

1999-2001 MAX IP Validation Table
State: RI

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000 - 2001	Cross Year Change Within Expected Range (+/-15%)
		Value	Within Range	Value	Within Range	Value	Within Range			
All IP Claims										
Total Number of Claims	N/A	35,232	N/A	43,920	N/A	49,559	N/A	24.66	12.84	Yes
	N/A	64.69	N/A	69.47	N/A	70.77	N/A	7.40	1.87	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total FFS Claims	N/A	12,442	N/A	13,407	N/A	14,484	N/A	7.76	8.03	Yes
% Supplemental Claims	5-20	43.40	No	44.21	No	44.66	No	1.86	1.03	Yes
% Crossover	N/A	4.41	N/A	4.87	N/A	7.37	N/A	10.38	51.39	No
% Adjusted Claims	> 1%	.	Yes	58.81	Yes	79.31	Yes	N/A	34.86	No
% Standard Adjustments	N/A	\$14,687	N/A	\$13,502	N/A	\$18,456	N/A	-8.07	36.69	No
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	7,042	N/A	7,480	N/A	8,015	N/A	6.22	7.15	Yes
% Claims with> \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$9,146	No	\$9,072	No	\$10,082	No	-0.81	11.13	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,108	N/A	\$1,078	N/A	\$1,181	N/A	-2.74	9.59	Yes
% Claims with TPL	>0 - 10	0.45	Yes	0.40	Yes	0.45	Yes	-11.74	11.99	Yes
Aver. TPL Paid for claims with TPL	N/A	\$4,738	N/A	\$5,377	N/A	\$16,940	N/A	13.50	215.03	No
% Claims with UB-92 Accommodation Codes	95-100	99.39	Yes	99.47	Yes	98.85	Yes	0.08	-0.62	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.01	Yes	1.01	Yes	1.01	Yes	0.29	0.51	Yes
% Claims with UB-92 Ancillary Codes	95-100	18.99	No	20.01	No	17.70	No	5.41	-11.54	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.07	No	1.10	No	1.06	No	2.35	-3.44	Yes
Average LOS	2-<8	6.66	Yes	6.81	Yes	7.04	Yes	2.26	3.43	Yes
Average Covered Days (> 0 day)	2-<8	8.25	No	8.42	No	8.54	No	2.02	1.41	Yes
% Begin Date = Admit Date	95-100	98.61	Yes	98.16	Yes	97.78	Yes	-0.46	-0.38	Yes
% IP Claims (MAX TOS 01)	95-100	99.99	Yes	99.95	Yes	99.93	Yes	-0.04	-0.02	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.23	Yes	0.21	Yes	0.24	Yes	-5.86	10.82	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	1.90	No	1.90	No	1.93	No	-0.08	1.66	Yes
% Claims with PDX, where length=3	5-30	6.92	Yes	6.18	Yes	5.29	Yes	-10.69	-14.35	Yes
% Claims with PDX, where length=4	15-75	31.07	Yes	31.75	Yes	31.85	Yes	2.19	0.32	Yes
% Claims with PDX, where length=5	25-70	62.01	Yes	62.07	Yes	62.86	Yes	0.09	1.26	Yes
% Claims with a procedure code	35-70	0.00	No	0.03	No	0.54	No	N/A	1,906.49	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	Yes	1.00	No	1.00	No	N/A	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	100.00	N/A	100.00	N/A	N/A	0.00	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	100.00	N/A	100.00	N/A	N/A	0.00	Yes

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	4.63	N/A	3.72	N/A	3.59	N/A	-19.72	-3.32	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	10.66	N/A	10.43	N/A	10.33	N/A	-2.22	-0.93	Yes
Patient Status										
% Home	75-90	70.02	No	67.25	No	68.02	No	-3.97	1.15	Yes
% Transferred	1-10	26.48	No	28.89	No	27.71	No	9.09	-4.08	Yes
% Still a Patient	>0 - 2	2.06	No	2.27	No	2.56	No	10.38	12.54	Yes
% Died	>0 - 3	1.43	Yes	1.59	Yes	1.71	Yes	10.92	7.44	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	5,400	N/A	5,927	N/A	6,469	N/A	9.76	9.14	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	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$834	N/A	\$758	N/A	\$801	N/A	-9.12	5.66	Yes
% Claims with TPL	N/A	0.07	N/A	0.07	N/A	0.03	N/A	-8.89	-54.19	No
Aver. TPL Paid -claims with TPL	N/A	\$986	N/A	\$365	N/A	\$319	N/A	-63.01	-12.68	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.15	Yes	99.21	Yes	99.06	Yes	0.06	-0.15	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.00	Yes	1.00	Yes	1.00	Yes	0.09	0.14	Yes
% Claims with UB-92 Ancillary Codes	95-100	5.54	No	5.53	No	6.00	No	-0.05	8.38	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.06	No	1.14	No	1.10	No	7.26	-3.00	Yes
Average LOS	2-<8	6.39	Yes	6.09	Yes	6.12	Yes	-4.69	0.51	Yes
% Begin Date = Admit Date	95-100	99.26	Yes	99.44	Yes	99.29	Yes	0.19	-0.16	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX	98-100	99.96	Yes	100.00	Yes	100.00	Yes	0.04	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.98	No	1.98	No	1.99	No	0.10	0.37	Yes
% Claims with PDX, where length=3	5-30	8.87	Yes	8.59	Yes	8.02	Yes	-3.22	-6.58	Yes
% Claims with PDX, where length=4	15-75	41.11	Yes	42.35	Yes	42.36	Yes	3.02	0.02	Yes
% Claims with PDX, where length=5	25-70	50.02	Yes	49.06	Yes	49.62	Yes	-1.91	1.14	Yes
% Claims with a procedure code	35-70	0.06	No	2.26	No	11.98	No	3,969.51	429.90	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	No	1.04	Yes	1.02	Yes	3.73	-1.23	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	66.67	N/A	97.01	N/A	99.23	N/A	45.52	2.28	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	66.67	N/A	97.01	N/A	100.00	N/A	45.52	3.08	Yes

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

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