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**MEDICAID ANALYTIC EXTRACT
STATE-SPECIFIC VALIDATION
TABLES (2006)**

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ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Abbreviations

Avg	average
Dups	duplicate counts
Pharm	pharmacy
Psych	psychiatric

Acronyms

AAA	Social Security area number (first 3 digits of a Social Security number)
AFDC	Aid to Families with Dependent Children
AFDC-U	AFDC for Unemployed Parents
BHO	behavioral health organization
CLTC	community long-term care
CLTC FLAG	CLTC flag
CPT-4	Current Procedural Terminology, 4th Edition
DIV	division
DOB	date of birth
EDB	Medicare Enrollment Database
EDB DUAL	EDB dual status (annual)
EXT SSN SRCE	external source of the Social Security number
FFS	fee-for-service
FP	family planning
FQHC	Federally Qualified Health Center
GG	Social Security group number (middle 2 digits of a Social Security number)
HCPCS	Health Care Common Procedure Coding System
HGT FLAG	high group test flag
HIC	Health Insurance Claim number
HIFA	Health Insurance Flexibility and Accountability
HIO	health insuring organization
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HMO	health maintenance organization
ICF/MR	intermediate care facility for the mentally retarded
ICD-9-CM	International Classification of Diseases, 9th Edition
IHS	Indian Health Service
ILTC	institutional long-term care
IP	inpatient hospital claims file; inpatient
LT	institutionalized long-term care claims file
LTC	long-term care
MAX	Medicaid Analytic Extract
MAX ELIG CD	MAX eligibility code
MAX TOS	MAX type of service

ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Acronyms (continued)

MC	managed care
MC COMBO	MC combination code
MC TYPE	MC type
MDCR ORIG REAS CD	Medicare original reason code
MH	mental hospital
MI/SED	mental illness/serious emotional disturbance
MR/DD	mentally retardation/development disability
MSIS	Medicaid Statistical Information System
M-CHIP	Medicaid State Children's Health Insurance Program
N/A	not applicable or not available
NF	nursing facility
OT	other, non-institutional claims file; occupational therapy
PACE	Program of All-Inclusive Care for the Elderly
PCCM	primary care case management
PGM TYPE	program type
PHP	prepaid health plan
PT	physical therapy
PVT INS CD	private insurance code
RBF	restricted benefits flag
QDWI	Qualified Disabled and Working Individuals
QI-1	Qualified Individuals 1
QI-2	Qualified Individuals 2
QMB	Qualified Medicare Beneficiary
RCPNT IND	recipient indicator
RHC	Rural Health Clinic
RX	prescription drug claims file
SLMB	Specified Low-Income Medicare Beneficiary
S-CHIP	state-financed State Children's Health Insurance Program
SCHIP	SCHIP code
SSSS	Social Security serial number (last 4 digits of a Social Security number)
TANF	Temporary Assistance for Needy Families
TANF FLAG	TANF flag
TOS	type of service
TPL	Third-Party Liability
WVR TYPE	waiver type

2004-2006 MAX IP VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
All IP Claims										
Total Number of Claims	N/A	17,413	N/A	18,646	N/A	19,750	N/A	7.08	5.92	Yes
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	17,413	N/A	18,646	N/A	19,750	N/A	7.08	5.92	Yes
% Crossover	5-20	25.48	No	26.93	No	26.50	No	5.70	-1.60	Yes
% Adjusted Claims	N/A	3.84	N/A	2.17	N/A	3.27	N/A	-43.50	50.36	No
% Standard Adjustments	>1%	97.01	Yes	96.54	Yes	96.74	Yes	-0.48	0.21	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$2,046	N/A	\$6,912	N/A	\$5,428	N/A	237.90	-21.50	No
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	0	N/A	Div by 0	N/A	N/A	Div by 0	N/A
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A
# Claims with > \$1 Million Paid	0		Yes		Yes		Yes			Yes
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	12,976	N/A	13,624	N/A	14,516	N/A	4.99	6.55	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	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	\$2000-\$7000	\$3,106	Yes	\$3,313	Yes	\$3,439	Yes	6.66	3.83	Yes
Avg Medicaid Paid per Covered Day (> \$0 Paid and > 0 Days)	N/A	\$752	N/A	\$758	N/A	\$770	N/A	0.80	1.52	Yes
% Claims with TPL	>0 - 10	0.58	Yes	0.69	Yes	0.56	Yes	19.37	-19.10	No
Avg TPL Paid for Claims with TPL	N/A	\$1,537	N/A	\$1,455	N/A	\$1,803	N/A	-5.32	23.94	No
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	99.94	Yes	0.00	-0.06	Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1	1.10	Yes	1.10	Yes	1.09	Yes	0.35	-0.84	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.68	Yes	99.82	Yes	99.88	Yes	0.15	0.05	Yes
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3	7.89	Yes	8.25	Yes	7.90	Yes	4.68	-4.35	Yes
Avg Length of Stay	2-<8	4.13	Yes	4.37	Yes	4.47	Yes	5.86	2.23	Yes
Avg Covered Days (> 0 Days)	2-<8	4.13	Yes	4.37	Yes	4.47	Yes	5.81	2.28	Yes
% Begin Date = Admission Date	95-100	99.57	Yes	99.52	Yes	99.42	Yes	-0.05	-0.10	Yes
% IP Claims (MAX TOS = 01)	95-100	97.62	Yes	97.48	Yes	97.87	Yes	-0.15	0.41	Yes
% Family Planning Claims (PGM TYPE = 2)	>0-5	2.54	Yes	2.58	Yes	2.18	Yes	1.31	-15.50	No
% Claims with Primary Diagnosis Code	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Avg # of Diagnosis Codes (> 0 Codes)	>=2	4.17	Yes	3.78	Yes	3.86	Yes	-9.42	2.15	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	4.08	No	4.35	No	4.12	No	6.59	-5.19	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	18.80	Yes	18.15	Yes	16.46	Yes	-3.47	-9.29	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	77.12	No	77.50	No	79.42	No	0.50	2.47	Yes
% Claims with a Procedure Code	35-70	64.40	Yes	65.62	Yes	65.55	Yes	1.89	-0.11	Yes
Avg # of Procedure Codes (> 0 Codes)	>1	1.82	Yes	1.84	Yes	1.89	Yes	0.71	2.67	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with Procedure Code with ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% ICD-9-CM Indicator Claims with ICD-9-CM Format = 3 or 4 Digits	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Diagnosis Related Group	>=90	100.00	Yes	99.94	Yes	99.94	Yes	-0.06	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	24.83	N/A	24.99	N/A	24.60	N/A	0.62	-1.54	Yes
% Claims Newborn Delivery Indicator (Only for Separate Infant Delivery Claims Using Mother's ID)	N/A	26.33	N/A	26.86	N/A	27.39	N/A	2.05	1.96	Yes
PATIENT STATUS										
% Home	75-90	75.49	Yes	74.74	No	75.11	Yes	-0.98	0.49	Yes

2004-2006 MAX IP VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
% Transferred	1-10	23.54	No	24.24	No	23.82	No	2.98	-1.74	Yes
% Still a Patient	>0-2	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Died	>0-3	0.74	Yes	0.80	Yes	0.65	Yes	8.14	-18.20	No
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	4,437	N/A	5,022	N/A	5,234	N/A	13.18	4.22	Yes
% 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	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A	\$976	N/A	\$1,084	N/A	\$1,081	N/A	10.99	-0.23	Yes
% Claims with TPL	N/A	0.09	N/A	0.02	N/A	0.19	N/A	-77.90	859.50	No
Avg TPL Paid for Claims with TPL	N/A	\$1,929	N/A	\$38,775	N/A	\$1,429	N/A	1,910.00	-96.30	No
% Claims with UB-92 Accommodation Codes	95-100	99.89	Yes	99.66	Yes	99.75	Yes	-0.23	0.09	Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1	1.14	Yes	1.15	Yes	1.14	Yes	0.84	-1.50	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.80	Yes	99.88	Yes	99.79	Yes	0.08	-0.09	Yes
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3	11.61	Yes	11.57	Yes	10.93	Yes	-0.34	-5.58	Yes
Avg Length of Stay	2-<8	5.94	Yes	6.13	Yes	5.95	Yes	3.33	-2.99	Yes
% Begin Date = Admission Date	95-100	99.17	Yes	99.52	Yes	99.64	Yes	0.36	0.12	Yes
% IP Claims (MAX TOS = 01)	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with Primary Diagnosis Code	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Avg # of Diagnosis Codes (> 0 Codes)	>=2	6.91	Yes	6.41	Yes	6.42	Yes	-7.14	0.10	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	8.72	Yes	8.30	Yes	8.39	Yes	-4.80	1.01	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	39.24	Yes	36.30	Yes	36.55	Yes	-7.49	0.69	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	52.04	Yes	55.40	Yes	55.06	Yes	6.45	-0.60	Yes
% Claims with a Procedure Code	35-70	46.72	Yes	46.18	Yes	47.04	Yes	-1.16	1.87	Yes
Avg # of Procedure Codes (> 0 Codes)	>1	2.15	Yes	2.20	Yes	2.16	Yes	2.42	-1.80	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with Procedure Code with ICD-9 Indicator	N/A	99.90	N/A	99.83	N/A	99.72	N/A	-0.08	-0.11	Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% ICD-9-CM Indicator Claims with ICD-9-CM Format = 3 or 4 Digits	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Diagnosis Related Group	>=90	0.09	No	0.04	No	0.06	No	-55.80	43.92	No

2004-2006 MAX LT VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
All LT Claims										
Total Number of Claims	N/A	84,259	N/A	81,909	N/A	83,409	N/A	-2.79	1.83	Yes
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	84,259	N/A	81,909	N/A	83,409	N/A	-2.79	1.83	Yes
% Crossover	5-20	7.83	Yes	9.24	Yes	9.85	Yes	18.09	6.55	Yes
% Adjusted Claims	> 1%	5.82	Yes	5.26	Yes	8.12	Yes	-9.60	54.34	No
% Standard Adjustments	N/A	98.63	N/A	94.29	N/A	97.58	N/A	-4.40	3.49	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$4,022	N/A	\$2,965	N/A	\$2,131	N/A	-26.30	-28.10	No
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	N/A	N/A	\$357	N/A	N/A	N/A	N/A
# Claims with > \$200,000 Paid	0	N/A	N/A	N/A	N/A	0	Yes	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	77,663	N/A	74,337	N/A	75,193	N/A	-4.28	1.15	Yes
% 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	Div by 0	Div by 0	N/A
AVERAGE MEDICAID AMOUNT PAID PER COVERED DAY BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID)										
NF (MAX TOS = 07)	\$50-\$100	\$109	No	\$112	No	\$118	No	3.15	5.38	Yes
ICF/MR (MAX TOS = 05)	N/A	\$225	N/A	\$285	N/A	\$287	N/A	26.75	0.85	Yes
MH Aged (MAX TOS = 02)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
IP Psych, Age < 21 (MAX TOS = 04)	N/A	\$561	N/A	\$602	N/A	\$641	N/A	7.33	6.42	Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99	99.07	No	99.07	No	99.04	No	0.00	-0.02	Yes
% NF claims with NF Covered Days	N/A	99.59	N/A	99.45	N/A	99.64	N/A	-0.15	0.20	Yes
Avg days for NF claims with Covered Days	N/A	23	N/A	23	N/A	23	N/A	1.50	-2.14	Yes
% ICF/MR (MAX TOS = 05)	>0-20	0.45	Yes	0.38	Yes	0.41	Yes	-14.50	7.60	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Avg days for ICF/MR claims with Covered Days	N/A	29	N/A	29	N/A	28	N/A	-1.75	-2.11	Yes
% MH Aged (MAX TOS = 02)	>0-10	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% MH Aged claims with MH Aged Covered Days	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Avg days for MH Aged claims with Covered Days	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5	0.49	Yes	0.55	Yes	0.55	Yes	13.90	-0.90	Yes
% IP Psych, Age < 21 Claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Avg days for IP Psych, Age < 21 Claims with Covered Days	N/A	11	N/A	12	N/A	13	N/A	6.06	9.35	Yes
LEAVE DAYS										
% Claims with Leave Days	1-20	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	13.46	Yes	12.30	Yes	12.31	Yes	-8.66	0.14	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	51.94	Yes	53.05	Yes	51.51	Yes	2.14	-2.90	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	34.59	Yes	34.65	Yes	36.17	Yes	0.16	4.39	Yes
PATIENT STATUS										
% Home	1-5	0.45	No	0.62	No	0.64	No	38.11	2.27	Yes
% Still a Patient	8-98	97.62	Yes	97.16	Yes	97.31	Yes	-0.47	0.16	Yes
% Died	>0-5	0.80	Yes	0.91	Yes	0.74	Yes	13.50	-18.90	No
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										

2004-2006 MAX LT VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
Total Number of Claims	N/A	6,596	N/A	7,572	N/A	8,216	N/A	14.80	8.51	Yes
% 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	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A	\$614	N/A	\$632	N/A	\$674	N/A	3.00	6.66	Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99	99.77	No	99.87	No	99.84	No	0.10	-0.03	Yes
% ICF/MR (MAX TOS = 05)	>0-20	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% MH Aged (MAX TOS = 02)	>0-10	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5	0.23	Yes	0.13	Yes	0.16	Yes	-41.90	19.81	No
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	95-100	99.83	Yes	100.00	Yes	100.00	Yes	0.17	0.00	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	10.21	Yes	11.38	Yes	10.42	Yes	11.55	-8.48	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	49.51	Yes	51.32	Yes	47.86	Yes	3.67	-6.75	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	40.29	Yes	37.30	Yes	41.72	Yes	-7.43	11.87	Yes
PATIENT STATUS										
% Home	1-5	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Still a Patient	8-98	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
% Died	>0-5	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A

