

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

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	33,234,329	N/A	31,951,904	N/A	33,898,453	N/A	-3.86	6.09	Yes
	N/A	6.77	N/A	7.27	N/A	7.46	N/A	7.30	2.70	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	34.60	N/A	37.19	N/A	37.64	N/A	7.48	1.22	Yes
% Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	19,484,068	N/A	17,747,602	N/A	18,608,250	N/A	-8.91	4.85	Yes
Total FFS Claims Excluding Capitation Payments	5-20	12.08	Yes	9.01	Yes	7.46	Yes	-25.40	-17.20	No
% Crossover	> 1%	5.71	Yes	4.05	Yes	1.50	Yes	-29.20	-63.00	No
% Adjusted Claims	N/A	96.74	N/A	91.38	N/A	88.70	N/A	-5.54	-2.93	Yes
% Standard Adjustments	N/A	\$161	N/A	\$197	N/A	\$118	N/A	22.14	-40.10	No
Average Paid per HMO Cap Payment	N/A	4.40	N/A	4.65	N/A	4.66	N/A	5.56	0.26	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	20.93	N/A	22.96	N/A	24.13	N/A	9.69	5.07	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	11.78	N/A	12.49	N/A	11.89	N/A	6.06	-4.81	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$263	Yes	\$272	Yes	\$296	Yes	3.46	8.71	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$6	No	\$6	No	\$6	No	5.03	2.27	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$4	Yes	\$4	Yes	\$4	Yes	0.18	0.32	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	17,130,223	N/A	16,148,714	N/A	17,219,539	N/A	-5.73	6.63	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	6.10	N/A	5.33	N/A	3.37	N/A	-12.70	-36.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	14.58	N/A	14.56	N/A	14.69	N/A	-0.18	0.91	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	61.92	N/A	57.92	N/A	1.06	N/A	-6.45	-98.20	No
% Other Claims with Span Bills/All Other Claims	N/A	4.42	N/A	3.80	N/A	2.79	N/A	-14.10	-26.60	No
% Claims W/ Service Place 11- Office	50-90	27.47	No	30.07	No	29.08	No	9.45	-3.27	Yes
% Claims W/ Service Place 12 - Home	>0-5	12.96	No	11.53	No	12.40	No	-11.10	7.59	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.98	Yes	4.43	Yes	4.46	Yes	11.22	0.67	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.09	Yes	0.11	Yes	0.09	Yes	15.79	-17.90	No
% Claims W/ Service Place 23 - ER	1-10	3.39	Yes	4.21	Yes	3.50	Yes	24.34	-17.00	No
% Claims w/ Service Place 22 - OPD	>0-10	20.79	No	16.05	No	15.06	No	-22.80	-6.17	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	21.49	No	22.68	No	23.06	No	5.54	1.69	Yes
% Claims with TPL	>0 - 15	0.21	Yes	0.24	Yes	0.25	Yes	11.51	5.99	Yes
Aver. TPL Paid -claims with TPL	N/A	\$70	N/A	\$57	N/A	\$57	N/A	-18.80	0.07	Yes
PERCENT CLAIMS/MAX TOS										
	10-35	17.23	Yes	19.36	Yes	18.60	Yes	12.39	-3.96	Yes
% claims MAX TOS 08: Physicians	2-20	6.61	Yes	7.25	Yes	6.81	Yes	9.62	-6.06	Yes
% claims MAX TOS 09: Dental	0.5-8	3.38	Yes	3.58	Yes	3.66	Yes	5.93	2.40	Yes
% claims MAX TOS 10: Other Practioner	3-25	7.50	Yes	5.93	Yes	5.46	Yes	-20.90	-7.93	Yes
% claims MAX TOS 11: OPD	2-25	5.23	Yes	5.05	Yes	3.90	Yes	-3.41	-22.80	No
% claims MAX TOS 12: Clinic	>0-25	1.59	Yes	1.64	Yes	4.36	Yes	2.94	166.40	No
% claims MAX TOS 13: HH	4-20	18.89	Yes	17.16	Yes	17.42	Yes	-9.14	1.49	Yes
% claims MAX TOS 15: Lab/Xray	<3	1.53	Yes	1.18	Yes	1.70	Yes	-23.00	43.87	No
