

1999-2001 MAX OT Validation Table
State: OR

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	21,358,574	N/A	22,169,708	N/A	23,840,724	N/A	3.80	7.54	Yes
*	N/A	28.78	N/A	28.62	N/A	26.77	N/A	-0.55	-6.47	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	51.66	N/A	49.40	N/A	47.49	N/A	-4.37	-3.87	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	4,177,531	N/A	4,871,830	N/A	6,136,918	N/A	16.62	25.97	No
Total FFS Claims Excluding Capitation Payments	5-20	6.82	Yes	7.30	Yes	8.79	Yes	7.06	20.47	No
% Crossover	> 1%	2.86	Yes	3.14	Yes	2.56	Yes	9.89	-18.32	No
% Adjusted Claims	N/A	.	N/A	82.97	N/A	87.10	N/A	N/A	4.98	Yes
% Standard Adjustments	N/A	\$122	N/A	\$109	N/A	\$153	N/A	-10.54	39.90	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	22.99	N/A	20.92	N/A	18.08	N/A	-8.98	-13.58	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	48.74	N/A	47.33	N/A	45.96	N/A	-2.89	-2.90	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.80	N/A	0.95	N/A	0.81	N/A	18.74	-15.64	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$164	Yes	\$171	Yes	\$178	Yes	4.10	4.17	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$26	Yes	\$28	Yes	\$28	Yes	5.16	2.47	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$4	Yes	\$6	No	\$6	No	50.63	0.00	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	3,892,736	N/A	4,516,266	N/A	5,597,318	N/A	16.02	23.94	No
% 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	12.37	N/A	11.97	N/A	10.87	N/A	-3.22	-9.20	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.18	N/A	4.39	N/A	2.81	N/A	38.11	-36.17	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	15.37	N/A	17.00	N/A	12.39	N/A	10.59	-27.13	No
% Other Claims with Span Bills/All Other Claims	N/A	13.65	N/A	12.50	N/A	11.48	N/A	-8.43	-8.14	Yes
% Claims W/ Service Place 11- Office	50-90	16.54	No	17.89	No	18.67	No	8.16	4.35	Yes
% Claims W/ Service Place 12 - Home	>0-5	11.91	No	11.42	No	10.54	No	-4.11	-7.71	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.94	Yes	2.94	Yes	3.03	Yes	0.06	3.06	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.12	Yes	0.09	Yes	0.11	Yes	-21.75	18.22	No
% Claims W/ Service Place 23 - ER	1-10	1.21	Yes	1.43	Yes	1.96	Yes	17.97	37.20	No
% Claims w/ Service Place 22 - OPD	>0-10	14.54	No	15.36	No	18.35	No	5.62	19.45	No
% Claims W/ Service Place 99 - Unknown/Other	<5	7.94	No	8.21	No	6.96	No	3.31	-15.17	N/A
% Claims with TPL	>0 - 15	0.38	Yes	0.36	Yes	0.35	Yes	-4.91	-3.32	Yes
Aver. TPL Paid -claims with TPL	N/A	\$56	N/A	\$67	N/A	\$73	N/A	20.59	8.59	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	8.33	No	8.86	No	9.97	No	6.40	12.50	Yes
% claims MAX TOS 09: Dental	2-20	0.77	No	0.59	No	0.31	No	-23.13	-47.51	No
% claims MAX TOS 10: Other Practitioners	0.5-8	3.34	Yes	3.38	Yes	2.87	Yes	1.06	-15.17	No
% claims MAX TOS 11: OPD	3-25	12.27	Yes	6.61	Yes	7.07	Yes	-46.14	7.03	Yes
% claims MAX TOS 12: Clinic	2-25	3.16	Yes	3.05	Yes	3.01	Yes	-3.46	-1.41	Yes
% claims MAX TOS 13: HH	>0-25	0.15	Yes	0.16	Yes	0.13	Yes	7.23	-17.82	No
% claims MAX TOS 15: Lab/Xray	4-20	5.58	Yes	13.44	Yes	15.17	Yes	141.12	12.80	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.20	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	9.85	Yes	9.29	Yes	8.28	Yes	-5.68	-10.90	Yes
% claims MAX TOS 51: DME	>3	2.47	No	2.84	No	4.35	Yes	15.02	52.92	No
% claims MAX TOS 26: Transportation	>1	31.75	Yes	30.81	Yes	27.69	Yes	-2.96	-10.12	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.02	N/A	0.01	N/A	19.01	-16.62	No