2004-2006 MAX OT VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
All OT Claims										
Total Number of Claims	N/A	5,177,201	N/A	4,924,942	N/A	5,768,747	N/A	-4.87	17.13	No
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Capitation Claims **	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims Excluding Capitation Payments	N/A	5,177,201	N/A	4,924,942	N/A	5,768,747	N/A	-4.87	17.13	No
% Crossover	5-20	3.01	No	3.40	No	3.58	No	12.71	5.37	Yes
% Adjusted Claims	>1%	1.56	Yes	3.53	Yes	1.35	Yes	126.30	-61.80	No
% Standard Adjustments	N/A	92.37	N/A	96.31	N/A	92.92	N/A	4.27	-3.52	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$120	N/A	\$86	N/A	\$130	N/A	-28.50	51.90	No
% Claims with HMO Capitation Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with PHP Capitation Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with PCCM Capitation Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Avg Medicaid Paid per HMO Capitation Claim	\$75-\$300	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	N/A
Avg Medicaid Paid per PHP Capitation Claim	\$20-\$250	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	N/A
Avg Medicaid Paid per PCCM Capitation Claim	3-5	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	N/A
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	516	N/A	488	N/A	N/A	-5.43	Yes
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	N/A	N/A	\$82	N/A	N/A	N/A	N/A
# Claims with > \$200,000 Paid	0	N/A	N/A	N/A	N/A	0	Yes	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	5,021,229	N/A	4,757,718	N/A	5,562,347	N/A	-5.25	16.91	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	Div by 0	Div by 0	N/A
% Claims with Span Bill	N/A	4.21	N/A	4.19	N/A	4.12	N/A	-0.63	-1.64	Yes
% Outpatient Claims with Span Bill	N/A	0.08	N/A	0.10	N/A	0.09	N/A	24.69	-11.60	Yes
% Home Health Claims with Span Bill	N/A	2.50	N/A	2.42	N/A	2.78	N/A	-3.19	14.99	Yes
% Other Claims with Span Bill	N/A	4.46	N/A	4.45	N/A	4.39	N/A	-0.30	-1.23	Yes
PLACE OF SERVICE										
% Claims with Place of Service = Office (PLC OF SVC CD = 11)	50-90	21.19	No	21.20	No	21.59	No	0.02	1.87	Yes
% Claims with Place of Service = Home (PLC OF SVC CD = 12)	>0-5	15.54	No	14.86	No	15.10	No	-4.42	1.65	Yes
% Claims with Place of Service = Hospital (PLC OF SVC CD = 21)	>0-5	1.72	Yes	1.77	Yes	1.90	Yes	3.34	6.92	Yes
% Claims with Place of Service = Nursing Facility (PLC OF SVC CD = 32)	>0-5	0.18	Yes	0.16	Yes	0.13	Yes	-10.10	-18.60	No
% Claims with Place of Service = Emergency Room (PLC OF SVC CD = 23)	1-10	6.16	Yes	6.48	Yes	7.01	Yes	5.15	8.28	Yes
% Claims with Place of Service = Outpatient (PLC OF SVC CD = 22)	>0-10	9.40	Yes	9.84	Yes	10.64	No	4.75	8.13	Yes
% Claims with Place of Service = Unknown/Other (PLC OF SVC CD = 99)	<5	36.39	No	36.15	No	33.74	No	-0.66	-6.66	Yes
THIRD-PARTY LIABILITY										
% Claims with TPL	>0 - 15	0.33	Yes	0.34	Yes	0.35	Yes	2.56	2.39	Yes
Avg TPL Paid for Claims with TPL	N/A	\$67	N/A	\$71	N/A	\$73	N/A	6.39	2.56	Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE										
Physician Services (MAX TOS = 08)	10-35	10.00	No	9.94	No	9.94	No	-0.57	0.00	Yes
Dental Services (MAX TOS = 09)	2-20	4.83	Yes	4.85	Yes	5.09	Yes	0.42	4.94	Yes
Other Practitioner Services (MAX TOS = 10)	0.5-8	0.87	Yes	1.00	Yes	0.89	Yes	14.55	-10.90	Yes
Outpatient Services (MAX TOS = 11)	3-25	4.98	Yes	5.35	Yes	5.92	Yes	7.41	10.65	Yes
Clinic Services (MAX TOS = 12)	2-25	12.96	Yes	11.79	Yes	11.52	Yes	-9.04	-2.28	Yes
Home Health Services (MAX TOS = 13)	>0-25	1.57	Yes	1.45	Yes	1.34	Yes	-7.23	-8.18	Yes
Lab/Xray Services (MAX TOS = 15)	4-20	11.93	Yes	11.87	Yes	12.45	Yes	-0.55	4.92	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
Drugs (MAX TOS = 16)	<3	0.11	Yes	0.12	Yes	0.11	Yes	11.35	-7.71	Yes
Other Services (MAX TOS = 19)	<25	25.32	No	28.01	No	27.33	No	10.60	-2.41	Yes
Durable Medical Equipment (MAX TOS = 51)	>3	3.42	Yes	3.17	Yes	2.95	No	-7.25	-6.91	Yes
Transportation Services (MAX TOS = 26)	>1	1.78	Yes	1.64	Yes	1.60	Yes	-7.78	-2.52	Yes
Sterilizations (MAX TOS = 24)	N/A	0.04	N/A	0.05	N/A	0.04	N/A	6.58	-10.40	Yes
Abortions (MAX TOS = 25)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Personal Care Services (MAX TOS = 30)	>0	0.17	Yes	0.15	Yes	0.14	Yes	-7.29	-12.00	Yes
Targeted Case Management (MAX TOS = 31)	>0	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
Rehabilitation Services (MAX TOS = 33)	>0	0.54	Yes	0.49	Yes	0.57	Yes	-8.46	16.54	No
PT/OT/Hearing/Speech Services (MAX TOS = 34)	>1	0.45	No	0.45	No	0.49	No	1.10	6.73	Yes
Hospice Services (MAX TOS = 35)	>0	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
Nurse Midwife Services (MAX TOS = 36)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Nurse Practitioner Services (MAX TOS = 37)	N/A	0.04	N/A	0.06	N/A	0.05	N/A	30.94	-17.20	No
Private Nursing Services (MAX TOS = 38)	N/A	0.45	N/A	0.41	N/A	0.42	N/A	-10.10	4.46	Yes
Religious Non-Medical Services (MAX TOS = 39)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Residential Care Services (MAX TOS = 52)	N/A	1.31	N/A	0.11	N/A	0.18	N/A	-91.50	62.53	No
Psychiatric Services (MAX TOS = 53)	>1	17.32	Yes	18.30	Yes	18.23	Yes	5.67	-0.40	Yes
Adult Day Care (MAX TOS = 54)	>0	1.92	Yes	0.80	Yes	0.75	Yes	-58.30	-5.71	Yes
Unknown Services (MAX TOS = 99)	<1	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
AVERAGE MEDICAID AMOUNT PAID BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID)										
Total	N/A	\$89	N/A	\$90	N/A	\$91	N/A	1.13	1.50	Yes
Physician Services (MAX TOS = 08)	\$20-90	\$55	Yes	\$57	Yes	\$61	Yes	3.42	7.29	Yes
Dental Services (MAX TOS = 09)	\$10-60	\$53	Yes	\$54	Yes	\$54	Yes	2.34	0.47	Yes
Other Practitioner Services (MAX TOS = 10)	\$10-100	\$24	Yes	\$26	Yes	\$32	Yes	10.04	21.75	No
Outpatient Services (MAX TOS = 11)	\$20-100	\$124	No	\$106	No	\$103	No	-14.30	-2.57	Yes
Clinic Services (MAX TOS = 12)	\$20-100	\$81	Yes	\$84	Yes	\$85	Yes	3.65	2.13	Yes
Home Health Services (MAX TOS = 13)	N/A	\$88	N/A	\$90	N/A	\$95	N/A	2.37	5.71	Yes
Lab/Xray Services (MAX TOS = 15)	10-60	\$38	Yes	\$36	Yes	\$35	Yes	-4.97	-3.09	Yes
Drugs (MAX TOS = 16)	10-60	\$55	Yes	\$57	Yes	\$75	No	3.11	32.87	No
Other Services (MAX TOS = 19)	N/A	\$117	N/A	\$118	N/A	\$120	N/A	1.04	1.58	Yes
Durable Medical Equipment (MAX TOS = 51)	N/A	\$77	N/A	\$78	N/A	\$87	N/A	1.06	10.96	Yes
Transportation Services (MAX TOS = 26)	N/A	\$41	N/A	\$46	N/A	\$49	N/A	11.70	6.69	Yes
Personal Care Services (MAX TOS = 30)	N/A	\$585	N/A	\$598	N/A	\$674	N/A	2.14	12.80	Yes
Targeted Case Management (MAX TOS = 31)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Rehabilitation Services (MAX TOS = 33)	N/A	\$226	N/A	\$228	N/A	\$230	N/A	0.84	0.90	Yes
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A	\$42	N/A	\$43	N/A	\$44	N/A	1.04	3.38	Yes
Hospice Services (MAX TOS = 35)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Residential Care Services (MAX TOS = 52)	N/A	\$219	N/A	\$927	N/A	\$699	N/A	324.10	-24.60	No
Psychiatric Services (MAX TOS = 53)	N/A	\$100	N/A	\$105	N/A	\$105	N/A	5.06	0.01	Yes
Adult Day Care (MAX TOS = 54)	N/A	\$74	N/A	\$50	N/A	\$53	N/A	-32.70	6.86	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A	0.28	N/A	0.29	N/A	0.29	N/A	3.99	0.20	Yes
Rural Health Clinic (PGM TYPE = 3)	N/A	1.29	N/A	1.19	N/A	1.25	N/A	-7.81	5.53	Yes
Federally Qualified Health Center (PGM TYPE = 4)	N/A	0.43	N/A	0.43	N/A	0.40	N/A	-0.82	-6.65	Yes
Indian Health Services (PGM TYPE = 5)	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	Div by 0	N/A
Home and Community Based Care (PGM TYPE = 6,7)	N/A	28.59	N/A	29.18	N/A	28.62	N/A	2.07	-1.90	Yes
AVERAGE EXPENDITURES BY PROGRAM TYPE										

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
Family Planning (PGM TYPE = 2)	N/A	\$73	N/A	\$78	N/A	\$79	N/A	7.87	1.03	Yes
Rural Health Clinic (PGM TYPE = 3)	N/A	\$108	N/A	\$118	N/A	\$123	N/A	8.83	4.46	Yes
Federally Qualified Health Center (PGM TYPE = 4)	N/A	\$77	N/A	\$82	N/A	\$83	N/A	7.25	1.19	Yes
Indian Health Services (PGM TYPE = 5)	N/A	\$63	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Home and Community Based Care (PGM TYPE = 6,7)	N/A	\$113	N/A	\$116	N/A	\$118	N/A	1.99	2.29	Yes
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	> 60	78.33	Yes	79.00	Yes	79.28	Yes	0.87	0.35	Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100	67.23	No	70.46	No	71.38	No	4.80	1.30	Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	13.46	N/A	12.54	N/A	13.52	N/A	-6.82	7.80	Yes
% Primary Diagnosis Code Claims with Length = 3	5-25	16.88	Yes	16.33	Yes	14.44	Yes	-3.29	-11.50	Yes
% Primary Diagnosis Code Claims with Length = 4	40-70	44.34	Yes	43.98	Yes	44.46	Yes	-0.82	1.09	Yes
% Primary Diagnosis Code Claims with Length = 5	20-55	38.78	Yes	39.70	Yes	41.10	Yes	2.36	3.53	Yes
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Procedure Code	98-100	97.56	No	97.84	No	98.68	Yes	0.28	0.86	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	31.37	N/A	33.35	N/A	34.40	N/A	6.30	3.13	Yes
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A	68.63	N/A	66.65	N/A	65.60	N/A	-2.88	-1.57	Yes
% with Procedure Code with Other National Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-90.40	667.50	No
% with Procedure Code with State-Specific Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS (II & III) Indicator Claims with HCPCS Format = Either 1 Character and 4 Digits or 2 Characters and 3 Digits	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
PHYSICIAN SPECIALTY										
% Physician Claims with Physician Specialty	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A	N/A	N/A	65.59	N/A	66.52	N/A	N/A	1.42	Yes
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A	N/A	N/A	5.23	N/A	4.86	N/A	N/A	-7.14	Yes
CLTC Non-Waiver Personal Care (CLTC FLAG = 11)	N/A	N/A	N/A	0.15	N/A	0.14	N/A	N/A	-12.00	Yes
CLTC Non-Waiver Private Duty Nurse (CLTC FLAG = 12)	N/A	N/A	N/A	0.41	N/A	0.42	N/A	N/A	4.46	Yes
CLTC Non-Waiver Adult Day Care (CLTC FLAG = 13)	N/A	N/A	N/A	0.35	N/A	0.28	N/A	N/A	-21.80	No
CLTC Non-Waiver Home Health (CLTC FLAG = 14)	N/A	N/A	N/A	1.45	N/A	1.34	N/A	N/A	-8.19	Yes
CLTC Non-Waiver Residential Care (CLTC FLAG = 15)	N/A	N/A	N/A	0.04	N/A	0.10	N/A	N/A	160.30	No
CLTC Non-Waiver Rehabilitation (CLTC FLAG = 16)	N/A	N/A	N/A	0.07	N/A	0.06	N/A	N/A	-11.30	Yes
CLTC Non-Waiver Targeted Case Management (CLTC FLAG = 17)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Non-Waiver Transportation (CLTC FLAG = 18)	N/A	N/A	N/A	1.49	N/A	1.44	N/A	N/A	-3.02	Yes
CLTC Non-Waiver Hospice (CLTC FLAG = 19)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Non-Waiver Durable Medical Equipment (CLTC FLAG = 20)	N/A	N/A	N/A	1.27	N/A	1.08	N/A	N/A	-14.70	Yes
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A	N/A	N/A	29.18	N/A	28.62	N/A	N/A	-1.90	Yes
CLTC Other Waiver (CLTC FLAG = 30)	N/A	N/A	N/A	28.27	N/A	27.67	N/A	N/A	-2.12	Yes
CLTC Waiver Personal Care (CLTC FLAG = 31)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Waiver Private Duty Nurse (CLTC FLAG = 32)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Waiver Adult Day Care (CLTC FLAG = 33)	N/A	N/A	N/A	0.45	N/A	0.48	N/A	N/A	6.99	Yes
CLTC Waiver Home Health (CLTC FLAG = 34)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Waiver Residential Care (CLTC FLAG = 35)	N/A	N/A	N/A	0.07	N/A	0.08	N/A	N/A	10.59	Yes
CLTC Waiver Rehabilitation (CLTC FLAG = 36)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Waiver Targeted Case Management (CLTC FLAG = 37)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Waiver Transportation (CLTC FLAG = 38)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A

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CLTC Waiver Hospice (CLTC FLAG = 39)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
CLTC Waiver Durable Medical Equipment (CLTC FLAG = 40)	N/A	N/A	N/A	0.39	N/A	0.40	N/A	N/A	1.02	Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	155,972	N/A	167,224	N/A	206,400	N/A	7.21	23.43	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	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A	\$20	N/A	\$21	N/A	\$21	N/A	0.79	2.77	Yes
% Claims with Span Bill	N/A	5.43	N/A	4.10	N/A	3.92	N/A	-24.60	-4.23	Yes
% Outpatient Claims with Span Bill	N/A	1.83	N/A	1.16	N/A	2.20	N/A	-36.50	88.93	No
% Home Health Claims with Span Bill	N/A	0.00	N/A	0.00	N/A	25.00	N/A	Div by 0	Div by 0	N/A
% Other Claims with Span Bill	N/A	5.54	N/A	4.23	N/A	4.02	N/A	-23.60	-4.98	Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22)										
Physician Services (MAX TOS = 08)	N/A	45.68	N/A	46.09	N/A	49.24	N/A	0.89	6.84	Yes
Other Practitioner Services (MAX TOS = 10)	N/A	2.24	N/A	2.27	N/A	2.89	N/A	1.61	27.09	No
Outpatient Services (MAX TOS = 11)	N/A	2.77	N/A	4.37	N/A	5.34	N/A	57.97	22.09	No
Clinic Services (MAX TOS = 12)	N/A	29.08	N/A	28.36	N/A	24.98	N/A	-2.48	-11.90	Yes
Home Health Services (MAX TOS = 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	273.10	-19.00	No
Lab/Xray Services (MAX TOS = 15)	N/A	0.16	N/A	0.08	N/A	0.13	N/A	-51.70	65.20	No
Other Services (MAX TOS = 19)	N/A	17.72	N/A	17.01	N/A	15.58	N/A	-4.02	-8.45	Yes
Durable Medical Equipment (MAX TOS = 51)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Transportation Services (MAX TOS = 26)	N/A	0.59	N/A	0.25	N/A	0.26	N/A	-57.50	4.75	Yes
Personal Care Services (MAX TOS = 30)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Targeted Case Management (MAX TOS = 31)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Rehabilitation Services (MAX TOS = 33)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A	1.21	N/A	1.04	N/A	1.10	N/A	-13.80	5.62	Yes
Hospice Services (MAX TOS = 35)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Residential Care Services (MAX TOS = 52)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Psychiatric Services (MAX TOS = 53)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Adult Day Care (MAX TOS = 54)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	N/A	99.68	N/A	99.87	N/A	99.88	N/A	0.20	0.01	Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100	99.86	Yes	99.91	Yes	99.95	Yes	0.06	0.04	Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	10.03	N/A	9.70	N/A	8.56	N/A	-3.33	-11.70	Yes
% Primary Diagnosis Code Claims with Length = 3	5-25	9.38	Yes	9.39	Yes	9.05	Yes	0.11	-3.66	Yes
% Primary Diagnosis Code Claims with Length = 4	40-70	31.32	No	31.01	No	32.22	No	-1.01	3.92	Yes
% Primary Diagnosis Code Claims with Length = 5	20-55	59.30	No	59.60	No	58.73	No	0.51	-1.46	Yes
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Procedure Code	98-100	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	N/A
% Claims with Procedure Code with CPT-4 Indicator	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% with Procedure Code with Other Code Indicator	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A

2004-2006 MAX RX VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Change Within Expected Range
All RX Claims										
Total Number of Claims	N/A	2,366,418	N/A	2,380,657	N/A	1,193,585	N/A	0.60	-49.90	No
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	2,366,418	N/A	2,380,657	N/A	1,193,585	N/A	0.60	-49.90	No
% Adjusted Claims	N/A	1.36	N/A	1.37	N/A	0.45	N/A	0.86	-66.80	No
% Standard Adjustments	>1%	99.91	Yes	99.93	Yes	100.00	Yes	0.02	0.07	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$47	N/A	\$50	N/A	\$98	N/A	6.00	96.80	No
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	N/A	N/A	\$188	N/A	N/A	N/A	N/A
# Claims with > \$200,000 Paid	0	N/A	N/A	N/A	N/A	0	Yes	N/A	N/A	N/A
FFS Claims (Type of Claim = 1)										
Total Number of Claims	N/A	2,366,418	N/A	2,380,657	N/A	1,193,585	N/A	0.60	-49.90	No
% 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	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	\$15-\$60	\$55	Yes	\$57	Yes	\$56	Yes	4.22	-2.91	Yes
% Claims with TPL	>0-15	3.34	Yes	3.45	Yes	3.59	Yes	3.12	4.25	Yes
Avg TPL Paid for Claims with TPL	N/A	\$62	N/A	\$67	N/A	\$99	N/A	8.85	47.07	No
% Family Planning Claims (PGM TYPE = 2)	N/A	1.03	N/A	1.06	N/A	1.83	N/A	2.85	73.32	No
% Drug Claims (MAX TOS = 16)	95-99	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
% Durable Medical Equipment Claims (MAX TOS = 51)	>0 - 6	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Drug Claims with Quantity	>98	100.00	Yes	100.00	Yes	99.99	Yes	0.00	0.00	Yes
% Drug Claims with Days Supply	>98	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
DRUG CLASSIFICATION										
% Claims with Hierarchical Ingredient Code List	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with Medispan	98-100	99.75	Yes	99.89	Yes	99.82	Yes	0.14	-0.07	Yes
% Claims with American Hospital Formulary System	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with Generic Therapeutic Class	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with Specific Therapeutic Class	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
NDC CONFIGURATION INDICATOR										
% Prescription (NDC FMT IND = 0-3)	N/A	71.09	N/A	71.55	N/A	74.74	N/A	0.65	4.46	Yes
% Products (NDC FMT IND = 4-6)	N/A	28.87	N/A	28.36	N/A	25.01	N/A	-1.78	-11.80	Yes
% Health Related Item (NDC FMT IND = 7)	N/A	0.00	N/A	0.01	N/A	0.01	N/A	2,957.00	177.30	No
% Claims with Smart Key	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with Over-the-Counter Drug Class	N/A	13.45	N/A	12.98	N/A	16.24	N/A	-3.48	25.09	No
% Claims with Prescription Drug Class	N/A	86.55	N/A	87.02	N/A	83.76	N/A	0.54	-3.74	Yes
% Claims with Multiple Sources	N/A	58.00	N/A	62.76	N/A	67.44	N/A	8.21	7.46	Yes
% Claims with Single Source (No Generic)	N/A	35.18	N/A	32.46	N/A	28.06	N/A	-7.72	-13.60	Yes

