

1999-2001 MAX OT Validation Table
State: KY

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	21,405,644	N/A	26,889,624	N/A	30,970,524	N/A	25.62	15.18	No
*	N/A	4.97	N/A	6.59	N/A	5.31	N/A	32.79	-19.51	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										
% Claims (Claim Type=2, and MAX TOS	N/A	28.80	N/A	33.12	N/A	33.89	N/A	15.01	2.30	Yes
Total FFS Claims Excluding Capitation Payments	N/A	14,177,535	N/A	16,209,616	N/A	18,831,656	N/A	14.33	16.18	No
	5-20	11.64	Yes	11.64	Yes	11.47	Yes	0.00	-1.48	Yes
% Crossover	> 1%	2.02	Yes	2.13	Yes	3.81	Yes	5.60	78.89	No
% Adjusted Claims	N/A	.	N/A	89.16	N/A	96.25	N/A	N/A	7.96	Yes
% Standard Adjustments	N/A	\$150	N/A	\$122	N/A	\$186	N/A	-18.48	52.45	No
% Claims (TOC 1,2) TOS 20: PCCM Cap Payment	N/A	9.57	N/A	6.93	N/A	4.81	N/A	-27.64	-30.51	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	20.73	N/A	22.70	N/A	20.09	N/A	9.49	-11.53	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	5.83	N/A	10.89	N/A	N/A	86.65	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$229	Yes	\$235	Yes	\$247	Yes	2.85	5.03	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$5	No	\$5	No	\$6	No	1.79	7.17	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	\$4	Yes	\$4	Yes	N/A	0.00	N/A
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	12,527,151	N/A	14,322,607	N/A	16,671,788	N/A	14.33	16.40	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	N/A	N/A
% Claims with Span Bill	N/A	5.93	N/A	6.12	N/A	6.24	N/A	3.20	1.99	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.46	N/A	13.33	N/A	13.32	N/A	6.95	-0.04	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	78.51	N/A	71.18	N/A	69.16	N/A	-9.33	-2.83	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.03	N/A	3.20	N/A	4.35	N/A	57.65	35.60	No
% Claims W/ Service Place 11- Office	50-90	26.06	No	26.65	No	27.23	No	2.25	2.20	Yes
% Claims W/ Service Place 12 - Home	>0-5	14.95	No	14.03	No	13.22	No	-6.18	-5.75	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.06	Yes	4.00	Yes	3.89	Yes	-1.47	-2.63	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.11	Yes	0.08	Yes	0.08	Yes	-24.02	-5.52	Yes
% Claims W/ Service Place 23 - ER	1-10	2.46	Yes	2.78	Yes	2.95	Yes	12.78	6.27	Yes
% Claims w/ Service Place 22 - OPD	>0-10	22.10	No	22.40	No	22.52	No	1.35	0.56	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	18.81	No	19.95	No	20.08	No	6.08	0.62	N/A
% Claims with TPL	>0 - 15	0.22	Yes	0.19	Yes	0.19	Yes	-14.38	3.54	Yes
Aver. TPL Paid -claims with TPL	N/A	\$57	N/A	\$66	N/A	\$78	N/A	15.43	18.28	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	19.07	Yes	17.98	Yes	17.24	Yes	-5.70	-4.16	Yes
% claims MAX TOS 09: Dental	2-20	6.13	Yes	6.31	Yes	6.41	Yes	3.03	1.61	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.31	Yes	2.82	Yes	3.29	Yes	21.96	16.72	No
% claims MAX TOS 11: OPD	3-25	19.28	Yes	11.60	Yes	7.98	Yes	-39.80	-31.19	No
% claims MAX TOS 12: Clinic	2-25	9.78	Yes	5.45	Yes	4.99	Yes	-44.27	-8.42	Yes
% claims MAX TOS 13: HH	>0-25	2.47	Yes	2.56	Yes	1.82	Yes	3.77	-28.95	No
% claims MAX TOS 15: Lab/Xray	4-20	8.33	Yes	18.12	Yes	19.65	Yes	117.47	8.41	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.71	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	20.06	Yes	18.55	Yes	17.73	Yes	-7.55	-4.41	Yes
% claims MAX TOS 51: DME	>3	1.84	No	1.99	No	4.79	Yes	7.89	140.74	No
% claims MAX TOS 26: Transportation	>1	4.42	Yes	3.08	Yes	2.92	Yes	-30.24	-5.43	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.12	N/A	0.07	N/A	0.05	N/A	-40.29	-31.05	No
% claims MAX TOS 25: Abortions	N/A	0.04	N/A	0.03	N/A	0.02	N/A	-31.64	-29.54	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	0.61	Yes	0.55	Yes	0.51	Yes	-9.46	-7.77	Yes
% 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	0.01	No	0.01	No	0.01	No	75.06	27.64	N/A
% claims MAX TOS 35: Hospice	>0	0.04	Yes	0.06	Yes	0.07	Yes	38.19	16.56	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	0.43	N/A	0.43	N/A	0.58	N/A	-0.15	34.47	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	2.48	N/A	2.72	N/A	2.70	N/A	9.49	-0.78	Yes
% claims MAX TOS 53: Psych. Services	>1	0.99	No	5.61	Yes	5.33	Yes	463.84	-5.00	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.58	Yes	2.05	Yes	2.21	Yes	29.46	7.78	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	\$68	N/A	\$71	N/A	\$69	N/A	3.07	-1.76	Yes
08: Physicians	\$20-90	\$53	Yes	\$54	Yes	\$57	Yes	3.34	4.50	Yes
09: Dental	\$10-60	\$33	Yes	\$40	Yes	\$45	Yes	18.99	14.80	Yes
10: Other Practitioner	\$10-100	\$55	Yes	\$55	Yes	\$52	Yes	-0.90	-4.11	Yes
11: OPD	\$20-100	\$83	Yes	\$137	No	\$111	No	65.89	-18.98	No
12: Clinic	\$20-100	\$68	Yes	\$73	Yes	\$78	Yes	8.21	6.23	Yes
13: HH	N/A	\$217	N/A	\$202	N/A	\$210	N/A	-7.05	3.91	Yes
15: Lab/Xray	10-60	\$22	Yes	\$19	Yes	\$34	Yes	-15.01	78.47	No
16: Drugs	10-60	.	No	.	No	\$10	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$74	N/A	\$73	N/A	\$81	N/A	-1.22	10.22	Yes
51: DME	N/A	\$78	N/A	\$91	N/A	\$90	N/A	16.28	-1.24	Yes
26: Transportation	N/A	\$41	N/A	\$48	N/A	\$48	N/A	16.39	0.50	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$203	N/A	\$202	N/A	\$203	N/A	-0.52	0.76	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
34: PT/OT/speech/hear	N/A	\$19	N/A	\$87	N/A	\$89	N/A	353.57	2.73	N/A
35: Hospice	N/A	\$1,289	N/A	\$1,056	N/A	\$1,066	N/A	-18.04	0.90	Yes
52: Residential Care	N/A	\$121	N/A	\$138	N/A	\$148	N/A	14.16	6.74	Yes
53: Psych. Services	N/A	\$79	N/A	\$71	N/A	\$73	N/A	-10.12	2.22	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$69	N/A	\$67	N/A	\$63	N/A	-3.02	-5.99	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.01	N/A	152.61	77.30	No
	N/A	1.23	N/A	1.04	N/A	1.03	N/A	-15.49	-1.41	Yes

