-24.00	No
% Crossover	> 1%	2.16	Yes	4.12	Yes	2.32	Yes	91.03	-43.80	No
% Adjusted Claims	N/A	52.72	N/A	76.36	N/A	54.67	N/A	44.85	-28.40	No
% Standard Adjustments	N/A	\$310	N/A	\$227	N/A	\$250	N/A	-26.60	9.91	Yes
Average Paid per HMO Cap Payment	N/A	2.16	N/A	2.01	N/A	0.48	N/A	-7.14	-76.10	No
% Claims(TOC Adjusted) Cap Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	17.42	N/A	18.31	N/A	15.79	N/A	5.12	-13.80	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$125	Yes	\$137	Yes	\$130	Yes	9.25	-4.72	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	\$2	No	\$2	No	\$2	No	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	1,161,886	N/A	1,192,966	N/A	1,454,648	N/A	2.68	21.94	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	6.19	N/A	6.39	N/A	5.34	N/A	3.23	-16.40	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.12	N/A	8.18	N/A	4.98	N/A	-10.40	-39.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	6.02	N/A	5.68	N/A	3.17	N/A	-5.62	-44.20	No
% Other Claims with Span Bills/All Other Claims	N/A	6.01	N/A	6.26	N/A	5.39	N/A	4.18	-13.90	Yes
% Claims W/ Service Place 11- Office	50-90	53.08	Yes	53.72	Yes	49.78	No	1.20	-7.33	Yes
% Claims W/ Service Place 12 - Home	>0-5	24.09	No	21.89	No	24.57	No	-9.12	12.21	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.48	Yes	4.65	Yes	4.18	Yes	3.76	-10.20	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.15	Yes	0.19	Yes	0.30	Yes	23.67	54.90	No
% Claims W/ Service Place 23 - ER	1-10	2.53	Yes	2.60	Yes	2.03	Yes	2.92	-22.10	No
% Claims w/ Service Place 22 - OPD	>0-10	12.60	No	13.91	No	16.47	No	10.37	18.44	No
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	-92.20	638.10	No
% Claims with TPL	>0 - 15	0.84	Yes	0.75	Yes	1.30	Yes	-10.20	73.55	No
Aver. TPL Paid -claims with TPL	N/A	\$63	N/A	\$57	N/A	\$58	N/A	-9.54	2.07	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	0.26	No	0.33	No	6.97	No	25.58	2,003.00	No
% claims MAX TOS 09: Dental	2-20	11.46	Yes	11.22	Yes	9.02	Yes	-2.10	-19.60	No
% claims MAX TOS 10: Other Practioner	0.5-8	3.41	Yes	3.13	Yes	2.65	Yes	-7.99	-15.40	No
% claims MAX TOS 11: OPD	3-25	5.91	Yes	7.21	Yes	5.55	Yes	22.11	-23.00	No
% claims MAX TOS 12: Clinic	2-25	4.88	Yes	4.95	Yes	6.08	Yes	1.59	22.66	No
% claims MAX TOS 13: HH	>0-25	1.99	Yes	0.94	Yes	0.96	Yes	-52.80	2.03	Yes
% claims MAX TOS 16: Lab/Xray	4-20	18.39	Yes	16.36	Yes	17.14	Yes	-11.00	4.74	Yes
% claims MAX TOS 16: Drugs	<3	2.20	Yes	2.36	Yes	1.44	Yes	7.46	-38.90	No
% claims MAX TOS 19: Other Services	<25	30.31	No	37.29	No	22.35	Yes	23.03	-40.10	No
% claims MAX TOS 51: DME	>3	5.46	Yes	2.71	No	5.60	Yes	-50.30	106.70	No
% claims MAX TOS 26: Transportation	>1	5.73	Yes	4.06	Yes	2.27	Yes	-29.20	-44.10	No

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% claims MAX TOS 24: Sterilizations	N/A	0.06	N/A	0.06	N/A	0.07	N/A	-1.00	8.42	Yes
% claims MAX TOS 25: Abortions	N/A	0.01	N/A	0.01	N/A	0.01	N/A	8.53	-21.10	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.16	Yes	.	.	N/A
% claims MAX TOS 31: TCM	>0	4.58	Yes	4.66	Yes	4.32	Yes	1.70	-7.28	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.53	Yes	0.51	Yes	5.86	Yes	-3.98	1,048.00	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.93	Yes	0.93	No	0.74	No	-51.60	-21.10	No
