

1999-2001 MAX OT Validation Table
State: MN

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	17,231,383	N/A	17,964,640	N/A	20,109,857	N/A	4.26	11.94	Yes
*	N/A	27.33	N/A	29.21	N/A	31.07	N/A	6.85	6.37	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									
% Claims (Claim Type=2, and MAX TOS	N/A	18.72	N/A	18.45	N/A	17.82	N/A	-1.44	-3.40	Yes
Total FFS Claims Excluding Capitation Payments	N/A	9,296,159	N/A	9,403,556	N/A	10,278,696	N/A	1.16	9.31	Yes
	5-20	16.66	Yes	16.17	Yes	17.56	Yes	-2.94	8.59	Yes
% Crossover	> 1%	3.08	Yes	3.43	Yes	4.41	Yes	11.30	28.63	No
% Adjusted Claims	N/A	.	N/A	29.42	N/A	41.17	N/A	N/A	39.93	No
% Standard Adjustments	N/A	\$182	N/A	\$204	N/A	\$200	N/A	11.95	-1.88	Yes
% Claims (TOC 1,2) TOS 20: PCCM Cap Payment	N/A	25.76	N/A	26.06	N/A	25.85	N/A	1.17	-0.80	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	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	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$198	Yes	\$224	Yes	\$239	Yes	13.34	6.33	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	.	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 1999										
Total Number of Claims	N/A	7,747,124	N/A	7,882,747	N/A	8,473,574	N/A	1.75	7.50	Yes
% Claims with> \$0 Paid	>95%	99.97	Yes	100.00	Yes	100.00	Yes	0.03	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	11.52	N/A	12.43	N/A	13.80	N/A	7.89	11.06	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.06	N/A	0.09	N/A	0.07	N/A	50.74	-21.47	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	18.86	N/A	21.52	N/A	22.15	N/A	14.10	2.97	Yes
% Other Claims with Span Bills/All Other Claims	N/A	12.49	N/A	12.53	N/A	14.00	N/A	0.27	11.73	Yes
% Claims W/ Service Place 11- Office	50-90	24.25	No	23.40	No	24.84	No	-3.49	6.17	Yes
% Claims W/ Service Place 12 - Home	>0-5	20.31	No	21.87	No	21.84	No	7.69	-0.14	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.70	Yes	3.90	Yes	3.74	Yes	5.52	-4.11	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.18	Yes	0.14	Yes	0.10	Yes	-21.47	-29.11	No
% Claims W/ Service Place 23 - ER	1-10	1.45	Yes	1.45	Yes	1.46	Yes	0.56	0.09	Yes
% Claims w/ Service Place 22 - OPD	>0-10	18.93	No	17.16	No	16.51	No	-9.36	-3.78	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	24.18	No	25.20	No	25.02	No	4.19	-0.69	N/A
% Claims with TPL	>0 - 15	0.35	Yes	0.33	Yes	0.35	Yes	-5.12	3.85	Yes
Aver. TPL Paid -claims with TPL	N/A	\$87	N/A	\$89	N/A	\$96	N/A	2.01	7.62	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	20.52	Yes	13.11	Yes	12.60	Yes	-36.13	-3.83	Yes
% claims MAX TOS 09: Dental	2-20	5.48	Yes	5.20	Yes	5.23	Yes	-5.09	0.54	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	3.86	Yes	1.47	Yes	1.38	Yes	-61.99	-6.35	Yes
% claims MAX TOS 11: OPD	3-25	10.40	Yes	4.30	Yes	4.16	Yes	-58.60	-3.30	Yes
% claims MAX TOS 12: Clinic	2-25	1.78	No	1.50	No	1.43	No	-15.65	-4.80	Yes
% claims MAX TOS 13: HH	>0-25	5.03	Yes	4.87	Yes	4.75	Yes	-3.18	-2.53	Yes
% claims MAX TOS 15: Lab/Xray	4-20	1.31	No	13.82	Yes	13.72	Yes	956.59	-0.69	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.12	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	1.60	Yes	1.85	Yes	2.07	Yes	15.18	12.21	Yes
% claims MAX TOS 51: DME	>3	5.53	Yes	5.95	Yes	5.61	Yes	7.59	-5.74	Yes
% claims MAX TOS 26: Transportation	>1	15.71	Yes	16.17	Yes	14.88	Yes	2.94	-8.03	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-33.58	6.79	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-8.74	-21.28	No
% claims MAX TOS 30: PCS	>0	7.15	Yes	7.65	Yes	7.19	Yes	6.91	-5.96	Yes
