

1999-2001 MAX OT 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 OT Claims										
Total Number of Claims	N/A	3,671,505	N/A	3,738,367	N/A	3,815,536	N/A	1.82	2.06	Yes
*	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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									
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1.81	N/A	1.45	N/A	1.97	N/A	-20.20	35.85	No
Total FFS Claims Excluding Capitation Payments	N/A	3,604,897	N/A	3,684,247	N/A	3,740,497	N/A	2.20	1.53	Yes
	5-20	4.51	No	4.53	No	4.52	No	0.53	-0.34	Yes
% Crossover	> 1%	0.97	No	0.85	No	0.94	No	-12.62	11.51	Yes
% Adjusted Claims	N/A	.	N/A	11.89	N/A	5.24	N/A	N/A	-55.94	No
% Standard Adjustments	N/A	\$293	N/A	\$296	N/A	\$202	N/A	0.86	-31.60	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	1.81	N/A	1.45	N/A	1.97	N/A	-20.20	35.85	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$137	Yes	\$152	Yes	\$175	Yes	10.63	15.43	No
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	.	No	.	No	.	No	N/A	N/A	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	3,442,420	N/A	3,517,317	N/A	3,571,591	N/A	2.18	1.54	Yes
% Claims with> \$0 Paid	>95%	99.96	Yes	100.00	Yes	100.00	Yes	0.04	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	8.32	N/A	6.54	N/A	5.30	N/A	-21.35	-18.94	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.19	N/A	1.12	N/A	1.37	N/A	493.94	22.16	No
% Other Claims with Span Bills/All Other Claims	N/A	9.57	N/A	7.15	N/A	5.68	N/A	-25.34	-20.59	No
% Claims W/ Service Place 11- Office	50-90	19.47	No	19.32	No	19.19	No	-0.81	-0.64	Yes
% Claims W/ Service Place 12 - Home	>0-5	22.66	No	21.79	No	23.62	No	-3.82	8.36	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	1.65	Yes	1.67	Yes	1.66	Yes	0.70	-0.63	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.30	Yes	0.33	Yes	0.33	Yes	11.02	0.02	Yes
% Claims W/ Service Place 23 - ER	1-10	0.61	No	0.67	No	0.87	No	8.87	30.19	No
% Claims w/ Service Place 22 - OPD	>0-10	12.24	No	12.71	No	13.11	No	3.80	3.20	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	30.17	No	27.85	No	25.33	No	-7.70	-9.05	N/A
% Claims with TPL	>0 - 15	0.40	Yes	0.37	Yes	0.39	Yes	-8.12	6.68	Yes
Aver. TPL Paid -claims with TPL	N/A	\$83	N/A	\$96	N/A	\$92	N/A	15.31	-3.86	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	9.96	No	9.24	No	9.39	No	-7.16	1.53	Yes
% claims MAX TOS 09: Dental	2-20	4.28	Yes	3.89	Yes	3.51	Yes	-9.23	-9.78	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.75	Yes	0.61	Yes	0.58	Yes	-65.33	-3.91	Yes
% claims MAX TOS 11: OPD	3-25	10.79	Yes	6.74	Yes	5.08	Yes	-37.57	-24.55	No
% claims MAX TOS 12: Clinic	2-25	25.17	No	22.47	Yes	20.58	Yes	-10.69	-8.44	Yes
% claims MAX TOS 13: HH	>0-25	2.33	Yes	2.02	Yes	1.92	Yes	-13.27	-4.87	Yes
% claims MAX TOS 15: Lab/Xray	4-20	5.78	Yes	10.85	Yes	11.67	Yes	87.69	7.52	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.07	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	12.16	Yes	12.44	Yes	13.38	Yes	2.30	7.53	Yes
% claims MAX TOS 51: DME	>3	3.36	Yes	3.44	Yes	4.16	Yes	2.62	20.71	No
% claims MAX TOS 26: Transportation	>1	2.40	Yes	2.70	Yes	2.73	Yes	12.44	0.96	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.06	N/A	0.05	N/A	0.05	N/A	-12.40	4.56	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	340.42	-34.35	No
% claims MAX TOS 30: PCS	>0	0.19	Yes	0.18	Yes	0.20	Yes	-2.37	10.73	Yes
% claims MAX TOS 31: TCM	>0	0.96	Yes	0.06	Yes	0.22	Yes	-93.35	239.38	No
% claims MAX TOS 33: Rehabilitation	>0	0.83	Yes	0.71	Yes	0.64	Yes	-13.66	-10.02	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.28	No	0.33	No	0.33	No	18.28	-1.17	N/A
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	0.09	N/A	0.04	N/A	0.04	N/A	-54.13	-9.06	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.70	N/A	0.71	N/A	0.69	N/A	0.71	-2.84	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	0.10	N/A	0.42	N/A	0.45	N/A	321.46	7.68	Yes
% claims MAX TOS 53: Psych. Services	>1	15.76	Yes	17.46	Yes	16.95	Yes	10.79	-2.91	Yes
% claims MAX TOS 54: Adult Day Care	>0	3.06	Yes	5.62	Yes	7.37	Yes	83.53	31.15	No
% 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	\$92	N/A	\$98	N/A	\$102	N/A	6.12	4.35	Yes
08: Physicians	\$20-90	\$45	Yes	\$48	Yes	\$51	Yes	5.82	6.75	Yes
09: Dental	\$10-60	\$31	Yes	\$34	Yes	\$35	Yes	7.97	3.70	Yes
10: Other Practitioner	\$10-100	\$47	Yes	\$19	Yes	\$20	Yes	-58.48	3.05	Yes
