

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

Measure	Expected Range	2002		2003		2004		% Change 2002 - 2003	% Change 2003 - 2004	Cross Year Change Within Expected Range (+/-15%)
		Value	Within Range	Value	Within Range	Value	Within Range			
All OT Claims										
Total Number of Claims	N/A	4,083,378	N/A	4,789,010	N/A	5,177,201	N/A	17.28	8.11	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Supplemental Claims	N/A	2.70	N/A	1.38	N/A	0.00	N/A	-48.70	-100.00	No
Total FFS Claims Excluding Capitation Payments	N/A	3,973,301	N/A	4,722,840	N/A	5,177,201	N/A	18.86	9.62	Yes
	5-20	4.68	No	8.07	Yes	3.01	No	72.22	-62.60	No
% Crossover	> 1%	1.27	Yes	2.63	Yes	1.56	Yes	107.20	-40.60	No
% Adjusted Claims	N/A	4.38	N/A	54.62	N/A	92.37	N/A	1,148.00	69.11	No
% Standard Adjustments	N/A	\$230	N/A	\$79	N/A	\$120	N/A	-65.50	51.38	No
Average Paid per HMO Cap Payment	N/A	2.70	N/A	1.38	N/A	0.00	N/A	-48.70	-100.00	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$178	Yes	\$173	Yes	.	No	-2.93	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
FS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1998										
Total Number of Claims	N/A	3,787,235	N/A	4,341,939	N/A	5,021,229	N/A	14.65	15.64	No
% Claims with> \$0 Paid	>95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with Span Bill	N/A	5.65	N/A	5.01	N/A	4.21	N/A	-11.40	-15.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.02	N/A	0.08	N/A	3,367.00	354.80	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	1.89	N/A	2.41	N/A	2.50	N/A	27.08	3.71	Yes
% Other Claims with Span Bills/All Other Claims	N/A	6.05	N/A	5.35	N/A	4.46	N/A	-11.50	-16.60	No
% Claims W/ Service Place 11- Office	50-90	19.77	No	19.71	No	21.19	No	-0.27	7.50	Yes
% Claims W/ Service Place 12 - Home	>0-5	24.08	No	21.16	No	15.54	No	-12.10	-26.60	No
% Claims W/ Service Place 21 - Hospital	>0-5	1.74	Yes	1.73	Yes	1.72	Yes	-0.48	-0.72	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.25	Yes	0.18	Yes	0.18	Yes	-30.10	1.14	Yes
% Claims W/ Service Place 23 - ER	1-10	1.06	Yes	4.48	Yes	6.16	Yes	323.70	37.54	No
% Claims w/ Service Place 22 - OPD	>0-10	13.88	No	11.05	No	9.40	Yes	-20.40	-14.90	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	23.52	No	28.68	No	36.39	No	21.94	26.89	No
% Claims with TPL	>0 - 15	0.38	Yes	0.36	Yes	0.33	Yes	-5.20	-7.19	Yes
Aver. TPL Paid -claims with TPL	N/A	\$86	N/A	\$84	N/A	\$67	N/A	-2.11	-20.00	No
PERCENT CLAIMS/MAX TOS										
	10-35	9.90	No	10.36	Yes	10.00	No	4.70	-3.53	Yes
% claims MAX TOS 08: Physicians	2-20	3.53	Yes	3.64	Yes	4.83	Yes	3.19	32.57	No
% claims MAX TOS 09: Dental	0.5-8	0.59	Yes	0.58	Yes	0.87	Yes	-1.94	50.44	No
% claims MAX TOS 10: Other Practioner	3-25	5.28	Yes	5.45	Yes	4.98	Yes	3.15	-8.64	Yes
% claims MAX TOS 11: OPD	2-25	19.16	Yes	19.55	Yes	12.96	Yes	2.03	-33.70	No
% claims MAX TOS 12: Clinic	>0-25	1.93	Yes	1.83	Yes	1.57	Yes	-5.33	-14.10	Yes
% claims MAX TOS 13: HH	4-20	12.63	Yes	12.23	Yes	11.93	Yes	-3.18	-2.44	Yes
% claims MAX TOS 16: Lab/Xray	<3	0.09	Yes	0.15	Yes	0.11	Yes	60.62	-26.30	No
% claims MAX TOS 16: Drugs	<25	14.95	Yes	13.45	Yes	25.32	No	-9.98	88.21	No
