

**2002-2004 MAX OT Validation Table
State: KS**

Measure	Expected Range	2002		2003		2004		% Change 2002 - 2003	% Change 2003 - 2004	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	8,270,954	N/A	9,556,856	N/A	11,688,018	N/A	15.55	22.30	No
	N/A	6.25	N/A	11.89	N/A	10.72	N/A	90.23	-9.80	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Supplemental Claims	N/A	21.16	N/A	20.25	N/A	24.08	N/A	-4.29	18.92	No
Total FFS Claims Excluding Capitation Payments	N/A	6,004,082	N/A	6,484,997	N/A	7,618,222	N/A	8.01	17.47	No
	5-20	9.68	Yes	11.04	Yes	8.02	Yes	14.06	-27.40	No
% Crossover	> 1%	5.97	Yes	7.28	Yes	16.66	Yes	21.88	128.80	No
% Adjusted Claims	N/A	78.03	N/A	65.84	N/A	80.57	N/A	-15.60	22.37	No
% Standard Adjustments	N/A	\$279	N/A	\$115	N/A	\$149	N/A	-58.80	29.51	No
Average Paid per HMO Cap Payment	N/A	11.65	N/A	12.31	N/A	19.40	N/A	5.68	57.59	No
% 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
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	11.17	N/A	10.67	N/A	7.57	N/A	-4.45	-29.00	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$142	Yes	\$112	Yes	\$85	Yes	-21.10	-24.30	No
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$2	No	\$2	No	\$2	No	-0.01	-0.89	Yes
FS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1998										
Total Number of Claims	N/A	5,423,012	N/A	5,769,155	N/A	7,007,348	N/A	6.38	21.46	No
% Claims with> \$0 Paid	>95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with Span Bill	N/A	18.89	N/A	16.90	N/A	14.21	N/A	-10.50	-15.90	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.37	N/A	0.28	N/A	0.00	N/A	-23.10	-100.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	25.98	N/A	20.78	N/A	22.09	N/A	-20.00	6.34	Yes
% Other Claims with Span Bills/All Other Claims	N/A	19.43	N/A	17.22	N/A	14.95	N/A	-11.40	-13.20	Yes
% Claims W/ Service Place 11- Office	50-90	28.79	No	30.41	No	27.94	No	5.64	-8.14	Yes
% Claims W/ Service Place 12 - Home	>0-5	18.82	No	18.25	No	15.94	No	-3.03	-12.70	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.01	Yes	4.12	Yes	3.99	Yes	2.95	-3.34	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.33	Yes	0.31	Yes	0.27	Yes	-5.09	-11.90	Yes
% Claims W/ Service Place 23 - ER	1-10	6.36	Yes	4.95	Yes	1.99	Yes	-22.20	-59.90	No
% Claims w/ Service Place 22 - OPD	>0-10	8.90	Yes	6.63	Yes	16.97	No	-25.50	156.00	No
% Claims W/ Service Place 99 - Unknown/Other	<5	14.70	No	14.70	No	11.39	No	0.00	-22.50	No
% Claims with TPL	>0 - 15	0.41	Yes	0.41	Yes	0.52	Yes	-1.49	27.71	No
Aver. TPL Paid -claims with TPL	N/A	\$50	N/A	\$44	N/A	\$47	N/A	-11.30	7.33	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	14.45	Yes	15.78	Yes	13.93	Yes	9.16	-11.70	Yes
% claims MAX TOS 09: Dental	2-20	7.11	Yes	6.97	Yes	8.12	Yes	-2.03	16.45	No
% claims MAX TOS 10: Other Practioner	0.5-8	0.95	Yes	1.49	Yes	0.78	Yes	56.65	-47.70	No
% claims MAX TOS 11: OPD	3-25	3.84	Yes	2.63	No	6.54	Yes	-31.60	149.00	No
% claims MAX TOS 12: Clinic	2-25	6.18	Yes	6.97	Yes	8.46	Yes	12.73	21.47	No
% claims MAX TOS 13: HH	>0-25	2.88	Yes	3.57	Yes	3.34	Yes	24.06	-6.45	Yes
% claims MAX TOS 16: Lab/Xray	4-20	16.00	Yes	13.44	Yes	16.43	Yes	-16.00	22.23	No
% claims MAX TOS 16: Drugs	<3	0.22	Yes	0.37	Yes	0.34	Yes	71.59	-8.63	Yes
% claims MAX TOS 19: Other Services	<25	3.27	Yes	6.04	Yes	11.85	Yes	84.71	96.19	No
% claims MAX TOS 51: DME	>3	3.18	Yes	2.58	No	3.27	Yes	-18.90	27.08	No
% claims MAX TOS 26: Transportation	>1	3.15	Yes	3.66	Yes	3.33	Yes	16.18	-9.08	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.21	N/A	0.12	N/A	0.01	N/A	-40.40	-92.20	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-53.20	394.00	No