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
All Records											
Total Number of Records	N/A	142,071	N/A	145,834	N/A	148,759	N/A	2.65	2.01	10% (+/-)	Yes
Total Medicaid Paid	N/A	\$827,283,536	N/A	\$822,618,194	N/A	\$848,340,666	N/A	-0.56	3.13	15% (+/-)	Yes
% with No Services (RCPNT IND = 0)	N/A	17.59	N/A	17.58	N/A	17.32	N/A	-0.07	-1.45	N/A	N/A
% with FFS Only Claims (RCPNT IND = 1)	N/A	82.41	N/A	82.42	N/A	82.68	N/A	0.01	0.31	N/A	N/A
% with Only Capitation Claims (RCPNT IND = 2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with Only Encounter Claims (RCPNT IND = 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS and Capitation Claims (RCPNT IND = 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with Capitation and Encounter Claims Only (RCPNT IND = 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS and Encounter Claims Only (RCPNT IND = 6)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS, Capitation, and Encounter Claims (RCPNT IND = 7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
# with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	103	N/A	97	N/A	88	N/A	-5.83	-9.28	N/A	N/A
% with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	<2%	0.07	Yes	0.07	Yes	0.06	Yes	-8.26	-11.10	N/A	N/A
Total Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	\$103,629	N/A	\$37,050	N/A	\$40,372	N/A	-64.20	8.97	N/A	N/A
Avg Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	N/A	N/A	N/A	N/A	\$459	N/A	N/A	N/A	N/A	N/A
# with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	N/A	N/A	97	N/A	88	N/A	N/A	-9.28	N/A	N/A
% with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	N/A	N/A	0.07	N/A	0.06	N/A	N/A	-11.10	N/A	N/A
Total Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	N/A	N/A	\$37,050	N/A	\$40,372	N/A	N/A	8.97	N/A	N/A
Avg Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	N/A	N/A	N/A	N/A	\$459	N/A	N/A	N/A	N/A	N/A
S-CHIP ENROLLMENT											
# with ONLY S-CHIP Enrollment	N/A	5,740	N/A	6,091	N/A	6,446	N/A	6.12	5.83	N/A	N/A
% with ONLY S-CHIP Enrollment	N/A	4.04	N/A	4.18	N/A	4.33	N/A	3.38	3.75	N/A	N/A
# with ANY S-CHIP Enrollment	N/A	10,790	N/A	11,487	N/A	12,038	N/A	6.46	4.80	N/A	N/A
% with ANY S-CHIP Enrollment	N/A	7.59	N/A	7.88	N/A	8.09	N/A	3.71	2.74	N/A	N/A
Total Person-Years of Enrollment with ANY S-CHIP Enrollment	N/A	6,325	N/A	6,845	N/A	7,237	N/A	8.22	5.74	N/A	N/A
Total Medicaid Enrollees (excludes people with missing Medicaid eligibility information or S-CHIP only)											
Total Medicaid Enrollees	N/A	136,228	N/A	139,646	N/A	142,225	N/A	2.51	1.85	10% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	105,019	N/A	108,478	N/A	111,136	N/A	3.29	2.45	10% (+/-)	Yes
# with Any M-CHIP Enrollment	N/A	623	N/A	693	N/A	647	N/A	11.24	-6.64	N/A	N/A
Total Person-Years of Enrollment Any M-CHIP	N/A	246	N/A	274	N/A	262	N/A	11.03	-4.14	N/A	N/A
Demographic Characteristics											
% Records with Valid SSN Format	>=95%	98.95	Yes	99.21	Yes	98.94	Yes	0.26	-0.27	10% (+/-)	Yes
% Records Whose MSIS SSN Passed High Group Test (HGT FLAG = 1)	>95%	N/A	No	99.09	No	98.83	No	N/A	-0.26	10% (+/-)	Yes
% Records Whose MSIS SSN Failed High Group Test Due to Invalid AAA (HGT FLAG = 2)	N/A	N/A	N/A	0.02	N/A	0.02	N/A	N/A	27.28	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to GG = 00 (HGT FLAG = 3)	N/A	N/A	N/A	0.00	N/A	0.01	N/A	N/A	30.92	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to SSSS = 0000 (HGT FLAG = 4)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to GG Not Yet Issued (HGT FLAG = 5)	N/A	N/A	N/A	0.10	N/A	0.08	N/A	N/A	-22.00	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to Railroad Retirement Number with Invalid DOB (HGT FLAG = 6)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A	N/A
# SSNs with More Than One MSIS ID	0	16	No	13	No	12	No	-18.80	-7.69	N/A	N/A
% with External SSN from EDB (EXT SSN SRCE = 1)	N/A	N/A	N/A	21.41	N/A	21.64	N/A	N/A	1.08	10% (+/-)	Yes
% with External SSN from State-Provided Cross-Reference File (EXT SSN SRCE = 2)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	10% (+/-)	N/A

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
% with County Code	>=98%	96.11	No	96.68	No	97.48	No	0.60	0.82	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.77	Yes	1.72	Yes	1.67	Yes	-3.09	-2.71	10% (+/-)	Yes
% White	N/A	91.15	N/A	91.16	N/A	91.15	N/A	.0050	0.00	10% (+/-)	Yes
% Black	N/A	2.19	N/A	2.29	N/A	2.30	N/A	4.588	0.43	10% (+/-)	Yes
% Native American/Alaskan Native	N/A	0.13	N/A	0.12	N/A	0.12	N/A	-6.35	-0.06	10% (+/-)	Yes
% Asian	N/A	0.76	N/A	0.75	N/A	0.79	N/A	-1.79	5.15	N/A	N/A
% Native Hawaiian or Other Pacific Islander	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% More Than One Race	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% Unknown Race	<5%	2.08	Yes	5.69	No	5.64	No	173.0	-0.80	10% (+/-)	Yes
% Hispanic/Latino (Included with Race Categories Prior to 2005)	N/A	3.69	N/A	3.99	N/A	4.32	N/A	8.292	8.15	10% (+/-)	Yes
% of Hispanic/Latino with Unknown Race	N/A	N/A	N/A	100.00	N/A	100.00	N/A	N/A	0.00	10% (+/-)	Yes
% Age 0	2-8%	3.80	Yes	3.79	Yes	3.88	Yes	-0.19	2.39	10% (+/-)	Yes
% Age 0-20 Years	49-74%	61.97	Yes	61.55	Yes	61.28	Yes	-0.68	-0.43	10% (+/-)	Yes
% Age > 64 Years	5-18%	10.48	Yes	10.27	Yes	10.16	Yes	-2.00	-1.03	10% (+/-)	Yes
% with Century of Birth '18' , '19', '20'	N/A	99.99	N/A	99.98	N/A	100.00	N/A	-0.01	0.02	N/A	N/A
% with Sex Code 'M' or 'F'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% Enrollees with 12 Months Enrollment	40-70%	53.89	Yes	55.08	Yes	55.32	Yes	2.20	0.44	10% (+/-)	Yes
EDB Dual Eligibles											
Total EDB Duals (Duals Confirmed by EDB)	N/A	25,149	N/A	26,175	N/A	27,057	N/A	4.08	3.37	10% (+/-)	Yes
Total EDB Dual Person-Years of Enrollment	N/A	21,092	N/A	22,099	N/A	22,866	N/A	4.78	3.47	15% (+/-)	Yes
% Age > 64 Years Who Are EDB Duals	>=90%	93.62	Yes	93.60	Yes	93.26	Yes	-0.02	-0.37	10% (+/-)	Yes
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are EDB Duals	>=90%	93.65	Yes	93.69	Yes	93.40	Yes	0.04	-0.31	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are EDB Duals	30-55%	57.63	No	58.13	No	59.17	No	0.86	1.80	10% (+/-)	Yes
% EDB Only (EDB DUAL = 50)	<5%	2.56	Yes	0.88	Yes	1.08	Yes	-65.50	22.29	N/A	N/A
% EDB QMB Only (EDB DUAL = 51)	N/A	8.96	N/A	9.79	N/A	12.78	N/A	9.26	30.54	N/A	N/A
% EDB QMB Plus (EDB DUAL = 52)	N/A	23.56	N/A	24.54	N/A	23.24	N/A	4.14	-5.31	N/A	N/A
% EDB SLMB Only (EDB DUAL = 53)	N/A	5.49	N/A	6.14	N/A	7.42	N/A	11.73	20.90	N/A	N/A
% EDB SLMB Plus (EDB DUAL = 54)	N/A	3.24	N/A	3.58	N/A	4.07	N/A	10.48	13.69	N/A	N/A
% EDB QDWI (EDB DUAL = 55)	N/A	0.01	N/A	0.02	N/A	0.00	N/A	140.20	-80.70	N/A	N/A
% EDB QI-1 (EDB DUAL = 56)	N/A	2.24	N/A	2.37	N/A	3.51	N/A	5.98	47.99	N/A	N/A
% EDB QI-2 (EDB DUAL = 57)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB Other (EDB DUAL = 58)	N/A	53.94	N/A	52.69	N/A	47.91	N/A	-2.33	-9.07	N/A	N/A
% EDB Dual Type Unknown (EDB DUAL = 59)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB Dual Status Unknown (EDB DUAL = 98)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
Total Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	N/A	376	N/A	308	N/A	310	N/A	-18.10	0.65	10% (+/-)	Yes
% Non-EDB Duals Without Valid SSN	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	10% (+/-)	N/A
% Non-EDB Duals Who Are Children/Adults	N/A	6.38	N/A	1.95	N/A	0.65	N/A	-69.50	-66.90	10% (+/-)	No
% EDB Duals with Spanish Language	N/A	0.33	N/A	0.38	N/A	0.43	N/A	14.60	12.37	15% (+/-)	Yes
% EDB Duals with EDB Date of Death During Year	6-10%	9.27	Yes	8.65	Yes	8.33	Yes	-6.72	-3.64	15% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC	N/A	95.24	N/A	98.76	N/A	98.76	N/A	3.70	0.00	15% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC = Medicare HIC	N/A	98.62	N/A	98.98	N/A	98.94	N/A	0.37	-0.04	15% (+/-)	Yes
Total EDB Dual Enrollees in June	N/A	23,404	N/A	24,508	N/A	25,453	N/A	4.72	3.86	10% (+/-)	Yes
JUNE MEDICARE ELIGIBILITY GROUP											
June % with Part A Medicare	N/A	5.49	N/A	6.11	N/A	5.71	N/A	11.32	-6.61	15% (+/-)	Yes
June % with Part B Medicare	N/A	0.54	N/A	0.47	N/A	0.43	N/A	-12.80	-8.69	15% (+/-)	Yes
June % Part A/B Medicare	N/A	93.97	N/A	93.41	N/A	93.86	N/A	-0.59	0.48	15% (+/-)	Yes

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
ORIGINAL REASON FOR MEDICARE ENTITLEMENT											
% Aged (MDCR ORIG REAS CD = 0)	N/A	42.63	N/A	40.89	N/A	39.31	N/A	-4.09	-3.87	15% (+/-)	Yes
% Disabled (MDCR ORIG REAS CD = 1)	N/A	56.73	N/A	58.45	N/A	59.98	N/A	3.02	2.63	15% (+/-)	Yes
% End Stage Renal Disease (MDCR ORIG REAS CD = 2)	N/A	0.21	N/A	0.22	N/A	0.26	N/A	5.32	20.50	15% (+/-)	No
% Disabled with End Stage Renal Disease (MDCR ORIG REAS CD = 3)	N/A	0.43	N/A	0.44	N/A	0.44	N/A	4.16	0.08	15% (+/-)	Yes
Other Eligibility Characteristics (All Enrollees)											
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are > 64 Years	>=99%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are > 64 Years	N/A	0.39	N/A	0.49	N/A	0.46	N/A	24.82	-4.74	10% (+/-)	Yes
% Child Groups (MAX ELIG CD = 14,16, 24, 34, 44, 48, 54) Who Are < 21 Years	>=98%	99.82	Yes	99.82	Yes	99.82	Yes	-0.01	0.00	10% (+/-)	Yes
% Adult Groups (MAX ELIG CD = 15,17,25,35,45,55) Who Are > 20 Years	>=80%	99.93	Yes	99.87	Yes	100.00	Yes	-0.06	0.13	10% (+/-)	Yes
% MAX 1115 Expansion Enrollees (MAX ELIG CD = 51,52,54,55) with 1115 Waiver Enrollment (WVR TYPE = 1,5,6,A,F)	100%	N/A	N/A	Div by 0	N/A	Div by 0	Yes	N/A	Div by 0	25% (+/-)	N/A
% MAX 1115 Waiver Enrollees (WVR TYPE = 1,5,6,A,F) in MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	25% (+/-)	N/A
Aged Total	N/A	14,189	N/A	14,230	N/A	14,354	N/A	0.29	0.87	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	1,540	N/A	1,486	N/A	1,488	N/A	-3.51	0.13	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	5,067	N/A	4,988	N/A	4,657	N/A	-1.56	-6.64	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	2,481	N/A	2,668	N/A	3,286	N/A	7.54	23.16	10% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	5,101	N/A	5,088	N/A	4,923	N/A	-0.26	-3.24	10% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled Total	N/A	18,780	N/A	20,199	N/A	21,203	N/A	7.56	4.97	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	6,985	N/A	7,199	N/A	7,306	N/A	3.06	1.49	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	3,201	N/A	3,430	N/A	3,095	N/A	7.15	-9.77	10% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	1,773	N/A	2,157	N/A	3,173	N/A	21.66	47.10	10% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	6,821	N/A	7,413	N/A	7,629	N/A	8.68	2.91	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Total	N/A	83,894	N/A	85,379	N/A	86,632	N/A	1.77	1.47	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	11,786	N/A	11,724	N/A	10,551	N/A	-0.53	-10.00	10% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	375	N/A	362	N/A	267	N/A	-3.47	-26.20	10% (+/-)	No
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	1,485	N/A	1,489	N/A	1,543	N/A	0.27	3.63	10% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	58,709	N/A	59,796	N/A	61,511	N/A	1.85	2.87	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	8,875	N/A	9,329	N/A	10,084	N/A	5.12	8.09	10% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	2,664	N/A	2,679	N/A	2,676	N/A	0.56	-0.11	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Adult Total	N/A	19,365	N/A	19,838	N/A	20,036	N/A	2.44	1.00	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	5,215	N/A	5,153	N/A	4,565	N/A	-1.19	-11.40	10% (+/-)	No
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	371	N/A	351	N/A	313	N/A	-5.39	-10.80	10% (+/-)	No
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	2,583	N/A	2,688	N/A	2,771	N/A	4.07	3.09	10% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	3,847	N/A	3,972	N/A	4,115	N/A	3.25	3.60	10% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	7,349	N/A	7,674	N/A	8,272	N/A	4.42	7.79	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Long-Term Care Enrollees											
INSTITUTIONAL STATUS											
# Enrollees with Any ILTC Claims (Includes NF, ICF/MR, Aged Mental Hospital, IP Psych Age < 21 years, MAX TOS = 02, 04, 05, 07)	N/A	7,459	N/A	7,526	N/A	7,442	N/A	0.90	-1.12	15% (+/-)	Yes
% Enrollees with Any ILTC Claims	N/A	5.48	N/A	5.39	N/A	5.23	N/A	-1.57	-2.91	15% (+/-)	Yes
% Aged Enrollees with Any ILTC Claims	N/A	45.79	N/A	45.47	N/A	44.35	N/A	-0.70	-2.46	15% (+/-)	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
% Disabled Enrollees with Any ILTC Claims	N/A	3.47	N/A	3.62	N/A	3.64	N/A	4.24	0.48	15% (+/-)	Yes
% Child Enrollees with Any ILTC Claims	N/A	0.36	N/A	0.37	N/A	0.34	N/A	4.14	-9.79	15% (+/-)	Yes
% Adult Enrollees with Any ILTC Claims	N/A	0.05	N/A	0.03	N/A	0.06	N/A	-34.90	114.50	15% (+/-)	No
COMMUNITY LONG-TERM CARE STATUS											
# Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	8,837	N/A	9,307	N/A	N/A	5.32	15% (+/-)	Yes
% Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	6.33	N/A	6.54	N/A	N/A	3.41	15% (+/-)	Yes
% Aged Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	15.15	N/A	15.65	N/A	N/A	3.27	15% (+/-)	Yes
% Disabled Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	20.84	N/A	20.78	N/A	N/A	-0.30	15% (+/-)	Yes
% Child Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	2.34	N/A	2.54	N/A	N/A	8.57	15% (+/-)	Yes
% Adult Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	2.38	N/A	2.27	N/A	N/A	-4.97	15% (+/-)	Yes
# Enrollees with ILTC Claims and CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	706	N/A	745	N/A	N/A	5.52	15% (+/-)	Yes
# Ever Enrolled in Section 1915(c) Waiver or with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	N/A	N/A	9,678	N/A	N/A	N/A	15% (+/-)	No
SECTION 1915(c) WAIVER ENROLLMENT - MOST RECENT											
# Ever Enrolled in Any Section 1915(c) Waiver (WVR TYPE = G-P)	N/A	N/A	N/A	6,547	N/A	6,971	N/A	N/A	6.48	15% (+/-)	Yes
% Enrolled in Any Section 1915(c) Waiver	N/A	N/A	N/A	4.69	N/A	4.90	N/A	N/A	4.55	15% (+/-)	Yes
% Aged Enrollees in Section 1915(c) Waiver	N/A	N/A	N/A	14.05	N/A	14.87	N/A	N/A	5.78	15% (+/-)	Yes
% Disabled Enrollees in Section 1915(c) Waiver	N/A	N/A	N/A	17.93	N/A	18.35	N/A	N/A	2.34	15% (+/-)	Yes
% Child Enrollees in Section 1915(c) Waiver	N/A	N/A	N/A	1.05	N/A	1.06	N/A	N/A	0.85	15% (+/-)	Yes
% Adult Enrollees in Section 1915(c) Waiver	N/A	N/A	N/A	0.13	N/A	0.13	N/A	N/A	-0.99	15% (+/-)	Yes
# with Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	N/A	N/A	2,811	N/A	3,096	N/A	N/A	10.14	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	1,830	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	70	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	821	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	357	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	18	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	N/A	N/A	130	N/A	141	N/A	N/A	8.46	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	6	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	24	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	N/A	N/A	3,606	N/A	3,734	N/A	N/A	3.55	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	212	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	16	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	1,651	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	927	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	928	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for Technologically Dependent/Medically Fragile (WVR TYPE = N)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for People with Autism/Autism Spectrum Disorder (WVR TYPE = P)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver Enrollment for Unspecified or Unknown Populations (WVR TYPE = O)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
% of Section 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7)	<15%	N/A	No	6.05	Yes	5.98	Yes	N/A	-1.10	15% (+/-)	Yes
% of Section 1915(c) Claim (PGM TYPE = 6 or 7) Recipients with No Waiver Enrollment	<10%	N/A	No	0.26	Yes	0.29	Yes	N/A	11.42	15% (+/-)	Yes
% of Section 1915(c) Waiver Enrollees with Any HMO/HIO Enrollment	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
Other Waiver Enrollment (Enrolled Any Time During the Year)											
# with Any 1115 Waiver (WVR TYPE = 1,5,6,A,F)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
% Aged Enrollees with Any 1115 Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Disabled Enrollees with Any 1115 Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any 1115 Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any 1115 Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Any 1915(b) Waiver (WVR TYPE = 2)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
% Aged Enrollees with Any 1915(b) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Disabled Enrollees with Any 1915(b) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any 1915(b) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any 1915(b) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Any Combined 1915(b)(c) Waiver (WVR TYPE = 4)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
% Aged Enrollees with Any Combined 1915(b)(c) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Disabled Enrollees with Any Combined 1915(b)(c) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any Combined 1915(b)(c) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any Combined 1915(b)(c) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with 1115 HIFA Waiver (WVR TYPE = 5)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
# with 1115 Pharmacy Waiver Coverage (WVR TYPE = 6)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
% Aged Enrollees with Pharmacy Waiver Coverage	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Disabled Enrollees with Any Pharmacy Waiver Coverage	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any Pharmacy Waiver Coverage	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any Combined 1915(b)(c) Waiver	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Other Type of Waiver (WVR TYPE = 7)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
# with Unknown Type of Waiver (WVR TYPE = 9)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
# with 1115 Disaster-Related Waiver (WVR TYPE = A)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
# with 1115 Family Planning Only Waiver (WVR TYPE = F)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
Enrollees with Restricted Benefits											
<i>Family Planning enrollees with Restricted Benefits (RBF = 6)</i>											
# with ONLY Family Planning Only Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY Family Planning Only Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of Enrollment ANY Family Planning Only Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Aliens with Restricted Benefits (RBF = 2)</i>											
# Aliens with ONLY Restricted Benefits	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Aliens with ANY Restricted Benefits	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of Enrollment Aliens with ANY Restricted Benefits	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - RBF = 3)</i>											
# EDB Duals with ONLY Restricted Benefits Enrollment	N/A	3,030	N/A	3,415	N/A	4,534	N/A	12.71	32.77	N/A	N/A
# EDB Duals with ANY Restricted Benefits Enrollment	N/A	5,040	N/A	5,725	N/A	7,450	N/A	13.59	30.13	N/A	N/A
# Person-Years of Enrollment EDB Duals with ANY Restricted Benefits	N/A	2,929	N/A	3,376	N/A	4,708	N/A	15.25	39.46	N/A	N/A
% EDB Duals with ONLY Restricted Benefits Enrollment	<=40%	N/A	No	13.05	No	16.76	No	N/A	28.44	15% (+/-)	No
<i>Prescription Drug Enrollees (RBF = X, Y, or Z)</i>											
# with ONLY Prescription Drug Enrollment (May Have a Month or More of RBF = 3)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY Prescription Drug Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of ANY Prescription Drug Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Dual Prescription Drug Enrollees</i>											
# with ONLY Prescription Drugs Who Are EDB Duals	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
June Eligibility Profile											
Total Enrollees in June	N/A	104,974	N/A	108,445	N/A	111,689	N/A	3.31	2.99	15% (+/-)	Yes
June % Full Scope Benefits (RBF = 1)	>80%	97.18	Yes	96.91	Yes	95.76	Yes	-0.28	-1.19	15% (+/-)	Yes
June % Restricted Benefits Alien (RBF = 2)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Dual (RBF = 3)	<5%	2.82	Yes	3.09	Yes	4.24	Yes	9.80	37.29	15% (+/-)	No