% claims MAX TOS 19: Other Services	>3	3.79	Yes	3.92	Yes	3.42	Yes	3.43	-12.90	Yes
% claims MAX TOS 51: DME	>1	2.76	Yes	2.52	Yes	1.78	Yes	-8.72	-29.50	No
% claims MAX TOS 26: Transportation										

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% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.05	N/A	0.04	N/A	-7.91	-11.40	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No
% claims MAX TOS 30: PCS	>0	0.22	Yes	0.18	Yes	0.17	Yes	-15.80	-8.48	Yes
% claims MAX TOS 31: TCM	>0	0.65	Yes	0.33	Yes	0.00	No	-48.90	-100.00	No
% claims MAX TOS 33: Rehabilitation	>0	0.70	Yes	0.62	Yes	0.54	Yes	-11.50	-13.10	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.41	No	0.41	No	0.45	No	-1.18	10.61	Yes
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.03	N/A	0.04	N/A	0.04	N/A	58.08	0.40	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.63	N/A	0.52	N/A	0.45	N/A	-17.90	-12.70	Yes
% claims MAX TOS 39: Religious Non Med.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	0.35	N/A	3.51	N/A	1.31	N/A	896.10	-62.50	No
% claims MAX TOS 53: Psych. Services	>1	15.72	Yes	14.26	Yes	17.32	Yes	-9.27	21.43	No
% claims MAX TOS 54: Adult Day Care	>0	6.62	Yes	6.39	Yes	1.92	Yes	-3.45	-70.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$104	N/A	\$97	N/A	\$89	N/A	-6.40	-8.10	Yes
08: Physicians	\$20-90	\$53	Yes	\$53	Yes	\$55	Yes	-0.75	3.23	Yes
09: Dental	\$10-60	\$35	Yes	\$42	Yes	\$53	Yes	18.74	26.89	No
10: Other Practioner	\$10-100	\$22	Yes	\$23	Yes	\$24	Yes	5.74	3.57	Yes
11: OPD	\$20-100	\$126	No	\$130	No	\$124	No	3.24	-4.60	Yes
12: Clinic	\$20-100	\$75	Yes	\$73	Yes	\$81	Yes	-2.18	10.17	Yes
13: HF	N/A	\$83	N/A	\$88	N/A	\$88	N/A	6.18	-0.71	Yes
15: Lab/Xray	10-60	\$33	Yes	\$33	Yes	\$38	Yes	1.28	13.23	Yes
16: Drugs	10-60	\$52	Yes	\$37	Yes	\$55	Yes	-28.30	48.35	No
19: Other Services	N/A	\$240	N/A	\$144	N/A	\$117	N/A	-40.20	-18.80	No
51: DME	N/A	\$76	N/A	\$69	N/A	\$77	N/A	-8.95	11.82	Yes
26: Transportation	N/A	\$31	N/A	\$32	N/A	\$41	N/A	4.17	28.69	No
30: PCS	N/A	\$604	N/A	\$585	N/A	\$585	N/A	-3.20	0.07	Yes
31: Targeted Case Management	N/A	\$58	N/A	\$52	N/A	.	N/A	-9.12	.	N/A
33: Rehabilitation	N/A	\$202	N/A	\$225	N/A	\$226	N/A	11.31	0.37	Yes
34: PT/OT/speech/hear	N/A	\$43	N/A	\$41	N/A	\$42	N/A	-2.67	2.44	Yes
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	\$432	N/A	\$417	N/A	\$219	N/A	-3.42	-47.60	No
53: Pysch. Services	N/A	\$101	N/A	\$96	N/A	\$100	N/A	-5.67	4.88	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$119	N/A	\$112	N/A	\$74	N/A	-6.13	-33.80	No
% Family Planning (code 2)	N/A	0.16	N/A	0.23	N/A	0.28	N/A	43.48	19.59	No
% RHC (code 3)	N/A	0.58	N/A	0.94	N/A	1.29	N/A	63.38	36.54	No
% FQHC (code 4)	N/A	0.90	N/A	0.61	N/A	0.43	N/A	-32.40	-28.70	No
% FQHC (code 5)	N/A	0.00	N/A	0.02	N/A	0.01	N/A	31,388.00	-74.10	No
% IHS Waiver (code 6,7)	N/A	22.58	N/A	23.57	N/A	28.59	N/A	4.38	21.30	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$61	N/A	\$74	N/A	\$73	N/A	19.91	-1.39	Yes
RHC (code 3)	N/A	\$75	N/A	\$97	N/A	\$108	N/A	28.88	11.89	Yes
FQHC (code 4)	N/A	\$114	N/A	\$99	N/A	\$77	N/A	-12.90	-22.70	No
IHS (code 5)	N/A	\$63	N/A	\$63	N/A	\$63	N/A	0.02	-0.17	Yes

