

**2002-2004 MAX IP 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 IP Claims										
Total Number of Claims	N/A	13,512	N/A	14,666	N/A	17,413	N/A	8.54	18.73	No
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	13,512	N/A	14,666	N/A	17,413	N/A	8.54	18.73	No
% Crossover	5-20	21.57	No	19.73	Yes	25.48	No	-8.53	29.13	No
% Adjusted Claims	N/A	0.18	N/A	7.34	N/A	3.84	N/A	4,034.00	-47.70	No
% Standard Adjustments	> 1%	37.50	Yes	98.33	Yes	97.01	Yes	162.20	-1.34	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$6,402	N/A	\$1,874	N/A	\$2,046	N/A	-70.70	9.19	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	10,597	N/A	11,772	N/A	12,976	N/A	11.09	10.23	Yes
% Claims with> \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,024	Yes	\$3,105	Yes	\$3,106	Yes	2.69	0.02	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$751	N/A	\$772	N/A	\$752	N/A	2.81	-2.58	Yes
% Claims with TPL	>0 - 10	0.66	Yes	0.54	Yes	0.58	Yes	-19.00	8.00	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,770	N/A	\$1,478	N/A	\$1,537	N/A	-16.50	3.96	Yes
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.09	Yes	1.10	Yes	1.10	Yes	0.34	-0.26	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.90	Yes	99.92	Yes	99.68	Yes	0.03	-0.25	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.68	Yes	7.76	Yes	7.89	Yes	1.05	1.64	Yes
Average LOS	2-<8	3.98	Yes	4.02	Yes	4.13	Yes	0.87	2.73	Yes
Average Covered Days (> 0 day)	2-<8	4.03	Yes	4.02	Yes	4.13	Yes	-0.12	2.67	Yes
% Begin Date = Admit Date	95-100	99.47	Yes	99.50	Yes	99.57	Yes	0.03	0.07	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	97.80	Yes	97.62	Yes	-2.20	-0.19	Yes
% Family Planning Claims (pgm type=2)	>0-5	2.32	Yes	2.71	Yes	2.54	Yes	16.73	-6.15	Yes
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.24	Yes	4.45	Yes	4.17	Yes	4.96	-6.27	Yes
% Claims with PDX, where length=3	5-30	4.76	No	4.71	No	4.08	No	-0.87	-13.50	Yes
% Claims with PDX, where length=4	15-75	18.42	Yes	19.08	Yes	18.80	Yes	3.58	-1.44	Yes
% Claims with PDX, where length=5	25-70	76.82	No	76.21	No	77.12	No	-0.80	1.20	Yes
% Claims with a procedure code	35-70	63.29	Yes	63.00	Yes	64.40	Yes	-0.47	2.23	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.79	Yes	1.79	Yes	1.82	Yes	0.15	1.96	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	25.01	N/A	24.59	N/A	24.83	N/A	-1.66	0.97	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	26.52	N/A	26.03	N/A	26.33	N/A	-1.84	1.14	Yes
Patient Status										
% Home	75-90	76.65	Yes	77.68	Yes	75.49	Yes	1.33	-2.82	Yes
% Transferred	1-10	22.15	No	21.19	No	23.54	No	-4.30	11.05	Yes
% Still a Patient	>0 - 2	0.29	Yes	0.03	Yes	0.00	No	-91.30	-100.00	No
% Died	>0 - 3	0.91	Yes	0.81	Yes	0.74	Yes	-10.90	-8.32	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,915	N/A	2,894	N/A	4,437	N/A	-0.72	53.32	No
% Claims with > \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$853	N/A	\$961	N/A	\$976	N/A	12.72	1.57	Yes
% Claims with TPL	N/A	0.07	N/A	0.00	N/A	0.09	N/A	-100.00	.	N/A
Aver. TPL Paid -claims with TPL	N/A	\$737	N/A	.	N/A	\$1,929	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.21	No	73.70	No	99.89	Yes	35,708.00	35.52	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.17	Yes	1.15	Yes	1.14	Yes	-1.39	-0.53	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.21	No	73.81	No	99.80	Yes	35,758.00	35.21	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	12.33	Yes	11.26	Yes	11.61	Yes	-8.72	3.15	Yes
Average LOS	2-<8	3.55	Yes	5.54	Yes	5.94	Yes	55.95	7.14	Yes
% Begin Date = Admit Date	95-100	99.35	Yes	98.76	Yes	99.17	Yes	-0.60	0.42	Yes
% Claims with IP TOS	95-100	99.35	Yes	99.83	Yes	100.00	Yes	0.48	0.17	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.01	No	5.53	Yes	6.91	Yes	445.60	24.85	No
% Claims with PDX, where length=3	5-30	0.00	No	5.77	Yes	8.72	Yes	.	51.15	No
% Claims with PDX, where length=4	15-75	0.03	No	30.20	Yes	39.24	Yes	87,934.00	29.93	No
% Claims with PDX, where length=5	25-70	99.97	No	64.03	Yes	52.04	Yes	-35.90	-18.70	No
% Claims with a procedure code	35-70	0.14	No	33.97	No	46.72	Yes	24,653.00	37.55	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.50	Yes	2.04	Yes	2.15	Yes	-18.60	5.38	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	99.69	N/A	99.90	N/A	-0.31	0.21	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	0.03	No	0.03	No	0.09	No	0.73	160.90	No

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