11: OPD	\$20-100	\$64	Yes	\$110	No	\$113	No	72.11	2.75	Yes
12: Clinic	\$20-100	\$46	Yes	\$52	Yes	\$61	Yes	11.66	17.96	No
13: HH	N/A	\$64	N/A	\$72	N/A	\$76	N/A	13.63	4.75	Yes
15: Lab/Xray	10-60	\$13	Yes	\$13	Yes	\$29	Yes	1.89	123.17	No
16: Drugs	10-60	.	No	.	No	\$15	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$271	N/A	\$279	N/A	\$268	N/A	3.21	-4.23	Yes
51: DME	N/A	\$69	N/A	\$70	N/A	\$74	N/A	1.48	5.95	Yes
26: Transportation	N/A	\$29	N/A	\$32	N/A	\$31	N/A	7.12	-1.14	Yes
30: PCS	N/A	\$452	N/A	\$468	N/A	\$568	N/A	3.62	21.44	No
31: Targeted Case Management	N/A	\$36	N/A	\$174	N/A	\$116	N/A	380.32	-33.15	No
33: Rehabilitation	N/A	\$160	N/A	\$171	N/A	\$181	N/A	6.78	5.57	Yes
34: PT/OT/speech/hear	N/A	\$43	N/A	\$43	N/A	\$44	N/A	-1.01	3.15	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
52: Residential Care	N/A	\$1,063	N/A	\$306	N/A	\$328	N/A	-71.20	7.15	Yes
53: Psych. Services	N/A	\$107	N/A	\$109	N/A	\$110	N/A	2.08	1.56	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$223	N/A	\$135	N/A	\$110	N/A	-39.43	-18.74	No
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.23	N/A	0.19	N/A	0.17	N/A	-15.45	-10.38	Yes
	N/A	0.65	N/A	0.63	N/A	0.61	N/A	-2.57	-3.26	Yes

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(code 4)	N/A	0.95	N/A	0.90	N/A	0.93	N/A	-4.94	3.06	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	16.64	N/A	18.72	N/A	21.53	N/A	12.47	15.02	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$29	N/A	\$29	N/A	\$30	N/A	-0.48	3.95	Yes
RHC (code 3)	N/A	\$64	N/A	\$69	N/A	\$72	N/A	7.20	4.53	Yes
FQHC (code 4)	N/A	\$97	N/A	\$106	N/A	\$112	N/A	9.49	5.80	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$218	N/A	\$203	N/A	\$184	N/A	-7.24	-9.31	Yes
% Claims with DX	> 60	72.67	Yes	75.24	Yes	78.12	Yes	3.54	3.82	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	52.92	No	50.77	No	51.97	No	-4.06	2.36	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	6.09	Yes	5.85	Yes	5.97	Yes	-3.95	2.01	Yes
% Claims with DX, where length=4	40-70	56.64	Yes	56.15	Yes	55.95	Yes	-0.86	-0.35	Yes
% Claims with DX, where length=5	20-55	37.26	Yes	37.87	Yes	37.92	Yes	1.63	0.13	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	99.53	Yes	99.45	Yes	97.61	No	-0.08	-1.85	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	27.56	N/A	27.40	N/A	27.35	N/A	-0.59	-0.17	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	72.44	N/A	72.60	N/A	72.65	N/A	0.23	0.06	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	162,477	N/A	166,930	N/A	168,906	N/A	2.74	1.18	Yes
% Claims with> \$0 Paid	>95%	99.97	Yes	100.00	Yes	100.00	Yes	0.03	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	6.98	N/A	7.35	N/A	6.74	N/A	5.21	-8.25	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.34	N/A	11.62	N/A	10.12	N/A	12.41	-12.94	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	6.14	N/A	6.11	N/A	5.72	N/A	-0.38	-6.51	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	17.38	N/A	15.18	N/A	17.08	N/A	-12.65	12.47	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	2.86	N/A	2.46	N/A	2.42	N/A	-13.72	-1.67	Yes
% claims MAX TOS 11: OPD	N/A	20.20	N/A	22.44	N/A	23.35	N/A	11.11	4.03	Yes
% claims MAX TOS 12: Clinic	N/A	34.09	N/A	31.64	N/A	28.02	N/A	-7.17	-11.46	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-44.38	-25.88	N/A
% claims MAX TOS 15: Lab/Xray	N/A	16.33	N/A	18.32	N/A	18.93	N/A	12.18	3.35	Yes
% claims MAX TOS 19: Other Services	N/A	8.37	N/A	8.73	N/A	9.45	N/A	4.24	8.34	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	0.17	N/A	0.16	N/A	0.17	N/A	-8.00	9.51	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	0.00	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	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.45	N/A	0.89	N/A	0.33	N/A	95.85	-62.73	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	\$43	N/A	\$52	N/A	\$51	N/A	21.21	-0.28	Yes
% Claims with DX	N/A	79.80	N/A	77.56	N/A	76.65	N/A	-2.81	-1.17	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	71.81	No	67.60	No	65.88	No	-5.87	-2.54	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	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims with DX, where length=4	40-70	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims with DX, where length=5	20-55	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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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