% claims MAX TOS 30: PCS	>0	7.94	Yes	5.76	Yes	0.56	Yes	-27.40	-90.20	No
% claims MAX TOS 31: TCM	>0	4.20	Yes	3.73	Yes	3.16	Yes	-11.20	-15.50	No
% claims MAX TOS 33: Rehabilitation	>0	0.67	Yes	0.07	Yes	0.07	Yes	-89.10	-4.38	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.25	No	0.21	No	0.18	No	-15.70	-18.50	No
% claims MAX TOS 35: Hospice	>0	0.10	Yes	0.02	Yes	0.11	Yes	-81.50	503.60	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-7.83	22.83	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.15	N/A	0.20	N/A	0.61	N/A	34.64	208.10	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 52: Residential Care	N/A	3.51	N/A	1.97	N/A	1.61	N/A	-43.90	-18.10	No
% claims MAX TOS 53: Psych. Services	>1	19.62	Yes	22.25	Yes	17.23	Yes	13.40	-22.60	No
% claims MAX TOS 54: Adult Day Care	>0	2.09	Yes	2.14	Yes	0.04	Yes	2.58	-97.90	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.01	Yes	0.03	Yes	.	351.70	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$121	N/A	\$122	N/A	\$122	N/A	0.89	0.15	Yes
08: Physicians	\$20-90	\$65	Yes	\$63	Yes	\$66	Yes	-2.47	5.05	Yes
09: Dental	\$10-60	\$44	Yes	\$42	Yes	\$43	Yes	-3.15	1.63	Yes
10: Other Practioner	\$10-100	\$32	Yes	\$33	Yes	\$24	Yes	1.34	-25.70	No
11: OPD	\$20-100	\$53	Yes	\$50	Yes	\$56	Yes	-6.56	11.57	Yes
12: Clinic	\$20-100	\$50	Yes	\$54	Yes	\$71	Yes	7.36	33.09	No
13: HH	N/A	\$152	N/A	\$58	N/A	\$62	N/A	-61.60	6.61	Yes
15: Lab/Xray	10-60	\$22	Yes	\$22	Yes	\$24	Yes	-0.61	9.69	Yes
16: Drugs	10-60	\$38	Yes	\$26	Yes	\$28	Yes	-31.60	8.53	Yes
19: Other Services	N/A	\$149	N/A	\$262	N/A	\$332	N/A	76.06	26.60	No
51: DME	N/A	\$83	N/A	\$91	N/A	\$69	N/A	9.99	-24.00	No
26: Transportation	N/A	\$48	N/A	\$31	N/A	\$31	N/A	-35.10	-3.10	Yes
30: PCS	N/A	\$326	N/A	\$309	N/A	\$399	N/A	-5.40	29.45	No
31: Targeted Case Management	N/A	\$94	N/A	\$154	N/A	\$209	N/A	63.98	35.54	No
33: Rehabilitation	N/A	\$172	N/A	\$56	N/A	\$58	N/A	-67.40	3.75	Yes
34: PT/OT/speech/hear	N/A	\$41	N/A	\$32	N/A	\$31	N/A	-20.40	-3.97	Yes
35: Hospice	N/A	\$1,816	N/A	\$2,030	N/A	\$1,931	N/A	11.80	-4.87	Yes
52: Residential Care	N/A	\$742	N/A	\$1,117	N/A	\$1,104	N/A	50.44	-1.20	Yes
53: Pysch. Services	N/A	\$89	N/A	\$104	N/A	\$127	N/A	16.92	21.60	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$470	N/A	\$455	N/A	\$378	N/A	-3.22	-16.90	No
% Family Planning (code 2)	N/A	0.36	N/A	0.21	N/A	0.00	N/A	-39.70	-100.00	No
% RHC (code 3)	N/A	1.71	N/A	1.11	N/A	0.04	N/A	-34.90	-96.40	No
% FQHC (code 4)	N/A	0.24	N/A	0.18	N/A	0.04	N/A	-24.90	-76.10	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-48.00	-40.80	No
% IHS (code 6,7)	N/A	15.32	N/A	14.71	N/A	12.72	N/A	-3.97	-13.60	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$52	N/A	\$51	N/A	.	N/A	-1.21	.	N/A
RHC (code 3)	N/A	\$65	N/A	\$68	N/A	\$74	N/A	4.65	8.26	Yes
FQHC (code 4)	N/A	\$70	N/A	\$76	N/A	\$85	N/A	8.12	11.81	Yes
IHS (code 5)	N/A	\$160	N/A	\$162	N/A	\$201	N/A	1.53	23.81	No

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Waiver (code 6, 7)	N/A	\$398	N/A	\$380	N/A	\$395	N/A	-4.45	3.78	Yes
% Claims with DX	> 60	92.56	Yes	93.03	Yes	91.86	Yes	0.51	-1.26	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.91	Yes	0.00	-0.09	Yes
% Claims with 1 DX that have 2 DX	N/A	8.92	N/A	14.13	N/A	31.91	N/A	58.51	125.80	No
% Claims with DX, where length=3	5-25	23.63	Yes	22.11	Yes	4.40	No	-6.45	-80.10	No
