

1999-2001 MAX OT Validation Table
State: KS

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	5,875,268	N/A	6,679,889	N/A	7,379,625	N/A	13.70	10.48	Yes
*	N/A	3.14	N/A	4.43	N/A	6.03	N/A	40.95	36.18	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	17.68	N/A	19.63	N/A	19.47	N/A	11.04	-0.81	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	4,651,950	N/A	5,072,727	N/A	5,497,620	N/A	9.05	8.38	Yes
Total FFS Claims Excluding Capitation Payments	5-20	9.82	Yes	9.78	Yes	9.89	Yes	-0.40	1.10	Yes
% Crossover	> 1%	5.26	Yes	4.46	Yes	5.10	Yes	-15.32	14.45	Yes
% Adjusted Claims	N/A	.	N/A	72.00	N/A	90.48	N/A	N/A	25.67	No
% Standard Adjustments	N/A	\$129	N/A	\$135	N/A	\$316	N/A	5.04	133.81	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	4.04	N/A	5.85	N/A	8.01	N/A	44.86	36.94	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	N/A	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	14.22	N/A	14.69	N/A	12.71	N/A	3.35	-13.47	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$100	Yes	\$115	Yes	\$126	Yes	14.58	10.12	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	\$2	No	\$2	No	\$2	No	0.00	0.85	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	4,195,241	N/A	4,576,706	N/A	4,954,136	N/A	9.09	8.25	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	N/A	N/A
% Claims with Span Bill	N/A	19.47	N/A	18.91	N/A	19.21	N/A	-2.85	1.60	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.09	N/A	0.55	N/A	0.44	N/A	-49.80	-19.94	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	20.51	N/A	24.16	N/A	28.11	N/A	17.80	16.37	No
% Other Claims with Span Bills/All Other Claims	N/A	21.92	N/A	19.58	N/A	19.78	N/A	-10.66	1.01	Yes
% Claims W/ Service Place 11- Office	50-90	31.38	No	30.79	No	29.74	No	-1.86	-3.41	Yes
% Claims W/ Service Place 12 - Home	>0-5	18.70	No	18.64	No	18.79	No	-0.34	0.82	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.54	Yes	4.45	Yes	4.19	Yes	-1.97	-5.86	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.37	Yes	0.37	Yes	0.35	Yes	0.62	-5.50	Yes
% Claims W/ Service Place 23 - ER	1-10	5.46	Yes	6.27	Yes	6.45	Yes	14.83	2.87	Yes
% Claims w/ Service Place 22 - OPD	>0-10	11.28	No	10.19	No	9.44	Yes	-9.68	-7.31	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	10.54	No	12.16	No	13.88	No	15.41	14.07	N/A
% Claims with TPL	>0 - 15	0.50	Yes	0.49	Yes	0.51	Yes	-1.34	3.85	Yes
Aver. TPL Paid -claims with TPL	N/A	\$45	N/A	\$48	N/A	\$48	N/A	5.93	0.45	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	21.77	Yes	16.95	Yes	14.95	Yes	-22.15	-11.80	Yes
% claims MAX TOS 09: Dental	2-20	6.75	Yes	6.74	Yes	6.84	Yes	-0.23	1.53	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.44	Yes	1.08	Yes	1.00	Yes	-25.27	-7.50	Yes
% claims MAX TOS 11: OPD	3-25	11.63	Yes	4.09	Yes	4.02	Yes	-64.85	-1.67	Yes
% claims MAX TOS 12: Clinic	2-25	13.35	Yes	6.78	Yes	5.70	Yes	-49.23	-15.86	No
% claims MAX TOS 13: HH	>0-25	2.27	Yes	2.32	Yes	2.53	Yes	2.29	9.24	Yes
% claims MAX TOS 15: Lab/Xray	4-20	5.23	Yes	17.37	Yes	16.43	Yes	231.86	-5.37	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.18	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	3.17	Yes	2.90	Yes	3.08	Yes	-8.49	6.31	Yes
