

**Medicaid Analytic Extract
State-Specific Validation Tables,
2009**

October 31, 2012



MATHEMATICA
Policy Research

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ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Abbreviations

Avg = average
Dups = duplicate counts
Pharm = pharmacy
Psych = psychiatric
Tech = technologically

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
ASD = Autism Spectrum Disorder
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
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
PRFT = Psychiatric Residential Treatment Facilities
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

2007-2009 MAX IP VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
All IP Claims										
Total Number of IP MSIS Quarters	N/A	7	N/A	7	N/A	7	N/A	N/A	N/A	N/A
Total Number of Stays	N/A	68,910	N/A	71,714	N/A	68,551	N/A	4.07	-4.41	Yes
% Encounter Stays	N/A	71.40	N/A	75.45	N/A	77.11	N/A	5.67	2.20	Yes
% Supplemental Stays	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Stays with NPI (Not 0/8/9-filled)	95-100	N/A	N/A	N/A	N/A	14.85	No	N/A	N/A	N/A
% Stays with NPI = Billing Provider ID (for Stays with NPI)	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Stays with Provider Taxonomy (Not 0/8/9-filled)	95-100	N/A	N/A	N/A	N/A	14.85	No	N/A	N/A	N/A
Total FFS Stays	N/A	19,707	N/A	17,607	N/A	15,691	N/A	-10.70	-10.90	Yes
% Crossover	5-20	47.38	No	54.47	No	59.77	No	14.96	9.74	Yes
% Adjusted Stays	N/A	11.50	N/A	8.12	N/A	10.22	N/A	-29.40	25.86	Yes
Avg Medicaid Paid, Adjusted Stays (Include \$0)	N/A	\$11,131	N/A	\$16,087	N/A	\$22,165	N/A	44.52	37.78	No
# of Stays with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	0	N/A	11	N/A	11	N/A	Div by 0	-75.00	No
Avg Medicaid Paid for Stays with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	Div by 0	N/A	\$689	N/A	\$1,421	N/A	Div by 0	106.30	No
# Stays with > \$1 Million Paid	0	0	Yes	0	Yes	0	Yes	Div by 0	Div by 0	N/A
% Section 1915(c) Waiver Stays (PGM TYPE = 6, 7)	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	\$0	Yes	\$0	Yes	\$0	Yes	Div by 0	Div by 0	N/A
FFS Non-Crossover Stays (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Stays	N/A	10,370	N/A	8,017	N/A	6,312	N/A	-22.70	-21.30	Yes
% Stays with > \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Stays with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Stays with > \$0 Paid)	\$2000-\$7000	\$12,873	No	\$14,424	No	\$15,527	No	12.05	7.64	Yes
Avg Medicaid Paid per Covered Day (> \$0 Paid and > 0 Days)	N/A	\$1,479	N/A	\$1,512	N/A	\$1,683	N/A	2.21	11.28	Yes
% Stays with TPL	>0 - 10	0.70	Yes	0.79	Yes	1.51	Yes	11.63	91.53	No
Avg TPL Paid for Stays with TPL	N/A	\$8,204	N/A	\$7,751	N/A	\$9,787	N/A	-5.52	26.27	Yes
% Stays with UB-92 Accommodation Codes	95-100	94.74	No	96.10	Yes	96.40	Yes	1.43	0.32	Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1	1.02	Yes	1.03	Yes	1.13	Yes	0.96	10.19	Yes
% Stays with UB-92 Ancillary Codes	95-100	15.76	No	22.85	No	72.86	No	45.02	218.80	No
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3	1.04	No	1.60	No	6.76	Yes	53.64	323.40	No
Avg Length of Stay	2-<8	7.71	Yes	7.95	Yes	8.16	No	3.07	2.64	Yes
Avg Covered Days (> 0 Days)	2-<8	8.70	No	9.54	No	9.23	No	9.65	-3.25	Yes
% Stays with Admission Date	98-100	N/A	N/A	99.96	Yes	99.92	Yes	N/A	-0.04	Yes
% Begin Date = Admission Date	95-100	97.29	Yes	97.27	Yes	95.96	Yes	-0.02	-1.34	Yes
% IP Stays (MAX TOS = 01)	95-100	99.89	Yes	99.86	Yes	99.87	Yes	-0.03	0.01	Yes
% Family Planning Stays (PGM TYPE = 2)	>0-5	0.05	Yes	0.06	Yes	0.08	Yes	29.35	27.01	Yes
% Stays 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	1.97	No	1.97	No	1.82	No	0.29	-7.67	Yes
% Primary Diagnosis Code Stays with Length = 3	5-30	6.70	Yes	5.81	Yes	2.34	No	-13.30	-59.70	No
% Primary Diagnosis Code Stays with Length = 4	15-75	30.02	Yes	25.55	Yes	8.43	No	-14.90	-67.00	No
% Primary Diagnosis Code Stays with Length = 5	25-70	63.28	Yes	68.64	Yes	89.23	No	8.48	29.99	Yes
% Stays with a Procedure Code	35-70	0.17	No	0.16	No	0.17	No	-6.58	7.47	Yes
Avg # of Procedure Codes (> 0 Codes)	>1	1.00	No	1.00	No	1.00	No	0.00	0.00	Yes
% Stays with Procedure Code with CPT-4 Indicator	N/A	94.44	N/A	23.08	N/A	54.55	N/A	-75.60	136.40	No
% Stays with Procedure Code with ICD-9 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 Stays with CPT-4 Format = 5 Digits	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% ICD-9-CM Indicator Stays with ICD-9-CM Format = 3 or 4 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

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

2007-2009 MAX IP VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
% Stays with Diagnosis Related Group	>=90	0.00	No	0.00	No	0.03	No	Div by 0	Div by 0	N/A
% Stays Maternal Delivery Indicator	N/A	3.65	N/A	3.78	N/A	2.00	N/A	3.69	-47.20	No
% Stays Newborn Delivery Indicator (Only for Separate Infant Delivery Stays Using Mother's ID)	N/A	9.60	N/A	11.50	N/A	4.90	N/A	19.74	-57.40	No
PATIENT STATUS										
% Home	75-90	71.38	No	71.96	No	70.44	No	0.81	-2.12	Yes
% Transferred	1-10	23.76	No	23.33	No	22.91	No	-1.83	-1.79	Yes
% Still a Patient	>0-2	2.89	No	3.06	No	4.96	No	5.64	62.26	No
% Died	>0-3	1.47	Yes	1.31	Yes	1.17	Yes	-10.60	-10.50	Yes
FFS Crossover Stays (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Stays	N/A	9,337	N/A	9,590	N/A	9,379	N/A	2.71	-2.20	Yes
% Stays with > \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Stays with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Stays with > \$0 Paid)	N/A	\$1,183	N/A	\$1,277	N/A	\$1,571	N/A	7.92	23.04	Yes
% Stays with TPL	N/A	0.07	N/A	0.07	N/A	0.03	N/A	-2.64	-56.20	No
Avg TPL Paid for Stays with TPL	N/A	\$5,179	N/A	\$847	N/A	\$257	N/A	-83.60	-69.70	No
% Stays with UB-92 Accommodation Codes	95-100	97.70	Yes	98.54	Yes	97.82	Yes	0.86	-0.73	Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1	1.01	Yes	1.01	Yes	1.15	Yes	0.20	13.93	Yes
% Stays with UB-92 Ancillary Codes	95-100	9.90	No	10.38	No	65.91	No	4.84	535.30	No
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3	1.05	No	1.74	No	9.88	Yes	65.60	468.60	No
Avg Length of Stay	2-<8	6.54	Yes	6.29	Yes	6.46	Yes	-3.69	2.62	Yes
% Stays with Admission Date	98-100	N/A	N/A	99.81	Yes	99.88	Yes	N/A	0.07	Yes
% Begin Date = Admission Date	95-100	95.58	Yes	98.44	Yes	98.54	Yes	2.99	0.11	Yes
% IP Stays (MAX TOS = 01)	95-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
% Stays 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	2.01	Yes	2.01	Yes	1.84	No	-0.08	-8.26	Yes
% Primary Diagnosis Code Stays with Length = 3	5-30	7.20	Yes	6.77	Yes	2.69	No	-5.97	-60.30	No
% Primary Diagnosis Code Stays with Length = 4	15-75	39.50	Yes	38.12	Yes	15.58	Yes	-3.48	-59.10	No
% Primary Diagnosis Code Stays with Length = 5	25-70	53.30	Yes	55.11	Yes	81.74	No	3.39	48.32	No
% Stays with a Procedure Code	35-70	11.92	No	8.95	No	9.43	No	-24.90	5.35	Yes
Avg # of Procedure Codes (> 0 Codes)	>1	1.05	Yes	1.05	Yes	1.12	Yes	-0.78	7.44	Yes
% Stays with Procedure Code with CPT-4 Indicator	N/A	95.42	N/A	95.22	N/A	95.93	N/A	-0.21	0.74	Yes
% Stays with Procedure Code with ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	0.11	N/A	Div by 0	Div by 0	N/A
% CPT-4 Indicator Stays with CPT-4 Format = 5 Digits	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% ICD-9-CM Indicator Stays with ICD-9-CM Format = 3 or 4 Digits	N/A	Div by 0	N/A	Div by 0	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Stays with Diagnosis Related Group	>=90	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
Encounter Stays (Type of Claim=3)										
Total Number of Stays	N/A	N/A	N/A	N/A	N/A	52,860	N/A	N/A	N/A	N/A
% Aged	N/A	N/A	N/A	N/A	N/A	0.01	N/A	N/A	N/A	N/A
% Disabled	N/A	N/A	N/A	N/A	N/A	9.15	N/A	N/A	N/A	N/A
% Child	N/A	N/A	N/A	N/A	N/A	44.21	N/A	N/A	N/A	N/A
% Adult	N/A	N/A	N/A	N/A	N/A	43.06	N/A	N/A	N/A	N/A
% Stays with > 0 Prepaid Plan Value	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
% Stays with UB-92 Accommodation Codes	N/A	N/A	N/A	N/A	N/A	30.92	N/A	N/A	N/A	N/A
Avg # of UB-92 Accommodation Codes (> 0 Codes)	N/A	N/A	N/A	N/A	N/A	1.05	N/A	N/A	N/A	N/A
% Stays with UB-92 Ancillary Codes	N/A	N/A	N/A	N/A	N/A	26.19	N/A	N/A	N/A	N/A

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2007-2009 MAX IP VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
Avg # of UB-92 Ancillary Codes (> 0 Codes)	N/A	N/A	N/A	N/A	N/A	3.51	N/A	N/A	N/A	N/A
Avg Length of Stay	N/A	N/A	N/A	N/A	N/A	2.02	N/A	N/A	N/A	N/A
Avg Covered Days (> 0 Days)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Stays with Admission Date	98-100	N/A	N/A	N/A	N/A	100.00	Yes	N/A	N/A	N/A
% Begin Date = Admission Date	95-100	N/A	N/A	N/A	N/A	100.00	Yes	N/A	N/A	N/A
% IP Stays (MAX TOS = 01)	N/A	N/A	N/A	N/A	N/A	99.48	N/A	N/A	N/A	N/A
% Family Planning Stays (PGM TYPE = 2)	N/A	N/A	N/A	N/A	N/A	24.51	N/A	N/A	N/A	N/A
% Stays with Primary Diagnosis Code	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
Avg # of Diagnosis Codes (> 0 Codes)	N/A	N/A	N/A	N/A	N/A	1.74	N/A	N/A	N/A	N/A
% Primary Diagnosis Code Stays with Length = 3	N/A	N/A	N/A	N/A	N/A	6.09	N/A	N/A	N/A	N/A
% Primary Diagnosis Code Stays with Length = 4	N/A	N/A	N/A	N/A	N/A	30.19	N/A	N/A	N/A	N/A
% Primary Diagnosis Code Stays with Length = 5	N/A	N/A	N/A	N/A	N/A	63.73	N/A	N/A	N/A	N/A
% Stays with a Procedure Code	N/A	N/A	N/A	N/A	N/A	60.18	N/A	N/A	N/A	N/A
Avg # of Procedure Codes (> 0 Codes)	N/A	N/A	N/A	N/A	N/A	1.15	N/A	N/A	N/A	N/A
% Stays with Procedure Code with CPT-4 Indicator	N/A	N/A	N/A	N/A	N/A	72.14	N/A	N/A	N/A	N/A
% Stays with Procedure Code with ICD-9 Indicator	N/A	N/A	N/A	N/A	N/A	27.54	N/A	N/A	N/A	N/A
% CPT-4 Indicator Stays with CPT-4 Format = 5 Digits	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% ICD-9-CM Indicator Stays with ICD-9-CM Format = 3 or 4 Digits	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Stays with Diagnosis Related Group	N/A	N/A	N/A	N/A	N/A	32.63	N/A	N/A	N/A	N/A
% Stays Maternal Delivery Indicator	N/A	N/A	N/A	N/A	N/A	15.06	N/A	N/A	N/A	N/A
% Stays Newborn Delivery Indicator (Only for Separate Infant Delivery Stays Using Mother's ID)	N/A	N/A	N/A	N/A	N/A	13.86	N/A	N/A	N/A	N/A
PATIENT STATUS										
% Home	N/A	N/A	N/A	N/A	N/A	31.73	N/A	N/A	N/A	N/A
% Transferred	N/A	N/A	N/A	N/A	N/A	0.79	N/A	N/A	N/A	N/A
% Still a Patient	N/A	N/A	N/A	N/A	N/A	0.08	N/A	N/A	N/A	N/A
% Died	N/A	N/A	N/A	N/A	N/A	0.02	N/A	N/A	N/A	N/A