% Claims with DX, where length=4	40-70	35.22	No	34.95	No	35.64	No	-0.76	1.98	Yes
% Claims with DX, where length=5	20-55	41.16	Yes	42.95	Yes	59.96	No	4.35	39.62	No
% 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	99.62	Yes	100.00	Yes	100.00	Yes	0.38	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	40.84	N/A	39.39	N/A	45.26	N/A	-3.56	14.91	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	59.16	N/A	60.61	N/A	54.74	N/A	2.46	-9.69	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
% 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
% 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 Ccnnn /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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	581,070	N/A	715,842	N/A	610,874	N/A	23.19	-14.70	Yes
% Claims with> \$0 Paid	>95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with Span Bill	N/A	3.47	N/A	3.94	N/A	3.19	N/A	13.70	-19.10	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.30	N/A	0.17	N/A	0.00	N/A	-86.70	-100.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	8.90	N/A	6.49	N/A	0.00	N/A	-27.10	-100.00	No
% Other Claims with Span Bills/All Other Claims	N/A	3.74	N/A	4.30	N/A	3.46	N/A	14.86	-19.40	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	50.61	N/A	56.75	N/A	44.20	N/A	12.12	-22.10	No
% claims MAX TOS 10: Other Practitioner	N/A	3.19	N/A	2.06	N/A	1.62	N/A	-35.50	-21.20	No
% claims MAX TOS 11: OPD	N/A	11.44	N/A	8.53	N/A	7.78	N/A	-25.40	-8.82	Yes
% claims MAX TOS 12: Clinic	N/A	10.90	N/A	10.55	N/A	22.33	N/A	-3.14	111.60	No
% claims MAX TOS 13: HH	N/A	0.17	N/A	0.03	N/A	0.03	N/A	-80.80	-14.30	Yes
% claims MAX TOS 15: Lab/Xray	N/A	11.22	N/A	10.81	N/A	8.98	N/A	-3.67	-16.90	No
% claims MAX TOS 19: Other Services	N/A	9.83	N/A	8.97	N/A	12.94	N/A	-8.68	44.19	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.16	N/A	0.24	N/A	.	46.08	No
% claims MAX TOS 26: Transportation	N/A	1.70	N/A	1.08	N/A	0.45	N/A	-36.60	-58.10	No
% claims MAX TOS 30: PCS	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-88.40	-100.00	No
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.27	N/A	.	95,053.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.02	N/A	0.01	N/A	0.06	N/A	-13.80	306.20	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.25	N/A	0.19	N/A	0.11	N/A	-25.40	-40.90	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	62.35	-72.70	No
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	0.02	N/A	0.07	N/A	.	345.90	No
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Amount Paid	N/A	\$28	N/A	\$25	N/A	\$29	N/A	-10.80	15.48	No
% Claims with DX	N/A	100.00	N/A	99.99	N/A	99.99	N/A	0.00	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.99	Yes	99.99	Yes	-0.01	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	8.73	N/A	32.30	N/A	46.06	N/A	269.80	42.61	No
% Claims with DX, where length=3	5-25	10.34	Yes	10.96	Yes	11.10	Yes	6.03	1.28	Yes
% Claims with DX, where length=4	40-70	44.11	Yes	42.44	Yes	35.62	No	-3.79	-16.10	No
% Claims with DX, where length=5	20-55	45.55	Yes	46.60	Yes	53.28	Yes	2.30	14.32	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	41.00	N/A	100.00	N/A	.	143.90	No
% 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	.	No	4.65	No	8.17	No	.	75.55	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	89.80	N/A	91.31	N/A	.	1.68	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	10.20	N/A	8.69	N/A	.	-14.80	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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