% claims MAX TOS 25: Abortions	N/A	0.16	N/A	0.14	N/A	0.12	N/A	-11.32	-14.48	Yes
% claims MAX TOS 30: PCS	>0	1.51	Yes	1.33	Yes	1.21	Yes	-11.84	-8.95	Yes
% claims MAX TOS 31: TCM	>0	4.85	Yes	4.41	Yes	3.69	Yes	-9.08	-16.36	No
% claims MAX TOS 33: Rehabilitation	>0	0.76	Yes	0.67	Yes	0.83	Yes	-11.45	23.03	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.27	No	0.38	No	0.42	No	41.40	11.24	N/A
% claims MAX TOS 35: Hospice	>0	0.04	Yes	0.05	Yes	0.05	Yes	25.42	-1.94	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.03	N/A	0.03	N/A	0.03	N/A	-13.05	-3.92	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.49	N/A	0.48	N/A	0.59	N/A	-1.30	22.35	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.05	N/A	0.05	N/A	0.02	N/A	-12.15	-52.21	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	1.03	N/A	1.15	N/A	1.11	N/A	12.23	-3.97	Yes
% claims MAX TOS 53: Psych. Services	>1	13.04	Yes	12.15	Yes	11.80	Yes	-6.83	-2.91	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.07	Yes	0.06	Yes	0.05	Yes	-10.73	-9.01	Yes
% claims MAX TOS 99: Unknown	<1	0.01	Yes	0.03	Yes	0.01	Yes	180.31	-52.06	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$103	N/A	\$104	N/A	\$102	N/A	1.57	-1.74	Yes
08: Physicians	\$20-90	\$71	Yes	\$78	Yes	\$80	Yes	9.83	3.47	Yes
09: Dental	\$10-60	\$29	Yes	\$31	Yes	\$33	Yes	7.06	5.02	Yes
10: Other Practitioner	\$10-100	\$141	No	\$129	No	\$132	No	-8.04	1.83	Yes
11: OPD	\$20-100	\$56	Yes	\$79	Yes	\$85	Yes	41.66	7.94	Yes
12: Clinic	\$20-100	\$96	Yes	\$95	Yes	\$108	No	-0.85	13.70	Yes
13: HH	N/A	\$95	N/A	\$94	N/A	\$102	N/A	-0.89	8.12	Yes
15: Lab/Xray	10-60	\$20	Yes	\$23	Yes	\$24	Yes	16.25	3.81	Yes
16: Drugs	10-60	.	No	.	No	\$16	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$346	N/A	\$347	N/A	\$344	N/A	0.23	-0.81	Yes
51: DME	N/A	\$57	N/A	\$59	N/A	\$59	N/A	4.86	0.33	Yes
26: Transportation	N/A	\$11	N/A	\$12	N/A	\$13	N/A	13.13	9.86	Yes
30: PCS	N/A	\$79	N/A	\$82	N/A	\$82	N/A	3.55	-0.15	Yes
31: Targeted Case Management	N/A	\$326	N/A	\$347	N/A	\$373	N/A	6.20	7.66	Yes
33: Rehabilitation	N/A	\$81	N/A	\$81	N/A	\$142	N/A	0.07	75.46	No
34: PT/OT/speech/hear	N/A	\$32	N/A	\$34	N/A	\$35	N/A	4.57	4.21	N/A
35: Hospice	N/A	\$308	N/A	\$278	N/A	\$398	N/A	-9.67	42.92	No
52: Residential Care	N/A	\$1,008	N/A	\$1,071	N/A	\$1,098	N/A	6.22	2.49	Yes
53: Psych. Services	N/A	\$95	N/A	\$107	N/A	\$110	N/A	13.02	1.95	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$428	N/A	\$460	N/A	\$464	N/A	7.61	0.80	Yes
% Family Planning (code 2)										
% RHC (code 3)	N/A	0.28	N/A	0.26	N/A	0.23	N/A	-7.13	-13.26	Yes
	N/A	1.72	N/A	1.65	N/A	1.81	N/A	-4.16	9.41	Yes

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(code 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 5)	N/A	0.39	N/A	0.39	N/A	0.38	N/A	-1.33	-0.88	N/A
% IHS Waiver (code 6,7)	N/A	12.12	N/A	11.70	N/A	10.57	N/A	-3.48	-9.71	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$90	N/A	\$90	N/A	\$86	N/A	-0.06	-4.66	Yes
RHC (code 3)	N/A	\$97	N/A	\$96	N/A	\$107	N/A	-1.12	11.35	Yes
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 5)	N/A	\$163	N/A	\$164	N/A	\$173	N/A	0.76	4.93	N/A
Waiver (code 6-7)	N/A	\$415	N/A	\$442	N/A	\$459	N/A	6.42	3.77	Yes
% Claims with DX	> 60	51.08	No	53.15	No	58.25	No	4.04	9.60	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	29.13	N/A	31.40	N/A	33.39	N/A	7.78	6.33	Yes