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
June % Restricted Benefits Pregnant (RBF = 4)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Other (RBF = 5)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Family Planning (RBF = 6)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Unknown Benefits (RBF = 9)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Pharm Plus Non-Dual Enrollee (RBF = X)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Pharm Plus Dual Receiving Medicare Cost Sharing (RBF = Y)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Pharm Plus Dual Not Receiving Medicare Cost Sharing (RBF = Z)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	15% (+/-)	N/A
June % Private Health Insurance (PVT INS CD = 2-4)	2-15%	8.39	Yes	8.61	Yes	8.26	Yes	2.62	-4.16	15% (+/-)	Yes
June Total Enrollees with TANF Flag (TANF FLAG = 2)	N/A	14,199	N/A	14,540	N/A	13,972	N/A	2.40	-3.91	15% (+/-)	Yes
June # with M-CHIP (SCHIP = 2) - Child (Age < 19 Years)	N/A	264	N/A	265	N/A	257	N/A	0.38	-3.02	15% (+/-)	Yes
June # with M-CHIP (SCHIP = 2) - Adult (Age > 18 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with S-CHIP (SCHIP = 3) - Child (Age < 19 Years)	N/A	1,890	N/A	1,970	N/A	2,089	N/A	4.23	6.04	15% (+/-)	Yes
June # with S-CHIP (SCHIP = 3) - Adult (Age > 18 Years)	N/A	36	N/A	30	N/A	33	N/A	-16.70	10.00	15% (+/-)	Yes
Medicaid Expenditures											
Total Medicaid Paid	N/A	\$827,179,907	N/A	\$822,581,144	N/A	\$848,300,294	N/A	-0.56	3.13	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee	N/A	\$6,072	N/A	\$5,890	N/A	\$5,964	N/A	-2.99	1.26	15% (+/-)	Yes
25th Percentile	N/A	\$146	N/A	\$142	N/A	\$158	N/A	-2.74	11.27	15% (+/-)	Yes
50th Percentile (Median)	N/A	\$779	N/A	\$731	N/A	\$784	N/A	-6.16	7.25	15% (+/-)	Yes
75th Percentile	N/A	\$3,951	N/A	\$3,677	N/A	\$3,597	N/A	-6.93	-2.18	15% (+/-)	Yes
95th Percentile	N/A	\$36,254	N/A	\$35,493	N/A	\$35,620	N/A	-2.10	0.36	15% (+/-)	Yes
99th Percentile	N/A	\$73,503	N/A	\$72,737	N/A	\$75,924	N/A	-1.04	4.38	15% (+/-)	Yes
Maximum Medicaid Paid	N/A	N/A	N/A	N/A	N/A	\$476,524	N/A	N/A	N/A	25% (+/-)	No
NUMBER OF HIGH-COST ENROLLEES											
# of Enrollees with Total Medicaid Paid > \$1,000,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# of Enrollees with Total Medicaid Paid > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$6,072	N/A	\$5,890	N/A	\$5,964	N/A	-2.99	1.26	15% (+/-)	Yes
Aged	N/A	\$17,853	N/A	\$17,600	N/A	\$16,234	N/A	-1.41	-7.76	15% (+/-)	Yes
Disabled	N/A	\$17,167	N/A	\$16,242	N/A	\$15,369	N/A	-5.39	-5.37	10% (+/-)	Yes
Child	N/A	\$2,336	N/A	\$2,226	N/A	\$2,660	N/A	-4.73	19.49	10% (+/-)	No
Adult	N/A	\$2,864	N/A	\$2,723	N/A	\$2,943	N/A	-4.94	8.10	10% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$17,550	N/A	\$16,898	N/A	\$14,788	N/A	-3.72	-12.50	15% (+/-)	Yes
Aged	N/A	\$18,330	N/A	\$18,077	N/A	\$16,571	N/A	-1.38	-8.33	10% (+/-)	Yes
Disabled	N/A	\$17,782	N/A	\$16,633	N/A	\$13,890	N/A	-6.46	-16.50	10% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER LONG-TERM CARE ENROLLEE											
Avg Medicaid Paid per Enrollee with ILTC Claims (MAX TOS = 02, 04, 05, 07)	N/A	N/A	N/A	\$33,604	N/A	\$32,636	N/A	N/A	-2.88	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee with CLTC Claims (Excluding CLTC FLAG = 16-20)	N/A	N/A	N/A	\$31,884	N/A	\$33,478	N/A	N/A	5.00	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee with ILTC (MAX TOS = 02, 04, 05, 07) and CLTC Claims (Excluding CLTC FLAG = 16-20)	N/A	N/A	N/A	\$32,678	N/A	\$34,862	N/A	N/A	6.68	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE IN 1915(c) WAIVER - MOST RECENT											
Avg Medicaid Paid per Section 1915(c) Enrollee	N/A	N/A	N/A	\$36,597	N/A	\$37,700	N/A	N/A	3.01	15% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	N/A	N/A	\$21,455	N/A	\$21,037	N/A	N/A	-1.95	15% (+/-)	Yes
Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	N/A	N/A	\$90,484	N/A	\$91,117	N/A	N/A	0.70	15% (+/-)	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	N/A	N/A	\$46,458	N/A	\$49,498	N/A	N/A	6.54	15% (+/-)	Yes
Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Technologically Dependent/Medically Fragile (WVR TYPE = N)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with Autism/Autism Spectrum Disorder (WVR TYPE = P)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) Waiver for None of the Above (WVR TYPE = O)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
AVERAGE 1915(c) WAIVER AMOUNT PAID (PROGRAM TYPES 6 OR 7) PER ENROLLEE IN ANY 1915(c) WAIVER - MOST RECENT											
Avg 1915(c) Waiver Amount Paid per Section 1915(c) Enrollee	N/A	N/A	N/A	\$24,505	N/A	\$26,998	N/A	N/A	10.17	15% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	N/A	N/A	\$9,087	N/A	\$11,253	N/A	N/A	23.84	15% (+/-)	No
Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	N/A	N/A	\$72,782	N/A	\$80,937	N/A	N/A	11.21	15% (+/-)	Yes
Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	N/A	N/A	\$34,784	N/A	\$38,016	N/A	N/A	9.29	15% (+/-)	Yes
Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Technologically Dependent/Medically Fragile (WVR TYPE = N)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with Autism/Autism Spectrum Disorder (WVR TYPE = P)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) Waiver for None of the Above (WVR TYPE = O)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
EXPENDITURES FOR RESTRICTED BENEFIT ENROLLEES											
<i>Expenditures for Family Planning Enrollees with Restricted Benefits (RBF = 6)</i>											
Total Medicaid Paid for ONLY Family Planning Only Enrollees	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Avg Medicaid Paid per ONLY Family Planning Only Enrollee	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Expenditures for Aliens with Restricted Benefits (RBF = 2)</i>											
Total Medicaid Paid for Aliens with Restricted Benefits ONLY Enrollment	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Avg Medicaid Paid per Alien Enrollee with Restricted Benefits ONLY	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Expenditures for EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - RBF = 3)</i>											
Total Medicaid Paid for EDB Duals with Only Restricted Benefits Enrollment	N/A	\$283,482	N/A	\$377,528	N/A	\$667,883	N/A	33.18	76.91	N/A	N/A
Avg Medicaid Paid per EDB Dual with Only Restricted Benefits Enrollment	N/A	\$94	N/A	\$111	N/A	\$147	N/A	18.16	33.25	N/A	N/A
<i>Expenditures for Prescription Drug Enrollees (RBF = X, Y, or Z)</i>											
Total Medicaid Paid for Prescription Drug ONLY Enrollees (May Have a Month or More of RBF = 3)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Avg Medicaid Paid per Prescription Drug ONLY Enrollee	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Expenditures for Dual Prescription Drug Enrollees</i>											
Total Medicaid Paid for Prescription Drug ONLY Enrollees Who Are EDB Duals	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
MEDICAID ENROLLEES - EXCLUDING SELECT RESTRICTED BENEFIT GROUPS (excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total Medicaid Enrollees	N/A	133,198	N/A	136,231	N/A	137,691	N/A	2.28	1.07	10% (+/-)	Yes
Aged Total	N/A	12,302	N/A	12,197	N/A	11,840	N/A	-0.85	-2.93	10% (+/-)	Yes
Disabled Total	N/A	17,637	N/A	18,817	N/A	19,183	N/A	6.69	1.95	10% (+/-)	Yes
Child Total	N/A	83,894	N/A	85,379	N/A	86,632	N/A	1.77	1.47	10% (+/-)	Yes
Adult Total	N/A	19,365	N/A	19,838	N/A	20,036	N/A	2.44	1.00	10% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	102,689	N/A	105,843	N/A	107,552	N/A	3.07	1.62	10% (+/-)	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Total EDB Duals	N/A	22,119	N/A	22,760	N/A	22,523	N/A	2.90	-1.04	10% (+/-)	Yes
Aged	N/A	11,401	N/A	11,299	N/A	10,892	N/A	-0.90	-3.60	10% (+/-)	Yes
Disabled	N/A	9,680	N/A	10,359	N/A	10,526	N/A	7.01	1.61	10% (+/-)	Yes
TOTAL MEDICAID AMOUNT PAID											
Total Medicaid Paid	N/A	\$826,896,425	N/A	\$822,203,616	N/A	\$847,632,411	N/A	-0.57	3.09	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$6,208	N/A	\$6,035	N/A	\$6,156	N/A	-2.78	2.00	15% (+/-)	Yes
Aged	N/A	\$20,575	N/A	\$20,513	N/A	\$19,651	N/A	-0.30	-4.20	15% (+/-)	Yes
Disabled	N/A	\$18,274	N/A	\$17,428	N/A	\$16,972	N/A	-4.63	-2.62	10% (+/-)	Yes
Child	N/A	\$2,336	N/A	\$2,226	N/A	\$2,660	N/A	-4.73	19.49	10% (+/-)	No
Adult	N/A	\$2,864	N/A	\$2,723	N/A	\$2,943	N/A	-4.94	8.10	10% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$19,941	N/A	\$19,417	N/A	\$17,735	N/A	-2.63	-8.66	15% (+/-)	Yes
Aged	N/A	\$21,347	N/A	\$21,307	N/A	\$20,362	N/A	-0.18	-4.43	10% (+/-)	Yes
Disabled	N/A	\$19,873	N/A	\$18,839	N/A	\$16,526	N/A	-5.20	-12.30	10% (+/-)	No
Managed CARE PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs, excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2003. Prescription drug only enrollees were NOT excluded prior to 2003.											
% Total Enrollees in MC Anytime During Year	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
Total MC Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Aged	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Disabled	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Child	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Adult	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in HMO/HIO (MC TYPE = 1)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in Dental (MC TYPE = 2)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in BHO (MC TYPE = 3)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in Prenatal (MC TYPE = 4)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in LTC (MC TYPE = 5)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in PACE (MC TYPE = 6)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in PCCM (MC TYPE = 7)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in Other MC (MC TYPE = 8)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals Ever Enrolled in HMO/HIOs	<20%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals in PHP Only or PHP/PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals in PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% Section 1915(c) Waiver Enrollees Ever Enrolled in HMO/HIOs	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	25% (+)	N/A
% Section 1915(c) Waiver Enrollees in PHP Only or PHP and PCCM Only	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	25% (+)	N/A
% Section 1915(c) Waiver Enrollees in PCCM Only	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	25% (+)	N/A
Total Enrollees in June	N/A	102,625	N/A	105,855	N/A	108,116	N/A	3.15	2.14	25% (+)	Yes
June % HMO/HIO Only (MC COMBO = 01)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental Plan Only (MC COMBO = 02)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % BHO Only (MC COMBO = 03)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % PCCM Only (MC COMBO = 04)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other MC Only (MC COMBO = 05)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Dental (MC COMBO = 06)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & BHO (MC COMBO = 07)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Other MC (MC COMBO = 08)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Dental & BHO (MC COMBO = 09)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
June % Dental & PCCM (MC COMBO = 10)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % BHO & PCCM (MC COMBO = 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other MC & PCCM (MC COMBO = 12)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & BHO & PCCM (MC COMBO = 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & BHO (MC COMBO = 14)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other Combinations (MC COMBO = 15)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % FFS Only (MC COMBO = 16)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	25% (+)	Yes
June % MC Status Unknown (MC COMBO = 99)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	25% (+)	N/A
CAPITATION CLAIMS											
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
HMO/HIO	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PHP	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Ratio of Capitation Claims to Person-Month Enrollment in MC	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
HMO/HIO	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
PHP	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
Avg Capitation Payment per Person-Month Enrollment in MC	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
HMO/HIO	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PHP	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERSONS ENROLLED IN PHP ONLY OR PHP AND PCCM ONLY											
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total Medicaid Paid	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERSONS ENROLLED IN PCCM ONLY											
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERSONS EVER ENROLLED IN HMO OR HIO DURING YEAR											
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Disabled	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Child	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Adult	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Total Ever Enrolled in HMO/HIO Person-Years of Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg Capitation Payments	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total FFS Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg FFS Payments per Enrollee	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

2004-2006 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Total FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Drug (MAX TOS = 16)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Other (Excluding Capitation Payments)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Average FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Drug (MAX TOS = 16)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Other (Excluding Capitation Payments)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUAL MEDICAID ENROLLEES (excludes EDB Duals, people ever enrolled in HMO/HIOs, with missing eligibility information, S-CHIP only, FP Only, Aliens with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-CHIP only, FP Only, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total Non-Dual FFS Enrollees	N/A	111,079	N/A	113,471	N/A	115,168	N/A	2.15	1.50	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	95,055	N/A	97,415	N/A	100,122	N/A	2.48	2.78	15% (+/-)	Yes
Total Non-Dual FFS Person-Years of Enrollment	N/A	83,927	N/A	86,379	N/A	88,271	N/A	2.92	2.19	15% (+/-)	Yes
Aged Total	N/A	901	N/A	898	N/A	948	N/A	-0.33	5.57	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	422	N/A	431	N/A	466	N/A	2.13	8.12	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	173	N/A	164	N/A	167	N/A	-5.20	1.83	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	33	N/A	32	N/A	44	N/A	-3.03	37.50	10% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	273	N/A	271	N/A	271	N/A	-0.73	0.00	10% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled Total	N/A	7,957	N/A	8,458	N/A	8,657	N/A	6.30	2.35	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	4,567	N/A	4,709	N/A	4,818	N/A	3.11	2.32	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	756	N/A	847	N/A	847	N/A	12.04	0.00	10% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	7	N/A	6	N/A	10	N/A	-14.30	66.67	10% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	2,627	N/A	2,896	N/A	2,982	N/A	10.24	2.97	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Total	N/A	83,882	N/A	85,369	N/A	86,625	N/A	1.77	1.47	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	11,786	N/A	11,723	N/A	10,551	N/A	-0.54	-10.00	10% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	375	N/A	362	N/A	267	N/A	-3.47	-26.20	10% (+/-)	No
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	1,483	N/A	1,489	N/A	1,542	N/A	0.40	3.56	10% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	58,703	N/A	59,793	N/A	61,509	N/A	1.86	2.87	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	8,871	N/A	9,324	N/A	10,081	N/A	5.11	8.12	10% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	2,664	N/A	2,678	N/A	2,675	N/A	0.53	-0.11	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Adult Total	N/A	18,339	N/A	18,746	N/A	18,938	N/A	2.22	1.02	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	5,149	N/A	5,097	N/A	4,510	N/A	-1.01	-11.50	10% (+/-)	No
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	371	N/A	351	N/A	313	N/A	-5.39	-10.80	10% (+/-)	No
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	1,953	N/A	2,036	N/A	2,139	N/A	4.25	5.06	10% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	3,771	N/A	3,910	N/A	4,041	N/A	3.69	3.35	10% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	7,095	N/A	7,352	N/A	7,935	N/A	3.62	7.93	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
# Non-Dual FFS Enrollees with MSIS Dual Code but No EDB Confirmation	N/A	376	N/A	308	N/A	310	N/A	-18.10	0.65	10% (+/-)	Yes
Total FFS Medicaid Paid	N/A	\$385,814,173	N/A	\$380,283,640	N/A	\$448,183,411	N/A	-1.43	17.86	15% (+/-)	No
Avg FFS Medicaid Paid per Non-Dual FFS Enrollee	N/A	\$3,473	N/A	\$3,351	N/A	\$3,892	N/A	-3.51	16.12	15% (+/-)	No