% claims MAX TOS 35: Hospice	>0	0.05	Yes	0.02	Yes	0.05	Yes	-60.60	159.80	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.03	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.32	N/A	192.20	63,062.00	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	0.14	N/A	0.21	N/A	0.50	N/A	56.27	133.70	No
% claims MAX TOS 53: Psych. Services	>1	2.66	Yes	2.97	Yes	6.52	Yes	11.75	119.10	No
% claims MAX TOS 54: Adult Day Care	>0	0.06	Yes	0.05	Yes	1.40	Yes	-19.70	2,913.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-100.00	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$113	N/A	\$118	N/A	\$112	N/A	4.40	-5.61	Yes
08: Physicians	\$20-90	\$43	Yes	\$38	Yes	\$72	Yes	-10.20	87.75	No
09: Dental	\$10-60	\$47	Yes	\$44	Yes	\$45	Yes	-5.71	3.05	Yes
10: Other Practioner	\$10-100	\$23	Yes	\$23	Yes	\$29	Yes	-0.10	24.00	No
11: OPD	\$20-100	\$248	No	\$241	No	\$181	No	-3.06	-24.70	No
12: Clinic	\$20-100	\$61	Yes	\$68	Yes	\$61	Yes	10.52	-9.88	Yes
13: HH	N/A	\$103	N/A	\$135	N/A	\$135	N/A	31.20	0.20	Yes
15: Lab/Xray	10-60	\$32	Yes	\$30	Yes	\$36	Yes	-7.20	21.96	No
16: Drugs	10-60	\$17	Yes	\$19	Yes	\$18	Yes	10.55	-2.53	Yes
19: Other Services	N/A	\$198	N/A	\$172	N/A	\$146	N/A	-13.00	-15.10	No
51: DME	N/A	\$69	N/A	\$125	N/A	\$54	N/A	80.46	-56.30	No
26: Transportation	N/A	\$30	N/A	\$34	N/A	\$49	N/A	10.76	45.25	No
30: PCS	N/A	.	N/A	.	N/A	\$690	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$40	N/A	\$47	N/A	\$45	N/A	15.61	-2.44	Yes
33: Rehabilitation	N/A	\$1,029	N/A	\$1,018	N/A	\$130	N/A	-1.09	-87.30	No
34: PT/OT/speech/hear	N/A	\$25	N/A	\$27	N/A	\$35	N/A	7.35	29.35	No
35: Hospice	N/A	\$2,225	N/A	\$2,478	N/A	\$2,553	N/A	11.34	3.04	Yes
52: Residential Care	N/A	\$3,236	N/A	\$2,477	N/A	\$2,310	N/A	-23.50	-6.70	Yes
53: Pysch. Services	N/A	\$73	N/A	\$86	N/A	\$132	N/A	18.37	52.55	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$74	N/A	\$93	N/A	\$760	N/A	25.87	719.90	No
% Family Planning (code 2)	N/A	1.08	N/A	0.95	N/A	0.67	N/A	-11.90	-29.70	No
% RHC (code 3)	N/A	2.27	N/A	2.19	N/A	1.72	N/A	-3.75	-21.50	No
% FQHC (code 4)	N/A	0.50	N/A	0.43	N/A	0.48	N/A	-12.30	10.32	Yes
% FQHC (code 5)	N/A	3.20	N/A	3.50	N/A	2.51	N/A	9.41	-28.30	No
% IHS (code 6,7)	N/A	12.22	N/A	15.62	N/A	15.84	N/A	27.80	1.45	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$49	N/A	\$53	N/A	\$56	N/A	7.38	6.58	Yes
RHC (code 3)	N/A	\$61	N/A	\$61	N/A	\$60	N/A	1.26	-2.02	Yes
FQHC (code 4)	N/A	\$106	N/A	\$103	N/A	\$93	N/A	-2.91	-9.86	Yes
IHS (code 5)	N/A	\$200	N/A	\$209	N/A	\$215	N/A	4.66	2.75	Yes

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Waiver (code 6-7)	N/A	\$388	N/A	\$329	N/A	\$291	N/A	-15.10	-11.70	Yes
% Claims with DX	> 60	87.56	Yes	87.93	Yes	90.77	Yes	0.42	3.24	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.99	Yes	99.99	Yes	-0.01	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	38.81	N/A	38.76	N/A	44.72	N/A	-0.13	15.39	No
% Claims with DX, where length=3	5-25	4.52	No	5.70	Yes	6.14	Yes	25.90	7.88	Yes
% Claims with DX, where length=4	40-70	56.46	Yes	56.37	Yes	49.06	Yes	-0.17	-13.00	Yes