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2007-2009 MAX LT VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
All LT Claims										
Total Number of LT MSIS Quarters	N/A	7	N/A	7	N/A	7	N/A	N/A	N/A	N/A
Total Number of Claims	N/A	101,574	N/A	90,965	N/A	87,706	N/A	-10.40	-3.58	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
% Claims with NPI (Not 0/8/9-filled)	95-100	N/A	N/A	N/A	N/A	6.07	No	N/A	N/A	N/A
% Claims with NPI = Billing Provider ID (for claims with NPI)	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Claims with Provider Taxonomy (Not 0/8/9-filled)	95-100	N/A	N/A	N/A	N/A	6.07	No	N/A	N/A	N/A
Total FFS Claims	N/A	101,574	N/A	90,965	N/A	87,706	N/A	-10.40	-3.58	Yes
% Crossover	5-20	0.30	No	0.18	No	0.17	No	-38.90	-8.63	Yes
% Adjusted Claims	> 1%	23.03	Yes	48.68	Yes	53.06	Yes	111.40	9.00	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$4,865	N/A	\$4,552	N/A	\$4,813	N/A	-6.44	5.73	Yes
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	0	N/A	11	N/A	11	N/A	Div by 0	-42.90	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	Div by 0	N/A	\$3,365	N/A	\$3,451	N/A	Div by 0	2.56	Yes
# Claims with > \$200,000 Paid	0	0	Yes	0	Yes	0	Yes	Div by 0	Div by 0	N/A
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	\$0	Yes	\$0	Yes	\$0	Yes	Div by 0	Div by 0	N/A
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	101,267	N/A	90,797	N/A	87,558	N/A	-10.30	-3.57	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	\$205	No	\$209	No	\$207	No	2.06	-1.08	Yes
ICF/MR (MAX TOS = 05)	N/A	\$592	N/A	\$663	N/A	\$771	N/A	12.03	16.24	Yes
MH Aged (MAX TOS = 02)	N/A	\$473	N/A	\$332	N/A	\$378	N/A	-29.70	13.76	Yes
IP Psych, Age < 21 (MAX TOS = 04)	N/A	\$815	N/A	\$720	N/A	\$622	N/A	-11.70	-13.50	Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99	98.62	Yes	98.67	Yes	98.88	Yes	0.04	0.21	Yes
% NF claims with NF Covered Days	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	27	N/A	28	N/A	-0.92	1.28	Yes
% ICF/MR (MAX TOS = 05)	>0-20	0.58	Yes	0.55	Yes	0.56	Yes	-4.67	2.04	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	28	N/A	29	N/A	-2.28	1.24	Yes
% MH Aged (MAX TOS = 02)	>0-10	0.21	Yes	0.20	Yes	0.17	Yes	-2.34	-16.10	Yes
% MH Aged claims with MH Aged Covered Days	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Avg days for MH Aged claims with Covered Days	N/A	6	N/A	5	N/A	4	N/A	-13.30	-12.80	Yes
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5	0.59	Yes	0.58	Yes	0.39	Yes	-2.02	-32.60	No
% 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	19	N/A	19	N/A	21	N/A	2.57	7.14	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
ADMISSION DATE										
% Claims with Admission Date	95-100	98.86	Yes	97.67	Yes	97.55	Yes	-1.20	-0.13	Yes
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	25.10	Yes	23.82	Yes	24.24	Yes	-5.11	1.76	Yes

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2007-2009 MAX LT VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
% Primary Diagnosis Code Claims with Length = 4	15-75	48.06	Yes	47.35	Yes	45.68	Yes	-1.48	-3.52	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	26.84	Yes	28.83	Yes	30.08	Yes	7.42	4.33	Yes
PATIENT STATUS										
% Claims with Patient Status	95-100	99.79	Yes	99.78	Yes	99.83	Yes	-0.01	0.05	Yes
% Home	1-5	1.03	Yes	1.12	Yes	1.07	Yes	8.12	-4.58	Yes
% Still a Patient	8-98	92.42	Yes	92.86	Yes	93.02	Yes	0.48	0.17	Yes
% Died	>0-5	0.45	Yes	0.37	Yes	0.32	Yes	-19.20	-11.30	Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	307	N/A	168	N/A	148	N/A	-45.30	-11.90	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	\$506	N/A	\$927	N/A	\$983	N/A	82.93	6.11	Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99	70.68	No	64.88	No	52.70	No	-8.21	-18.80	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	16.94	No	33.93	No	44.59	No	100.30	31.44	No
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5	12.38	No	1.19	Yes	2.70	Yes	-90.40	127.00	No
ADMISSION DATE										
% Claims with Admission Date	95-100	45.93	No	41.67	No	55.41	No	-9.28	32.97	No
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	4.23	No	4.17	No	2.70	No	-1.60	-35.10	No
% Primary Diagnosis Code Claims with Length = 4	15-75	31.92	Yes	25.60	Yes	25.00	Yes	-19.80	-2.33	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	63.84	Yes	70.24	No	72.30	No	10.02	2.93	Yes
PATIENT STATUS										
% Claims with Patient Status	95-100	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% 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	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Died	>0-5	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
Encounter Claims (Type of Claim=3)										
Total Number of Claims	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A
% Aged	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Disabled	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Child	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Adult	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Claims with > 0 Prepaid Plan Value	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
TYPE OF SERVICE										
% NF (MAX TOS = 07)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% NF claims with NF Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
Avg days for NF claims with Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% ICF/MR (MAX TOS = 05)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% ICF/MR claims with ICF/MR Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
Avg days for ICF/MR claims with Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% MH Aged (MAX TOS = 02)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% MH Aged claims with MH Aged Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
Avg days for MH Aged claims with Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% IP Psych, Age < 21 (MAX TOS = 04)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A

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2007-2009 MAX LT VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
% IP Psych, Age < 21 Claims with IP Psych Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
Avg days for IP Psych, Age < 21 Claims with Covered Days > 0	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
LEAVE DAYS										
% Claims with Leave Days	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
ADMISSION DATE										
% Claims with Admission Date	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
PATIENT STATUS										
% Claims with Patient Status	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Home	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Still a Patient	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% Died	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A

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2007-2009 MAX OT VALIDATION TABLE
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Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
All OT Claims										
Total Number of OT MSIS Quarters	N/A	7	N/A	7	N/A	7	N/A	N/A	N/A	N/A
Total Number of Claims	N/A	5,999,072	N/A	6,012,856	N/A	6,361,466	N/A	0.23	5.80	Yes
% Encounter Claims	N/A	29.76	N/A	30.35	N/A	32.86	N/A	2.01	8.24	Yes
% Supplemental Claims	N/A	0.07	N/A	0.07	N/A	0.06	N/A	-9.96	-7.14	Yes
% Capitation Claims **	N/A	21.38	N/A	20.65	N/A	20.16	N/A	-3.40	-2.37	Yes
% Claims with NPI (Not 0/8/9-filled, Excluding Capitation Claims)	95-100	N/A	N/A	N/A	N/A	1.53	No	N/A	N/A	N/A
% Claims with NPI = Servicing Provider ID (for claims with NPI)	N/A	N/A	N/A	N/A	N/A	99.99	N/A	N/A	N/A	N/A
% Claims with NPI = Billing Provider ID (for claims with NPI)	N/A	N/A	N/A	N/A	N/A	71.40	N/A	N/A	N/A	N/A
% Claims with Provider Taxonomy (Not 0/8/9-filled, Excluding Capitation Claims)	95-100	N/A	N/A	N/A	N/A	1.48	No	N/A	N/A	N/A
Total FFS Claims	N/A	2,926,950	N/A	2,941,830	N/A	2,984,786	N/A	0.51	1.46	Yes
% Crossover	5-20	6.79	Yes	6.34	Yes	6.24	Yes	-6.61	-1.57	Yes
% Adjusted Claims	>1%	1.92	Yes	8.67	Yes	5.83	Yes	350.30	-32.70	No
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$1,243	N/A	\$270	N/A	\$185	N/A	-78.30	-31.60	No
% Claims with HMO Capitation Payment	N/A	30.47	N/A	29.68	N/A	30.06	N/A	-2.58	1.26	Yes
% 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	\$228	Yes	\$251	Yes	\$266	Yes	9.92	5.98	Yes
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	132	N/A	553	N/A	99	N/A	318.9	-82.10	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	\$196	N/A	\$176	N/A	\$238	N/A	-10.50	35.47	No
# Claims with > \$200,000 Paid	0	0	Yes	0	Yes	0	Yes	Div by 0	Div by 0	N/A
# HMO or PACE Capitation Claims	N/A	N/A	N/A	N/A	N/A	1,282,635	N/A	N/A	N/A	N/A
% with HMO or PACE Enrollment	N/A	N/A	N/A	N/A	N/A	98.06	N/A	N/A	N/A	N/A
% with PHP Enrollment	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
% with PCCM Enrollment	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
% with Unknown Enrollment	N/A	N/A	N/A	N/A	N/A	1.94	N/A	N/A	N/A	N/A
# PHP Capitation Claims	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A
% with Dental PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with BHO PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with Prenatal PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with LTC PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with Other PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with HMO or PACE Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with PCCM Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with Unknown Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
# PCCM Capitation Claims	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A
% with PCCM Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with HMO or PACE Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
% with Unknown Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A
# Encounter Claims	N/A	1,785,056	N/A	1,825,192	N/A	2,090,118	N/A	2.25	14.51	Yes
% Encounter Claims for HMO or PACE	N/A	80.30	N/A	80.26	N/A	83.53	N/A	-0.05	4.07	Yes
% Encounter Claims for PHP	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A