2004-2006 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Avg FFS Medicaid Paid per Non-Dual FFS Recipient (User of Any service)	N/A	\$4,059	N/A	\$3,904	N/A	\$4,476	N/A	-3.82	14.67	15% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$10,810	N/A	\$10,519	N/A	\$11,474	N/A	-2.69	9.08	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$9,331	N/A	\$8,443	N/A	\$9,367	N/A	-9.52	10.94	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$11,236	N/A	\$13,283	N/A	\$14,018	N/A	18.22	5.53	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$848	N/A	\$801	N/A	\$491	N/A	-5.52	-38.70	15% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	\$14,031	N/A	\$13,297	N/A	\$15,313	N/A	-5.23	15.16	15% (+/-)	No
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$16,329	N/A	\$15,699	N/A	\$17,513	N/A	-3.86	11.55	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$18,352	N/A	\$17,055	N/A	\$19,069	N/A	-7.07	11.81	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$13,451	N/A	\$15,773	N/A	\$17,245	N/A	17.26	9.33	15% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$19	N/A	\$820	N/A	\$25	N/A	4,152.00	-96.90	15% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$13,684	N/A	\$13,504	N/A	\$15,134	N/A	-1.32	12.08	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$2,335	N/A	\$2,222	N/A	\$2,659	N/A	-4.84	19.64	15% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$1,897	N/A	\$1,799	N/A	\$2,148	N/A	-5.17	19.43	15% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	\$1,146	N/A	\$1,197	N/A	\$1,451	N/A	4.49	21.22	15% (+/-)	No
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	\$3,120	N/A	\$2,763	N/A	\$3,297	N/A	-11.40	19.34	15% (+/-)	No
Child Poverty (MAX ELIG CD = 34)	N/A	\$1,539	N/A	\$1,469	N/A	\$1,764	N/A	-4.53	20.09	15% (+/-)	No
Other Child (MAX ELIG CD = 44)	N/A	\$5,045	N/A	\$4,561	N/A	\$5,372	N/A	-9.59	17.78	15% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	\$12,535	N/A	\$12,589	N/A	\$14,766	N/A	0.43	17.29	15% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$2,741	N/A	\$2,579	N/A	\$2,925	N/A	-5.91	13.42	15% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$3,008	N/A	\$2,941	N/A	\$3,280	N/A	-2.23	11.55	15% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	\$1,183	N/A	\$1,197	N/A	\$1,172	N/A	1.19	-2.16	15% (+/-)	Yes
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	\$3,272	N/A	\$3,017	N/A	\$3,399	N/A	-7.81	12.67	15% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	\$2,680	N/A	\$2,376	N/A	\$2,758	N/A	-11.30	16.07	15% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	\$2,516	N/A	\$2,381	N/A	\$2,750	N/A	-5.33	15.49	15% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$37,105,483	N/A	\$42,452,951	N/A	\$47,419,233	N/A	14.41	11.70	15% (+/-)	Yes
IP: Number of Users	N/A	9,657	N/A	10,182	N/A	10,886	N/A	5.44	6.91	15% (+/-)	Yes
IP: Avg Medicaid Paid per User	N/A	\$3,842	N/A	\$4,169	N/A	\$4,356	N/A	8.51	4.48	15% (+/-)	Yes
IP: Avg Medicaid Covered Days Per User	N/A	5	N/A	6	N/A	6	N/A	7.06	2.03	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$2,284,376	N/A	\$2,858,851	N/A	\$3,254,442	N/A	25.15	13.84	15% (+/-)	Yes
IP Psych, Age < 21: Number of Users	N/A	266	N/A	300	N/A	268	N/A	12.78	-10.70	15% (+/-)	Yes
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	\$8,588	N/A	\$9,530	N/A	\$12,143	N/A	10.96	27.43	15% (+/-)	No
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$2,276,225	N/A	\$2,318,505	N/A	\$2,491,061	N/A	1.86	7.44	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	32	N/A	34	N/A	38	N/A	6.25	11.76	15% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$71,132	N/A	\$68,191	N/A	\$65,554	N/A	-4.13	-3.87	15% (+/-)	Yes
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$11,598,072	N/A	\$12,492,749	N/A	\$13,715,613	N/A	7.71	9.79	15% (+/-)	Yes
NF: Number of Users	N/A	382	N/A	414	N/A	420	N/A	8.38	1.45	15% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$30,361	N/A	\$30,176	N/A	\$32,656	N/A	-0.61	8.22	15% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$25,734,857	N/A	\$25,022,459	N/A	\$31,662,903	N/A	-2.77	26.54	15% (+/-)	No

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	68,335	N/A	68,922	N/A	72,865	N/A	0.86	5.72	15% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$377	N/A	\$363	N/A	\$435	N/A	-3.60	19.69	15% (+/-)	No
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$12,411,255	N/A	\$12,054,887	N/A	\$14,919,543	N/A	-2.87	23.76	15% (+/-)	No
Dental: Number of Users	N/A	33,805	N/A	34,703	N/A	40,266	N/A	2.66	16.03	15% (+/-)	No
Dental: Avg Medicaid Paid per User	N/A	\$367	N/A	\$347	N/A	\$371	N/A	-5.38	6.67	15% (+/-)	Yes
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$888,145	N/A	\$1,086,857	N/A	\$1,423,665	N/A	22.37	30.99	15% (+/-)	No
Other Practitioner: Number of Users	N/A	15,472	N/A	17,178	N/A	17,038	N/A	11.03	-0.82	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$57	N/A	\$63	N/A	\$84	N/A	10.22	32.07	15% (+/-)	No
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$28,281,991	N/A	\$25,069,048	N/A	\$32,231,659	N/A	-11.40	28.57	15% (+/-)	No
Outpatient: Number of Users	N/A	41,283	N/A	42,984	N/A	49,340	N/A	4.12	14.79	15% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$685	N/A	\$583	N/A	\$653	N/A	-14.90	12.01	15% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$41,644,486	N/A	\$36,507,010	N/A	\$43,671,554	N/A	-12.30	19.63	15% (+/-)	No
Clinic: Number of Users	N/A	29,291	N/A	28,910	N/A	30,851	N/A	-1.30	6.71	15% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$1,422	N/A	\$1,263	N/A	\$1,416	N/A	-11.20	12.10	15% (+/-)	Yes
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$6,061,210	N/A	\$5,340,515	N/A	\$6,138,264	N/A	-11.90	14.94	15% (+/-)	Yes
Home Health: Number of Users	N/A	2,354	N/A	2,355	N/A	2,484	N/A	0.04	5.48	15% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$2,575	N/A	\$2,268	N/A	\$2,471	N/A	-11.90	8.97	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$21,082,917	N/A	\$18,881,240	N/A	\$22,734,180	N/A	-10.40	20.41	15% (+/-)	No
Lab/Xray: Number of Users	N/A	53,857	N/A	52,896	N/A	58,425	N/A	-1.78	10.45	15% (+/-)	Yes
Lab/Xray: Avg Medicaid Paid per User	N/A	\$391	N/A	\$357	N/A	\$389	N/A	-8.82	9.01	15% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$53,604,255	N/A	\$56,420,572	N/A	\$62,415,872	N/A	5.25	10.63	15% (+/-)	Yes
Drugs: Number of Users	N/A	70,794	N/A	72,223	N/A	74,252	N/A	2.02	2.81	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$757	N/A	\$781	N/A	\$841	N/A	3.17	7.60	15% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$45,933,189	N/A	\$44,324,593	N/A	\$52,222,440	N/A	-3.50	17.82	15% (+/-)	No
Other Services: Number of Users	N/A	4,182	N/A	3,499	N/A	3,689	N/A	-16.30	5.43	15% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$10,984	N/A	\$12,668	N/A	\$14,156	N/A	15.33	11.75	15% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$1,518,732	N/A	\$1,530,332	N/A	\$1,785,279	N/A	0.76	16.66	15% (+/-)	No
Transportation: Number of Users	N/A	3,550	N/A	3,642	N/A	4,140	N/A	2.59	13.67	15% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$428	N/A	\$420	N/A	\$431	N/A	-1.78	2.63	15% (+/-)	Yes
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$1,021,532	N/A	\$870,996	N/A	\$923,739	N/A	-14.70	6.06	15% (+/-)	Yes
Personal Care Services: Number of Users	N/A	49	N/A	43	N/A	35	N/A	-12.20	-18.60	15% (+/-)	No
Personal Care Services: Avg Medicaid Paid per User	N/A	\$20,848	N/A	\$20,256	N/A	\$26,393	N/A	-2.84	30.30	15% (+/-)	No
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$5,593,889	N/A	\$4,880,585	N/A	\$6,881,731	N/A	-12.80	41.00	15% (+/-)	No
Rehabilitation Services: Number of Users	N/A	1,769	N/A	1,879	N/A	2,058	N/A	6.22	9.53	15% (+/-)	Yes
Rehabilitation Services: Avg Medicaid Paid per User	N/A	\$3,162	N/A	\$2,597	N/A	\$3,344	N/A	-17.90	28.74	15% (+/-)	No
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$914,769	N/A	\$896,690	N/A	\$1,143,381	N/A	-1.98	27.51	15% (+/-)	No
PT/OT/Speech/Hearing: Number of Users	N/A	1,213	N/A	1,292	N/A	1,491	N/A	6.51	15.40	15% (+/-)	No
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	\$754	N/A	\$694	N/A	\$767	N/A	-7.97	10.49	15% (+/-)	Yes
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$10,595,981	N/A	\$9,435,150	N/A	\$11,602,343	N/A	-11.00	22.97	15% (+/-)	No
Durable Medical Equipment: Number of Users	N/A	28,602	N/A	26,415	N/A	28,803	N/A	-7.65	9.04	15% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$370	N/A	\$357	N/A	\$403	N/A	-3.58	12.77	15% (+/-)	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$4,848,401	N/A	\$3,044,047	N/A	\$3,845,480	N/A	-37.20	26.33	15% (+/-)	No
Residential Care: Number of Users	N/A	450	N/A	179	N/A	211	N/A	-60.20	17.88	15% (+/-)	No
Residential Care: Avg Medicaid Paid per User	N/A	\$10,774	N/A	\$17,006	N/A	\$18,225	N/A	57.84	7.17	15% (+/-)	Yes
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$62,943,137	N/A	\$67,637,928	N/A	\$79,366,153	N/A	7.46	17.34	15% (+/-)	No
Psych Services: Number of Users	N/A	23,009	N/A	23,184	N/A	24,647	N/A	0.76	6.31	15% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$2,736	N/A	\$2,917	N/A	\$3,220	N/A	6.65	10.37	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$1,671,290	N/A	\$168,921	N/A	\$187,091	N/A	-89.90	10.76	15% (+/-)	Yes
Adult Day Care: Number of Users	N/A	463	N/A	46	N/A	39	N/A	-90.10	-15.20	15% (+/-)	No
Adult Day Care: Avg Medicaid Paid per User	N/A	\$3,610	N/A	\$3,672	N/A	\$4,797	N/A	1.73	30.64	15% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$334	N/A	\$374	N/A	\$412	N/A	12.00	10.05	15% (+/-)	Yes
Aged	N/A	\$914	N/A	\$1,128	N/A	\$902	N/A	23.35	-20.00	15% (+/-)	No
Disabled	N/A	\$1,611	N/A	\$1,870	N/A	\$1,940	N/A	16.14	3.72	15% (+/-)	Yes
Child	N/A	\$180	N/A	\$198	N/A	\$238	N/A	9.98	19.75	15% (+/-)	No
Adult	N/A	\$455	N/A	\$463	N/A	\$485	N/A	1.91	4.75	15% (+/-)	Yes
ILTC (MAX TOS = 02,04,05,07)	N/A	\$145	N/A	\$156	N/A	\$169	N/A	7.05	8.51	15% (+/-)	Yes
Aged	N/A	\$4,464	N/A	\$4,287	N/A	\$4,675	N/A	-3.97	9.03	15% (+/-)	Yes
Disabled	N/A	\$971	N/A	\$1,071	N/A	\$1,076	N/A	10.32	0.49	15% (+/-)	Yes
Child	N/A	\$52	N/A	\$55	N/A	\$66	N/A	6.17	18.34	15% (+/-)	No
Adult	N/A	\$2	N/A	\$1	N/A	\$1	N/A	-11.40	-0.12	15% (+/-)	Yes
Drugs (MAX TOS = 16)	N/A	\$483	N/A	\$497	N/A	\$542	N/A	3.04	9.00	15% (+/-)	Yes
Aged	N/A	\$1,806	N/A	\$1,864	N/A	\$1,938	N/A	3.20	4.00	15% (+/-)	Yes
Disabled	N/A	\$2,759	N/A	\$2,741	N/A	\$3,023	N/A	-0.64	10.29	15% (+/-)	Yes
Child	N/A	\$244	N/A	\$256	N/A	\$282	N/A	4.60	10.48	15% (+/-)	Yes
Adult	N/A	\$520	N/A	\$520	N/A	\$525	N/A	0.02	1.04	15% (+/-)	Yes
All Other Services	N/A	\$2,511	N/A	\$2,324	N/A	\$2,769	N/A	-7.44	19.13	15% (+/-)	No
Aged	N/A	\$3,625	N/A	\$3,241	N/A	\$3,960	N/A	-10.60	22.19	15% (+/-)	No
Disabled	N/A	\$10,989	N/A	\$10,016	N/A	\$11,473	N/A	-8.85	14.54	15% (+/-)	Yes
Child	N/A	\$1,858	N/A	\$1,713	N/A	\$2,073	N/A	-7.83	21.03	15% (+/-)	No
Adult	N/A	\$1,765	N/A	\$1,595	N/A	\$1,913	N/A	-9.66	19.99	15% (+/-)	No
PERCENT OF NON-DUAL FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Non-Dual FFS Enrollees with IP Claims (MAX TOS = 01)	N/A	8.69	N/A	8.97	N/A	9.45	N/A	3.21	5.34	15% (+/-)	Yes
Aged	N/A	11.99	N/A	13.03	N/A	12.97	N/A	8.70	-0.42	15% (+/-)	Yes
Disabled	N/A	16.54	N/A	17.40	N/A	17.73	N/A	5.23	1.88	15% (+/-)	Yes
Child	N/A	6.28	N/A	6.41	N/A	6.85	N/A	2.14	6.91	15% (+/-)	Yes
Adult	N/A	16.19	N/A	16.65	N/A	17.38	N/A	2.84	4.41	15% (+/-)	Yes
% Non-Dual FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	0.61	N/A	0.65	N/A	0.63	N/A	6.40	-3.34	15% (+/-)	Yes
Aged	N/A	14.98	N/A	15.03	N/A	15.08	N/A	0.33	0.34	15% (+/-)	Yes
Disabled	N/A	2.97	N/A	3.30	N/A	3.22	N/A	11.22	-2.30	15% (+/-)	Yes
Child	N/A	0.36	N/A	0.37	N/A	0.34	N/A	4.13	-9.79	15% (+/-)	Yes
Adult	N/A	0.04	N/A	0.03	N/A	0.05	N/A	-30.10	97.97	15% (+/-)	No
% with Ratio of ILTC Days/Enrollment Days > 1	N/A	2.06	N/A	0.54	N/A	0.14	N/A	-73.70	-74.50	15% (+/-)	No
% Non-Dual FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	63.73	N/A	63.65	N/A	64.47	N/A	-0.13	1.29	15% (+/-)	Yes
Aged	N/A	69.03	N/A	70.27	N/A	70.04	N/A	1.79	-0.32	15% (+/-)	Yes
Disabled	N/A	80.73	N/A	79.65	N/A	80.34	N/A	-1.34	0.86	15% (+/-)	Yes
Child	N/A	60.48	N/A	60.26	N/A	61.30	N/A	-0.38	1.73	15% (+/-)	Yes
Adult	N/A	70.95	N/A	71.56	N/A	71.47	N/A	0.85	-0.12	15% (+/-)	Yes

