

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

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	3,569,393	N/A	4,264,825	N/A	4,672,551	N/A	19.48	9.56	Yes
*	N/A	20.60	N/A	23.63	N/A	25.10	N/A	14.70	6.25	Yes
% Encounter Claims (Claim Type=3)	N/A	0.10	N/A	0.09	N/A	0.08	N/A	-10.30	-6.69	Yes
% Supplemental Claims										
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	27.35	N/A	26.85	N/A	26.33	N/A	-1.80	-1.95	Yes
Total FFS Claims Excluding Capitation Payments	N/A	1,854,482	N/A	2,108,159	N/A	2,265,377	N/A	13.68	7.46	Yes
	5-20	16.68	Yes	15.60	Yes	13.47	Yes	-6.48	-13.66	Yes
% Crossover	> 1%	8.19	Yes	2.49	Yes	5.43	Yes	-69.64	118.37	No
% Adjusted Claims	N/A	.	N/A	73.89	N/A	87.47	N/A	N/A	18.38	No
% Standard Adjustments	N/A	\$7,151	N/A	\$421	N/A	\$309	N/A	-94.12	-26.62	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	34.48	N/A	35.20	N/A	35.19	N/A	2.08	-0.02	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	\$99	Yes	\$101	Yes	\$109	Yes	1.49	8.66	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
FS 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	1,545,197	N/A	1,779,366	N/A	1,960,323	N/A	15.15	10.17	Yes
% Claims with> \$0 Paid	>95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	13.95	N/A	14.96	N/A	14.64	N/A	7.26	-2.10	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.58	N/A	11.07	N/A	9.80	N/A	29.04	-11.46	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	82.48	N/A	58.13	N/A	52.61	N/A	-29.51	-9.50	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.78	N/A	12.64	N/A	12.75	N/A	7.33	0.90	Yes
% Claims W/ Service Place 11- Office	50-90	58.34	Yes	59.34	Yes	59.05	Yes	1.72	-0.49	Yes
% Claims W/ Service Place 12 - Home	>0-5	6.85	No	6.92	No	6.94	No	0.97	0.33	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.40	Yes	4.03	Yes	4.05	Yes	-8.22	0.42	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.74	Yes	0.63	Yes	0.25	Yes	-15.70	-59.83	No
% Claims W/ Service Place 23 - ER	1-10	2.62	Yes	2.51	Yes	2.49	Yes	-4.44	-0.53	Yes
% Claims w/ Service Place 22 - OPD	>0-10	10.51	No	9.13	Yes	8.55	Yes	-13.15	-6.42	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% Claims with TPL	>0 - 15	0.18	Yes	0.19	Yes	0.23	Yes	2.74	25.23	No
Aver. TPL Paid -claims with TPL	N/A	\$145	N/A	\$127	N/A	\$131	N/A	-12.54	3.42	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08- Physicians	10-35	12.03	Yes	10.20	Yes	9.92	No	-15.15	-2.81	Yes
% claims MAX TOS 09- Dental	2-20	17.49	Yes	16.09	Yes	15.07	Yes	-7.99	-6.36	Yes
% claims MAX TOS 10- Other Practitioners	0.5-8	1.20	Yes	1.07	Yes	1.07	Yes	-10.37	-0.10	Yes
% claims MAX TOS 11- OPD	3-25	8.06	Yes	3.75	Yes	2.86	No	-53.47	-23.73	No
% claims MAX TOS 12- Clinic	2-25	1.11	No	0.71	No	1.08	No	-35.57	51.47	No
% claims MAX TOS 13- HH	>0-25	3.43	Yes	5.22	Yes	4.95	Yes	52.21	-5.17	Yes
% claims MAX TOS 15- Lab/Xray	4-20	8.30	Yes	11.24	Yes	10.92	Yes	35.40	-2.80	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.14	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	19.22	Yes	20.03	Yes	20.39	Yes	4.19	1.80	Yes
% claims MAX TOS 51: DME	>3	5.14	Yes	4.85	Yes	4.92	Yes	-5.69	1.36	Yes
% claims MAX TOS 26: Transportation	>1	1.25	Yes	1.08	Yes	0.97	No	-13.73	-9.46	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-49.30	-3.35	Yes
% claims MAX TOS 25: Abortions	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-43.18	-28.07	No
% claims MAX TOS 30: PCS	>0	0.78	Yes	1.74	Yes	1.86	Yes	121.70	6.88	Yes
% claims MAX TOS 31: TCM	>0	0.78	Yes	0.64	Yes	0.84	Yes	-17.94	32.01	No
% claims MAX TOS 33: Rehabilitation	>0	9.39	Yes	11.25	Yes	12.55	Yes	19.86	11.56	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.02	Yes	0.03	Yes	-10.53	10.48	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	0.46	N/A	0.92	N/A	1.07	N/A	99.26	16.76	No
% claims MAX TOS 53: Psych. Services	>1	7.56	Yes	7.59	Yes	7.66	Yes	0.42	0.88	Yes
% claims MAX TOS 54: Adult Day Care	>0	3.76	Yes	3.58	Yes	3.69	Yes	-4.71	3.06	Yes
% 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	\$120	N/A	\$132	N/A	\$146	N/A	10.20	10.77	Yes
08: Physicians	\$20-90	\$38	Yes	\$37	Yes	\$39	Yes	-1.74	4.36	Yes
09: Dental	\$10-100	\$36	Yes	\$36	Yes	\$38	Yes	1.11	4.65	Yes
10: Other Practitioner	\$10-100	\$23	Yes	\$23	Yes	\$24	Yes	1.14	1.29	Yes
11: OPD	\$20-100	\$158	No	\$225	No	\$225	No	42.60	-0.15	Yes
12: Clinic	\$20-100	\$138	No	\$149	No	\$125	No	8.45	-16.44	No
13: HH	N/A	\$323	N/A	\$189	N/A	\$186	N/A	-41.37	-1.83	Yes
15: Lab/Xray	10-60	\$12	Yes	\$46	Yes	\$54	Yes	277.08	15.72	No
16: Drugs	10-60	.	No	.	No	\$12	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$53	N/A	\$53	N/A	\$54	N/A	-0.48	2.95	Yes
51: DME	N/A	\$101	N/A	\$97	N/A	\$124	N/A	-4.55	27.74	No
26: Transportation	N/A	\$36	N/A	\$37	N/A	\$43	N/A	0.45	16.63	No
30: PCS	N/A	\$139	N/A	\$122	N/A	\$129	N/A	-12.57	6.27	Yes
31: Targeted Case Management	N/A	\$76	N/A	\$93	N/A	\$94	N/A	21.89	1.45	Yes
33: Rehabilitation	N/A	\$317	N/A	\$282	N/A	\$248	N/A	-11.09	-11.95	Yes
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
35: Hospice	N/A	\$1,897	N/A	\$1,901	N/A	\$1,951	N/A	0.20	2.65	Yes
52: Residential Care	N/A	\$555	N/A	\$1,750	N/A	\$2,812	N/A	215.08	60.67	No
53: Psych. Services	N/A	\$144	N/A	\$146	N/A	\$145	N/A	0.87	-0.32	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$559	N/A	\$555	N/A	\$540	N/A	-0.74	-2.68	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.06	N/A	0.03	N/A	0.03	N/A	-48.03	13.17	Yes
	N/A	0.02	N/A	0.02	N/A	0.02	N/A	1.69	-17.48	No