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FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	2,728,152	N/A	2,755,223	N/A	2,798,418	N/A	0.99	1.57	Yes
% 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	17.91	N/A	17.62	N/A	16.61	N/A	-1.65	-5.69	Yes
% Outpatient Claims with Span Bill	N/A	12.54	N/A	11.66	N/A	12.27	N/A	-6.96	5.21	Yes
% Home Health Claims with Span Bill	N/A	62.42	N/A	62.14	N/A	66.48	N/A	-0.45	6.99	Yes
% Other Claims with Span Bill	N/A	14.94	N/A	14.84	N/A	14.12	N/A	-0.62	-4.89	Yes
% Waiver Claims (PGM TYPE = 6,7) with Span Bill	N/A	57.98	N/A	56.07	N/A	58.75	N/A	-3.30	4.78	Yes
% CLTC Claims (Excluding CLTC Flag = 16-20) with Span Bill	N/A	64.71	N/A	62.82	N/A	65.46	N/A	-2.92	4.20	Yes
% Claims with Servicing Provider ID = Billing Provider ID	N/A	39.03	N/A	2.40	N/A	3.84	N/A	-93.80	59.91	No
PLACE OF SERVICE										
% Claims with Place of Service	>95	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with Place of Service = Office (PLC OF SVC CD = 11)	50-90	44.47	No	44.39	No	47.36	No	-0.19	6.71	Yes
% Claims with Place of Service = Home (PLC OF SVC CD = 12)	>0-5	15.74	No	16.79	No	16.70	No	6.66	-0.52	Yes
% Claims with Place of Service = Hospital (PLC OF SVC CD = 21)	>0-5	3.65	Yes	3.02	Yes	2.13	Yes	-17.30	-29.40	Yes
% Claims with Place of Service = Nursing Facility (PLC OF SVC CD = 32)	>0-5	0.96	Yes	0.90	Yes	0.82	Yes	-6.57	-8.35	Yes
% Claims with Place of Service = Inpatient Psychiatric (PLC OF SVC CD = 51)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-0.98	-1.54	Yes
% Claims with Place of Service = ICF/MR (PLC OF SVC CD = 54)	N/A	0.11	N/A	0.12	N/A	0.11	N/A	12.54	-6.12	Yes
% Claims with Place of Service = Psychiatric Residential (PLC OF SVC CD = 56)	N/A	0.34	N/A	0.40	N/A	0.35	N/A	18.25	-12.70	Yes
% Claims with Place of Service = Emergency Room (PLC OF SVC CD = 23)	1-10	2.47	Yes	1.87	Yes	1.17	Yes	-24.20	-37.30	No
% Claims with Place of Service = Outpatient (PLC OF SVC CD = 22)	>0-10	8.00	Yes	6.70	Yes	4.74	Yes	-16.30	-29.30	Yes
% Claims with Place of Service = Unknown/Other (PLC OF SVC CD = 99)	<5	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
THIRD-PARTY LIABILITY										
% Claims with TPL	>0 - 15	0.62	Yes	0.84	Yes	1.13	Yes	35.68	34.96	No
Avg TPL Paid for Claims with TPL	N/A	\$95	N/A	\$94	N/A	\$89	N/A	-1.32	-4.88	Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE										
Physician Services (MAX TOS = 08)	10-35	8.92	No	7.22	No	4.85	No	-19.00	-32.80	No
Dental Services (MAX TOS = 09)	2-20	11.58	Yes	11.07	Yes	11.35	Yes	-4.38	2.51	Yes
Other Practitioner Services (MAX TOS = 10)	0.5-8	1.01	Yes	0.87	Yes	0.68	Yes	-14.30	-21.80	Yes
Outpatient Services (MAX TOS = 11)	3-25	3.12	Yes	2.65	No	1.77	No	-14.90	-33.30	No
Clinic Services (MAX TOS = 12)	2-25	1.21	No	1.25	No	1.11	No	3.30	-10.90	Yes
Home Health Services (MAX TOS = 13)	>0-25	6.42	Yes	6.04	Yes	4.83	Yes	-5.98	-20.10	Yes
Lab/Xray Services (MAX TOS = 15)	4-20	8.44	Yes	6.32	Yes	4.13	Yes	-25.10	-34.70	No
Drugs (MAX TOS = 16)	<3	0.04	Yes	0.02	Yes	0.00	Yes	-42.90	-100.00	No
Other Services (MAX TOS = 19)	<25	15.25	Yes	14.66	Yes	15.49	Yes	-3.88	5.65	Yes
Durable Medical Equipment (MAX TOS = 51)	>3	4.60	Yes	4.14	Yes	3.44	Yes	-10.10	-16.90	Yes
Transportation Services (MAX TOS = 26)	>1	9.82	Yes	15.36	Yes	19.20	Yes	56.43	24.98	Yes
Sterilizations (MAX TOS = 24)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-31.90	-16.10	Yes
Abortions (MAX TOS = 25)	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-34.80	1.56	Yes
Personal Care Services (MAX TOS = 30)	>0	0.72	Yes	0.80	Yes	2.09	Yes	11.03	160.60	No
Targeted Case Management (MAX TOS = 31)	>0	2.54	Yes	2.87	Yes	3.04	Yes	13.30	5.72	Yes
Rehabilitation Services (MAX TOS = 33)	>0	3.09	Yes	4.14	Yes	4.84	Yes	33.81	17.16	Yes
PT/OT/Hearing/Speech Services (MAX TOS = 34)	>1	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
Hospice Services (MAX TOS = 35)	>0	0.22	Yes	0.24	Yes	0.26	Yes	7.04	7.85	Yes
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	0.00	N/A	0.00	N/A	0.00	N/A	197.10	-100.00	No

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Private Nursing Services (MAX TOS = 38)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
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	0.08	N/A	0.05	N/A	0.04	N/A	-38.20	-9.38	Yes
Psychiatric Services (MAX TOS = 53)	>1	21.77	Yes	21.09	Yes	21.75	Yes	-3.12	3.14	Yes
Adult Day Care (MAX TOS = 54)	>0	1.16	Yes	1.19	Yes	1.11	Yes	2.94	-6.75	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	\$200	N/A	\$189	N/A	\$171	N/A	-5.64	-9.67	Yes
Physician Services (MAX TOS = 08)	\$20-90	\$51	Yes	\$52	Yes	\$59	Yes	1.13	13.75	Yes
Dental Services (MAX TOS = 09)	\$10-60	\$42	Yes	\$42	Yes	\$43	Yes	1.05	2.57	Yes
Other Practitioner Services (MAX TOS = 10)	\$10-100	\$25	Yes	\$24	Yes	\$25	Yes	-1.42	1.65	Yes
Outpatient Services (MAX TOS = 11)	\$20-100	\$371	No	\$312	No	\$304	No	-16.00	-2.55	Yes
Clinic Services (MAX TOS = 12)	\$20-100	\$147	No	\$144	No	\$118	No	-1.77	-18.40	Yes
Home Health Services (MAX TOS = 13)	N/A	\$213	N/A	\$228	N/A	\$255	N/A	6.88	11.85	Yes
Lab/Xray Services (MAX TOS = 15)	10-60	\$59	Yes	\$54	Yes	\$55	Yes	-9.02	1.52	Yes
Drugs (MAX TOS = 16)	10-60	\$31	Yes	\$56	Yes	Div by 0	No	81.08	Div by 0	N/A
Other Services (MAX TOS = 19)	N/A	\$259	N/A	\$289	N/A	\$281	N/A	11.51	-2.96	Yes
Durable Medical Equipment (MAX TOS = 51)	N/A	\$122	N/A	\$117	N/A	\$105	N/A	-3.68	-10.40	Yes
Transportation Services (MAX TOS = 26)	N/A	\$36	N/A	\$31	N/A	\$32	N/A	-11.80	0.83	Yes
Personal Care Services (MAX TOS = 30)	N/A	\$112	N/A	\$115	N/A	\$190	N/A	2.90	65.39	No
Targeted Case Management (MAX TOS = 31)	N/A	\$100	N/A	\$97	N/A	\$69	N/A	-3.33	-28.30	Yes
Rehabilitation Services (MAX TOS = 33)	N/A	\$258	N/A	\$234	N/A	\$233	N/A	-9.33	-0.37	Yes
PT/OT/Hearing/Speech Services (MAX TOS = 34)	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
Hospice Services (MAX TOS = 35)	N/A	\$3,471	N/A	\$3,546	N/A	\$3,649	N/A	2.16	2.89	Yes
Residential Care Services (MAX TOS = 52)	N/A	\$4,261	N/A	\$3,743	N/A	\$2,439	N/A	-12.20	-34.80	No
Psychiatric Services (MAX TOS = 53)	N/A	\$343	N/A	\$309	N/A	\$225	N/A	-10.00	-27.20	Yes
Adult Day Care (MAX TOS = 54)	N/A	\$1,098	N/A	\$1,020	N/A	\$1,034	N/A	-7.13	1.37	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A	0.02	N/A	0.02	N/A	0.01	N/A	-11.90	-23.30	Yes
Rural Health Clinic (PGM TYPE = 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Federally Qualified Health Center (PGM TYPE = 4)	N/A	2.89	N/A	2.99	N/A	3.09	N/A	3.58	3.02	Yes
Indian Health Services (PGM TYPE = 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Home and Community Based Waiver (PGM TYPE = 6,7)	N/A	7.03	N/A	6.90	N/A	6.85	N/A	-1.80	-0.78	Yes
AVERAGE EXPENDITURES BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A	\$214	N/A	\$211	N/A	\$204	N/A	-1.23	-3.48	Yes
Rural Health Clinic (PGM 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	N/A
Federally Qualified Health Center (PGM TYPE = 4)	N/A	\$114	N/A	\$116	N/A	\$113	N/A	1.46	-2.71	Yes
Indian Health Services (PGM 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	N/A
Home and Community Based Waiver (PGM TYPE = 6,7)	N/A	\$182	N/A	\$193	N/A	\$214	N/A	5.67	11.00	Yes
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	>60	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	20.04	N/A	18.16	N/A	14.48	N/A	-9.38	-20.30	Yes
% Primary Diagnosis Code Claims with Length = 3	5-25	7.52	Yes	7.55	Yes	7.40	Yes	0.42	-1.93	Yes
% Primary Diagnosis Code Claims with Length = 4	40-70	61.20	Yes	61.40	Yes	62.36	Yes	0.32	1.56	Yes
% Primary Diagnosis Code Claims with Length = 5	20-55	31.28	Yes	31.05	Yes	30.24	Yes	-0.74	-2.61	Yes
% Claims with Procedure Code	>95	98.64	Yes	99.08	Yes	99.46	Yes	0.45	0.39	Yes

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Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
% 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
% Waiver Claims (PGM TYPE = 6,7) with Procedure Code	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% CLTC Claims (Excluding CLTC Flag = 16-20) with Procedure 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	99.85	Yes	99.88	Yes	99.94	Yes	0.03	0.06	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	29.87	N/A	25.09	N/A	20.14	N/A	-16.00	-19.70	Yes
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A	70.13	N/A	74.91	N/A	79.86	N/A	6.81	6.61	Yes
% with Procedure Code with Other National Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-17.90	-80.40	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	98.79	N/A	97.65	N/A	98.32	N/A	-1.15	0.69	Yes
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A	73.32	N/A	67.79	N/A	64.04	N/A	-7.54	-5.54	Yes
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A	19.65	N/A	25.30	N/A	29.11	N/A	28.77	15.06	Yes
CLTC Non-Waiver Personal Care (CLTC FLAG = 11)	N/A	0.00	N/A	0.00	N/A	0.04	N/A	Div by 0	Div by 0	N/A
CLTC Non-Waiver Private Duty Nurse (CLTC FLAG = 12)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Non-Waiver Adult Day Care (CLTC FLAG = 13)	N/A	1.16	N/A	1.19	N/A	1.11	N/A	2.93	-6.74	Yes
CLTC Non-Waiver Home Health (CLTC FLAG = 14)	N/A	0.66	N/A	0.51	N/A	0.50	N/A	-22.90	-2.78	Yes
CLTC Non-Waiver Residential Care (CLTC FLAG = 15)	N/A	0.08	N/A	0.05	N/A	0.04	N/A	-38.20	-9.38	Yes
CLTC Non-Waiver Rehabilitation (CLTC FLAG = 16)	N/A	2.38	N/A	3.01	N/A	3.32	N/A	26.74	10.02	Yes
CLTC Non-Waiver Targeted Case Management (CLTC FLAG = 17)	N/A	1.72	N/A	1.97	N/A	2.11	N/A	14.34	7.01	Yes
CLTC Non-Waiver Transportation (CLTC FLAG = 18)	N/A	9.69	N/A	15.12	N/A	19.03	N/A	55.97	25.87	Yes
CLTC Non-Waiver Hospice (CLTC FLAG = 19)	N/A	0.22	N/A	0.24	N/A	0.26	N/A	7.20	7.83	Yes
CLTC Non-Waiver Durable Medical Equipment (CLTC FLAG = 20)	N/A	3.73	N/A	3.21	N/A	2.71	N/A	-14.10	-15.60	Yes
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A	7.03	N/A	6.90	N/A	6.85	N/A	-1.80	-0.78	Yes
CLTC Other Waiver (CLTC FLAG = 30)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Personal Care (CLTC FLAG = 31)	N/A	0.72	N/A	0.80	N/A	2.05	N/A	11.03	155.60	No
CLTC Waiver Private Duty Nurse (CLTC FLAG = 32)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Adult Day Care (CLTC FLAG = 33)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Home Health (CLTC FLAG = 34)	N/A	5.76	N/A	5.53	N/A	4.33	N/A	-4.04	-21.60	Yes
CLTC Waiver Residential Care (CLTC FLAG = 35)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Rehabilitation (CLTC FLAG = 36)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Targeted Case Management (CLTC FLAG = 37)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Transportation (CLTC FLAG = 38)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Hospice (CLTC FLAG = 39)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Durable Medical Equipment (CLTC FLAG = 40)	N/A	0.54	N/A	0.57	N/A	0.46	N/A	4.87	-18.80	Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	198,798	N/A	186,607	N/A	186,368	N/A	-6.13	-0.13	Yes
% 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	\$33	N/A	\$38	N/A	\$37	N/A	15.17	-2.90	Yes
% Claims with Span Bill	N/A	12.44	N/A	10.67	N/A	10.41	N/A	-14.20	-2.48	Yes
% Outpatient Claims with Span Bill	N/A	9.63	N/A	10.30	N/A	10.07	N/A	6.98	-2.27	Yes
% Home Health Claims with Span Bill	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