% claims MAX TOS 31: TCM	>0	7.86	Yes	5.85	Yes	6.82	Yes	-25.51	16.45	No
% claims MAX TOS 33: Rehabilitation	>0	2.70	Yes	3.25	Yes	3.25	Yes	20.41	0.12	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	4.77	Yes	3.35	Yes	2.41	Yes	-29.81	-28.01	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.04	Yes	0.05	Yes	22.38	18.85	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.10	N/A	0.09	N/A	0.08	N/A	-3.42	-12.26	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.47	N/A	0.52	N/A	0.55	N/A	9.37	6.98	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.47	N/A	0.46	N/A	0.40	N/A	-3.91	-12.80	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	0.20	N/A	0.20	N/A	0.09	N/A	0.06	-55.44	No
% claims MAX TOS 53: Psych. Services	>1	3.60	Yes	8.58	Yes	11.12	Yes	138.41	29.60	No
% claims MAX TOS 54: Adult Day Care	>0	1.39	Yes	1.76	Yes	2.08	Yes	26.13	18.33	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	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	\$124	N/A	\$142	N/A	\$162	N/A	15.15	13.49	Yes
08: Physicians	\$20-90	\$48	Yes	\$63	Yes	\$62	Yes	30.42	-0.39	Yes
09: Dental	\$10-100	\$32	Yes	\$34	Yes	\$34	Yes	5.73	-0.63	Yes
10: Other Practitioner	\$10-100	\$47	Yes	\$33	Yes	\$34	Yes	-29.12	2.08	Yes
11: OPD	\$20-100	\$48	Yes	\$89	Yes	\$99	Yes	84.27	11.12	Yes
12: Clinic	\$20-100	\$68	Yes	\$83	Yes	\$92	Yes	23.50	10.02	Yes
13: HH	N/A	\$78	N/A	\$88	N/A	\$93	N/A	12.79	5.41	Yes
15: Lab/Xray	10-60	\$14	Yes	\$26	Yes	\$27	Yes	88.88	4.51	Yes
16: Drugs	10-60	.	No	.	No	\$48	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$203	N/A	\$226	N/A	\$305	N/A	11.72	34.84	No
51: DME	N/A	\$70	N/A	\$69	N/A	\$76	N/A	-1.10	10.48	Yes
26: Transportation	N/A	\$22	N/A	\$22	N/A	\$25	N/A	4.51	9.15	Yes
30: PCS	N/A	\$262	N/A	\$289	N/A	\$344	N/A	10.14	19.16	No
31: Targeted Case Management	N/A	\$182	N/A	\$240	N/A	\$236	N/A	31.46	-1.40	Yes
33: Rehabilitation	N/A	\$1,414	N/A	\$1,359	N/A	\$1,085	N/A	-3.87	-20.21	No
34: PT/OT/speech/hear	N/A	\$27	N/A	\$27	N/A	\$29	N/A	1.71	6.01	N/A
35: Hospice	N/A	\$2,207	N/A	\$2,320	N/A	\$2,548	N/A	5.09	9.83	Yes
52: Residential Care	N/A	\$782	N/A	\$867	N/A	\$1,143	N/A	10.89	31.84	No
53: Psych. Services	N/A	\$87	N/A	\$123	N/A	\$271	N/A	42.52	120.07	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$556	N/A	\$502	N/A	\$509	N/A	-9.63	1.31	Yes
% Family Planning (code 2)	N/A	0.25	N/A	0.27	N/A	0.27	N/A	9.39	-1.85	Yes
% RHC (code 3)	N/A	0.30	N/A	0.26	N/A	0.26	N/A	-13.02	-1.35	Yes

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(code 4)	N/A	0.46	N/A	0.46	N/A	0.47	N/A	0.29	3.51	Yes
% FQHC (code 5)	N/A	0.63	N/A	0.65	N/A	0.59	N/A	3.25	-9.17	N/A
% IHS Waiver (code 6,7)	N/A	11.59	N/A	14.15	N/A	16.45	N/A	22.03	16.29	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$47	N/A	\$41	N/A	\$46	N/A	-14.01	13.66	Yes
RHC (code 3)	N/A	\$67	N/A	\$69	N/A	\$69	N/A	3.16	-0.42	Yes
FQHC (code 4)	N/A	\$108	N/A	\$108	N/A	\$117	N/A	0.17	7.86	Yes
IHS (code 5)	N/A	\$169	N/A	\$165	N/A	\$176	N/A	-2.42	6.42	N/A
Waiver (code 6-7)	N/A	\$512	N/A	\$496	N/A	\$526	N/A	-3.17	6.05	Yes
% Claims with DX	> 60	99.48	Yes	99.44	Yes	99.43	Yes	-0.04	-0.01	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	25.01	N/A	24.63	N/A	24.23	N/A	-1.51	-1.63	Yes
% Claims with DX, where length=3	5-25	5.82	Yes	6.19	Yes	5.90	Yes	6.44	-4.75	Yes
% Claims with DX, where length=4	40-70	32.26	No	31.29	No	28.96	No	-3.00	-7.43	Yes