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(code 4)	N/A	1.54	N/A	1.02	N/A	1.61	N/A	-34.09	58.73	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	3.47	N/A	6.56	N/A	6.57	N/A	88.98	0.13	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$138	N/A	\$164	N/A	\$107	N/A	19.28	-34.91	No
RHC (code 3)	N/A	\$27	N/A	\$24	N/A	\$24	N/A	-9.51	-0.08	Yes
FQHC (code 4)	N/A	\$83	N/A	\$81	N/A	\$88	N/A	-3.00	9.66	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$261	N/A	\$155	N/A	\$157	N/A	-40.51	0.92	Yes
% Claims with DX	> 60	100.00	Yes	100.00	Yes	100.00	Yes	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	16.98	N/A	15.53	N/A	16.48	N/A	-8.51	6.06	Yes
% Claims with DX, where length=3	5-25	11.02	Yes	10.69	Yes	9.37	Yes	-2.99	-12.32	Yes
% Claims with DX, where length=4	40-70	63.24	Yes	63.55	Yes	63.38	Yes	0.48	-0.26	Yes
% Claims with DX, where length=5	20-55	25.74	Yes	25.77	Yes	27.25	Yes	0.09	5.76	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	99.94	Yes	99.95	Yes	99.74	Yes	0.01	-0.21	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	28.05	N/A	25.48	N/A	24.60	N/A	-9.15	-3.48	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	71.95	N/A	74.52	N/A	75.40	N/A	3.57	1.19	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	-54.86	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	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	99.02	N/A	97.59	N/A	95.74	N/A	-1.44	-1.90	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims</b>										
Total Number of Claims	N/A	309,285	N/A	328,793	N/A	305,054	N/A	6.31	-7.22	Yes
% Claims with> \$0 Paid	>95%	99.98	Yes	100.00	Yes	100.00	Yes	0.02	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	9.82	N/A	9.67	N/A	9.71	N/A	-1.56	0.42	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.90	N/A	9.27	N/A	9.99	N/A	4.21	7.72	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	9.97	N/A	9.74	N/A	9.65	N/A	-2.28	-0.88	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	46.75	N/A	45.33	N/A	43.10	N/A	-3.05	-4.91	Yes
% claims MAX TOS 10: Other Practitioners <sup>r</sup>	N/A	7.75	N/A	7.35	N/A	6.83	N/A	-5.08	-7.14	Yes
% claims MAX TOS 11: OPD	N/A	13.51	N/A	14.97	N/A	16.69	N/A	10.77	11.52	Yes
% claims MAX TOS 12: Clinic	N/A	2.31	N/A	2.50	N/A	2.84	N/A	8.17	13.41	Yes
% 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	17.50	N/A	18.27	N/A	17.47	N/A	4.40	-4.39	Yes
% claims MAX TOS 19: Other Services	N/A	6.53	N/A	6.68	N/A	7.40	N/A	2.33	10.79	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 <sup>n</sup>	N/A	0.57	N/A	0.59	N/A	2.15	N/A	2.60	264.73	No
% 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	5.06	N/A	4.30	N/A	3.50	N/A	-15.05	-18.44	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	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	\$3,401	N/A	\$28	N/A	\$29	N/A	-99.19	5.72	Yes
% Claims with DX	N/A	99.78	N/A	99.97	N/A	99.98	N/A	0.19	0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.67	Yes	99.96	Yes	99.98	Yes	0.30	0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	44.38	N/A	43.91	N/A	47.45	N/A	-1.06	8.07	Yes
% Claims with DX, where length=3	5-25	9.24	Yes	9.03	Yes	8.91	Yes	-2.28	-1.39	Yes
% Claims with DX, where length=4	40-70	46.58	Yes	46.73	Yes	45.70	Yes	0.33	-2.20	Yes
% Claims with DX, where length=5	20-55	44.18	Yes	44.24	Yes	45.39	Yes	0.13	2.60	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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