% Claims with DX, where length=5	20-55	39.01	Yes	37.94	Yes	44.80	Yes	-2.75	18.07	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	99.98	N/A	0.00	-0.02	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	94.17	No	95.19	No	94.50	No	1.08	-0.72	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	50.64	N/A	51.02	N/A	49.50	N/A	0.77	-2.99	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	12.98	N/A	13.71	N/A	28.44	N/A	5.59	107.50	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.03	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	33.21	N/A	33.48	N/A	21.89	N/A	0.81	-34.60	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	82.18	N/A	80.49	N/A	2.07	N/A	-2.05	-97.40	No
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	190,765	N/A	228,917	N/A	202,695	N/A	20.00	-11.50	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	12.79	N/A	10.34	N/A	10.17	N/A	-19.10	-1.63	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	16.54	N/A	13.00	N/A	11.57	N/A	-21.40	-11.00	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	22.98	N/A	9.08	N/A	6.52	N/A	-60.50	-28.20	No
% Other Claims with Span Bills/All Other Claims	N/A	12.21	N/A	10.00	N/A	9.98	N/A	-18.20	-0.13	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	0.02	N/A	0.10	N/A	18.49	N/A	286.50	19,315.00	No
% claims MAX TOS 10: Other Practitioner	N/A	5.33	N/A	4.46	N/A	4.01	N/A	-16.30	-10.10	Yes
% claims MAX TOS 11: OPD	N/A	13.06	N/A	12.60	N/A	15.70	N/A	-3.57	24.64	No
% claims MAX TOS 12: Clinic	N/A	6.29	N/A	6.13	N/A	7.12	N/A	-2.43	16.11	No
% claims MAX TOS 13: HH	N/A	0.12	N/A	3.35	N/A	1.67	N/A	2,623.00	-50.40	No
% claims MAX TOS 15: Lab/Xray	N/A	4.44	N/A	5.07	N/A	4.55	N/A	14.12	-10.10	Yes
% claims MAX TOS 19: Other Services	N/A	69.02	N/A	55.18	N/A	39.13	N/A	-20.00	-29.10	No
% claims MAX TOS 51: DME	N/A	0.10	N/A	1.62	N/A	1.53	N/A	1,601.00	-5.92	Yes
% claims MAX TOS 26: Transportation	N/A	1.40	N/A	5.67	N/A	3.78	N/A	303.60	-33.20	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	1.82	N/A	2.39	N/A	.	31.33	No
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.01	N/A	.	991.70	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.17	N/A	2.76	N/A	0.65	N/A	1,564.00	-76.30	No
% claims MAX TOS 36: Hospice	N/A	0.01	N/A	0.20	N/A	0.20	N/A	2,317.00	-0.94	Yes
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.05	N/A	0.04	N/A	.	-10.90	Yes
% claims MAX TOS 53: Psych. Services	N/A	0.03	N/A	0.90	N/A	0.70	N/A	3,392.00	-22.30	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	\$39	N/A	\$45	N/A	\$45	N/A	15.86	0.38	Yes
% Claims with DX	N/A	87.24	N/A	99.27	N/A	99.96	N/A	13.79	0.69	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	90.90	Yes	99.66	Yes	99.97	Yes	9.64	0.31	Yes
% Claims with 1 DX that have 2 DX	N/A	54.51	N/A	52.22	N/A	55.41	N/A	-4.19	6.10	Yes
% Claims with DX, where length=3	5-25	9.30	Yes	9.27	Yes	9.86	Yes	-0.40	6.39	Yes
% Claims with DX, where length=4	40-70	47.12	Yes	47.98	Yes	45.41	Yes	1.82	-5.35	Yes
% Claims with DX, where length=5	20-55	43.57	Yes	42.76	Yes	44.73	Yes	-1.88	4.62	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	0.36	N/A	3.65	N/A	2.55	N/A	921.50	-30.20	No
% 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	0.84	No	22.92	No	12.87	No	2,639.00	-43.80	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	63.78	N/A	35.01	N/A	29.09	N/A	-45.10	-16.90	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	31.75	N/A	43.23	N/A	66.19	N/A	36.16	53.14	No
% Other Codes Indicator /Claims with Service Codes	N/A	1.15	N/A	5.66	N/A	2.49	N/A	390.20	-56.00	No

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