

1999-2001 MAX IP Validation Table
State: NH

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 IP Claims										
Total Number of Claims	N/A	11,310	N/A	11,122	N/A	11,768	N/A	-1.66	5.81	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	11,310	N/A	11,122	N/A	11,768	N/A	-1.66	5.81	Yes
% Supplemental Claims	5-20	20.95	No	14.41	Yes	17.84	Yes	-31.19	23.75	No
% Crossover	N/A	1.07	N/A	1.16	N/A	0.64	N/A	8.41	-45.05	No
% Adjusted Claims	> 1%	.	Yes	75.19	Yes	74.67	Yes	N/A	-0.70	Yes
% Standard Adjustments	N/A	\$3,147	N/A	\$3,204	N/A	\$3,766	N/A	1.82	17.52	No
Aver. Amt. Pd Adjust. (include \$5000 - \$7000) Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	8,941	N/A	9,519	N/A	9,669	N/A	6.46	1.58	Yes
% Claims with> \$0 Paid	95-100	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,002	Yes	\$3,076	Yes	\$3,203	Yes	2.44	4.15	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$729	N/A	\$758	N/A	\$764	N/A	3.96	0.76	Yes
% Claims with TPL	>0 - 10	0.73	Yes	0.75	Yes	0.67	Yes	2.60	-9.87	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,352	N/A	\$2,614	N/A	\$1,842	N/A	11.15	-29.52	No
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.08	Yes	1.08	Yes	1.09	Yes	0.27	1.20	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.64	Yes	99.88	Yes	99.90	Yes	0.24	0.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.78	Yes	7.17	Yes	7.34	Yes	5.77	2.40	Yes
Average LOS	2-<8	4.12	Yes	4.05	Yes	4.17	Yes	-1.47	2.76	Yes
Average Covered Days (> 0 day)	2-<8	4.12	Yes	4.06	Yes	4.19	Yes	-1.47	3.36	Yes
% Begin Date = Admit Date	95-100	99.81	Yes	99.62	Yes	99.40	Yes	-0.19	-0.22	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
% Family Planning Claims (pgm type=2)	>0-5	2.61	Yes	2.45	Yes	2.24	Yes	-6.07	-8.31	Yes
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.82	Yes	4.00	Yes	4.13	Yes	4.87	3.22	Yes
% Claims with PDX, where length=3	5-30	6.20	Yes	5.99	Yes	5.68	Yes	-3.36	-5.18	Yes
% Claims with PDX, where length=4	15-75	19.05	Yes	19.04	Yes	19.31	Yes	-0.06	1.44	Yes
% Claims with PDX, where length=5	25-70	74.76	No	74.98	No	75.01	No	0.29	0.05	Yes
% Claims with a procedure code	35-70	60.34	Yes	62.04	Yes	60.90	Yes	2.82	-1.85	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.81	Yes	1.80	Yes	1.78	Yes	-0.45	-0.94	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with DRG	>=90	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	N/A
% Claims Maternal Delivery Indicator	N/A	26.85	N/A	26.25	N/A	24.60	N/A	-2.24	-6.28	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	23.77	N/A	24.96	N/A	25.20	N/A	5.02	0.98	Yes
Patient Status										
% Home	75-90	72.04	No	73.09	No	75.34	Yes	1.45	3.09	Yes
% Transferred	1-10	27.03	No	25.87	No	23.61	No	-4.28	-8.75	Yes
% Still a Patient	>0 - 2	0.13	Yes	0.17	Yes	0.14	Yes	25.24	-13.86	Yes
% Died	>0 - 3	0.79	Yes	0.87	Yes	0.82	Yes	9.80	-6.30	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,369	N/A	1,603	N/A	2,099	N/A	-32.33	30.94	No
% Claims with> \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$772	N/A	\$802	N/A	\$812	N/A	3.93	1.20	Yes
% Claims with TPL	N/A	0.13	N/A	0.19	N/A	0.00	N/A	47.79	-100.00	No
Aver. TPL Paid -claims with TPL	N/A	\$505	N/A	\$607	N/A	.	N/A	20.26	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.04	No	0.19	No	0.10	No	343.36	-49.09	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.00	No	1.00	No	1.00	No	0.00	0.00	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.04	No	0.19	No	0.10	No	343.36	-49.09	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.00	Yes	11.67	Yes	6.50	Yes	66.67	-44.29	No
Average LOS	2-<8	4.54	Yes	3.80	Yes	3.45	Yes	-16.35	-9.19	Yes
% Begin Date = Admit Date	95-100	99.96	Yes	99.25	Yes	99.81	Yes	-0.71	0.56	Yes
% Claims with IP TOS	95-100	99.96	Yes	99.25	Yes	99.81	Yes	-0.71	0.56	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.00	No	1.01	No	1.01	No	0.74	-0.50	Yes
% Claims with PDX, where length=3	5-30	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims with PDX, where length=4	15-75	0.04	No	0.00	No	0.00	No	-100.00	N/A	N/A
% Claims with PDX, where length=5	25-70	99.96	No	100.00	No	100.00	No	0.04	0.00	Yes
% Claims with a procedure code	35-70	0.04	No	0.00	No	0.00	No	-100.00	N/A	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	No	.	Yes	.	Yes	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with DRG	>=90	0.04	No	0.00	No	0.05	No	-100.00	N/A	N/A

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