% Claims with DX, where length=5	20-55	61.92	No	62.51	No	65.14	No	0.96	4.19	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	99.99	N/A	0.00	-0.01	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	99.99	N/A	99.99	N/A	99.97	N/A	0.00	-0.02	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	98.52	Yes	98.57	Yes	98.54	Yes	0.05	-0.03	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	35.01	N/A	34.62	N/A	34.78	N/A	-1.13	0.47	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	64.99	N/A	65.38	N/A	65.22	N/A	0.61	-0.25	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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 Cnnnn /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	6.33	N/A	8.86	N/A	9.97	N/A	40.05	12.42	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,549,035	N/A	1,520,809	N/A	1,805,122	N/A	-1.82	18.69	No
% Claims with > \$0 Paid	>95%	99.46	Yes	100.00	Yes	100.00	Yes	0.55	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	2.05	N/A	1.77	N/A	1.32	N/A	-13.54	-25.52	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.77	N/A	0.42	N/A	0.12	N/A	-46.00	-70.56	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	1.52	N/A	1.57	N/A	1.85	N/A	3.24	17.77	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.22	N/A	1.89	N/A	1.50	N/A	-14.95	-20.70	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	62.14	N/A	61.86	N/A	53.48	N/A	-0.46	-13.55	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	7.24	N/A	7.64	N/A	6.95	N/A	5.49	-9.00	Yes
% claims MAX TOS 11: OPD	N/A	9.68	N/A	7.49	N/A	13.58	N/A	-22.63	81.37	No
% claims MAX TOS 12: Clinic	N/A	1.19	N/A	1.35	N/A	1.77	N/A	13.56	30.92	No
% claims MAX TOS 13: HH	N/A	4.92	N/A	2.99	N/A	1.84	N/A	-39.21	-38.65	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.89	N/A	3.30	N/A	5.82	N/A	269.22	76.30	No
% claims MAX TOS 19: Other Services	N/A	0.72	N/A	0.59	N/A	0.56	N/A	-17.93	-5.86	Yes
% claims MAX TOS 51: DME	N/A	7.39	N/A	8.29	N/A	7.45	N/A	12.13	-10.14	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.12	N/A	1.83	N/A	2.01	N/A	-13.74	9.94	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	205.57	-71.92	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-67.60	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-27.74	-11.69	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	3.43	N/A	3.68	N/A	5.66	N/A	7.35	53.50	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.01	N/A	0.03	N/A	N/A	266.64	N/A
% claims MAX TOS 52: Residential Care ^e	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.01	N/A	0.10	N/A	0.08	N/A	1476.25	-20.98	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	-100.00	N/A
Average Amount Paid	N/A	\$26	N/A	\$25	N/A	\$28	N/A	-3.99	8.70	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	51.43	N/A	51.86	N/A	54.71	N/A	0.84	5.49	Yes
% Claims with DX, where length=3	5-25	8.88	Yes	9.02	Yes	9.63	Yes	1.56	6.73	Yes
% Claims with DX, where length=4	40-70	46.56	Yes	44.70	Yes	44.02	Yes	-3.99	-1.52	Yes
% Claims with DX, where length=5	20-55	44.56	Yes	46.28	Yes	46.35	Yes	3.86	0.16	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	85.41	N/A	76.78	N/A	89.99	N/A	-10.10	17.21	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	41.18	N/A	33.27	N/A	76.22	N/A	-19.21	129.14	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	13.99	No	13.89	No	12.94	No	-0.71	-6.87	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	30.16	N/A	27.62	N/A	29.27	N/A	-8.41	5.96	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	69.84	N/A	72.38	N/A	70.73	N/A	3.63	-2.28	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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