

**2002-2004 MAX IP Validation Table**  
**State: RI**

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	52,342	N/A	53,541	N/A	52,226	N/A	2.29	-2.46	Yes
	N/A	71.14	N/A	70.08	N/A	69.24	N/A	-1.48	-1.20	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	15,108	N/A	16,019	N/A	16,066	N/A	6.03	0.29	Yes
% Supplemental Claims	5-20	47.53	No	48.72	No	48.62	No	2.50	-0.19	Yes
% Crossover	N/A	4.08	N/A	5.21	N/A	5.22	N/A	27.48	0.19	Yes
% Adjusted Claims	> 1%	60.13	Yes	51.08	Yes	60.02	Yes	-15.10	17.51	No
% Standard Adjustments	N/A	\$15,640	N/A	\$17,439	N/A	\$18,715	N/A	11.50	7.31	Yes
Aver. Amt. Pd Adjust. ( include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	7,927	N/A	8,215	N/A	8,254	N/A	3.63	0.47	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	\$10,835	No	\$11,754	No	\$12,414	No	8.49	5.61	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,230	N/A	\$1,342	N/A	\$1,416	N/A	9.11	5.57	Yes
% Claims with TPL	>0 - 10	0.62	Yes	0.52	Yes	0.67	Yes	-15.30	27.30	No
Aver. TPL Paid for claims with TPL	N/A	\$6,791	N/A	\$7,934	N/A	\$6,393	N/A	16.84	-19.40	No
% Claims with UB-92 Accommodation Codes	95-100	98.59	Yes	97.82	Yes	97.23	Yes	-0.78	-0.61	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.01	Yes	1.01	Yes	1.02	Yes	0.03	0.67	Yes
% Claims with UB-92 Ancillary Codes	95-100	21.47	No	20.57	No	18.44	No	-4.19	-10.40	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.05	No	1.05	No	1.07	No	-0.42	2.24	Yes
Average LOS	2-<8	7.17	Yes	7.28	Yes	7.32	Yes	1.60	0.51	Yes
Average Covered Days (> 0 day)	2-<8	8.81	No	8.76	No	8.77	No	-0.55	0.09	Yes
% Begin Date = Admit Date	95-100	97.86	Yes	97.42	Yes	97.70	Yes	-0.45	0.29	Yes
% IP Claims (MAX TOS 01)	95-100	99.92	Yes	99.91	Yes	99.85	Yes	-0.01	-0.06	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.19	Yes	0.22	Yes	0.22	Yes	15.79	-0.47	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	1.94	No	1.94	No	1.96	No	0.19	1.15	Yes
% Claims with PDX, where length=3	5-30	5.58	Yes	5.44	Yes	6.64	Yes	-2.41	22.02	No
% Claims with PDX, where length=4	15-75	31.46	Yes	32.22	Yes	31.44	Yes	2.41	-2.43	Yes
% Claims with PDX, where length=5	25-70	62.96	Yes	62.34	Yes	61.92	Yes	-0.99	-0.67	Yes
% Claims with a procedure code	35-70	0.05	No	0.02	No	0.00	No	-51.80	-100.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	No	1.00	No	.	Yes	0.00	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	100.00	N/A	50.00	N/A	.	N/A	-50.00	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	50.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	N/A

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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	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	3.71	N/A	3.60	N/A	3.66	N/A	-2.85	1.55	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	9.83	N/A	9.99	N/A	9.50	N/A	1.70	-4.96	Yes
Patient Status										
% Home	75-90	69.47	No	69.88	No	69.76	No	0.59	-0.18	Yes
% Transferred	1-10	26.34	No	25.67	No	25.77	No	-2.54	0.38	Yes
% Still a Patient	>0 - 2	2.43	No	2.78	No	2.64	No	13.99	-4.84	Yes
% Died	>0 - 3	1.75	Yes	1.67	Yes	1.78	Yes	-4.89	6.79	Yes
<b>FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)</b>										
Total Number of Claims	N/A	7,181	N/A	7,804	N/A	7,812	N/A	8.68	0.10	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$984	N/A	\$1,178	N/A	\$1,240	N/A	19.72	5.27	Yes
% Claims with TPL	N/A	0.07	N/A	0.05	N/A	0.04	N/A	-26.40	-25.10	No
Aver. TPL Paid -claims with TPL	N/A	\$1,910	N/A	\$1,324	N/A	\$239	N/A	-30.70	-81.90	No
% Claims with UB-92 Accommodation Codes	95-100	98.73	Yes	98.76	Yes	98.91	Yes	0.02	0.16	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.00	Yes	1.00	Yes	1.00	Yes	0.09	0.01	Yes
% Claims with UB-92 Ancillary Codes	95-100	7.88	No	8.46	No	8.85	No	7.30	4.59	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.04	No	1.07	No	1.06	No	3.05	-1.25	Yes
Average LOS	2-<8	6.31	Yes	6.32	Yes	6.40	Yes	0.15	1.21	Yes
% Begin Date = Admit Date	95-100	99.26	Yes	99.23	Yes	99.08	Yes	-0.03	-0.15	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	2.00	No	2.00	Yes	2.00	Yes	0.32	-0.15	Yes
% Claims with PDX, where length=3	5-30	8.01	Yes	8.34	Yes	7.73	Yes	4.18	-7.31	Yes
% Claims with PDX, where length=4	15-75	41.75	Yes	41.48	Yes	41.96	Yes	-0.65	1.16	Yes
% Claims with PDX, where length=5	25-70	50.24	Yes	50.18	Yes	50.31	Yes	-0.13	0.25	Yes
% Claims with a procedure code	35-70	6.17	No	5.97	No	5.17	No	-3.21	-13.40	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.09	Yes	1.06	Yes	1.06	Yes	-2.17	-0.50	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	97.97	N/A	93.78	N/A	91.09	N/A	-4.28	-2.87	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
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	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

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