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Waiver (code 6-7)	N/A	\$175	N/A	\$152	N/A	\$113	N/A	-13.40	-25.30	No
% Claims with DX	> 60	79.52	Yes	76.91	Yes	78.33	Yes	-3.28	1.84	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	55.24	No	54.81	No	67.23	No	-0.78	22.66	No
% Claims with 1 DX that have 2 DX	N/A	0.10	N/A	7.06	N/A	13.46	N/A	7,096.00	90.63	No
% Claims with DX, where length=3	5-25	6.51	Yes	13.36	Yes	16.88	Yes	105.10	26.39	No
% Claims with DX, where length=4	40-70	56.26	Yes	47.40	Yes	44.34	Yes	-15.70	-6.47	Yes
% Claims with DX, where length=5	20-55	37.12	Yes	39.21	Yes	38.78	Yes	5.62	-1.09	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	97.47	No	97.63	No	97.56	No	0.17	-0.07	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	26.89	N/A	25.52	N/A	31.37	N/A	-5.09	22.92	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	73.11	N/A	74.48	N/A	68.63	N/A	1.87	-7.85	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-69.50	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with TOS 08 with Physician Specialty	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	186,066	N/A	380,901	N/A	155,972	N/A	104.70	-59.10	No
% Claims with> \$0 Paid	>95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with Span Bill	N/A	6.81	N/A	13.17	N/A	5.43	N/A	93.36	-58.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.28	N/A	20.37	N/A	1.83	N/A	119.40	-91.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	6.02	N/A	10.39	N/A	5.54	N/A	72.77	-46.70	No
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	19.34	N/A	37.03	N/A	45.68	N/A	91.53	23.37	No
% claims MAX TOS 10: Other Practitioner	N/A	2.20	N/A	1.90	N/A	2.24	N/A	-13.80	18.00	No
% claims MAX TOS 11: OPD	N/A	24.39	N/A	27.86	N/A	2.77	N/A	14.21	-90.10	No
% claims MAX TOS 12: Clinic	N/A	25.20	N/A	14.17	N/A	29.08	N/A	-43.80	105.20	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-86.00	-59.30	No
% claims MAX TOS 15: Lab/Xray	N/A	18.35	N/A	8.92	N/A	0.16	N/A	-51.40	-98.20	No
% claims MAX TOS 19: Other Services	N/A	9.05	N/A	5.74	N/A	17.72	N/A	-36.60	208.70	No
% claims MAX TOS 51: DME	N/A	0.02	N/A	2.35	N/A	0.00	N/A	13,593.00	-100.00	No
% claims MAX TOS 26: Transportation	N/A	0.17	N/A	1.05	N/A	0.59	N/A	533.80	-43.70	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.83	N/A	0.62	N/A	1.21	N/A	-25.60	95.14	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Amount Paid	N/A	\$51	N/A	\$92	N/A	\$20	N/A	80.35	-77.70	No
% Claims with DX	N/A	76.09	N/A	95.84	N/A	99.68	N/A	25.96	4.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	65.31	No	94.92	Yes	99.86	Yes	45.34	5.20	Yes
% Claims with 1 DX that have 2 DX	N/A	0.55	N/A	29.99	N/A	10.03	N/A	5,372.00	-66.60	No
% Claims with DX, where length=3	5-25	0.38	No	7.44	Yes	9.38	Yes	1,883.00	26.16	No
% Claims with DX, where length=4	40-70	0.20	No	30.51	No	31.32	No	14,794.00	2.66	Yes
% Claims with DX, where length=5	20-55	3.14	No	49.45	Yes	59.30	No	1,474.00	19.91	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	0.24	N/A	66.00	N/A	.	N/A	26,885.00	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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