% Claims with DX, where length=3	5-25	3.92	No	3.91	No	3.84	No	-0.40	-1.85	Yes
% Claims with DX, where length=4	40-70	42.86	Yes	43.68	Yes	43.15	Yes	1.92	-1.22	Yes
% Claims with DX, where length=5	20-55	53.21	Yes	52.40	Yes	53.01	Yes	-1.52	1.16	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	99.95	Yes	99.94	Yes	98.80	Yes	-0.01	-1.14	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	26.27	N/A	28.57	N/A	34.08	N/A	8.75	19.29	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	7.71	N/A	7.90	N/A	8.34	N/A	2.46	5.60	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	66.02	N/A	63.53	N/A	57.58	N/A	-3.77	-9.37	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	45.47	N/A	48.98	N/A	35.37	N/A	7.71	-27.78	No
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	284,795	N/A	355,564	N/A	539,600	N/A	24.85	51.76	No
% Claims with> \$0 Paid	>95%	99.52	Yes	100.00	Yes	100.00	Yes	0.48	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	6.72	N/A	4.74	N/A	3.36	N/A	-29.41	-29.13	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.27	N/A	14.98	N/A	9.57	N/A	12.87	-36.13	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.61	N/A	1.07	N/A	1.44	N/A	75.43	33.74	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	15.02	N/A	15.45	N/A	13.80	N/A	2.91	-10.72	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	1.18	N/A	1.40	N/A	1.26	N/A	18.48	-10.06	Yes
% claims MAX TOS 11: OPD	N/A	48.21	N/A	26.37	N/A	23.66	N/A	-45.31	-10.27	Yes
% claims MAX TOS 12: Clinic	N/A	0.21	N/A	0.33	N/A	0.29	N/A	57.20	-10.68	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-29.92	-100.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	2.88	N/A	21.66	N/A	23.67	N/A	653.38	9.29	Yes
% claims MAX TOS 19: Other Services	N/A	4.34	N/A	1.44	N/A	1.57	N/A	-66.77	8.57	Yes
% claims MAX TOS 51: DME	N/A	21.57	N/A	26.91	N/A	31.14	N/A	24.73	15.72	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	0.66	N/A	0.65	N/A	0.92	N/A	-0.71	40.53	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	-88.56	-100.00	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.06	N/A	0.04	N/A	0.09	N/A	-21.94	107.16	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.22	N/A	0.34	N/A	0.25	N/A	55.06	-27.40	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	1.03	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	13.04	N/A	4.63	N/A	2.30	N/A	-64.49	-50.44	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.07	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$126	N/A	\$121	N/A	\$116	N/A	-3.55	-4.40	Yes
% Claims with DX	N/A	99.80	N/A	99.83	N/A	99.73	N/A	0.04	-0.11	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	48.95	N/A	48.30	N/A	50.92	N/A	-1.35	5.42	Yes
% Claims with DX, where length=3	5-25	12.61	Yes	12.64	Yes	11.42	Yes	0.29	-9.66	Yes
% Claims with DX, where length=4	40-70	35.66	No	35.38	No	36.35	No	-0.77	2.73	Yes
% Claims with DX, where length=5	20-55	51.73	Yes	51.97	Yes	52.23	Yes	0.46	0.49	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	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	100.00	Yes	94.70	No	0.00	-5.30	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	58.13	N/A	55.09	N/A	55.83	N/A	-5.22	1.34	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	25.21	N/A	29.48	N/A	32.59	N/A	16.94	10.55	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	16.66	N/A	15.43	N/A	11.59	N/A	-7.40	-24.92	N/A

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