% claims MAX TOS 16: Drugs	<25	18.90	Yes	18.06	Yes	16.37	Yes	-4.40	-9.36	Yes
% claims MAX TOS 19: Other Services	>3	4.64	Yes	3.29	Yes	3.83	Yes	-29.10	16.43	No
% claims MAX TOS 51: DME	>1	2.01	Yes	1.82	Yes	1.00	Yes	-9.55	-44.70	No
% claims MAX TOS 26: Transportation										

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% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.04	N/A	0.02	N/A	-15.90	-44.60	No
% claims MAX TOS 25: Abortions	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-20.50	-29.50	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	0.51	Yes	0.55	Yes	0.52	Yes	8.71	-6.33	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.02	No	0.01	No	0.00	No	-22.70	-62.30	No
% claims MAX TOS 35: Hospice	>0	0.08	Yes	0.08	Yes	0.08	Yes	-1.48	1.58	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.81	N/A	0.95	N/A	0.99	N/A	17.78	3.63	Yes
% 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	3.02	N/A	3.34	N/A	3.28	N/A	10.54	-1.76	Yes
% claims MAX TOS 53: Psych. Services	>1	5.53	Yes	8.34	Yes	9.83	Yes	50.93	17.87	No
% claims MAX TOS 54: Adult Day Care	>0	2.47	Yes	2.35	Yes	2.15	Yes	-4.97	-8.54	Yes
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$73	N/A	\$79	N/A	\$76	N/A	8.36	-3.71	Yes
08: Physicians	\$20-90	\$59	Yes	\$61	Yes	\$61	Yes	3.40	-0.02	Yes
09: Dental	\$10-60	\$46	Yes	\$46	Yes	\$46	Yes	0.44	0.67	Yes
10: Other Practioner	\$10-100	\$52	Yes	\$39	Yes	\$46	Yes	-25.90	18.20	No
11: OPD	\$20-100	\$128	No	\$169	No	\$164	No	31.96	-2.92	Yes
12: Clinic	\$20-100	\$89	Yes	\$102	No	\$130	No	15.04	27.26	No
13: HH	N/A	\$183	N/A	\$156	N/A	\$51	N/A	-15.00	-67.50	No
15: Lab/Xray	10-60	\$36	Yes	\$46	Yes	\$45	Yes	25.17	-1.15	Yes
16: Drugs	10-60	\$10	Yes	\$7	No	\$3	No	-31.70	-63.90	No
19: Other Services	N/A	\$84	N/A	\$88	N/A	\$84	N/A	4.75	-4.95	Yes
51: DME	N/A	\$93	N/A	\$129	N/A	\$96	N/A	38.41	-25.90	No
26: Transportation	N/A	\$55	N/A	\$52	N/A	\$82	N/A	-6.24	59.61	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$217	N/A	\$224	N/A	\$239	N/A	3.26	6.57	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	\$63	N/A	\$52	N/A	\$20	N/A	-17.80	-61.10	No
35: Hospice	N/A	\$1,099	N/A	\$1,241	N/A	\$1,395	N/A	12.89	12.42	Yes
52: Residential Care	N/A	\$145	N/A	\$147	N/A	\$151	N/A	1.42	2.47	Yes
53: Pysch. Services	N/A	\$75	N/A	\$81	N/A	\$89	N/A	8.77	9.26	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$61	N/A	\$60	N/A	\$54	N/A	-1.89	-10.20	Yes
% Family Planning (code 2)	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-76.20	-54.50	No
% RHC (code 3)	N/A	1.00	N/A	1.37	N/A	1.72	N/A	37.35	25.06	No
% FQHC (code 4)	N/A	1.84	N/A	2.08	N/A	2.04	N/A	12.72	-1.91	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	16.53	N/A	15.80	N/A	14.66	N/A	-4.39	-7.19	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$45	N/A	\$99	N/A	\$160	N/A	118.60	61.20	No
RHC (code 3)	N/A	\$86	N/A	\$102	N/A	\$103	N/A	18.67	1.18	Yes
FQHC (code 4)	N/A	\$106	N/A	\$106	N/A	\$110	N/A	0.06	2.89	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$64	N/A	\$69	N/A	\$78	N/A	8.49	12.57	Yes
% Claims with DX	> 60	91.33	Yes	90.88	Yes	92.13	Yes	-0.50	1.38	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.84	Yes	99.80	Yes	99.80	Yes	-0.04	0.00	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