% claims MAX TOS 51: DME	>3	3.20	Yes	3.27	Yes	3.19	Yes	2.39	-2.65	Yes
% claims MAX TOS 26: Transportation	>1	2.51	Yes	2.93	Yes	3.26	Yes	16.96	11.04	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.22	N/A	0.29	N/A	0.27	N/A	30.56	-5.55	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	8.53	Yes	8.57	Yes	8.02	Yes	0.51	-6.43	Yes
% claims MAX TOS 31: TCM	>0	5.18	Yes	4.34	Yes	4.40	Yes	-16.23	1.49	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.06	Yes	0.07	Yes	0.08	Yes	30.21	6.76	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.13	No	0.21	No	0.20	No	63.72	-7.28	N/A
% claims MAX TOS 35: Hospice	>0	0.06	Yes	0.07	Yes	0.08	Yes	16.53	14.19	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.01	N/A	0.01	N/A	48.07	34.61	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.15	N/A	0.16	N/A	0.16	N/A	5.50	-4.49	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	3.64	N/A	3.55	N/A	3.65	N/A	-2.45	2.73	Yes
% claims MAX TOS 53: Psych. Services	>1	7.91	Yes	16.26	Yes	18.81	Yes	105.67	15.65	No
% claims MAX TOS 54: Adult Day Care	>0	1.97	Yes	2.04	Yes	2.14	Yes	3.65	4.95	Yes
% claims MAX TOS 99: Unknown	<1	0.83	Yes	0.00	Yes	0.00	Yes	-100.00	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$111	N/A	\$114	N/A	\$121	N/A	2.89	5.94	Yes
08: Physicians	\$20-90	\$52	Yes	\$61	Yes	\$62	Yes	17.32	2.45	Yes
09: Dental	\$10-60	\$36	Yes	\$36	Yes	\$37	Yes	0.10	4.85	Yes
10: Other Practitioner	\$10-100	\$41	Yes	\$34	Yes	\$33	Yes	-16.43	-3.81	Yes
11: OPD	\$20-100	\$28	Yes	\$55	Yes	\$51	Yes	94.82	-6.44	Yes
12: Clinic	\$20-100	\$38	Yes	\$37	Yes	\$51	Yes	-4.26	39.09	No
13: HH	N/A	\$168	N/A	\$191	N/A	\$207	N/A	13.36	8.55	Yes
15: Lab/Xray	10-60	\$16	Yes	\$20	Yes	\$21	Yes	25.36	5.20	Yes
16: Drugs	10-60	.	No	.	No	\$15	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$142	N/A	\$155	N/A	\$154	N/A	9.18	-0.26	Yes
51: DME	N/A	\$64	N/A	\$83	N/A	\$88	N/A	29.39	5.35	Yes
26: Transportation	N/A	\$55	N/A	\$55	N/A	\$53	N/A	0.34	-4.10	Yes
30: PCS	N/A	\$298	N/A	\$305	N/A	\$334	N/A	2.25	9.49	Yes
31: Targeted Case Management	N/A	\$75	N/A	\$81	N/A	\$75	N/A	8.70	-8.07	Yes
33: Rehabilitation	N/A	\$55	N/A	\$54	N/A	\$55	N/A	-2.06	2.82	Yes
34: PT/OT/speech/hear	N/A	\$21	N/A	\$48	N/A	\$53	N/A	128.60	10.10	N/A
35: Hospice	N/A	\$1,305	N/A	\$1,388	N/A	\$1,624	N/A	6.36	17.00	No
52: Residential Care	N/A	\$753	N/A	\$759	N/A	\$722	N/A	0.87	-4.97	Yes
53: Psych. Services	N/A	\$87	N/A	\$68	N/A	\$90	N/A	-21.62	33.19	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$508	N/A	\$488	N/A	\$462	N/A	-3.85	-5.41	Yes
% Family Planning (code 2)	N/A	0.48	N/A	0.51	N/A	0.46	N/A	4.63	-8.91	Yes
% RHC (code 3)	N/A	2.21	N/A	2.02	N/A	1.87	N/A	-8.28	-7.40	Yes

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(code 4)	N/A	0.43	N/A	0.38	N/A	0.33	N/A	-12.85	-11.14	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-61.40	36.92	N/A
% IHS Waiver (code 6,7)	N/A	14.51	N/A	15.28	N/A	15.05	N/A	5.32	-1.48	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$61	N/A	\$57	N/A	\$54	N/A	-7.69	-4.51	Yes
RHC (code 3)	N/A	\$54	N/A	\$59	N/A	\$62	N/A	9.50	5.26	Yes
FQHC (code 4)	N/A	\$70	N/A	\$67	N/A	\$66	N/A	-4.14	-1.69	Yes