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% Other Claims with Span Bill	N/A	14.23	N/A	10.93	N/A	10.66	N/A	-23.20	-2.49	Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22)										
Physician Services (MAX TOS = 08)	N/A	20.25	N/A	21.25	N/A	20.06	N/A	4.91	-5.61	Yes
Other Practitioner Services (MAX TOS = 10)	N/A	6.36	N/A	2.91	N/A	2.97	N/A	-54.30	2.20	Yes
Outpatient Services (MAX TOS = 11)	N/A	39.07	N/A	40.99	N/A	42.32	N/A	4.91	3.24	Yes
Clinic Services (MAX TOS = 12)	N/A	6.31	N/A	7.52	N/A	7.82	N/A	19.04	4.08	Yes
Home Health Services (MAX TOS = 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Lab/Xray Services (MAX TOS = 15)	N/A	0.02	N/A	0.03	N/A	0.09	N/A	85.57	211.50	No
Other Services (MAX TOS = 19)	N/A	21.82	N/A	20.02	N/A	20.24	N/A	-8.24	1.13	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	0.35	N/A	0.65	N/A	0.84	N/A	84.22	29.25	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	5.80	N/A	6.63	N/A	5.65	N/A	14.32	-14.80	Yes
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	54.76	N/A	56.27	N/A	56.71	N/A	2.77	0.78	Yes
% Primary Diagnosis Code Claims with Length = 3	5-25	8.41	Yes	9.07	Yes	8.99	Yes	7.82	-0.83	Yes
% Primary Diagnosis Code Claims with Length = 4	40-70	39.37	No	38.78	No	38.22	No	-1.52	-1.44	Yes
% Primary Diagnosis Code Claims with Length = 5	20-55	52.22	Yes	52.16	Yes	52.79	Yes	-0.12	1.22	Yes
% Claims with Procedure Code	>95	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Home Health 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
% Other Claims with Procedure Code	98-100	0.00	No	0.00	No	0.00	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
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A	94.22	N/A	93.25	N/A	94.02	N/A	-1.03	0.83	Yes
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A	5.78	N/A	6.75	N/A	5.98	N/A	16.73	-11.50	Yes
CLTC Non-Waiver Claims (CLTC Flag = 11-15)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Encounter Claims (Type of Claim=3)										
Total Number of Claims	N/A	N/A	N/A	N/A	N/A	2,090,118	N/A	N/A	N/A	N/A
% Aged	N/A	N/A	N/A	N/A	N/A	0.01	N/A	N/A	N/A	N/A
% Disabled	N/A	N/A	N/A	N/A	N/A	7.40	N/A	N/A	N/A	N/A
% Child	N/A	N/A	N/A	N/A	N/A	48.13	N/A	N/A	N/A	N/A
% Adult	N/A	N/A	N/A	N/A	N/A	40.62	N/A	N/A	N/A	N/A
% Claims with > \$0 Prepaid Plan Service Value	N/A	N/A	N/A	N/A	N/A	4.82	N/A	N/A	N/A	N/A
% Claims with Span Bill	N/A	N/A	N/A	N/A	N/A	0.97	N/A	N/A	N/A	N/A
% Outpatient Claims with Span Bill	N/A	N/A	N/A	N/A	N/A	7.33	N/A	N/A	N/A	N/A

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% Home Health Claims with Span Bill	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
% Other Claims with Span Bill	N/A	N/A	N/A	N/A	N/A	0.21	N/A	N/A	N/A	N/A
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22)										
Physician Services (MAX TOS = 08)	N/A	N/A	N/A	N/A	N/A	3.23	N/A	N/A	N/A	N/A
Dental Services (MAX TOS = 09)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Other Practitioner Services (MAX TOS = 10)	N/A	N/A	N/A	N/A	N/A	3.98	N/A	N/A	N/A	N/A
Outpatient Services (MAX TOS = 11)	N/A	N/A	N/A	N/A	N/A	10.68	N/A	N/A	N/A	N/A
Clinic Services (MAX TOS = 12)	N/A	N/A	N/A	N/A	N/A	11.91	N/A	N/A	N/A	N/A
Home Health Services (MAX TOS = 13)	N/A	N/A	N/A	N/A	N/A	0.96	N/A	N/A	N/A	N/A
Lab/Xray Services (MAX TOS = 15)	N/A	N/A	N/A	N/A	N/A	50.08	N/A	N/A	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Other Services (MAX TOS = 19)	N/A	N/A	N/A	N/A	N/A	1.21	N/A	N/A	N/A	N/A
Durable Medical Equipment (MAX TOS = 51)	N/A	N/A	N/A	N/A	N/A	1.93	N/A	N/A	N/A	N/A
Transportation Services (MAX TOS = 26)	N/A	N/A	N/A	N/A	N/A	0.64	N/A	N/A	N/A	N/A
Sterilizations (MAX TOS = 24)	N/A	N/A	N/A	N/A	N/A	0.01	N/A	N/A	N/A	N/A
Abortions (MAX TOS = 25)	N/A	N/A	N/A	N/A	N/A	0.01	N/A	N/A	N/A	N/A
Personal Care Services (MAX TOS = 30)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Targeted Case Management (MAX TOS = 31)	N/A	N/A	N/A	N/A	N/A	0.02	N/A	N/A	N/A	N/A
Rehabilitation Services (MAX TOS = 33)	N/A	N/A	N/A	N/A	N/A	1.95	N/A	N/A	N/A	N/A
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A	N/A	N/A	N/A	N/A	0.03	N/A	N/A	N/A	N/A
Hospice Services (MAX TOS = 35)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Nurse Midwife Services (MAX TOS = 36)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Nurse Practitioner Services (MAX TOS = 37)	N/A	N/A	N/A	N/A	N/A	0.06	N/A	N/A	N/A	N/A
Private Nursing Services (MAX TOS = 38)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Religious Non-Medical Services (MAX TOS = 39)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Residential Care Services (MAX TOS = 52)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Psychiatric Services (MAX TOS = 53)	N/A	N/A	N/A	N/A	N/A	13.29	N/A	N/A	N/A	N/A
Adult Day Care (MAX TOS = 54)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Unknown Services (MAX TOS = 99)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	N/A	N/A	N/A	N/A	5.50	N/A	N/A	N/A	N/A
% Claims with Procedure Code	N/A	N/A	N/A	N/A	N/A	83.67	N/A	N/A	N/A	N/A
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A	N/A	N/A	N/A	N/A	90.80	N/A	N/A	N/A	N/A
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A	N/A	N/A	N/A	N/A	91.32	N/A	N/A	N/A	N/A
% Other Claims with Procedure Code	N/A	N/A	N/A	N/A	N/A	84.93	N/A	N/A	N/A	N/A
% Claims with Procedure Code with CPT-4 Indicator	N/A	N/A	N/A	N/A	N/A	89.07	N/A	N/A	N/A	N/A
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A	N/A	N/A	N/A	N/A	10.90	N/A	N/A	N/A	N/A
% with Procedure Code with Other Code Indicator	N/A	N/A	N/A	N/A	N/A	0.03	N/A	N/A	N/A	N/A

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2007-2009 MAX RX VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
All RX Claims										
Total Number of RX MSIS Quarters	N/A	7	N/A	7	N/A	7	N/A	N/A	N/A	N/A
Total Number of Claims	N/A	2,091,829	N/A	1,874,029	N/A	1,754,406	N/A	-10.40	-6.38	Yes
% Encounter Claims	N/A	51.19	N/A	55.19	N/A	64.43	N/A	7.81	16.76	Yes
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with NPI (Not 0/8/9-filled)	95-100	N/A	N/A	N/A	N/A	0.05	No	N/A	N/A	N/A
% Claims with NPI = Billing Provider ID (for claims with NPI)	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Claims with Provider Taxonomy (Not 0/8/9-filled)	95-100	N/A	N/A	N/A	N/A	0.00	No	N/A	N/A	N/A
Total FFS Claims	N/A	1,021,031	N/A	839,835	N/A	623,995	N/A	-17.70	-25.70	Yes
% Adjusted Claims	N/A	0.30	N/A	0.34	N/A	0.36	N/A	13.50	5.51	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$116	N/A	\$135	N/A	\$123	N/A	16.66	-8.93	Yes
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A
# Claims with > \$200,000 Paid	0	0	Yes	0	Yes	0	Yes	Div by 0	Div by 0	N/A
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	N/A		N/A		N/A		N/A			Yes
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	N/A		N/A		N/A		N/A			Yes
FFS Claims (Type of Claim = 1)										
Total Number of Claims	N/A	1,021,031	N/A	839,835	N/A	623,995	N/A	-17.70	-25.70	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)	\$15-\$60	\$67	No	\$61	No	\$51	Yes	-9.01	-16.70	Yes
% Claims with TPL	>0-15	7.25	Yes	7.76	Yes	11.78	Yes	6.94	51.91	No
Avg TPL Paid for Claims with TPL	N/A	\$115	N/A	\$82	N/A	\$84	N/A	-28.40	2.29	Yes
% Family Planning Claims (PGM TYPE = 2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Drug Claims (MAX TOS = 16)	95-99	99.74	No	99.90	No	99.99	No	0.16	0.09	Yes
% Durable Medical Equipment Claims (MAX TOS = 51)	>0 - 6	0.26	Yes	0.10	Yes	0.01	Yes	-61.00	-88.60	No
% Drug Claims with Prescribing Physician	N/A	100.00	N/A	98.63	N/A	99.30	N/A	-1.37	0.68	Yes
% Drug Claims with Date Prescribed	>98	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Drug Claims with Quantity	>98	0.32	No	99.98	Yes	99.99	Yes	31,037.00	0.01	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 Medispan	98-100	99.30	Yes	99.40	Yes	99.12	Yes	0.10	-0.28	Yes
% Claims with Generic Therapeutic Class	98-100	99.59	Yes	99.74	Yes	99.81	Yes	0.15	0.07	Yes
% Claims with Specific Therapeutic Class	98-100	99.59	Yes	99.74	Yes	99.81	Yes	0.15	0.07	Yes
NDC CONFIGURATION INDICATOR										
% Prescription (NDC FMT IND = 0-3)	N/A	75.57	N/A	73.61	N/A	72.26	N/A	-2.59	-1.83	Yes
% Products (NDC FMT IND = 4-6)	N/A	23.97	N/A	26.08	N/A	27.50	N/A	8.83	5.43	Yes
% Health Related Item (NDC FMT IND = 7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-68.80	128.80	No
% Claims with Clinical Formulation Identifier	N/A	99.59	N/A	99.74	N/A	99.81	N/A	0.15	0.07	Yes
% Claims with Ingredient List Identifier	N/A	99.59	N/A	99.74	N/A	99.81	N/A	0.15	0.07	Yes
% Claims with Hierarchical Specific Therapeutic Class Code Sequence Number	N/A	99.59	N/A	99.74	N/A	99.81	N/A	0.15	0.07	Yes
% Claims with Over-the-Counter Drug Class	N/A	13.75	N/A	16.17	N/A	19.72	N/A	17.62	21.90	Yes
% Claims with Prescription Drug Class	N/A	85.84	N/A	83.57	N/A	80.09	N/A	-2.65	-4.16	Yes
% Claims with Multiple Sources	N/A	67.90	N/A	72.25	N/A	75.95	N/A	6.42	5.13	Yes
% Claims with Single Source (No Generic)	N/A	27.76	N/A	22.29	N/A	18.04	N/A	-19.70	-19.10	Yes

