

**1999-2001 MAX OT Validation Table**  
**State: TN**

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	50,764,413	N/A	52,652,068	N/A	53,898,307	N/A	3.72	2.37	Yes
*	N/A	32.11	N/A	33.12	N/A	28.56	N/A	3.16	-13.77	Yes
% 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	62.30	N/A	61.35	N/A	65.04	N/A	-1.53	6.01	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	2,836,155	N/A	2,908,231	N/A	3,450,223	N/A	2.54	18.64	No
Total FFS Claims Excluding Capitation Payments	5-20	100.00	No	100.00	No	87.32	No	0.00	-12.68	Yes
% Crossover	> 1%	5.24	Yes	0.26	No	0.93	No	-94.97	253.57	No
% Adjusted Claims	N/A	.	N/A	89.32	N/A	80.87	N/A	N/A	-9.47	Yes
% Standard Adjustments	N/A	\$321	N/A	\$150	N/A	\$151	N/A	-53.45	1.13	Yes
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	46.56	N/A	46.50	N/A	46.68	N/A	-0.12	0.39	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	45.21	N/A	45.24	N/A	44.35	N/A	0.06	-1.95	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	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$125	Yes	\$141	Yes	\$139	Yes	12.09	-1.29	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$22	Yes	\$23	Yes	\$21	Yes	4.15	-6.62	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	0	N/A	0	N/A	437,352	N/A	N/A	N/A	N/A
% Claims with> \$0 Paid	>95%	.	Yes	.	Yes	100.00	Yes	N/A	N/A	N/A
% Claims with< \$0 Paid	0	.	No	.	No	0.00	Yes	N/A	N/A	N/A
% Claims with Span Bill	N/A	.	N/A	.	N/A	15.65	N/A	N/A	N/A	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	.	N/A	17.43	N/A	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	91.78	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	.	N/A	15.39	N/A	N/A	N/A	N/A
% Claims W/ Service Place 11- Office	50-90	.	No	.	No	49.06	No	N/A	N/A	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	No	.	No	7.67	No	N/A	N/A	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	No	.	No	10.27	No	N/A	N/A	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	No	.	No	0.08	Yes	N/A	N/A	N/A
% Claims W/ Service Place 23 - ER	1-10	.	No	.	No	4.60	Yes	N/A	N/A	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	No	.	No	5.29	Yes	N/A	N/A	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	No	.	No	0.06	Yes	N/A	N/A	N/A
% Claims with TPL	>0 - 15	.	No	.	No	0.39	Yes	N/A	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	\$75	N/A	N/A	N/A	N/A
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	.	No	.	No	43.62	No	N/A	N/A	N/A
% claims MAX TOS 09: Dental	2-20	.	No	.	No	3.68	Yes	N/A	N/A	N/A
% claims MAX TOS 10: Other Practitioners	0.5-8	.	No	.	No	0.06	No	N/A	N/A	N/A
% claims MAX TOS 11: OPD	3-25	.	No	.	No	3.52	Yes	N/A	N/A	N/A
% claims MAX TOS 12: Clinic	2-25	.	No	.	No	0.54	No	N/A	N/A	N/A
% claims MAX TOS 13: HH	>0-25	.	No	.	No	0.26	Yes	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	No	.	No	21.47	No	N/A	N/A	N/A

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

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% claims MAX TOS 16: Drugs	<3	.	No	.	No	2.81	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	.	No	.	No	3.88	Yes	N/A	N/A	N/A
% claims MAX TOS 51: DME	>3	.	Yes	.	Yes	4.46	Yes	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	>1	.	Yes	.	Yes	12.66	Yes	N/A	N/A	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	.	Yes	.	Yes	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	.	Yes	.	Yes	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	Yes	.	Yes	0.00	No	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	Yes	.	Yes	0.02	No	N/A	N/A	N/A
% claims MAX TOS 35: Hospice	>0	.	Yes	.	Yes	0.04	Yes	N/A	N/A	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	.	N/A	0.02	N/A	N/A	N/A	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 39: Religious Non-Med	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	Yes	.	Yes	2.96	Yes	N/A	N/A	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	Yes	.	Yes	0.00	No	N/A	N/A	N/A
% claims MAX TOS 99: Unknown	<1	.	No	.	No	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	.	N/A	.	N/A	\$182	N/A	N/A	N/A	N/A
08: Physicians	\$20-90	.	No	.	No	\$321	No	N/A	N/A	N/A
09: Dental	\$10-60	.	No	.	No	\$38	Yes	N/A	N/A	N/A
10: Other Practitioner	\$10-100	.	No	.	No	\$43	Yes	N/A	N/A	N/A
11: OPD	\$20-100	.	No	.	No	\$370	No	N/A	N/A	N/A
12: Clinic	\$20-100	.	No	.	No	\$56	Yes	N/A	N/A	N/A
13: HH	N/A	.	N/A	.	N/A	\$1,130	N/A	N/A	N/A	N/A
15: Lab/Xray	10-60	.	No	.	No	\$35	Yes	N/A	N/A	N/A
16: Drugs	10-60	.	No	.	No	\$35	Yes	N/A	N/A	N/A
19: Other Service	N/A	.	N/A	.	N/A	\$127	N/A	N/A	N/A	N/A
51: DME	N/A	.	N/A	.	N/A	\$119	N/A	N/A	N/A	N/A
26: Transportation	N/A	.	N/A	.	N/A	\$30	N/A	N/A	N/A	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	.	N/A	.	N/A	\$443	N/A	N/A	N/A	N/A
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	\$86	N/A	N/A	N/A	N/A
35: Hospice	N/A	.	N/A	.	N/A	\$1,992	N/A	N/A	N/A	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
53: Pysch. Services	N/A	.	N/A	.	N/A	\$34	N/A	N/A	N/A	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	.	N/A	.	N/A	0.05	N/A	N/A	N/A	N/A
% RHC (code 3)	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A