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STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
% Non-Dual FFS Enrollees with All Other Claims	N/A	82.99	N/A	83.10	N/A	84.83	N/A	0.13	2.08	15% (+/-)	Yes
Aged	N/A	68.48	N/A	70.16	N/A	71.84	N/A	2.45	2.39	15% (+/-)	Yes
Disabled	N/A	88.83	N/A	88.77	N/A	89.50	N/A	-0.07	0.82	15% (+/-)	Yes
Child	N/A	83.40	N/A	83.49	N/A	85.41	N/A	0.11	2.30	15% (+/-)	Yes
Adult	N/A	79.28	N/A	79.36	N/A	80.67	N/A	0.10	1.65	15% (+/-)	Yes
Avg # IP Days per Non-Dual FFS User	N/A	5	N/A	6	N/A	6	N/A	7.06	2.03	15% (+/-)	Yes
Aged	N/A	9	N/A	12	N/A	9	N/A	34.22	-25.80	15% (+/-)	No
Disabled	N/A	12	N/A	13	N/A	13	N/A	9.26	-1.29	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	5	N/A	4.49	8.44	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	4	N/A	-0.14	0.43	15% (+/-)	Yes
Avg # ILTC Days per Non-Dual FFS User	N/A	124	N/A	113	N/A	121	N/A	-8.49	6.53	15% (+/-)	Yes
Aged	N/A	250	N/A	231	N/A	233	N/A	-7.61	1.05	15% (+/-)	Yes
Disabled	N/A	157	N/A	143	N/A	143	N/A	-8.58	-0.12	15% (+/-)	Yes
Child	N/A	45	N/A	39	N/A	49	N/A	-12.10	23.70	15% (+/-)	No
Adult	N/A	3	N/A	13	N/A	4	N/A	369.00	-70.90	15% (+/-)	No
% Non-Dual FFS Enrollees with Maternal Delivery	N/A	N/A	N/A	N/A	N/A	3.08	N/A	N/A	N/A	15% (+/-)	No
HIGH-COST FFS NON-DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Non-Duals with FFS Medicaid Paid > \$1,000,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Number of FFS Non-Duals with FFS Medicaid Paid > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
All Other Services > \$200,000	N/A	N/A	N/A	N/A	N/A	16	N/A	N/A	N/A	N/A	N/A
Maximum FFS Medicaid Paid	N/A	N/A	N/A	N/A	N/A	\$476,524	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	N/A	N/A	N/A	N/A	\$411,404	N/A	N/A	N/A	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	N/A	N/A	N/A	N/A	\$219,448	N/A	N/A	N/A	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	\$173,996	N/A	N/A	N/A	N/A	N/A
All Other Services	N/A	N/A	N/A	N/A	N/A	\$250,368	N/A	N/A	N/A	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$2,550,848	N/A	\$2,673,413	N/A	\$2,768,638	N/A	4.81	3.56	15% (+/-)	Yes
FP: Number of Users	N/A	8,535	N/A	8,520	N/A	8,886	N/A	-0.18	4.30	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$299	N/A	\$314	N/A	\$312	N/A	4.99	-0.70	15% (+/-)	Yes
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$6,865,039	N/A	\$6,530,574	N/A	\$8,433,818	N/A	-4.87	29.14	15% (+/-)	No
RHC: Number of Users	N/A	13,055	N/A	12,930	N/A	14,610	N/A	-0.96	12.99	15% (+/-)	Yes
RHC: Avg Medicaid Paid per User	N/A	\$526	N/A	\$505	N/A	\$577	N/A	-3.95	14.29	15% (+/-)	Yes
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$1,596,791	N/A	\$1,624,988	N/A	\$1,781,922	N/A	1.77	9.66	15% (+/-)	Yes
FQHC: Number of Users	N/A	4,697	N/A	4,346	N/A	4,422	N/A	-7.47	1.75	15% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$340	N/A	\$374	N/A	\$403	N/A	9.99	7.77	15% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$19,933	N/A	\$0	N/A	\$0	N/A	-100.00	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	207	N/A	0	N/A	0	N/A	-100.00	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Paid per User	N/A	\$96	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6 and 7)	N/A	\$44,091,135	N/A	\$42,694,672	N/A	\$50,770,861	N/A	-3.17	18.92	15% (+/-)	No
Section 1915(c) Waiver: Number of Users	N/A	1,830	N/A	1,879	N/A	2,017	N/A	2.68	7.34	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$24,094	N/A	\$22,722	N/A	\$25,171	N/A	-5.69	10.78	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	\$56,920,768	N/A	\$68,065,528	N/A	N/A	19.58	15% (+/-)	No
Number of Non-Dual CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	4,144	N/A	4,427	N/A	N/A	6.83	15% (+/-)	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Avg FFS CLTC Medicaid Paid per Non-Dual User (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	\$13,736	N/A	\$15,375	N/A	N/A	11.94	15% (+/-)	Yes
Aged	N/A	N/A	N/A	\$9,189	N/A	\$11,529	N/A	N/A	25.46	15% (+/-)	No
Disabled	N/A	N/A	N/A	\$26,307	N/A	\$29,908	N/A	N/A	13.69	15% (+/-)	Yes
Child	N/A	N/A	N/A	\$6,672	N/A	\$7,294	N/A	N/A	9.32	15% (+/-)	Yes
Adult	N/A	N/A	N/A	\$566	N/A	\$753	N/A	N/A	32.93	15% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	3.65	N/A	3.84	N/A	N/A	5.26	15% (+/-)	Yes
Aged	N/A	N/A	N/A	11.69	N/A	13.40	N/A	N/A	14.57	15% (+/-)	Yes
Disabled	N/A	N/A	N/A	19.06	N/A	19.41	N/A	N/A	1.82	15% (+/-)	Yes
Child	N/A	N/A	N/A	2.34	N/A	2.54	N/A	N/A	8.68	15% (+/-)	Yes
Adult	N/A	N/A	N/A	2.31	N/A	2.22	N/A	N/A	-3.76	15% (+/-)	Yes
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	\$42,694,672	N/A	\$50,770,861	N/A	N/A	18.92	15% (+/-)	No
Number of Non-Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	1,879	N/A	2,017	N/A	N/A	7.34	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Non-Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	\$22,722	N/A	\$25,171	N/A	N/A	10.78	15% (+/-)	Yes
Aged	N/A	N/A	N/A	\$14,750	N/A	\$17,174	N/A	N/A	16.44	15% (+/-)	No
Disabled	N/A	N/A	N/A	\$32,715	N/A	\$35,616	N/A	N/A	8.87	15% (+/-)	Yes
Child	N/A	N/A	N/A	\$6,597	N/A	\$7,896	N/A	N/A	19.70	15% (+/-)	No
Adult	N/A	N/A	N/A	\$5,214	N/A	\$6,892	N/A	N/A	32.18	15% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	1.66	N/A	1.75	N/A	N/A	5.76	15% (+/-)	Yes
Aged	N/A	N/A	N/A	6.68	N/A	8.33	N/A	N/A	24.72	15% (+/-)	No
Disabled	N/A	N/A	N/A	13.50	N/A	14.22	N/A	N/A	5.32	15% (+/-)	Yes
Child	N/A	N/A	N/A	0.78	N/A	0.80	N/A	N/A	3.00	15% (+/-)	Yes
Adult	N/A	N/A	N/A	0.06	N/A	0.06	N/A	N/A	-1.01	15% (+/-)	Yes
FFS INFORMATION FOR DUAL MEDICAID ENROLLEES (excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, duals with missing eligibility information, and prescription drug only enrollees)---NOTE: non-EDB duals and duals with restricted benefits were not excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total EDB Dual FFS Enrollees	N/A	22,119	N/A	22,760	N/A	22,523	N/A	2.90	-1.04	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	21,225	N/A	21,855	N/A	21,310	N/A	2.97	-2.49	15% (+/-)	Yes
Total EDB Dual FFS Person-Years of Enrollment	N/A	18,762	N/A	19,464	N/A	19,281	N/A	3.74	-0.94	15% (+/-)	Yes
% EDB Only Dual (EDB DUAL = 50)	N/A	2.87	N/A	1.01	N/A	1.30	N/A	-64.60	27.74	15% (+/-)	No
% QMB Only (EDB DUAL = 51)	N/A	4.23	N/A	4.49	N/A	6.17	N/A	6.12	37.47	15% (+/-)	No
% QMB Plus (EDB DUAL = 52)	N/A	26.79	N/A	28.22	N/A	27.91	N/A	5.33	-1.09	15% (+/-)	Yes
% SLMB Only (EDB DUAL = 53)	N/A	0.98	N/A	1.41	N/A	1.92	N/A	44.88	35.57	15% (+/-)	No
% SLMB Plus (EDB DUAL = 54)	N/A	3.68	N/A	4.11	N/A	4.88	N/A	11.75	18.76	15% (+/-)	No
% QDWI (EDB DUAL = 55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	-100.00	15% (+/-)	No
% QI 1 (EDB DUAL = 56)	N/A	0.13	N/A	0.15	N/A	0.27	N/A	21.48	73.23	15% (+/-)	No
% QI 2 (EDB DUAL = 57)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Other Type Dual (EDB DUAL = 58)	N/A	61.33	N/A	60.59	N/A	57.55	N/A	-1.20	-5.01	15% (+/-)	Yes
% Dual Type Unknown (EDB DUAL = 59)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged EDB Dual FFS Total	N/A	11,401	N/A	11,299	N/A	10,892	N/A	-0.90	-3.60	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	1,118	N/A	1,055	N/A	1,022	N/A	-5.64	-3.13	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	4,894	N/A	4,824	N/A	4,490	N/A	-1.43	-6.92	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	561	N/A	603	N/A	728	N/A	7.49	20.73	10% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	4,828	N/A	4,817	N/A	4,652	N/A	-0.23	-3.43	10% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Disabled EDB Dual FFS Total	N/A	9,680	N/A	10,359	N/A	10,526	N/A	7.01	1.61	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	2,418	N/A	2,490	N/A	2,488	N/A	2.98	-0.08	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	2,445	N/A	2,583	N/A	2,248	N/A	5.64	-13.00	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	623	N/A	769	N/A	1,143	N/A	23.43	48.63	10% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	4,194	N/A	4,517	N/A	4,647	N/A	7.70	2.88	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Total FFS Medicaid Paid	N/A	\$441,082,252	N/A	\$441,919,976	N/A	\$399,449,000	N/A	0.19	-9.61	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual	N/A	\$19,941	N/A	\$19,417	N/A	\$17,735	N/A	-2.63	-8.66	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual Recipient (User of Any Service)	N/A	\$20,781	N/A	\$20,221	N/A	\$18,745	N/A	-2.70	-7.30	15% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$21,347	N/A	\$21,307	N/A	\$20,362	N/A	-0.18	-4.43	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$13,796	N/A	\$13,971	N/A	\$12,303	N/A	1.27	-11.90	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$21,109	N/A	\$21,156	N/A	\$21,788	N/A	0.22	2.99	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$6,234	N/A	\$5,259	N/A	\$5,146	N/A	-15.60	-2.16	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	\$25,092	N/A	\$25,075	N/A	\$23,139	N/A	-0.07	-7.72	15% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$19,873	N/A	\$18,839	N/A	\$16,526	N/A	-5.20	-12.30	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$26,024	N/A	\$24,627	N/A	\$22,877	N/A	-5.37	-7.11	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$16,299	N/A	\$15,239	N/A	\$14,191	N/A	-6.50	-6.88	15% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$3,408	N/A	\$3,381	N/A	\$2,030	N/A	-0.79	-40.00	15% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$20,856	N/A	\$20,339	N/A	\$17,822	N/A	-2.48	-12.40	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$6,655,383	N/A	\$7,163,045	N/A	\$7,212,134	N/A	7.63	0.69	15% (+/-)	Yes
IP: Number of Users	N/A	3,868	N/A	4,134	N/A	4,173	N/A	6.88	0.94	15% (+/-)	Yes
IP: Avg Medicaid Paid per User	N/A	\$1,721	N/A	\$1,733	N/A	\$1,728	N/A	0.70	-0.26	15% (+/-)	Yes
IP: Avg Medicaid Covered Days Per User	N/A	7	N/A	8	N/A	1	N/A	5.85	-92.70	15% (+/-)	No
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$221,025	N/A	\$166,091	N/A	\$295,538	N/A	-24.90	77.94	15% (+/-)	No
IP Psych, Age < 21: Number of Users	N/A	15	N/A	13	N/A	15	N/A	-13.30	15.38	15% (+/-)	No
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	\$14,735	N/A	\$12,776	N/A	\$19,703	N/A	-13.30	54.21	15% (+/-)	No
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$185,525,154	N/A	\$185,579,098	N/A	\$193,528,886	N/A	0.03	4.28	15% (+/-)	Yes
NF: Number of Users	N/A	6,761	N/A	6,764	N/A	6,692	N/A	0.04	-1.06	15% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$27,440	N/A	\$27,436	N/A	\$28,919	N/A	-0.02	5.41	15% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$2,863,964	N/A	\$3,041,862	N/A	\$3,562,021	N/A	6.21	17.10	15% (+/-)	No
Physician: Number of Users	N/A	14,958	N/A	15,142	N/A	15,762	N/A	1.23	4.10	15% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$191	N/A	\$201	N/A	\$226	N/A	4.92	12.49	15% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$375,738	N/A	\$397,132	N/A	\$441,962	N/A	5.69	11.29	15% (+/-)	Yes
Dental: Number of Users	N/A	1,121	N/A	1,222	N/A	1,236	N/A	9.01	1.15	15% (+/-)	Yes
Dental: Avg Medicaid Paid per User	N/A	\$335	N/A	\$325	N/A	\$358	N/A	-3.04	10.03	15% (+/-)	Yes
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$223,947	N/A	\$228,804	N/A	\$253,937	N/A	2.17	10.98	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	4,763	N/A	4,809	N/A	4,869	N/A	0.97	1.25	15% (+/-)	Yes

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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Other Practitioner: Avg Medicaid Paid per User	N/A	\$47	N/A	\$48	N/A	\$52	N/A	1.19	9.62	15% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$2,701,265	N/A	\$1,999,372	N/A	\$1,913,984	N/A	-26.00	-4.27	15% (+/-)	Yes
Outpatient: Number of Users	N/A	4,098	N/A	5,223	N/A	5,902	N/A	27.45	13.00	15% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$659	N/A	\$383	N/A	\$324	N/A	-41.90	-15.30	15% (+/-)	No
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$11,415,968	N/A	\$10,965,242	N/A	\$11,692,800	N/A	-3.95	6.64	15% (+/-)	Yes
Clinic: Number of Users	N/A	5,698	N/A	6,059	N/A	6,289	N/A	6.34	3.80	15% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$2,004	N/A	\$1,810	N/A	\$1,859	N/A	-9.67	2.74	15% (+/-)	Yes
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$835,921	N/A	\$865,523	N/A	\$904,204	N/A	3.54	4.47	15% (+/-)	Yes
Home Health: Number of Users	N/A	474	N/A	457	N/A	396	N/A	-3.59	-13.30	15% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$1,764	N/A	\$1,894	N/A	\$2,283	N/A	7.39	20.56	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$1,595,742	N/A	\$1,433,082	N/A	\$1,415,836	N/A	-10.20	-1.20	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	2,953	N/A	2,897	N/A	2,822	N/A	-1.90	-2.59	15% (+/-)	Yes
Lab/Xray: Avg Medicaid Paid per User	N/A	\$540	N/A	\$495	N/A	\$502	N/A	-8.46	1.42	15% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$76,652,676	N/A	\$80,142,197	N/A	\$4,536,701	N/A	4.55	-94.30	15% (+/-)	No
Drugs: Number of Users	N/A	20,142	N/A	20,563	N/A	13,824	N/A	2.09	-32.80	15% (+/-)	No
Drugs: Avg Medicaid Paid per User	N/A	\$3,806	N/A	\$3,897	N/A	\$328	N/A	2.41	-91.60	15% (+/-)	No
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$103,374,243	N/A	\$113,715,309	N/A	\$130,927,632	N/A	10.00	15.14	15% (+/-)	No
Other Services: Number of Users	N/A	6,766	N/A	7,028	N/A	7,316	N/A	3.87	4.10	15% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$15,278	N/A	\$16,180	N/A	\$17,896	N/A	5.90	10.60	15% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$2,196,451	N/A	\$2,100,336	N/A	\$2,622,899	N/A	-4.38	24.88	15% (+/-)	No
Transportation: Number of Users	N/A	3,090	N/A	2,929	N/A	3,024	N/A	-5.21	3.24	15% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$711	N/A	\$717	N/A	\$867	N/A	0.88	20.96	15% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$3,847,564	N/A	\$3,496,784	N/A	\$4,142,630	N/A	-9.12	18.47	15% (+/-)	No
Personal Care Services: Number of Users	N/A	149	N/A	145	N/A	135	N/A	-2.68	-6.90	15% (+/-)	Yes
Personal Care Services: Avg Medicaid Paid per User	N/A	\$25,823	N/A	\$24,116	N/A	\$30,686	N/A	-6.61	27.25	15% (+/-)	No
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$488,880	N/A	\$439,452	N/A	\$432,300	N/A	-10.10	-1.63	15% (+/-)	Yes
Rehabilitation Services: Number of Users	N/A	259	N/A	240	N/A	227	N/A	-7.34	-5.42	15% (+/-)	Yes
Rehabilitation Services: Avg Medicaid Paid per User	N/A	\$1,888	N/A	\$1,831	N/A	\$1,904	N/A	-2.99	4.01	15% (+/-)	Yes
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$62,634	N/A	\$50,378	N/A	\$83,290	N/A	-19.60	65.33	15% (+/-)	No
PT/OT/Speech/Hearing: Number of Users	N/A	252	N/A	256	N/A	323	N/A	1.59	26.17	15% (+/-)	No
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	\$249	N/A	\$197	N/A	\$258	N/A	-20.80	31.04	15% (+/-)	No
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$2,645,781	N/A	\$2,329,637	N/A	\$2,604,250	N/A	-11.90	11.79	15% (+/-)	Yes
Durable Medical Equipment: Number of Users	N/A	7,178	N/A	6,372	N/A	6,148	N/A	-11.20	-3.52	15% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$369	N/A	\$366	N/A	\$424	N/A	-0.81	15.86	15% (+/-)	No
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$9,574,942	N/A	\$1,891,918	N/A	\$3,228,332	N/A	-80.20	70.64	15% (+/-)	No
Residential Care: Number of Users	N/A	1,236	N/A	280	N/A	317	N/A	-77.30	13.21	15% (+/-)	Yes
Residential Care: Avg Medicaid Paid per User	N/A	\$7,747	N/A	\$6,757	N/A	\$10,184	N/A	-12.80	50.72	15% (+/-)	No
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$24,248,707	N/A	\$24,075,499	N/A	\$27,444,967	N/A	-0.71	14.00	15% (+/-)	Yes
Psych Services: Number of Users	N/A	4,642	N/A	4,719	N/A	4,825	N/A	1.66	2.25	15% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$5,224	N/A	\$5,102	N/A	\$5,688	N/A	-2.33	11.49	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$5,441,062	N/A	\$1,721,812	N/A	\$2,040,138	N/A	-68.40	18.49	15% (+/-)	No