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2007-2009 MAX RX VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Within Expected Range
Encounter Claims (Type of Claim=3)										
Total Number of Claims	N/A	N/A	N/A	N/A	N/A	1,130,411	N/A	N/A	N/A	N/A
% Aged	N/A	N/A	N/A	N/A	N/A	0.03	N/A	N/A	N/A	N/A
% Disabled	N/A	N/A	N/A	N/A	N/A	7.93	N/A	N/A	N/A	N/A
% Child	N/A	N/A	N/A	N/A	N/A	39.05	N/A	N/A	N/A	N/A
% Adult	N/A	N/A	N/A	N/A	N/A	49.78	N/A	N/A	N/A	N/A
% Claims with > 0 Prepaid Plan Service Value	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Family Planning Claims (PGM TYPE = 2)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
% Drug Claims (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Durable Medical Equipment Claims (MAX TOS = 51)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
% Drug Claims with Prescribing Physician	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Drug Claims with Date Prescribed	N/A	N/A	N/A	N/A	N/A	99.99	N/A	N/A	N/A	N/A
% Drug Claims with Quantity	N/A	N/A	N/A	N/A	N/A	99.98	N/A	N/A	N/A	N/A
% Drug Claims with Days Supply	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
DRUG CLASSIFICATION										
% Claims with Medispan	N/A	N/A	N/A	N/A	N/A	99.51	N/A	N/A	N/A	N/A
% Claims with Generic Therapeutic Class	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Claims with Specific Therapeutic Class	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
NDC CONFIGURATION INDICATOR										
% Prescription (NDC FMT IND = 0-3)	N/A	N/A	N/A	N/A	N/A	64.74		N/A	N/A	N/A
% Products (NDC FMT IND = 4-6)	N/A	N/A	N/A	N/A	N/A	35.04	N/A	N/A	N/A	N/A
% Health Related Item (NDC FMT IND = 7)	N/A	N/A	N/A	N/A	N/A	0.19	N/A	N/A	N/A	N/A
% Claims with Clinical Formulation Identifier	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Claims with Ingredient List Identifier	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Claims with Hierarchical Specific Therapeutic Class Code Sequence Number	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% Claims with Over-the-Counter Drug Class	N/A	N/A	N/A	N/A	N/A	14.50	N/A	N/A	N/A	N/A
% Claims with Prescription Drug Class	N/A	N/A	N/A	N/A	N/A	85.50	N/A	N/A	N/A	N/A
% Claims with Multiple Sources	N/A	N/A	N/A	N/A	N/A	80.37	N/A	N/A	N/A	N/A
% Claims with Single Source (No Generic)	N/A	N/A	N/A	N/A	N/A	16.71	N/A	N/A	N/A	N/A

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
All Records											
Total Number of EL MSIS Quarters	N/A	7	N/A	7	N/A	7	N/A	N/A	N/A	N/A	N/A
Total Number of Records	N/A	222,340	N/A	218,104	N/A	228,085	N/A	-1.91	4.58	30% (+/-)	Yes
Total Medicaid Paid	N/A	\$1,674,023,788	N/A	\$1,578,567,131	N/A	\$1,516,711,991	N/A	-5.70	-3.92	30% (+/-)	Yes
% with No Claims (RCPNT IND = 0)	N/A	5.84	N/A	6.02	N/A	10.46	N/A	3.01	73.94	N/A	N/A
% with FFS Only Claims (RCPNT IND = 1)	N/A	25.80	N/A	25.80	N/A	24.42	N/A	0.00	-5.37	N/A	N/A
% with Only Capitation Claims (RCPNT IND = 2)	N/A	6.39	N/A	6.02	N/A	5.42	N/A	-5.80	-9.97	N/A	N/A
% with Only Encounter Claims (RCPNT IND = 3)	N/A	2.33	N/A	2.34	N/A	1.36	N/A	0.58	-42.00	N/A	N/A
% with FFS and Capitation Claims (RCPNT IND = 4)	N/A	2.65	N/A	2.70	N/A	2.05	N/A	1.93	-24.00	N/A	N/A
% with Capitation and Encounter Claims Only (RCPNT IND = 5)	N/A	27.37	N/A	27.53	N/A	26.84	N/A	0.56	-2.49	N/A	N/A
% with FFS and Encounter Claims Only (RCPNT IND = 6)	N/A	0.13	N/A	0.12	N/A	0.13	N/A	-3.39	6.17	N/A	N/A
% with FFS, Capitation, and Encounter Claims (RCPNT IND = 7)	N/A	29.49	N/A	29.47	N/A	29.32	N/A	-0.06	-0.53	N/A	N/A
# with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	4,391	N/A	4,626	N/A	2,402	N/A	5.35	-48.10	N/A	N/A
% with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	<2%	1.97	Yes	2.12	No	1.05	Yes	7.40	-50.30	N/A	N/A
Total Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	\$25,954	N/A	\$130,313	N/A	\$38,770	N/A	402.10	-70.20	N/A	N/A
Avg Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	\$6	N/A	\$28	N/A	\$16	N/A	376.60	-42.70	N/A	N/A
# with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	15	N/A	75	N/A	7	N/A	400.00	-90.70	N/A	N/A
% with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	0.01	N/A	0.03	N/A	0.00	N/A	409.70	-91.10	N/A	N/A
Total Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	\$847	N/A	\$69,394	N/A	\$16,813	N/A	8,093.00	-75.80	N/A	N/A
Avg Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	\$56	N/A	\$925	N/A	\$2,402	N/A	1,539.00	159.60	N/A	N/A
S-CHIP ENROLLMENT											
# with ONLY S-CHIP Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
% with ONLY S-CHIP Enrollment	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 ANY S-CHIP Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
% with ANY S-CHIP Enrollment	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 Person-Years of Enrollment with ANY S-CHIP Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Total Medicaid Enrollees (excludes people with missing Medicaid eligibility information or S-CHIP only)											
Total Medicaid Enrollees	N/A	217,949	N/A	213,478	N/A	225,683	N/A	-2.05	5.72	30% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	183,716	N/A	177,709	N/A	185,213	N/A	-3.27	4.22	10% (+/-)	Yes
# with Any M-CHIP Enrollment	N/A	43,295	N/A	40,558	N/A	38,803	N/A	-6.32	-4.33	N/A	N/A
# Child (Age < 19 Years)	N/A	N/A	N/A	15,959	N/A	15,030	N/A	N/A	-5.82	N/A	N/A
# Adult (Age > 18 Years)	N/A	N/A	N/A	24,599	N/A	23,773	N/A	N/A	-3.36	N/A	N/A
% with ANY M-CHIP Enrollment	N/A	N/A	N/A	19.00	N/A	17.19	N/A	N/A	-9.50	N/A	N/A
Total Person-Years of Enrollment Any M-CHIP	N/A	25,493	N/A	23,595	N/A	22,001	N/A	-7.45	-6.76	N/A	N/A
Demographic Characteristics											
% Records with Valid SSN Format	>=95%	98.84	Yes	98.98	Yes	98.72	Yes	0.14	-0.27	10% (+/-)	Yes
% Records Whose MSIS SSN Passed High Group Test (HGT FLAG = 1)	>95%	98.81	Yes	98.96	Yes	98.68	Yes	0.15	-0.28	10% (+/-)	Yes
% Records Whose MSIS SSN Failed High Group Test Due to Invalid AAA (HGT FLAG = 2)	N/A	0.00	N/A	0.00	N/A	0.01	N/A	-10.70	156.70	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to GG = 00 (HGT FLAG = 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
% Records Whose MSIS SSN Failed High Group Test Due to SSSS = 0000 (HGT FLAG = 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
% Records Whose MSIS SSN Failed High Group Test Due to GG Not Yet Issued (HGT FLAG = 5)	N/A	0.03	N/A	0.02	N/A	0.03	N/A	-35.00	53.15	N/A	N/A

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
% Records Whose MSIS SSN Failed High Group Test Due to Railroad Retirement Number with Invalid DOB (HGT FLAG = 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
# Records Without Valid SSN	N/A	2,595	N/A	2,226	N/A	2,986	N/A	-14.20	34.14	N/A	N/A
% Records Without Valid SSN	<5%	1.19	Yes	1.04	Yes	1.32	Yes	-12.40	26.89	N/A	N/A
% for Children Under Age 21	N/A	92.52	N/A	91.33	N/A	79.87	N/A	-1.29	-12.50	N/A	N/A
% for Infants Under Age 1	N/A	41.58	N/A	34.37	N/A	23.78	N/A	-17.30	-30.80	N/A	N/A
% Ever Aliens Eligible for Only Emergency Services	N/A	5.20	N/A	6.87	N/A	5.46	N/A	32.12	-20.60	N/A	N/A
% Ever Eligible for Only Family Planning Services	N/A	N/A	N/A	0.09	N/A	0.00	N/A	N/A	-100.00	N/A	N/A
# SSNs with More Than One MSIS ID	0	0	Yes	0	Yes	1,243	No	Div by 0	Div by 0	N/A	N/A
% Records with Duplicated SSNs	<10%	0.00	Yes	0.00	Yes	1.10	Yes	Div by 0	Div by 0	N/A	N/A
% for Children Under Age 21	N/A	Div by 0	N/A	Div by 0	N/A	3.66	N/A	Div by 0	Div by 0	N/A	N/A
% for Infants Under Age 1	N/A	Div by 0	N/A	Div by 0	N/A	0.12	N/A	Div by 0	Div by 0	N/A	N/A
% Ever Aliens Eligible for Only Emergency Services	N/A	Div by 0	N/A	Div by 0	N/A	0.12	N/A	Div by 0	Div by 0	N/A	N/A
% Ever Eligible for Only Family Planning Services	N/A	N/A	N/A	Div by 0	N/A	1.05	N/A	N/A	Div by 0	N/A	N/A
% with External SSN from EDB (EXT SSN SRCE = 1)	N/A	20.03	N/A	20.34	N/A	21.36	N/A	1.55	5.00	10% (+/-)	Yes
% with External SSN from State-Provided Cross-Reference File (EXT SSN SRCE = 2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	10% (+/-)	N/A
% with County Code	>=98%	91.26	No	92.57	No	98.78	Yes	1.44	6.70	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	0.00	10% (+/-)	Yes
% White	N/A	36.68	N/A	36.72	N/A	36.60	N/A	0.09	-0.33	10% (+/-)	Yes
% Black	N/A	7.70	N/A	7.70	N/A	7.25	N/A	-0.03	-5.93	10% (+/-)	Yes
% Native American/Alaskan Native	N/A	0.29	N/A	0.32	N/A	0.32	N/A	9.68	1.27	10% (+/-)	Yes
% Asian	N/A	1.82	N/A	1.76	N/A	1.75	N/A	-3.42	-0.71	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%	53.50	No	53.50	No	54.09	No	0.01	1.10	10% (+/-)	Yes
% Hispanic/Latino (Included with Race Categories Prior to 2005)	N/A	17.74	N/A	17.57	N/A	16.34	N/A	-0.93	-6.99	10% (+/-)	Yes
% of Hispanic/Latino with Unknown Race	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	10% (+/-)	Yes
% Age 0	2-8%	3.13	Yes	3.08	Yes	2.93	Yes	-1.79	-4.70	10% (+/-)	Yes
% Age 1-5	N/A	N/A	N/A	14.14	N/A	14.62	N/A	N/A	3.38	10% (+/-)	Yes
% Age 6-18	N/A	N/A	N/A	30.03	N/A	28.74	N/A	N/A	-4.30	10% (+/-)	Yes
% Age 19-20	N/A	N/A	N/A	2.84	N/A	2.75	N/A	N/A	-3.27	10% (+/-)	Yes
% Age 21-44	N/A	N/A	N/A	25.55	N/A	25.14	N/A	N/A	-1.61	10% (+/-)	Yes
% Age 45-64	N/A	N/A	N/A	12.94	N/A	13.21	N/A	N/A	2.06	10% (+/-)	Yes
% Age 65-74	N/A	N/A	N/A	4.13	N/A	4.05	N/A	N/A	-2.06	10% (+/-)	Yes
% Age 75-84	N/A	N/A	N/A	3.89	N/A	4.09	N/A	N/A	5.22	10% (+/-)	Yes
% Age 85+	N/A	N/A	N/A	3.40	N/A	4.48	N/A	N/A	31.79	10% (+/-)	No
# Age 0-18, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	104,326	N/A	N/A	N/A	10% (+/-)	N/A
# Age 19-20, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	6,187	N/A	N/A	N/A	10% (+/-)	N/A
# Age 21-64, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	84,513	N/A	N/A	N/A	10% (+/-)	N/A
# Age 65+, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	20,934	N/A	N/A	N/A	10% (+/-)	N/A
% with Century of Birth '18' , '19' , '20'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% with Gender 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
% Female	N/A	N/A	N/A	58.32	N/A	57.97	N/A	N/A	-0.61	10% (+/-)	Yes
% Male	N/A	N/A	N/A	41.68	N/A	42.03	N/A	N/A	0.85	10% (+/-)	Yes
% Enrollees with 12 Months Enrollment	40-70%	66.82	Yes	60.28	Yes	58.29	Yes	-9.78	-3.29	10% (+/-)	Yes
% Aged Enrollees with 12 Months Enrollment	N/A	72.45	N/A	71.47	N/A	58.76	N/A	-1.35	-17.80	N/A	N/A