IHS (code 5)	N/A	\$172	N/A	\$279	N/A	\$157	N/A	62.29	-43.76	N/A
Waiver (code 6-7)	N/A	\$420	N/A	\$405	N/A	\$414	N/A	-3.56	2.09	Yes
% Claims with DX	> 60	92.42	Yes	93.26	Yes	93.16	Yes	0.91	-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	8.79	N/A	9.05	N/A	9.20	N/A	2.97	1.64	Yes
% Claims with DX, where length=3	5-25	24.55	Yes	24.06	Yes	24.36	Yes	-1.98	1.25	Yes
% Claims with DX, where length=4	40-70	40.49	Yes	39.71	No	36.96	No	-1.93	-6.94	Yes
% Claims with DX, where length=5	20-55	34.96	Yes	36.23	Yes	38.68	Yes	3.62	6.77	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	99.04	Yes	100.00	Yes	100.00	Yes	0.97	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	52.52	N/A	45.93	N/A	42.10	N/A	-12.56	-8.33	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	47.48	N/A	54.07	N/A	57.90	N/A	13.89	7.08	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	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	456,709	N/A	496,021	N/A	543,484	N/A	8.61	9.57	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	N/A	N/A
% Claims with Span Bill	N/A	3.11	N/A	2.94	N/A	2.65	N/A	-5.29	-9.88	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.33	N/A	0.42	N/A	0.38	N/A	26.71	-7.95	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	21.86	N/A	21.23	N/A	14.26	N/A	-2.92	-32.84	N/A
% Other Claims with Span Bills/All Other Claims	N/A	3.34	N/A	3.28	N/A	2.95	N/A	-1.89	-9.99	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	52.32	N/A	48.57	N/A	48.85	N/A	-7.17	0.58	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	3.89	N/A	3.58	N/A	3.43	N/A	-8.01	-4.22	Yes
% claims MAX TOS 11: OPD	N/A	11.46	N/A	14.23	N/A	12.34	N/A	24.21	-13.33	Yes
% claims MAX TOS 12: Clinic	N/A	11.37	N/A	11.22	N/A	11.92	N/A	-1.33	6.25	Yes
% claims MAX TOS 13: HH	N/A	0.61	N/A	0.41	N/A	0.17	N/A	-32.68	-57.95	N/A
% claims MAX TOS 15: Lab/Xray	N/A	10.29	N/A	10.41	N/A	11.05	N/A	1.24	6.08	Yes
% claims MAX TOS 19: Other Services	N/A	8.06	N/A	9.41	N/A	9.59	N/A	16.70	1.95	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 ⁿ	N/A	1.70	N/A	1.81	N/A	2.11	N/A	6.02	16.61	No
% claims MAX TOS 30: PCS	N/A	0.01	N/A	0.04	N/A	0.02	N/A	556.80	-51.38	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	0.01	N/A	222.26	143.38	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.16	N/A	0.18	N/A	0.24	N/A	8.89	37.63	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-42.45	155.55	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	0.00	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	\$28	N/A	\$28	N/A	\$27	N/A	0.61	-4.43	Yes
% Claims with DX	N/A	100.00	N/A	99.99	N/A	99.99	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	8.30	N/A	10.32	N/A	9.04	N/A	24.34	-12.36	Yes
% Claims with DX, where length=3	5-25	10.46	Yes	10.25	Yes	9.74	Yes	-1.98	-5.06	Yes
% Claims with DX, where length=4	40-70	45.90	Yes	44.90	Yes	44.38	Yes	-2.17	-1.17	Yes
% Claims with DX, where length=5	20-55	43.64	Yes	44.84	Yes	45.89	Yes	2.76	2.33	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	43.92	N/A	100.00	N/A	N/A	127.68	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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