

1999-2001 MAX OT Validation Table
State: MT

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	2,786,376	N/A	2,742,339	N/A	3,011,530	N/A	-1.58	9.82	Yes
*	N/A	2.85	N/A	0.32	N/A	0.02	N/A	-88.65	-94.64	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	26.29	N/A	16.00	N/A	17.52	N/A	-39.13	9.50	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,974,479	N/A	2,294,641	N/A	2,483,324	N/A	16.22	8.22	Yes
Total FFS Claims Excluding Capitation Payments	5-20	9.84	Yes	9.53	Yes	9.96	Yes	-3.11	4.48	Yes
% Crossover	> 1%	5.06	Yes	4.03	Yes	1.74	Yes	-20.30	-56.93	No
% Adjusted Claims	N/A	.	N/A	85.73	N/A	71.71	N/A	N/A	-16.36	No
% Standard Adjustments	N/A	\$76	N/A	\$142	N/A	\$133	N/A	86.96	-6.10	Yes
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	0.89	N/A	0.41	N/A	0.00	N/A	-54.32	-99.66	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	10.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	16.17	N/A	15.64	N/A	17.52	N/A	-3.22	12.01	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$162	Yes	\$176	Yes	\$108	Yes	8.79	-38.56	No
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$61	Yes	.	No	.	No	N/A	N/A	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.10	0.08	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	1,780,183	N/A	2,075,860	N/A	2,235,943	N/A	16.61	7.71	Yes
% Claims with> \$0 Paid	>95%	99.96	Yes	100.00	Yes	100.00	Yes	0.04	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	8.25	N/A	8.97	N/A	9.68	N/A	8.80	7.92	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.20	N/A	16.02	N/A	13.33	N/A	74.10	-16.78	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	86.92	N/A	89.24	N/A	89.87	N/A	2.67	0.71	Yes
% Other Claims with Span Bills/All Other Claims	N/A	8.04	N/A	8.68	N/A	9.53	N/A	8.05	9.67	Yes
% Claims W/ Service Place 11- Office	50-90	39.49	No	40.92	No	44.53	No	3.64	8.82	Yes
% Claims W/ Service Place 12 - Home	>0-5	27.55	No	23.47	No	18.56	No	-14.82	-20.91	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.97	Yes	3.73	Yes	4.08	Yes	-6.15	9.35	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.36	Yes	0.44	Yes	0.33	Yes	22.64	-24.53	No
% Claims W/ Service Place 23 - ER	1-10	4.19	Yes	3.97	Yes	4.53	Yes	-5.33	14.07	Yes
% Claims w/ Service Place 22 - OPD	>0-10	13.86	No	13.78	No	13.33	No	-0.57	-3.29	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.15	Yes	2.32	Yes	2.56	Yes	7.98	10.34	N/A
% Claims with TPL	>0 - 15	0.10	Yes	0.08	Yes	0.10	Yes	-11.42	14.51	Yes
Aver. TPL Paid -claims with TPL	N/A	\$126	N/A	\$122	N/A	\$125	N/A	-3.47	2.47	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	24.81	Yes	16.81	Yes	16.84	Yes	-32.22	0.17	Yes
% claims MAX TOS 09: Dental	2-20	6.93	Yes	6.05	Yes	6.18	Yes	-12.77	2.26	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	6.62	Yes	3.69	Yes	4.13	Yes	-44.25	11.86	Yes
% claims MAX TOS 11: OPD	3-25	5.79	Yes	2.77	No	2.35	No	-52.10	-15.37	No
% claims MAX TOS 12: Clinic	2-25	7.32	Yes	1.79	No	2.01	Yes	-75.55	12.09	Yes
% claims MAX TOS 13: HH	>0-25	0.18	Yes	0.10	Yes	0.08	Yes	-42.26	-18.02	No
% claims MAX TOS 15: Lab/Xray	4-20	2.25	No	11.70	Yes	12.06	Yes	419.13	3.04	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.20	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	16.14	Yes	12.80	Yes	11.29	Yes	-20.68	-11.80	Yes