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
% Disabled Enrollees with 12 Months Enrollment	N/A	83.58	N/A	81.88	N/A	81.33	N/A	-2.03	-0.68	N/A	N/A
% Child Enrollees with 12 Months Enrollment	N/A	63.59	N/A	55.42	N/A	54.91	N/A	-12.80	-0.93	N/A	N/A
% Adult Enrollees with 12 Months Enrollment	N/A	56.80	N/A	46.54	N/A	45.59	N/A	-18.10	-2.04	N/A	N/A
# with 0 Days but Positive Months of Enrollment	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	N/A	N/A
% Enrollees with MSIS Date of Death During Year	N/A	1.52	N/A	1.55	N/A	1.40	N/A	1.54	-9.16	N/A	N/A
% Enrollees with SSA Date of Death During Year	N/A	1.45	N/A	1.49	N/A	1.45	N/A	2.32	-2.57	N/A	N/A
% Enrollees with MSIS, SSA, or EDB Date of Death During Year	N/A	1.62	N/A	1.63	N/A	1.58	N/A	1.08	-2.99	N/A	N/A
# with MSIS Date of Death ≠ SSA Date of Death	N/A	797	N/A	742	N/A	2,100	N/A	-6.90	183.00	N/A	N/A
# with MSIS Date of Death Prior to MAX CY	0	0	Yes	0	Yes	0	Yes	Div by 0	Div by 0	N/A	N/A
# with SSA Date of Death Prior to MAX CY	0	51	No	35	No	1,239	No	-31.40	3,440.00	N/A	N/A
% with SSA Death Prior to MAX CY Who Have \$0 Medicaid Paid	N/A	N/A	N/A	74.29	N/A	96.21	N/A	N/A	29.51	N/A	N/A
EDB Dual Eligibles											
Total EDB Duals (Duals Confirmed by EDB)	N/A	40,199	N/A	40,375	N/A	43,277	N/A	0.44	7.19	10% (+/-)	Yes
Total EDB Dual Person-Years of Enrollment	N/A	35,896	N/A	36,080	N/A	37,466	N/A	0.51	3.84	15% (+/-)	Yes
% Age > 64 Years Who Are EDB Duals	>=90%	94.35	Yes	95.36	Yes	88.84	No	1.07	-6.84	10% (+/-)	Yes
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are EDB Duals	>=90%	94.30	Yes	95.41	Yes	87.78	No	1.18	-8.00	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are EDB Duals	30-55%	42.81	Yes	43.42	Yes	43.05	Yes	1.42	-0.84	10% (+/-)	Yes
% EDB Dual Not Reported in MSIS (EDB DUAL = 50)	<5%	1.32	Yes	0.71	Yes	4.94	Yes	-45.90	592.90	N/A	N/A
% EDB QMB Only (EDB DUAL = 51)	N/A	1.80	N/A	1.87	N/A	1.83	N/A	4.25	-2.52	N/A	N/A
% EDB QMB Plus (EDB DUAL = 52)	N/A	52.98	N/A	53.29	N/A	49.53	N/A	0.59	-7.05	N/A	N/A
% EDB SLMB Only (EDB DUAL = 53)	N/A	6.76	N/A	6.92	N/A	6.88	N/A	2.46	-0.66	N/A	N/A
% EDB SLMB Plus (EDB DUAL = 54)	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 QDWI (EDB DUAL = 55)	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 QI-1 (EDB DUAL = 56)	N/A	4.55	N/A	4.78	N/A	4.76	N/A	5.06	-0.52	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	32.59	N/A	32.42	N/A	32.06	N/A	-0.53	-1.09	N/A	N/A
% EDB Dual Type Unknown (EDB DUAL = 59)	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	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
% EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	86.89	N/A	86.42	N/A	86.54	N/A	-0.53	0.14	N/A	N/A
% EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	13.10	N/A	13.58	N/A	13.46	N/A	3.61	-0.87	N/A	N/A
Total Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	N/A	375	N/A	340	N/A	767	N/A	-9.33	125.60	10% (+/-)	No
% 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	1.87	N/A	3.53	N/A	5.22	N/A	89.08	47.76	10% (+/-)	No
% EDB Duals with Spanish Language	N/A	4.72	N/A	5.13	N/A	5.27	N/A	8.70	2.80	15% (+/-)	Yes
% EDB Duals - Female	N/A	N/A	N/A	63.95	N/A	64.17	N/A	N/A	0.36	10% (+/-)	Yes
% EDB Duals - Male	N/A	N/A	N/A	36.05	N/A	35.83	N/A	N/A	-0.63	10% (+/-)	Yes
% EDB Duals with EDB Date of Death During Year	5-10%	7.43	Yes	7.46	Yes	6.90	Yes	0.36	-7.39	15% (+/-)	Yes
% EDB Duals with MSIS Date of Death During Year	5-10%	7.06	Yes	7.15	Yes	6.30	Yes	1.21	-11.80	15% (+/-)	Yes
% EDB Duals with SSA Date of Death During Year	5-10%	6.87	Yes	6.94	Yes	6.44	Yes	1.08	-7.24	15% (+/-)	Yes
% EDB Duals with EDB, MSIS, or SSA Date of Death During Year	5-10%	7.44	Yes	7.47	Yes	6.91	Yes	0.43	-7.48	15% (+/-)	Yes
# EDB Duals with EDB Date of Death ≠ MSIS Date of Death	N/A	386	N/A	342	N/A	459	N/A	-11.40	34.21	10% (+/-)	No
# EDB Duals with EDB Date of Death ≠ SSA Date of Death	N/A	296	N/A	256	N/A	232	N/A	-13.50	-9.38	10% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC	N/A	98.30	N/A	98.93	N/A	94.53	N/A	0.65	-4.46	15% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC = Medicare HIC	N/A	93.44	N/A	93.04	N/A	92.04	N/A	-0.43	-1.07	15% (+/-)	Yes
Total EDB Dual Enrollees in June	N/A	37,968	N/A	38,080	N/A	41,212	N/A	0.30	8.23	10% (+/-)	Yes
JUNE MEDICARE ELIGIBILITY GROUP											
June % with Part A Medicare only	N/A	3.39	N/A	3.13	N/A	3.25	N/A	-7.65	3.72	15% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
June % with Part B Medicare only	N/A	6.27	N/A	6.23	N/A	5.92	N/A	-0.63	-5.07	15% (+/-)	Yes
June % Part A/B Medicare	N/A	90.34	N/A	90.64	N/A	90.84	N/A	0.33	0.22	15% (+/-)	Yes
ORIGINAL REASON FOR MEDICARE ENTITLEMENT											
% Aged (MDCR ORIG REAS CD = 0)	N/A	46.90	N/A	46.04	N/A	46.63	N/A	-1.83	1.27	15% (+/-)	Yes
% Disabled (MDCR ORIG REAS CD = 1)	N/A	52.49	N/A	53.37	N/A	52.79	N/A	1.68	-1.09	15% (+/-)	Yes
% End Stage Renal Disease (MDCR ORIG REAS CD = 2)	N/A	0.22	N/A	0.22	N/A	0.24	N/A	-2.65	9.20	15% (+/-)	Yes
% Disabled with End Stage Renal Disease (MDCR ORIG REAS CD = 3)	N/A	0.39	N/A	0.37	N/A	0.34	N/A	-4.93	-6.08	15% (+/-)	Yes
Other Eligibility Characteristics (All Enrollees)											
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are > 64 Years	>=99%	99.99	Yes	99.99	Yes	100.00	Yes	0.00	0.01	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are > 64 Years	N/A	8.95	N/A	8.98	N/A	9.10	N/A	0.26	1.39	10% (+/-)	Yes
% Child Groups (MAX ELIG CD = 14,16, 24, 34, 44, 48, 54) Who Are < 21 Years	>=98%	99.89	Yes	99.88	Yes	99.84	Yes	-0.01	-0.04	10% (+/-)	Yes
% Adult Groups (MAX ELIG CD = 15,17,25,35,45,55) Who Are > 20 Years	>=80%	95.01	Yes	95.06	Yes	95.27	Yes	0.05	0.22	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%	99.99	No	99.87	No	100.00	Yes	-0.12	0.13	30% (+/-)	Yes
JUNE % MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55) with 1115 Waiver Enrollment (WVR TYPE = 1,5,6,A,F)	100%	99.98	No	98.09	No	100.00	Yes	-1.89	1.95	30% (+/-)	Yes
% 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	32.54	N/A	31.98	N/A	24.28	N/A	-1.73	-24.10	30% (+/-)	Yes
JUNE % 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	30.77	N/A	27.62	N/A	N/A	-10.20	30% (+/-)	Yes
Aged Total	N/A	20,620	N/A	20,206	N/A	24,304	N/A	-2.01	20.28	10% (+/-)	No
Aged, Cash (MAX ELIG CD = 11)	N/A	4,509	N/A	4,355	N/A	4,145	N/A	-3.42	-4.82	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	3,199	N/A	3,234	N/A	3,229	N/A	1.09	-0.16	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	3,882	N/A	3,891	N/A	3,917	N/A	0.23	0.67	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	9,030	N/A	8,726	N/A	8,826	N/A	-3.37	1.15	10% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	4,187	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled Total	N/A	44,502	N/A	44,553	N/A	45,173	N/A	0.11	1.39	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	32,741	N/A	31,912	N/A	32,287	N/A	-2.53	1.18	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	1,001	N/A	1,106	N/A	1,173	N/A	10.49	6.06	10% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	1,986	N/A	2,248	N/A	2,122	N/A	13.19	-5.60	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	8,774	N/A	9,287	N/A	9,591	N/A	5.85	3.27	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	98,599	N/A	96,244	N/A	100,125	N/A	-2.39	4.03	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	21,476	N/A	17,391	N/A	14,219	N/A	-19.00	-18.20	10% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	34,182	N/A	36,086	N/A	42,390	N/A	5.57	17.47	10% (+/-)	No
Other Child (MAX ELIG CD = 44)	N/A	9,495	N/A	10,715	N/A	9,571	N/A	12.85	-10.70	10% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	6,091	N/A	5,889	N/A	5,789	N/A	-3.32	-1.70	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	27,355	N/A	26,163	N/A	28,156	N/A	-4.36	7.62	10% (+/-)	Yes
Adult Total	N/A	54,228	N/A	52,475	N/A	56,081	N/A	-3.23	6.87	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	8,262	N/A	7,847	N/A	6,840	N/A	-5.02	-12.80	10% (+/-)	No
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	31	N/A	29	N/A	42	N/A	-6.45	44.83	10% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	1,427	N/A	1,448	N/A	1,995	N/A	1.47	37.78	10% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	23,616	N/A	23,172	N/A	25,640	N/A	-1.88	10.65	10% (+/-)	No