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Adult Day Care: Number of Users	N/A	1,409	N/A	434	N/A	421	N/A	-69.20	-3.00	15% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$3,862	N/A	\$3,967	N/A	\$4,846	N/A	2.74	22.15	15% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$301	N/A	\$315	N/A	\$320	N/A	4.60	1.75	15% (+/-)	Yes
Aged	N/A	\$234	N/A	\$253	N/A	\$281	N/A	8.39	10.77	15% (+/-)	Yes
Disabled	N/A	\$372	N/A	\$372	N/A	\$356	N/A	-0.05	-4.37	15% (+/-)	Yes
ILTC (MAX TOS = 02,04,05,07)	N/A	\$8,398	N/A	\$8,161	N/A	\$8,606	N/A	-2.82	5.45	15% (+/-)	Yes
Aged	N/A	\$15,115	N/A	\$15,095	N/A	\$16,345	N/A	-0.13	8.28	15% (+/-)	Yes
Disabled	N/A	\$1,386	N/A	\$1,466	N/A	\$1,500	N/A	5.81	2.32	15% (+/-)	Yes
Drugs (MAX TOS = 16)	N/A	\$3,465	N/A	\$3,521	N/A	\$201	N/A	1.61	-94.30	15% (+/-)	No
Aged	N/A	\$2,950	N/A	\$2,999	N/A	\$104	N/A	1.66	-96.50	15% (+/-)	No
Disabled	N/A	\$4,154	N/A	\$4,161	N/A	\$273	N/A	0.17	-93.40	15% (+/-)	No
All Other Services	N/A	\$7,777	N/A	\$7,420	N/A	\$8,608	N/A	-4.60	16.02	15% (+/-)	No
Aged	N/A	\$3,048	N/A	\$2,960	N/A	\$3,633	N/A	-2.88	22.73	15% (+/-)	No
Disabled	N/A	\$13,961	N/A	\$12,840	N/A	\$14,397	N/A	-8.03	12.12	15% (+/-)	Yes
PERCENT OF FFS DUALS WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Duals with IP Claims (MAX TOS = 01)	N/A	17.49	N/A	18.16	N/A	18.53	N/A	3.87	2.01	15% (+/-)	Yes
Aged	N/A	18.59	N/A	18.91	N/A	19.47	N/A	1.76	2.96	15% (+/-)	Yes
Disabled	N/A	16.38	N/A	17.48	N/A	17.84	N/A	6.70	2.05	15% (+/-)	Yes
% FFS Duals with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	30.62	N/A	29.77	N/A	29.77	N/A	-2.76	0.01	15% (+/-)	Yes
Aged	N/A	55.73	N/A	55.98	N/A	57.04	N/A	0.44	1.90	15% (+/-)	Yes
Disabled	N/A	4.30	N/A	4.34	N/A	4.66	N/A	1.08	7.16	15% (+/-)	Yes
% FFS Duals with Drug Claims (MAX TOS = 16)	N/A	91.06	N/A	90.35	N/A	61.38	N/A	-0.79	-32.10	15% (+/-)	No
Aged	N/A	92.16	N/A	91.34	N/A	66.30	N/A	-0.88	-27.40	15% (+/-)	No
Disabled	N/A	90.12	N/A	89.35	N/A	56.62	N/A	-0.86	-36.60	15% (+/-)	No
% FFS Duals with All Other Claims	N/A	85.55	N/A	84.71	N/A	86.87	N/A	-0.97	2.54	15% (+/-)	Yes
Aged	N/A	80.00	N/A	77.80	N/A	80.36	N/A	-2.75	3.29	15% (+/-)	Yes
Disabled	N/A	92.05	N/A	92.06	N/A	93.43	N/A	0.01	1.49	15% (+/-)	Yes
Avg # IP Days per FFS Dual User (MAX TOS = 01)	N/A	7	N/A	8	N/A	1	N/A	5.85	-92.70	15% (+/-)	No
Aged	N/A	7	N/A	8	N/A	0	N/A	5.97	-96.50	15% (+/-)	No
Disabled	N/A	8	N/A	8	N/A	1	N/A	4.77	-89.50	15% (+/-)	No
Avg # ILTC Days per FFS Dual User (MAX TOS = 02, 04, 05, 07)	N/A	251	N/A	243	N/A	243	N/A	-3.23	-0.01	15% (+/-)	Yes
Aged	N/A	254	N/A	246	N/A	247	N/A	-3.20	0.47	15% (+/-)	Yes
Disabled	N/A	209	N/A	204	N/A	194	N/A	-2.33	-4.95	15% (+/-)	Yes
HIGH-COST FFS DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Duals with FFS Medicaid Paid > \$1,000,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Number of FFS Duals with FFS Medicaid Paid > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
All Other Services > \$200,000	N/A	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A
Maximum FFS Medicaid Paid	N/A	N/A	N/A	N/A	N/A	\$254,093	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	N/A	N/A	N/A	N/A	\$140,866	N/A	N/A	N/A	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	N/A	N/A	N/A	N/A	\$181,981	N/A	N/A	N/A	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	\$57,701	N/A	N/A	N/A	N/A	N/A
All Other Services	N/A	N/A	N/A	N/A	N/A	\$251,978	N/A	N/A	N/A	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$155,402	N/A	\$169,943	N/A	\$112,708	N/A	9.36	-33.70	15% (+/-)	No
FP: Number of Users	N/A	596	N/A	642	N/A	350	N/A	7.72	-45.50	15% (+/-)	No
FP: Avg Medicaid Paid per User	N/A	\$261	N/A	\$265	N/A	\$322	N/A	1.52	21.65	15% (+/-)	No
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$161,111	N/A	\$150,328	N/A	\$175,729	N/A	-6.69	16.90	15% (+/-)	No
RHC: Number of Users	N/A	399	N/A	416	N/A	404	N/A	4.26	-2.88	15% (+/-)	Yes
RHC: Avg Medicaid Paid per User	N/A	\$404	N/A	\$361	N/A	\$435	N/A	-10.50	20.37	15% (+/-)	No
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$72,465	N/A	\$57,362	N/A	\$74,286	N/A	-20.80	29.50	15% (+/-)	No
FQHC: Number of Users	N/A	348	N/A	363	N/A	311	N/A	4.31	-14.30	15% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$208	N/A	\$158	N/A	\$239	N/A	-24.10	51.16	15% (+/-)	No
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$449	N/A	\$0	N/A	\$0	N/A	-100.00	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	6	N/A	0	N/A	0	N/A	-100.00	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Paid per User	N/A	\$75	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6 and 7)	N/A	\$118,603,499	N/A	\$117,777,777	N/A	\$137,488,074	N/A	-0.70	16.74	15% (+/-)	No
Section 1915(c) Waiver: Number of Users	N/A	4,065	N/A	4,286	N/A	4,550	N/A	5.44	6.16	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$29,177	N/A	\$27,480	N/A	\$30,217	N/A	-5.82	9.96	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	\$122,909,654	N/A	\$143,325,044	N/A	N/A	16.61	15% (+/-)	No
Number of Dual CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	4,689	N/A	4,871	N/A	N/A	3.88	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Dual User (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	\$26,212	N/A	\$29,424	N/A	N/A	12.25	15% (+/-)	Yes
Aged	N/A	N/A	N/A	\$12,706	N/A	\$14,828	N/A	N/A	16.70	15% (+/-)	No
Disabled	N/A	N/A	N/A	\$37,251	N/A	\$41,027	N/A	N/A	10.14	15% (+/-)	Yes
% FFS Dual Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	20.60	N/A	21.63	N/A	N/A	4.98	15% (+/-)	Yes
Aged	N/A	N/A	N/A	18.15	N/A	19.40	N/A	N/A	6.87	15% (+/-)	Yes
Disabled	N/A	N/A	N/A	25.04	N/A	25.87	N/A	N/A	3.31	15% (+/-)	Yes
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	\$117,777,777	N/A	\$137,488,074	N/A	N/A	16.74	15% (+/-)	No
Number of Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	4,286	N/A	4,550	N/A	N/A	6.16	15% (+/-)	Yes
Avg CLTC Medicaid Paid per Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	\$27,480	N/A	\$30,217	N/A	N/A	9.96	15% (+/-)	Yes
Aged	N/A	N/A	N/A	\$13,071	N/A	\$15,024	N/A	N/A	14.94	15% (+/-)	Yes
Disabled	N/A	N/A	N/A	\$39,374	N/A	\$42,417	N/A	N/A	7.73	15% (+/-)	Yes
% FFS Dual Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	18.83	N/A	20.20	N/A	N/A	7.28	15% (+/-)	Yes
Aged	N/A	N/A	N/A	17.05	N/A	18.49	N/A	N/A	8.48	15% (+/-)	Yes
Disabled	N/A	N/A	N/A	22.67	N/A	23.97	N/A	N/A	5.75	15% (+/-)	Yes
FFS INFORMATION FOR TOTAL MEDICAID ENROLLEES (excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total FFS Enrollees	N/A	133,198	N/A	136,231	N/A	137,691	N/A	2.28	1.07	15% (+/-)	Yes
# FFS Recipients	N/A	116,280	N/A	119,270	N/A	121,432	N/A	2.57	1.81	15% (+/-)	Yes
% FFS Enrollees Who Are Recipients	65-90%	87.30	Yes	87.55	Yes	88.19	Yes	0.29	0.73	15% (+/-)	Yes
% Aged Who Are Recipients	90-100%	94.91	Yes	94.99	Yes	93.28	Yes	0.08	-1.80	15% (+/-)	Yes
% Disabled Who Are Recipients	85-100%	93.30	Yes	93.32	Yes	93.11	Yes	0.02	-0.23	15% (+/-)	Yes
% Child Who Are Recipients	80-100%	85.85	Yes	86.07	Yes	87.35	Yes	0.26	1.48	15% (+/-)	Yes
% Adults Who Are Recipients	80-100%	83.26	Yes	83.86	Yes	84.12	Yes	0.72	0.31	15% (+/-)	Yes
Total FFS Person-Years of Enrollment	N/A	102,689	N/A	105,843	N/A	107,552	N/A	3.07	1.62	15% (+/-)	Yes
Aged Total	N/A	12,302	N/A	12,197	N/A	11,840	N/A	-0.85	-2.93	10% (+/-)	Yes

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Aged, Cash (MAX ELIG CD = 11)	N/A	1,540	N/A	1,486	N/A	1,488	N/A	-3.51	0.13	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	5,067	N/A	4,988	N/A	4,657	N/A	-1.56	-6.64	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	594	N/A	635	N/A	772	N/A	6.90	21.57	10% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	5,101	N/A	5,088	N/A	4,923	N/A	-0.26	-3.24	10% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled Total	N/A	17,637	N/A	18,817	N/A	19,183	N/A	6.69	1.95	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	6,985	N/A	7,199	N/A	7,306	N/A	3.06	1.49	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	3,201	N/A	3,430	N/A	3,095	N/A	7.15	-9.77	10% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	630	N/A	775	N/A	1,153	N/A	23.02	48.77	10% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	6,821	N/A	7,413	N/A	7,629	N/A	8.68	2.91	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Total	N/A	83,894	N/A	85,379	N/A	86,632	N/A	1.77	1.47	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	11,786	N/A	11,724	N/A	10,551	N/A	-0.53	-10.00	10% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	375	N/A	362	N/A	267	N/A	-3.47	-26.20	10% (+/-)	No
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	1,485	N/A	1,489	N/A	1,543	N/A	0.27	3.63	10% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	58,709	N/A	59,796	N/A	61,511	N/A	1.85	2.87	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	8,875	N/A	9,329	N/A	10,084	N/A	5.12	8.09	10% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	2,664	N/A	2,679	N/A	2,676	N/A	0.56	-0.11	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Adult Total	N/A	19,365	N/A	19,838	N/A	20,036	N/A	2.44	1.00	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	5,215	N/A	5,153	N/A	4,565	N/A	-1.19	-11.40	10% (+/-)	No
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	371	N/A	351	N/A	313	N/A	-5.39	-10.80	10% (+/-)	No
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	2,583	N/A	2,688	N/A	2,771	N/A	4.07	3.09	10% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	3,847	N/A	3,972	N/A	4,115	N/A	3.25	3.60	10% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	7,349	N/A	7,674	N/A	8,272	N/A	4.42	7.79	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Total FFS Medicaid Paid	N/A	\$826,896,425	N/A	\$822,203,616	N/A	\$847,632,411	N/A	-0.57	3.09	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Enrollee	N/A	\$6,208	N/A	\$6,035	N/A	\$6,156	N/A	-2.78	2.00	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Recipient (User of Any Service)	N/A	\$7,111	N/A	\$6,894	N/A	\$6,980	N/A	-3.06	1.26	15% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$20,575	N/A	\$20,513	N/A	\$19,651	N/A	-0.30	-4.20	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$12,572	N/A	\$12,367	N/A	\$11,384	N/A	-1.63	-7.95	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$20,772	N/A	\$20,897	N/A	\$21,509	N/A	0.60	2.93	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$5,935	N/A	\$5,035	N/A	\$4,880	N/A	-15.20	-3.07	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	\$24,500	N/A	\$24,447	N/A	\$22,708	N/A	-0.22	-7.11	15% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$18,274	N/A	\$17,428	N/A	\$16,972	N/A	-4.63	-2.62	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$21,008	N/A	\$19,674	N/A	\$20,366	N/A	-6.35	3.52	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$15,627	N/A	\$15,371	N/A	\$15,026	N/A	-1.63	-2.24	15% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$3,370	N/A	\$3,361	N/A	\$2,012	N/A	-0.27	-40.10	15% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$18,094	N/A	\$17,669	N/A	\$16,771	N/A	-2.35	-5.08	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$2,336	N/A	\$2,226	N/A	\$2,660	N/A	-4.73	19.49	15% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$1,897	N/A	\$1,799	N/A	\$2,148	N/A	-5.18	19.44	15% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	\$1,146	N/A	\$1,197	N/A	\$1,451	N/A	4.49	21.22	15% (+/-)	No
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	\$3,121	N/A	\$2,763	N/A	\$3,296	N/A	-11.50	19.29	15% (+/-)	No
Child Poverty (MAX ELIG CD = 34)	N/A	\$1,540	N/A	\$1,470	N/A	\$1,764	N/A	-4.59	20.03	15% (+/-)	No

2004-2006 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Other Child (MAX ELIG CD = 44)	N/A	\$5,044	N/A	\$4,573	N/A	\$5,379	N/A	-9.32	17.60	15% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	\$12,535	N/A	\$12,642	N/A	\$14,776	N/A	0.85	16.88	15% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$2,864	N/A	\$2,723	N/A	\$2,943	N/A	-4.94	8.10	15% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$3,024	N/A	\$2,939	N/A	\$3,298	N/A	-2.79	12.20	15% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	\$1,183	N/A	\$1,197	N/A	\$1,172	N/A	1.19	-2.16	15% (+/-)	Yes
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	\$3,842	N/A	\$3,703	N/A	\$3,358	N/A	-3.61	-9.32	15% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	\$2,678	N/A	\$2,393	N/A	\$2,748	N/A	-10.60	14.80	15% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	\$2,590	N/A	\$2,474	N/A	\$2,773	N/A	-4.47	12.07	15% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$43,760,866	N/A	\$49,615,996	N/A	\$54,631,367	N/A	13.38	10.11	15% (+/-)	Yes
IP: Number of Users	N/A	13,525	N/A	14,316	N/A	15,059	N/A	5.85	5.19	15% (+/-)	Yes
IP: Avg Medicaid Paid per User	N/A	\$3,236	N/A	\$3,466	N/A	\$3,628	N/A	7.12	4.68	15% (+/-)	Yes
IP: Avg Medicaid Covered Days Per User	N/A	6	N/A	6	N/A	4	N/A	6.73	-31.30	15% (+/-)	No
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$2,505,401	N/A	\$3,024,942	N/A	\$3,549,980	N/A	20.74	17.36	15% (+/-)	No
IP Psych, Age < 21: Number of Users	N/A	281	N/A	313	N/A	283	N/A	11.39	-9.58	15% (+/-)	Yes
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	\$8,916	N/A	\$9,664	N/A	\$12,544	N/A	8.39	29.80	15% (+/-)	No
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$2,276,225	N/A	\$2,318,505	N/A	\$2,491,061	N/A	1.86	7.44	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	32	N/A	34	N/A	38	N/A	6.25	11.76	15% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$71,132	N/A	\$68,191	N/A	\$65,554	N/A	-4.13	-3.87	15% (+/-)	Yes
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$197,123,226	N/A	\$198,071,847	N/A	\$207,244,499	N/A	0.48	4.63	15% (+/-)	Yes
NF: Number of Users	N/A	7,143	N/A	7,178	N/A	7,112	N/A	0.49	-0.92	15% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$27,597	N/A	\$27,594	N/A	\$29,140	N/A	-0.01	5.60	15% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$28,598,821	N/A	\$28,064,321	N/A	\$35,224,924	N/A	-1.87	25.51	15% (+/-)	No
Physician: Number of Users	N/A	83,293	N/A	84,064	N/A	88,627	N/A	0.93	5.43	15% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$343	N/A	\$334	N/A	\$397	N/A	-2.77	19.05	15% (+/-)	No
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$12,786,993	N/A	\$12,452,019	N/A	\$15,361,505	N/A	-2.62	23.37	15% (+/-)	No
Dental: Number of Users	N/A	34,926	N/A	35,925	N/A	41,502	N/A	2.86	15.52	15% (+/-)	No
Dental: Avg Medicaid Paid per User	N/A	\$366	N/A	\$347	N/A	\$370	N/A	-5.33	6.79	15% (+/-)	Yes
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$1,112,092	N/A	\$1,315,661	N/A	\$1,677,602	N/A	18.31	27.51	15% (+/-)	No
Other Practitioner: Number of Users	N/A	20,235	N/A	21,987	N/A	21,907	N/A	8.66	-0.36	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$55	N/A	\$60	N/A	\$77	N/A	8.88	27.98	15% (+/-)	No
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$30,983,256	N/A	\$27,068,420	N/A	\$34,145,643	N/A	-12.60	26.15	15% (+/-)	No
Outpatient: Number of Users	N/A	45,381	N/A	48,207	N/A	55,242	N/A	6.23	14.59	15% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$683	N/A	\$562	N/A	\$618	N/A	-17.80	10.08	15% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$53,060,454	N/A	\$47,472,252	N/A	\$55,364,354	N/A	-10.50	16.62	15% (+/-)	No
Clinic: Number of Users	N/A	34,989	N/A	34,969	N/A	37,140	N/A	-0.06	6.21	15% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$1,516	N/A	\$1,358	N/A	\$1,491	N/A	-10.50	9.81	15% (+/-)	Yes
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$6,897,131	N/A	\$6,206,038	N/A	\$7,042,468	N/A	-10.00	13.48	15% (+/-)	Yes
Home Health: Number of Users	N/A	2,828	N/A	2,812	N/A	2,880	N/A	-0.57	2.42	15% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$2,439	N/A	\$2,207	N/A	\$2,445	N/A	-9.51	10.80	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$22,678,659	N/A	\$20,314,322	N/A	\$24,150,016	N/A	-10.40	18.88	15% (+/-)	No
Lab/Xray: Number of Users	N/A	56,810	N/A	55,793	N/A	61,247	N/A	-1.79	9.78	15% (+/-)	Yes