% claims MAX TOS 51: DME	>3	5.92	Yes	5.96	Yes	6.03	Yes	0.70	1.14	Yes
% claims MAX TOS 26: Transportation	>1	1.56	Yes	1.15	Yes	1.27	Yes	-26.06	10.20	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	28.63	116.63	No
% claims MAX TOS 25: Abortions	N/A	0.07	N/A	0.18	N/A	0.12	N/A	142.39	-30.82	No
% claims MAX TOS 30: PCS	>0	16.35	Yes	12.98	Yes	8.93	Yes	-20.58	-31.24	No
% claims MAX TOS 31: TCM	>0	3.00	Yes	2.72	Yes	3.34	Yes	-9.28	22.84	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.03	No	0.04	No	N/A	22.08	N/A
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.01	Yes	-3.86	-17.51	No
% 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	2.33	N/A	1.77	N/A	2.04	N/A	-24.32	15.27	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	0.24	N/A	0.30	N/A	0.37	N/A	22.55	25.36	No
% claims MAX TOS 53: Psych. Services	>1	0.33	No	15.12	Yes	18.79	Yes	4503.73	24.27	No
% claims MAX TOS 54: Adult Day Care	>0	0.06	Yes	4.05	Yes	3.92	Yes	6413.84	-3.25	Yes
% claims MAX TOS 99: Unknown	<1	0.07	Yes	0.01	Yes	0.00	Yes	-91.17	-100.00	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$78	N/A	\$88	N/A	\$92	N/A	13.41	4.31	Yes
08: Physicians	\$20-90	\$63	Yes	\$77	Yes	\$79	Yes	22.61	1.87	Yes
09: Dental	\$10-60	\$40	Yes	\$42	Yes	\$46	Yes	5.16	10.11	Yes
10: Other Practitioner	\$10-100	\$45	Yes	\$49	Yes	\$47	Yes	8.04	-3.94	Yes
11: OPD	\$20-100	\$164	No	\$303	No	\$273	No	84.75	-9.89	Yes
12: Clinic	\$20-100	\$52	Yes	\$88	Yes	\$101	No	68.94	13.98	Yes
13: HH	N/A	\$346	N/A	\$405	N/A	\$403	N/A	16.88	-0.45	Yes
15: Lab/Xray	10-60	\$14	Yes	\$41	Yes	\$41	Yes	200.11	1.34	Yes
16: Drugs	10-60	.	No	.	No	\$56	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$129	N/A	\$115	N/A	\$122	N/A	-11.09	6.18	Yes
51: DME	N/A	\$70	N/A	\$81	N/A	\$88	N/A	15.82	8.92	Yes
26: Transportation	N/A	\$49	N/A	\$63	N/A	\$67	N/A	28.95	7.17	Yes
30: PCS	N/A	\$64	N/A	\$74	N/A	\$110	N/A	14.81	50.20	No
31: Targeted Case Management	N/A	\$45	N/A	\$49	N/A	\$49	N/A	9.07	-0.02	Yes
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	\$261	N/A	\$229	N/A	N/A	-12.27	N/A
35: Hospice	N/A	\$2,133	N/A	\$2,174	N/A	\$2,282	N/A	1.91	4.98	Yes
52: Residential Care	N/A	\$1,050	N/A	\$984	N/A	\$962	N/A	-6.35	-2.23	Yes
53: Psych. Services	N/A	\$61	N/A	\$120	N/A	\$113	N/A	98.44	-5.61	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$266	N/A	\$44	N/A	\$49	N/A	-83.63	12.96	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.69	N/A	0.58	N/A	0.66	N/A	-16.17	14.52	Yes
	N/A	1.02	N/A	1.14	N/A	1.26	N/A	12.16	10.54	Yes

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(code 4)	N/A	1.17	N/A	1.12	N/A	1.18	N/A	-4.02	5.23	Yes
% FQHC (code 5)	N/A	4.13	N/A	4.37	N/A	3.65	N/A	5.77	-16.41	N/A
% IHS Waiver (code 6,7)	N/A	9.97	N/A	8.81	N/A	8.51	N/A	-11.69	-3.42	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$108	N/A	\$134	N/A	\$135	N/A	23.53	0.96	Yes
RHC (code 3)	N/A	\$57	N/A	\$69	N/A	\$78	N/A	20.86	13.02	Yes
FQHC (code 4)	N/A	\$72	N/A	\$74	N/A	\$83	N/A	3.47	11.57	Yes
IHS (code 5)	N/A	\$178	N/A	\$193	N/A	\$199	N/A	8.36	2.94	N/A
Waiver (code 6-7)	N/A	\$98	N/A	\$114	N/A	\$127	N/A	16.14	11.93	Yes