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1115 Adult (MAX ELIG CD = 55)	N/A	20,892	N/A	19,979	N/A	21,564	N/A	-4.37	7.93	10% (+/-)	Yes
Long-Term Care Enrollees											
INSTITUTIONAL STATUS											
# with Any ILTC FFS Claims (Includes NF, ICF/MR, Aged Mental Hospital, IP Psych Age < 21 years, MAX TOS = 02, 04, 05, 07)	N/A	10,461	N/A	10,003	N/A	9,723	N/A	-4.38	-2.80	30% (+/-)	Yes
% Enrollees with Any ILTC FFS Claims	N/A	4.80	N/A	4.69	N/A	4.31	N/A	-2.38	-8.06	30% (+/-)	Yes
% Aged Enrollees with Any ILTC FFS Claims	N/A	36.47	N/A	35.79	N/A	29.09	N/A	-1.86	-18.70	30% (+/-)	Yes
% Disabled Enrollees with Any ILTC FFS Claims	N/A	6.33	N/A	6.02	N/A	5.66	N/A	-5.04	-5.86	30% (+/-)	Yes
% Child Enrollees with Any ILTC FFS Claims	N/A	0.11	N/A	0.08	N/A	0.08	N/A	-23.60	3.42	30% (+/-)	Yes
% Adult Enrollees with Any ILTC FFS Claims	N/A	0.03	N/A	0.02	N/A	0.02	N/A	-22.50	-14.20	30% (+/-)	Yes
COMMUNITY LONG-TERM CARE STATUS											
# with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	10,414	N/A	7,766	N/A	7,897	N/A	-25.40	1.69	30% (+/-)	Yes
% Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	4.78	N/A	3.64	N/A	3.50	N/A	-23.90	-3.81	30% (+/-)	Yes
% Aged Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	10.70	N/A	10.47	N/A	10.09	N/A	-2.16	-3.62	30% (+/-)	Yes
% Disabled Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	11.35	N/A	10.65	N/A	10.13	N/A	-6.24	-4.89	30% (+/-)	Yes
% Child Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	3.12	N/A	0.89	N/A	0.83	N/A	-71.50	-7.02	30% (+/-)	Yes
% Adult Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	0.14	N/A	0.10	N/A	0.08	N/A	-30.20	-22.60	30% (+/-)	Yes
# with ILTC FFS Claims and CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	1,569	N/A	1,499	N/A	1,486	N/A	-4.46	-0.87	30% (+/-)	Yes
# Ever Enrolled in Section 1915(c) Waiver or with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20)	N/A	12,250	N/A	9,881	N/A	9,894	N/A	-19.30	0.13	30% (+/-)	Yes
SECTION 1915(c) WAIVER ENROLLMENT - MOST RECENT											
# Ever Enrolled in Any Section 1915(c) Waiver (WVR TYPE = G-P)	N/A	6,780	N/A	7,016	N/A	6,709	N/A	3.48	-4.38	30% (+/-)	Yes
% Enrolled in Any Section 1915(c) Waiver	N/A	3.11	N/A	3.29	N/A	2.97	N/A	5.65	-9.55	30% (+/-)	Yes
% Aged Enrollees in Section 1915(c) Waiver	N/A	9.55	N/A	9.56	N/A	7.23	N/A	0.08	-24.30	30% (+/-)	Yes
% Disabled Enrollees in Section 1915(c) Waiver	N/A	10.75	N/A	11.31	N/A	10.83	N/A	5.23	-4.27	30% (+/-)	Yes
% Child Enrollees in Section 1915(c) Waiver	N/A	0.02	N/A	0.03	N/A	0.04	N/A	104.90	37.78	30% (+/-)	No
% Adult Enrollees in Section 1915(c) Waiver	N/A	0.02	N/A	0.03	N/A	0.03	N/A	31.52	0.25	30% (+/-)	Yes
# Aged, EDB Dual	N/A	1,921	N/A	1,893	N/A	1,724	N/A	-1.46	-8.93	30% (+/-)	Yes
# Aged, Non-Dual	N/A	48	N/A	38	N/A	34	N/A	-20.80	-10.50	30% (+/-)	Yes
# Disabled, EDB Dual	N/A	3,153	N/A	3,243	N/A	3,144	N/A	2.85	-3.05	30% (+/-)	Yes
# Disabled, Non-Dual	N/A	1,632	N/A	1,798	N/A	1,749	N/A	10.17	-2.73	30% (+/-)	Yes
# Other (Child or Adult)	N/A	26	N/A	44	N/A	58	N/A	69.23	31.82	30% (+/-)	No
# with Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	2,349	N/A	2,570	N/A	2,362	N/A	9.41	-8.09	30% (+/-)	Yes
# Aged, EDB Dual	N/A	1,134	N/A	1,174	N/A	1,072	N/A	3.53	-8.69	30% (+/-)	Yes
# Aged, Non-Dual	N/A	35	N/A	29	N/A	25	N/A	-17.10	-13.80	30% (+/-)	Yes
# Disabled, EDB Dual	N/A	844	N/A	998	N/A	922	N/A	18.25	-7.62	30% (+/-)	Yes
# Disabled, Non-Dual	N/A	327	N/A	358	N/A	332	N/A	9.48	-7.26	30% (+/-)	Yes
# Other (Child or Adult)	N/A	11	N/A	11	N/A	11	N/A	22.22	0.00	30% (+/-)	Yes
# with Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	650	N/A	610	N/A	522	N/A	-6.15	-14.40	30% (+/-)	Yes
# Aged, EDB Dual	N/A	590	N/A	551	N/A	473	N/A	-6.61	-14.20	30% (+/-)	Yes
# Aged, Non-Dual	N/A	11	N/A	11	N/A	11	N/A	-18.20	-11.10	30% (+/-)	Yes
# Disabled, EDB Dual	N/A	48	N/A	49	N/A	41	N/A	2.08	-16.30	30% (+/-)	Yes
# Disabled, Non-Dual	N/A	11	N/A	11	N/A	0	N/A	0.00	-100.00	30% (+/-)	No
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	213	N/A	43	N/A	42	N/A	-79.80	-2.33	30% (+/-)	Yes
# Aged, EDB Dual	N/A	44	N/A	0	N/A	0	N/A	-100.00	Div by 0	30% (+/-)	N/A

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# Aged, Non-Dual	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	95	N/A	0	N/A	11	N/A	-100.00	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	70	N/A	41	N/A	36	N/A	-41.40	-12.20	30% (+/-)	Yes
# Other (Child or Adult)	N/A	11	N/A	11	N/A	11	N/A	0.00	150.00	30% (+/-)	No
# with Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	3,555	N/A	3,769	N/A	3,759	N/A	6.02	-0.27	30% (+/-)	Yes
# Aged, EDB Dual	N/A	153	N/A	168	N/A	179	N/A	9.80	6.55	30% (+/-)	Yes
# Aged, Non-Dual	N/A	0	N/A	0	N/A	11	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	2,166	N/A	2,196	N/A	2,179	N/A	1.39	-0.77	30% (+/-)	Yes
# Disabled, Non-Dual	N/A	1,225	N/A	1,382	N/A	1,364	N/A	12.82	-1.30	30% (+/-)	Yes
# Other (Child or Adult)	N/A	11	N/A	23	N/A	36	N/A	109.10	56.52	30% (+/-)	No
# with Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	13	N/A	24	N/A	24	N/A	84.62	0.00	30% (+/-)	Yes
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	11	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	11	N/A	16	N/A	17	N/A	77.78	6.25	30% (+/-)	Yes
# Other (Child or Adult)	N/A	11	N/A	11	N/A	11	N/A	100.00	-25.00	30% (+/-)	Yes
# with Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Section 1915(c) Waiver for Unspecified or Unknown Populations (WVR TYPE = O)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% of Section 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7)	<15%	58.63	No	59.98	No	61.54	No	2.30	2.61	30% (+/-)	Yes

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% of Section 1915(c) Claim (PGM TYPE = 6 or 7) Recipients with No Waiver Enrollment	<10%	17.11	No	17.70	No	26.99	No	3.46	52.49	30% (+/-)	No
% of Section 1915(c) Waiver Enrollees with Any HMO/HIO Enrollment	N/A	2.06	N/A	3.06	N/A	3.12	N/A	48.41	1.66	30% (+/-)	Yes
% of Section 1915(c) Waiver Enrollees not Enrolled in HMOs/HIOs with No Waiver claim (PGM TYPE = 6 or 7)	<15%	56.87	No	57.17	No	58.68	No	0.52	2.65	30% (+/-)	Yes
# Section 1915(c) Waiver Enrollees Enrolled in More Than One Section 1915(c) Waiver During the Year	N/A	40	N/A	43	N/A	13	N/A	7.50	-69.80	30% (+/-)	No
# Section 1915(c) Claim (PGM TYPE=6 or 7) Recipients	N/A	N/A	N/A	3,412	N/A	3,534	N/A	N/A	3.58	30% (+/-)	Yes
Other Waiver Enrollment (Enrolled Any Time During the Year)											
# with Any 1115 Waiver (WVR TYPE = 1,5,6,A,F)	N/A	148,250	N/A	144,096	N/A	222,029	N/A	-2.80	54.08	30% (+/-)	No
% Aged Enrollees with Any 1115 Waiver	N/A	0.08	N/A	0.06	N/A	92.53	N/A	-28.00	156,000.00	30% (+/-)	No
% Disabled Enrollees with Any 1115 Waiver	N/A	2.00	N/A	2.02	N/A	96.72	N/A	0.90	4,693.00	30% (+/-)	No
% Child Enrollees with Any 1115 Waiver	N/A	94.58	N/A	94.52	N/A	99.71	N/A	-0.07	5.50	30% (+/-)	Yes
% Adult Enrollees with Any 1115 Waiver	N/A	99.73	N/A	99.51	N/A	99.87	N/A	-0.22	0.36	30% (+/-)	Yes
% with Any HMO/HIO Enrollment	N/A	94.94	N/A	94.14	N/A	66.29	N/A	-0.84	-29.60	30% (+/-)	Yes
# with Any 1915(b) Waiver (WVR TYPE = 2)	N/A	0	N/A	38,852	N/A	0	N/A	Div by 0	-100.00	30% (+/-)	No
% Aged Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Disabled Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	3.28	N/A	0.00	N/A	Div by 0	-100.00	30% (+/-)	No
% Child Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	38.85	N/A	0.00	N/A	Div by 0	-100.00	30% (+/-)	No
% Adult Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	Div by 0	N/A	100.00	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% with Any HMO/HIO or PHP Enrollment	N/A	N/A	N/A	100.00	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
# with Any Combined 1915(b)(c) Waiver (WVR TYPE = 4)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Aged Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Disabled Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Child Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Adult Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% with Any HMO/HIO or PHP Enrollment	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
# with 1115 HIFA Waiver (WVR TYPE = 5)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with 1115 Pharmacy Waiver Coverage (WVR TYPE = 6)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Aged Enrollees with Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Disabled Enrollees with Any Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Child Enrollees with Any Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Adult Enrollees with Any Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Other Type of Waiver (WVR TYPE = 7)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with Unknown Type of Waiver (WVR TYPE = 9)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with 1115 Disaster-Related Waiver (WVR TYPE = A)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
# with 1115 Family Planning Only Waiver (WVR TYPE = F)	N/A	2,089	N/A	1,939	N/A	1,371	N/A	-7.18	-29.30	30% (+/-)	Yes
# of Waiver IDs with More than One Waiver Type	N/A	1	N/A	1	N/A	4	N/A	0.00	300.00	30% (+/-)	No
# of Waiver IDs with Reporting in January but Not December	0	0	Yes	0	Yes	5	No	Div by 0	Div by 0	30% (+/-)	N/A
# of Waiver IDs with Reporting in December but Not January	0	3	No	0	Yes	11	No	-100.00	Div by 0	30% (+/-)	N/A
Benefit Coverage											
<i>Full Scope Benefits (RBF = 1)</i>											
# with Full Scope Benefits	N/A	N/A	N/A	N/A	N/A	202,321	N/A	N/A	N/A	N/A	N/A
# Person-Years of Full Scope Benefits	N/A	N/A	N/A	N/A	N/A	167,283	N/A	N/A	N/A	N/A	N/A
<i>Alien Benefits (RBF = 2)</i>											