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(code 4)	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 5)	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	.	N/A	.	N/A	0.03	N/A	N/A	N/A	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	.	N/A	\$32	N/A	N/A	N/A	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6, 7)	N/A	.	N/A	.	N/A	\$926	N/A	N/A	N/A	N/A
% Claims with DX	> 60	.	Yes	.	Yes	97.26	Yes	N/A	N/A	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	No	.	No	100.00	Yes	N/A	N/A	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	31.03	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	.	No	.	No	5.23	Yes	N/A	N/A	N/A
% Claims with DX, where length=4	40-70	.	No	.	No	43.55	Yes	N/A	N/A	N/A
% Claims with DX, where length=5	20-55	.	No	.	No	51.22	Yes	N/A	N/A	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	100.00	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	99.90	Yes	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	57.29	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	42.71	N/A	N/A	N/A	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	No	.	No	96.59	No	N/A	N/A	N/A
% HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS	98-100	.	No	.	No	99.98	Yes	N/A	N/A	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	.	N/A	100.00	N/A	N/A	N/A	N/A
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims</b>										
Total Number of Claims	N/A	2,836,155	N/A	2,908,231	N/A	3,012,871	N/A	2.54	3.60	Yes
% Claims with> \$0 Paid	>95%	99.49	Yes	100.00	Yes	100.00	Yes	0.51	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	14.96	N/A	13.37	N/A	11.02	N/A	-10.62	-17.61	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.54	N/A	5.40	N/A	5.87	N/A	-2.58	8.75	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Other Claims with Span Bills/All Other Claims	N/A	14.93	N/A	13.31	N/A	10.91	N/A	-10.87	-17.97	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	39.91	N/A	32.60	N/A	28.60	N/A	-18.33	-12.26	Yes
% claims MAX TOS 10: Other Practitioners <sup>r</sup>	N/A	9.04	N/A	5.44	N/A	5.50	N/A	-39.80	1.06	Yes
% claims MAX TOS 11: OPD	N/A	1.11	N/A	0.96	N/A	0.76	N/A	-13.73	-20.80	No
% claims MAX TOS 12: Clinic	N/A	0.94	N/A	0.45	N/A	0.65	N/A	-52.40	45.75	No
% claims MAX TOS 13: HH	N/A	0.16	N/A	0.16	N/A	0.16	N/A	2.76	-2.84	N/A
% claims MAX TOS 15: Lab/Xray	N/A	15.72	N/A	20.67	N/A	21.04	N/A	31.46	1.82	Yes
% claims MAX TOS 19: Other Services	N/A	11.95	N/A	4.68	N/A	5.05	N/A	-60.83	7.93	Yes
% claims MAX TOS 51: DME	N/A	13.96	N/A	20.34	N/A	20.53	N/A	45.64	0.94	N/A
% claims MAX TOS 26: Transportation <sup>n</sup>	N/A	6.73	N/A	6.85	N/A	7.50	N/A	1.78	9.49	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	0.13	N/A	0.23	N/A	0.53	N/A	70.55	131.53	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	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 <sup>e</sup>	N/A	.	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	.	N/A	6.89	N/A	8.31	N/A	N/A	20.64	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Amount Paid	N/A	\$109	N/A	\$112	N/A	\$109	N/A	2.70	-3.08	Yes
% Claims with DX	N/A	99.60	N/A	99.59	N/A	99.79	N/A	-0.01	0.21	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	38.59	N/A	40.01	N/A	41.42	N/A	3.67	3.52	Yes
% Claims with DX, where length=3	5-25	13.90	Yes	14.59	Yes	15.30	Yes	4.96	4.84	Yes
% Claims with DX, where length=4	40-70	38.58	No	38.92	No	39.26	No	0.88	0.87	Yes
% Claims with DX, where length=5	20-55	47.52	Yes	46.49	Yes	45.44	Yes	-2.16	-2.25	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	0.48	N/A	0.56	N/A	13.83	N/A	17.56	2368.92	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	96.42	No	96.59	No	96.46	No	0.18	-0.13	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	55.82	N/A	56.31	N/A	58.15	N/A	0.87	3.28	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	44.18	N/A	43.69	N/A	41.85	N/A	-1.10	-4.23	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

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