% Claims with DX, where length=3	5-25	8.94	Yes	9.05	Yes	8.75	Yes	1.23	-3.35	Yes
% Claims with DX, where length=4	40-70	50.74	Yes	51.05	Yes	50.66	Yes	0.61	-0.76	Yes
% Claims with DX, where length=5	20-55	40.32	Yes	39.90	Yes	40.60	Yes	-1.03	1.74	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	85.79	No	90.00	No	92.83	No	4.90	3.15	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	58.95	N/A	62.71	N/A	73.67	N/A	6.38	17.49	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	6.19	N/A	8.75	N/A	26.32	N/A	41.48	200.60	No
% 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	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	34.86	N/A	28.54	N/A	0.01	N/A	-18.10	-100.00	No
% 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	99.89	N/A	99.89	N/A	99.89	N/A	0.01	0.00	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	2,353,845	N/A	1,598,888	N/A	1,388,711	N/A	-32.10	-13.10	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	11.31	N/A	12.62	N/A	12.00	N/A	11.59	-4.90	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.79	N/A	11.16	N/A	10.36	N/A	3.46	-7.24	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	18.36	N/A	19.00	N/A	16.32	N/A	3.50	-14.10	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.37	N/A	12.87	N/A	12.29	N/A	13.19	-4.56	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	61.87	N/A	50.55	N/A	45.26	N/A	-18.30	-10.50	Yes
% claims MAX TOS 10: Other Practitioner	N/A	4.04	N/A	3.52	N/A	3.49	N/A	-13.00	-0.83	Yes
% claims MAX TOS 11: OPD	N/A	10.87	N/A	14.83	N/A	14.73	N/A	36.43	-0.66	Yes
% claims MAX TOS 12: Clinic	N/A	7.07	N/A	11.28	N/A	14.68	N/A	59.60	30.15	No
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.02	N/A	0.02	N/A	6.68	-8.28	Yes
% claims MAX TOS 15: Lab/Xray	N/A	0.69	N/A	0.92	N/A	1.13	N/A	33.33	22.96	No
% claims MAX TOS 19: Other Services	N/A	9.30	N/A	14.61	N/A	18.82	N/A	57.15	28.81	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	4.24	N/A	3.07	N/A	0.35	N/A	-27.70	-88.60	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 33: Rehabilitation	N/A	0.04	N/A	0.05	N/A	0.04	N/A	30.70	-3.17	Yes

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.26	N/A	0.40	N/A	0.59	N/A	50.91	49.02	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	0.00	N/A	0.00	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
Average Amount Paid	N/A	\$38	N/A	\$38	N/A	\$37	N/A	-2.03	-2.66	Yes
% Claims with DX	N/A	76.85	N/A	78.77	N/A	76.58	N/A	2.50	-2.77	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	76.06	No	76.81	No	73.91	No	0.99	-3.78	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
% Claims with DX, where length=3	5-25	11.34	Yes	13.39	Yes	14.51	Yes	18.02	8.37	Yes
% Claims with DX, where length=4	40-70	45.51	Yes	42.38	Yes	40.25	Yes	-6.89	-5.02	Yes
% Claims with DX, where length=5	20-55	42.79	Yes	44.19	Yes	45.24	Yes	3.26	2.39	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	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	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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