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(code 4)	N/A	1.53	N/A	1.58	N/A	1.52	N/A	3.28	-4.03	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	15.97	N/A	16.10	N/A	15.62	N/A	0.80	-2.97	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$194	N/A	\$70	N/A	\$63	N/A	-64.02	-9.25	Yes
RHC (code 3)	N/A	\$43	N/A	\$48	N/A	\$50	N/A	12.49	3.07	Yes
FQHC (code 4)	N/A	\$108	N/A	\$107	N/A	\$108	N/A	-1.21	0.37	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$53	N/A	\$58	N/A	\$62	N/A	9.43	7.33	Yes
% Claims with DX	> 60	89.43	Yes	90.57	Yes	90.63	Yes	1.28	0.06	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.95	Yes	99.91	Yes	99.87	Yes	-0.04	-0.04	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	8.34	Yes	8.23	Yes	8.35	Yes	-1.37	1.52	Yes
% Claims with DX, where length=4	40-70	51.74	Yes	51.28	Yes	51.26	Yes	-0.89	-0.03	Yes
% Claims with DX, where length=5	20-55	39.92	Yes	40.50	Yes	40.39	Yes	1.44	-0.27	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	87.28	No	89.08	No	85.33	No	2.06	-4.21	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	58.46	N/A	58.90	N/A	59.10	N/A	0.76	0.34	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	9.04	N/A	7.34	N/A	7.29	N/A	-18.80	-0.75	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	-100.00	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	32.50	N/A	33.75	N/A	33.61	N/A	3.86	-0.43	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	99.81	N/A	99.88	N/A	99.89	N/A	0.07	0.01	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,650,384	N/A	1,887,009	N/A	2,159,868	N/A	14.34	14.46	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	12.29	N/A	11.60	N/A	10.98	N/A	-5.61	-5.33	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.12	N/A	10.58	N/A	10.78	N/A	-4.90	1.88	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	31.16	N/A	31.60	N/A	32.11	N/A	1.40	1.62	N/A
% Other Claims with Span Bills/All Other Claims	N/A	12.45	N/A	11.74	N/A	11.00	N/A	-5.76	-6.23	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	62.32	N/A	63.13	N/A	62.48	N/A	1.30	-1.03	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	3.39	N/A	3.33	N/A	3.81	N/A	-1.89	14.55	Yes
% claims MAX TOS 11: OPD	N/A	12.75	N/A	12.10	N/A	11.78	N/A	-5.04	-2.70	Yes
% claims MAX TOS 12: Clinic	N/A	7.85	N/A	6.98	N/A	6.59	N/A	-11.18	-5.59	Yes
% claims MAX TOS 13: HH	N/A	0.04	N/A	0.03	N/A	0.02	N/A	-27.97	-10.64	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.43	N/A	0.47	N/A	0.53	N/A	9.23	13.28	Yes
% claims MAX TOS 19: Other Services	N/A	8.76	N/A	9.27	N/A	9.32	N/A	5.86	0.54	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	3.96	N/A	3.85	N/A	4.18	N/A	-2.80	8.51	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	0.01	N/A	0.02	N/A	0.03	N/A	183.92	39.79	No
% claims MAX TOS 33: Rehabilitation	N/A	0.06	N/A	0.09	N/A	0.16	N/A	67.66	67.11	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	0.00	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	\$41	N/A	\$41	N/A	\$40	N/A	-1.97	-2.17	Yes
% Claims with DX	N/A	71.18	N/A	77.75	N/A	78.36	N/A	9.23	0.78	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	71.29	No	77.72	No	78.22	No	9.03	0.64	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	11.43	Yes	10.90	Yes	10.97	Yes	-4.61	0.61	Yes
% Claims with DX, where length=4	40-70	48.65	Yes	47.80	Yes	46.07	Yes	-1.74	-3.63	Yes
% Claims with DX, where length=5	20-55	39.90	Yes	41.29	Yes	42.26	Yes	3.48	2.34	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	61.54	N/A	100.00	N/A	N/A	62.50	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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