% Claims with DX	> 60	93.07	Yes	93.96	Yes	93.82	Yes	0.95	-0.15	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	25.31	N/A	29.90	N/A	32.44	N/A	18.16	8.48	Yes
% Claims with DX, where length=3	5-25	11.27	Yes	10.22	Yes	9.27	Yes	-9.29	-9.30	Yes
% Claims with DX, where length=4	40-70	54.96	Yes	49.97	Yes	48.42	Yes	-9.09	-3.11	Yes
% Claims with DX, where length=5	20-55	33.77	Yes	39.81	Yes	42.31	Yes	17.89	6.29	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	93.33	No	93.32	No	93.43	No	-0.02	0.13	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	44.03	N/A	44.83	N/A	47.33	N/A	1.82	5.56	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	55.40	N/A	54.62	N/A	52.05	N/A	-1.41	-4.71	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.57	N/A	0.54	N/A	0.62	N/A	-3.94	14.49	Yes
% 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	99.65	N/A	99.97	N/A	100.00	N/A	0.32	0.03	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	194,296	N/A	218,781	N/A	247,381	N/A	12.60	13.07	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	13.02	N/A	13.26	N/A	12.88	N/A	1.89	-2.86	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	14.40	N/A	12.83	N/A	15.08	N/A	-10.86	17.49	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	92.31	N/A	100.00	N/A	-7.69	8.33	N/A
% Other Claims with Span Bills/All Other Claims	N/A	12.82	N/A	13.31	N/A	12.74	N/A	3.81	-4.27	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	62.10	N/A	60.12	N/A	58.73	N/A	-3.19	-2.31	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	6.68	N/A	7.40	N/A	7.80	N/A	10.75	5.42	Yes
% claims MAX TOS 11: OPD	N/A	11.71	N/A	10.78	N/A	5.99	N/A	-8.01	-44.40	No
% claims MAX TOS 12: Clinic	N/A	5.11	N/A	6.78	N/A	7.00	N/A	32.70	3.20	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-55.60	-38.77	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.12	N/A	0.41	N/A	4.32	N/A	255.63	948.51	No
% claims MAX TOS 19: Other Services	N/A	3.56	N/A	8.84	N/A	8.83	N/A	148.31	-0.14	Yes
% claims MAX TOS 51: DME	N/A	6.31	N/A	0.10	N/A	1.33	N/A	-98.45	1263.36	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	1.24	N/A	1.43	N/A	1.50	N/A	15.32	4.37	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	0.00	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 ^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	0.03	N/A	0.00	N/A	5494.93	-98.60	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	\$34	N/A	\$35	N/A	\$34	N/A	3.28	-3.23	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	38.83	N/A	40.96	N/A	43.15	N/A	5.46	5.35	Yes
% Claims with DX, where length=3	5-25	11.38	Yes	10.82	Yes	10.67	Yes	-4.98	-1.32	Yes
% Claims with DX, where length=4	40-70	49.98	Yes	48.07	Yes	46.67	Yes	-3.83	-2.92	Yes
% Claims with DX, where length=5	20-55	38.63	Yes	41.11	Yes	42.66	Yes	6.43	3.76	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.89	N/A	99.99	N/A	99.99	N/A	0.10	0.00	N/A
% 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	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	95.67	No	95.22	No	90.33	No	-0.47	-5.13	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	1.98	N/A	2.08	N/A	2.49	N/A	5.14	19.64	N/A

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