2004-2006 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Lab/Xray:Avg Medicaid Paid per User	N/A	\$399	N/A	\$364	N/A	\$394	N/A	-8.79	8.30	15% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$130,256,931	N/A	\$136,562,769	N/A	\$66,952,573	N/A	4.84	-51.00	15% (+/-)	No
Drugs: Number of Users	N/A	90,936	N/A	92,786	N/A	88,076	N/A	2.03	-5.08	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$1,432	N/A	\$1,472	N/A	\$760	N/A	2.75	-48.40	15% (+/-)	No
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$149,307,432	N/A	\$158,039,902	N/A	\$183,150,072	N/A	5.85	15.89	15% (+/-)	No
Other Services: Number of Users	N/A	10,948	N/A	10,527	N/A	11,005	N/A	-3.85	4.54	15% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$13,638	N/A	\$15,013	N/A	\$16,642	N/A	10.08	10.85	15% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$3,715,183	N/A	\$3,630,668	N/A	\$4,408,178	N/A	-2.27	21.42	15% (+/-)	No
Transportation: Number of Users	N/A	6,640	N/A	6,571	N/A	7,164	N/A	-1.04	9.03	15% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$560	N/A	\$553	N/A	\$615	N/A	-1.25	11.36	15% (+/-)	Yes
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$4,869,096	N/A	\$4,367,780	N/A	\$5,066,369	N/A	-10.30	15.99	15% (+/-)	No
Personal Care Services: Number of Users	N/A	198	N/A	188	N/A	170	N/A	-5.05	-9.57	15% (+/-)	Yes
Personal Care Services: Avg Medicaid Paid per User	N/A	\$24,591	N/A	\$23,233	N/A	\$29,802	N/A	-5.52	28.28	15% (+/-)	No
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$6,082,769	N/A	\$5,320,037	N/A	\$7,314,031	N/A	-12.50	37.48	15% (+/-)	No
Rehabilitation Services: Number of Users	N/A	2,028	N/A	2,119	N/A	2,285	N/A	4.49	7.83	15% (+/-)	Yes
Rehabilitation Services: Avg Medicaid Paid per User	N/A	\$2,999	N/A	\$2,511	N/A	\$3,201	N/A	-16.30	27.49	15% (+/-)	No
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$977,403	N/A	\$947,068	N/A	\$1,226,671	N/A	-3.10	29.52	15% (+/-)	No
PT/OT/Speech/Hearing: Number of Users	N/A	1,465	N/A	1,548	N/A	1,814	N/A	5.67	17.18	15% (+/-)	No
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	\$667	N/A	\$612	N/A	\$676	N/A	-8.30	10.53	15% (+/-)	Yes
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$13,241,762	N/A	\$11,764,787	N/A	\$14,206,593	N/A	-11.20	20.76	15% (+/-)	No
Durable Medical Equipment: Number of Users	N/A	35,780	N/A	32,787	N/A	34,951	N/A	-8.37	6.60	15% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$370	N/A	\$359	N/A	\$406	N/A	-3.04	13.28	15% (+/-)	Yes
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$14,423,343	N/A	\$4,935,965	N/A	\$7,073,812	N/A	-65.80	43.31	15% (+/-)	No
Residential Care: Number of Users	N/A	1,686	N/A	459	N/A	528	N/A	-72.80	15.03	15% (+/-)	No
Residential Care: Avg Medicaid Paid per User	N/A	\$8,555	N/A	\$10,754	N/A	\$13,397	N/A	25.70	24.58	15% (+/-)	No
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$87,191,844	N/A	\$91,713,427	N/A	\$106,811,120	N/A	5.19	16.46	15% (+/-)	No
Psych Services: Number of Users	N/A	27,651	N/A	27,903	N/A	29,472	N/A	0.91	5.62	15% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$3,153	N/A	\$3,287	N/A	\$3,624	N/A	4.24	10.26	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$7,112,352	N/A	\$1,890,733	N/A	\$2,227,229	N/A	-73.40	17.80	15% (+/-)	No
Adult Day Care: Number of Users	N/A	1,872	N/A	480	N/A	460	N/A	-74.40	-4.17	15% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$3,799	N/A	\$3,939	N/A	\$4,842	N/A	3.68	22.92	15% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$329	N/A	\$364	N/A	\$397	N/A	10.86	8.94	15% (+/-)	Yes
Aged	N/A	\$284	N/A	\$318	N/A	\$330	N/A	12.04	3.98	15% (+/-)	Yes
Disabled	N/A	\$931	N/A	\$1,046	N/A	\$1,071	N/A	12.32	2.41	15% (+/-)	Yes
Child	N/A	\$181	N/A	\$199	N/A	\$238	N/A	10.22	19.32	15% (+/-)	No
Adult	N/A	\$449	N/A	\$457	N/A	\$479	N/A	1.76	4.81	15% (+/-)	Yes
ILTC (MAX TOS = 02,04,05,07)	N/A	\$1,516	N/A	\$1,493	N/A	\$1,549	N/A	-1.49	3.74	15% (+/-)	Yes
Aged	N/A	\$14,335	N/A	\$14,299	N/A	\$15,410	N/A	-0.25	7.77	15% (+/-)	Yes
Disabled	N/A	\$1,198	N/A	\$1,288	N/A	\$1,309	N/A	7.51	1.58	15% (+/-)	Yes
Child	N/A	\$52	N/A	\$55	N/A	\$66	N/A	6.17	18.35	15% (+/-)	No

2004-2006 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Adult	N/A	\$2	N/A	\$1	N/A	\$2	N/A	-22.20	18.01	15% (+/-)	No
Drugs (MAX TOS = 16)	N/A	\$978	N/A	\$1,002	N/A	\$486	N/A	2.51	-51.50	15% (+/-)	No
Aged	N/A	\$2,866	N/A	\$2,916	N/A	\$251	N/A	1.72	-91.40	15% (+/-)	No
Disabled	N/A	\$3,524	N/A	\$3,523	N/A	\$1,514	N/A	-0.05	-57.00	15% (+/-)	No
Child	N/A	\$245	N/A	\$256	N/A	\$283	N/A	4.51	10.22	15% (+/-)	Yes
Adult	N/A	\$633	N/A	\$647	N/A	\$522	N/A	2.15	-19.30	15% (+/-)	No
All Other Services	N/A	\$3,386	N/A	\$3,176	N/A	\$3,724	N/A	-6.21	17.27	15% (+/-)	No
Aged	N/A	\$3,090	N/A	\$2,981	N/A	\$3,659	N/A	-3.54	22.76	15% (+/-)	No
Disabled	N/A	\$12,620	N/A	\$11,571	N/A	\$13,078	N/A	-8.32	13.02	15% (+/-)	Yes
Child	N/A	\$1,858	N/A	\$1,715	N/A	\$2,074	N/A	-7.71	20.94	15% (+/-)	No
Adult	N/A	\$1,780	N/A	\$1,617	N/A	\$1,941	N/A	-9.13	19.97	15% (+/-)	No
PERCENT OF FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Enrollees with IP Claims (MAX TOS = 01)	N/A	10.15	N/A	10.51	N/A	10.94	N/A	3.49	4.08	15% (+/-)	Yes
Aged	N/A	18.10	N/A	18.48	N/A	18.95	N/A	2.08	2.56	15% (+/-)	Yes
Disabled	N/A	16.45	N/A	17.45	N/A	17.79	N/A	6.04	1.98	15% (+/-)	Yes
Child	N/A	6.28	N/A	6.41	N/A	6.85	N/A	2.16	6.83	15% (+/-)	Yes
Adult	N/A	16.16	N/A	16.65	N/A	17.30	N/A	3.04	3.90	15% (+/-)	Yes
% FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	5.59	N/A	5.52	N/A	5.40	N/A	-1.40	-2.17	15% (+/-)	Yes
Aged	N/A	52.75	N/A	52.96	N/A	53.68	N/A	0.41	1.36	15% (+/-)	Yes
Disabled	N/A	3.70	N/A	3.87	N/A	4.01	N/A	4.80	3.47	15% (+/-)	Yes
Child	N/A	0.36	N/A	0.37	N/A	0.34	N/A	4.14	-9.79	15% (+/-)	Yes
Adult	N/A	0.05	N/A	0.03	N/A	0.06	N/A	-34.90	114.50	15% (+/-)	No
% FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	68.27	N/A	68.11	N/A	63.97	N/A	-0.24	-6.08	15% (+/-)	Yes
Aged	N/A	90.46	N/A	89.79	N/A	66.60	N/A	-0.74	-25.80	15% (+/-)	No
Disabled	N/A	85.89	N/A	84.99	N/A	67.33	N/A	-1.04	-20.80	15% (+/-)	No
Child	N/A	60.49	N/A	60.26	N/A	61.30	N/A	-0.37	1.72	15% (+/-)	Yes
Adult	N/A	71.85	N/A	72.54	N/A	70.73	N/A	0.96	-2.49	15% (+/-)	Yes
% FFS Enrollees with All Other Claims	N/A	83.41	N/A	83.37	N/A	85.16	N/A	-0.05	2.15	15% (+/-)	Yes
Aged	N/A	79.16	N/A	77.24	N/A	79.68	N/A	-2.42	3.16	15% (+/-)	Yes
Disabled	N/A	90.59	N/A	90.58	N/A	91.65	N/A	-0.02	1.19	15% (+/-)	Yes
Child	N/A	83.40	N/A	83.49	N/A	85.41	N/A	0.11	2.30	15% (+/-)	Yes
Adult	N/A	79.63	N/A	79.76	N/A	81.10	N/A	0.15	1.69	15% (+/-)	Yes
Avg # IP Days per FFS User	N/A	6	N/A	6	N/A	4	N/A	6.73	-31.30	15% (+/-)	No
Aged	N/A	7	N/A	8	N/A	1	N/A	7.93	-90.30	15% (+/-)	No
Disabled	N/A	10	N/A	11	N/A	6	N/A	7.03	-39.20	15% (+/-)	No
Child	N/A	4	N/A	4	N/A	5	N/A	4.96	7.90	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	4	N/A	0.16	-4.77	15% (+/-)	Yes
Avg # ILTC Days per FFS User	N/A	239	N/A	230	N/A	231	N/A	-3.86	0.35	15% (+/-)	Yes
Aged	N/A	254	N/A	245	N/A	246	N/A	-3.29	0.47	15% (+/-)	Yes
Disabled	N/A	190	N/A	181	N/A	175	N/A	-4.86	-2.92	15% (+/-)	Yes
Child	N/A	45	N/A	39	N/A	49	N/A	-12.10	23.70	15% (+/-)	No
Adult	N/A	2	N/A	11	N/A	3	N/A	402.50	-73.10	15% (+/-)	No
HIGH-COST FFS ENROLLEES AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Enrollees with FFS Medicaid Paid > \$1,000,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Number of FFS Enrollees with FFS Medicaid Paid > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A

2004-2006 MAX PSF VALIDATION TABLE
STATE: NH

Measure	Expected Range	2004 Value	2004 Value Within Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	% Change 2004 - 2005	% Change 2005 - 2006	Cross Year Expected Range	Cross Year Within Range
Drugs (MAX TOS = 16) > \$200,000	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
All Other Services > \$200,000	N/A	N/A	N/A	N/A	N/A	23	N/A	N/A	N/A	N/A	N/A
Maximum FFS Medicaid Paid	N/A	N/A	N/A	N/A	N/A	\$476,524	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	N/A	N/A	N/A	N/A	\$411,404	N/A	N/A	N/A	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	N/A	N/A	N/A	N/A	\$219,448	N/A	N/A	N/A	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	\$173,996	N/A	N/A	N/A	N/A	N/A
All Other Services	N/A	N/A	N/A	N/A	N/A	\$251,978	N/A	N/A	N/A	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$2,706,250	N/A	\$2,843,356	N/A	\$2,881,346	N/A	5.07	1.34	15% (+/-)	Yes
FP: Number of Users	N/A	9,131	N/A	9,162	N/A	9,236	N/A	0.34	0.81	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$296	N/A	\$310	N/A	\$312	N/A	4.71	0.52	15% (+/-)	Yes
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$7,026,150	N/A	\$6,680,902	N/A	\$8,609,547	N/A	-4.91	28.87	15% (+/-)	No
RHC: Number of Users	N/A	13,454	N/A	13,346	N/A	15,014	N/A	-0.80	12.50	15% (+/-)	Yes
RHC: Avg Medicaid Paid per User	N/A	\$522	N/A	\$501	N/A	\$573	N/A	-4.14	14.55	15% (+/-)	Yes
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$1,669,256	N/A	\$1,682,350	N/A	\$1,856,208	N/A	0.78	10.33	15% (+/-)	Yes
FQHC: Number of Users	N/A	5,045	N/A	4,709	N/A	4,733	N/A	-6.66	0.51	15% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$331	N/A	\$357	N/A	\$392	N/A	7.98	9.78	15% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$20,382	N/A	\$0	N/A	\$0	N/A	-100.00	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	213	N/A	0	N/A	0	N/A	-100.00	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Paid per User	N/A	\$96	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6 and 7)	N/A	\$162,694,634	N/A	\$160,472,449	N/A	\$188,258,935	N/A	-1.37	17.32	15% (+/-)	No
Section 1915(c) Waiver: Number of Users	N/A	5,895	N/A	6,165	N/A	6,567	N/A	4.58	6.52	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$27,599	N/A	\$26,030	N/A	\$28,667	N/A	-5.69	10.13	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	\$179,830,422	N/A	\$211,390,572	N/A	N/A	17.55	15% (+/-)	No
Number of CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	8,833	N/A	9,298	N/A	N/A	5.26	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per User (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	\$20,359	N/A	\$22,735	N/A	N/A	11.67	15% (+/-)	Yes
Aged	N/A	N/A	N/A	\$12,535	N/A	\$14,641	N/A	N/A	16.80	15% (+/-)	No
Disabled	N/A	N/A	N/A	\$33,057	N/A	\$36,784	N/A	N/A	11.28	15% (+/-)	Yes
Child	N/A	N/A	N/A	\$6,673	N/A	\$7,305	N/A	N/A	9.47	15% (+/-)	Yes
Adult	N/A	N/A	N/A	\$923	N/A	\$1,223	N/A	N/A	32.49	15% (+/-)	No
% FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	6.48	N/A	6.75	N/A	N/A	4.15	15% (+/-)	Yes
Aged	N/A	N/A	N/A	17.68	N/A	18.92	N/A	N/A	7.03	15% (+/-)	Yes
Disabled	N/A	N/A	N/A	22.35	N/A	22.95	N/A	N/A	2.69	15% (+/-)	Yes
Child	N/A	N/A	N/A	2.34	N/A	2.54	N/A	N/A	8.57	15% (+/-)	Yes
Adult	N/A	N/A	N/A	2.38	N/A	2.27	N/A	N/A	-4.97	15% (+/-)	Yes
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	\$160,472,449	N/A	\$188,258,935	N/A	N/A	17.32	15% (+/-)	No
Number of CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	6,165	N/A	6,567	N/A	N/A	6.52	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	\$26,030	N/A	\$28,667	N/A	N/A	10.13	15% (+/-)	Yes
Aged	N/A	N/A	N/A	\$13,122	N/A	\$15,105	N/A	N/A	15.11	15% (+/-)	No
Disabled	N/A	N/A	N/A	\$37,195	N/A	\$40,187	N/A	N/A	8.04	15% (+/-)	Yes
Child	N/A	N/A	N/A	\$6,597	N/A	\$7,896	N/A	N/A	19.70	15% (+/-)	No
Adult	N/A	N/A	N/A	\$8,941	N/A	\$11,777	N/A	N/A	31.73	15% (+/-)	No
% FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	N/A	N/A	4.53	N/A	4.77	N/A	N/A	5.39	15% (+/-)	Yes
Aged	N/A	N/A	N/A	16.28	N/A	17.68	N/A	N/A	8.57	15% (+/-)	Yes

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STATE: NH

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Disabled	N/A	N/A	N/A	18.55	N/A	19.57	N/A	N/A	5.51	15% (+/-)	Yes
Child	N/A	N/A	N/A	0.78	N/A	0.80	N/A	N/A	3.00	15% (+/-)	Yes
Adult	N/A	N/A	N/A	0.12	N/A	0.12	N/A	N/A	3.14	15% (+/-)	Yes