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# with ONLY Alien Benefits	N/A	184	N/A	257	N/A	281	N/A	39.67	9.34	N/A	N/A
# with Alien Benefits	N/A	256	N/A	309	N/A	326	N/A	20.70	5.50	N/A	N/A
# Person-Years of Alien Benefits	N/A	67	N/A	Div by 0	N/A	83	N/A	Div by 0	Div by 0	N/A	N/A
<i>EDB Duals with Medicare Cost Sharing Benefits (RBF = 3)</i>											
# EDB Duals with ONLY Medicare Cost Sharing Benefits	N/A	4,859	N/A	5,069	N/A	5,269	N/A	4.32	3.95	N/A	N/A
# EDB Duals with Medicare Cost Sharing Benefits	N/A	5,895	N/A	6,032	N/A	6,467	N/A	2.32	7.21	N/A	N/A
# Person-Years of EDB Dual Medicare Cost Sharing Benefits	N/A	4,643	N/A	4,911	N/A	4,909	N/A	5.77	-0.03	N/A	N/A
% EDB Duals with Medicare Cost Sharing Benefits	<=40%	12.09	Yes	12.55	Yes	12.18	Yes	3.87	-3.02	15% (+/-)	Yes
<i>Pregnancy-Related Benefits (RBF = 4)</i>											
# with Pregnancy-Related Benefits	N/A	N/A	N/A	N/A	N/A	11,406	N/A	N/A	N/A	N/A	N/A
# Person-Years of Pregnancy-Related Benefits	N/A	N/A	N/A	N/A	N/A	4,796	N/A	N/A	N/A	N/A	N/A
<i>Other Benefits (RBF = 5)</i>											
# with Other Benefits	N/A	N/A	N/A	N/A	N/A	15,720	N/A	N/A	N/A	N/A	N/A
# Person-Years of Other Benefits	N/A	N/A	N/A	N/A	N/A	7,588	N/A	N/A	N/A	N/A	N/A
<i>Family Planning Only Benefits (RBF = 6)</i>											
# with ONLY Family Planning Only Benefits	N/A	483	N/A	542	N/A	473	N/A	12.22	-12.70	N/A	N/A
# with Family Planning Only Benefits	N/A	2,089	N/A	1,939	N/A	1,371	N/A	-7.18	-29.30	N/A	N/A
% with Family Planning Only Benefits Who Are Male	N/A	Div by 0	N/A	0.05	N/A	0.00	N/A	Div by 0	-100.00	N/A	N/A
# Person-Years of Family Planning Only Benefits	N/A	803	N/A	780	N/A	523	N/A	-2.86	-32.90	N/A	N/A
<i>Benchmark-Equivalent Benefits (RBF = 7)</i>											
# with Benchmark-Equivalent Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of Benchmark-Equivalent Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Money Follows the Person Benefits (RBF = 8)</i>											
# with Money Follows the Person Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of Money Follows the Person Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>PRTF Benefits (RBF = A)</i>											
# with PRTF Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of PRTF Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Health Opportunity Account Benefits (RBF = B)</i>											
# with Health Opportunity Account Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of Health Opportunity Account Benefits	N/A	Div by 0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Assistance with Purchase of Managed Care Coverage (RBF = W)</i>											
# with ONLY Assistance with Purchase of MC Coverage	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# with Assistance with Purchase of MC Coverage	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# Person-Years of Assistance with Purchase of MC Coverage	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
<i>Prescription Drug Benefits (RBF = X, Y, or Z)</i>											
# with ONLY Prescription Drug Benefits (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 Prescription Drug 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 Prescription Drug Benefits	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ONLY Prescription Drug Benefits 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
<i>Only Very Restricted Benefits (RBF = 2, 3, 6, W, X, Y, or Z)</i>											
# with ONLY Very Restricted Benefits	N/A	N/A	N/A	N/A	N/A	6,068	N/A	N/A	N/A	N/A	N/A
June Eligibility Profile											
Total Enrollees in June	N/A	183,839	N/A	180,090	N/A	181,949	N/A	-2.04	1.03	15% (+/-)	Yes
June # Aged	N/A	N/A	N/A	16,811	N/A	17,033	N/A	N/A	1.32	15% (+/-)	Yes
June # Disabled	N/A	N/A	N/A	40,475	N/A	40,992	N/A	N/A	1.28	15% (+/-)	Yes
June # Child	N/A	N/A	N/A	80,852	N/A	81,976	N/A	N/A	1.39	15% (+/-)	Yes

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June # Adult	N/A	N/A	N/A	41,952	N/A	41,948	N/A	N/A	-0.01	15% (+/-)	Yes
June # Age 0-18, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	86,387	N/A	N/A	N/A	10% (+/-)	N/A
June # Age 19-20, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	4,317	N/A	N/A	N/A	10% (+/-)	N/A
June # Age 21-64, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	68,064	N/A	N/A	N/A	10% (+/-)	N/A
June # Age 65+, Excluding Institutionalized	N/A	N/A	N/A	N/A	N/A	14,681	N/A	N/A	N/A	10% (+/-)	N/A
June % Full Scope Benefits (RBF = 1)	>80%	92.76	Yes	92.56	Yes	92.38	Yes	-0.22	-0.19	15% (+/-)	Yes
June % Alien Benefits (RBF = 2)	<5%	0.03	Yes	0.05	Yes	0.05	Yes	78.14	-6.58	15% (+/-)	Yes
June % EDB Duals with Medicare Cost Sharing Benefits (RBF = 3)	<5%	2.54	Yes	2.77	Yes	2.66	Yes	8.86	-3.94	15% (+/-)	Yes
June % Pregnancy-Related Benefits (RBF = 4)	<5%	2.41	Yes	2.34	Yes	2.68	Yes	-2.98	14.52	15% (+/-)	Yes
June % Other Benefits (RBF = 5)	0%	1.82	No	1.86	No	1.93	No	2.51	3.58	15% (+/-)	Yes
June % Family Planning Benefits (RBF = 6)	<5%	0.44	Yes	0.42	Yes	0.30	Yes	-2.89	-28.60	15% (+/-)	No
June % Benchmark-Equivalent Benefits (RBF = 7)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Money Follows the Person Benefits (RBF = 8)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Unknown Benefits (RBF = 9)	0%	0.01	No	0.00	Yes	0.00	Yes	-100.00	Div by 0	15% (+/-)	N/A
June % PRTF Benefits (RBF = A)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Health Opportunity Account Benefits (RBF = B)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Assistance with Purchase of MC Coverage (RBF=W)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
June % Non-Dual Pharm Plus Benefits (RBF = X)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June % EDB Dual with Pharm Plus and Medicare Cost Sharing Benefits (RBF = Y)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June % EDB Dual with Pharm Plus but no Medicare Cost Sharing Benefits (RBF = Z)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June % Private Health Insurance (PVT INS CD = 2-4)	2-15%	22.08	No	15.42	No	17.00	No	-30.20	10.28	15% (+/-)	Yes
June Total Enrollees with TANF Flag (TANF FLAG = 2)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with M-CHIP (SCHIP = 2) - Child (Age < 19 Years)	N/A	10,132	N/A	9,959	N/A	8,368	N/A	-1.71	-16.00	15% (+/-)	No
June # with M-CHIP (SCHIP = 2) - Adult (Age > 18 Years)	N/A	15,302	N/A	14,496	N/A	13,568	N/A	-5.27	-6.40	15% (+/-)	Yes
June # with S-CHIP (SCHIP = 3) - Child (Age < 19 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) - Adult (Age > 18 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Medicaid Expenditures											
Total Medicaid Paid	N/A	\$1,673,997,834	N/A	\$1,578,436,818	N/A	\$1,516,673,221	N/A	-5.71	-3.91	30% (+/-)	Yes
Avg Medicaid Paid per Enrollee	N/A	\$7,681	N/A	\$7,394	N/A	\$6,720	N/A	-3.73	-9.11	30% (+/-)	Yes
25th Percentile	N/A	\$822	N/A	\$800	N/A	\$552	N/A	-2.68	-31.00	30% (+/-)	No
50th Percentile (Median)	N/A	\$1,572	N/A	\$1,585	N/A	\$1,617	N/A	0.83	2.02	30% (+/-)	Yes
75th Percentile	N/A	\$3,625	N/A	\$3,617	N/A	\$3,366	N/A	-0.22	-6.94	30% (+/-)	Yes
95th Percentile	N/A	\$41,060	N/A	\$39,290	N/A	\$33,598	N/A	-4.31	-14.50	30% (+/-)	Yes
99th Percentile	N/A	\$109,170	N/A	\$102,488	N/A	\$92,266	N/A	-6.12	-9.97	30% (+/-)	Yes
Maximum Medicaid Paid	N/A	\$1,865,597	N/A	\$1,659,335	N/A	\$985,285	N/A	-11.10	-40.60	30% (+/-)	No
PERCENT OF ENROLLEES WITH ZERO EXPENDITURES											
% of Enrollees with Total Medicaid Paid = \$0	N/A	6.33	N/A	6.45	N/A	10.90	N/A	1.87	69.02	30% (+/-)	No
Aged	N/A	21.80	N/A	22.90	N/A	33.47	N/A	5.05	46.12	30% (+/-)	No
Disabled	N/A	9.56	N/A	10.21	N/A	17.93	N/A	6.76	75.63	30% (+/-)	No
Child	N/A	3.06	N/A	2.75	N/A	4.63	N/A	-10.20	68.68	30% (+/-)	No
Adult	N/A	3.75	N/A	3.71	N/A	6.65	N/A	-0.93	79.11	30% (+/-)	No
NUMBER OF HIGH-COST ENROLLEES											
# of Enrollees with Total Medicaid Paid > \$1,000,000	N/A	11	N/A	11	N/A	0	N/A	-50.00	-100.00	N/A	N/A
# of Enrollees with Total Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	14	N/A	0.00	40.00	N/A	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$7,681	N/A	\$7,394	N/A	\$6,720	N/A	-3.73	-9.11	30% (+/-)	Yes
Aged	N/A	\$18,903	N/A	\$17,588	N/A	\$14,759	N/A	-6.96	-16.10	30% (+/-)	Yes

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Disabled	N/A	\$18,731	N/A	\$17,625	N/A	\$16,090	N/A	-5.90	-8.71	30% (+/-)	Yes
Child	N/A	\$2,906	N/A	\$2,881	N/A	\$2,621	N/A	-0.84	-9.02	30% (+/-)	Yes
Adult	N/A	\$3,027	N/A	\$3,058	N/A	\$3,008	N/A	1.03	-1.66	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY GENDER											
Avg Medicaid Paid per Female Enrollee	N/A	N/A	N/A	\$7,148	N/A	\$6,557	N/A	N/A	-8.27	30% (+/-)	Yes
Avg Medicaid Paid per Male Enrollee	N/A	N/A	N/A	\$7,738	N/A	\$6,945	N/A	N/A	-10.20	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$18,239	N/A	\$17,229	N/A	\$15,972	N/A	-5.54	-7.30	30% (+/-)	Yes
Aged	N/A	\$19,379	N/A	\$17,935	N/A	\$16,377	N/A	-7.45	-8.68	30% (+/-)	Yes
Disabled	N/A	\$18,538	N/A	\$17,915	N/A	\$17,347	N/A	-3.36	-3.17	30% (+/-)	Yes
Female	N/A	N/A	N/A	\$16,490	N/A	\$15,247	N/A	N/A	-7.54	30% (+/-)	Yes
Male	N/A	N/A	N/A	\$18,540	N/A	\$17,272	N/A	N/A	-6.84	30% (+/-)	Yes
EDB Dual Not Reported in MSIS (EDB DUAL = 50)	N/A	\$11,881	N/A	\$5,289	N/A	\$499	N/A	-55.50	-90.60	30% (+/-)	No
EDB QMB Only (EDB DUAL = 51)	N/A	\$181	N/A	\$187	N/A	\$148	N/A	3.79	-20.90	30% (+/-)	Yes
EDB QMB Plus (EDB DUAL = 52)	N/A	\$9,765	N/A	\$9,589	N/A	\$9,070	N/A	-1.80	-5.42	30% (+/-)	Yes
EDB SLMB Only (EDB DUAL = 53)	N/A	\$287	N/A	\$360	N/A	\$321	N/A	25.38	-10.80	30% (+/-)	Yes
EDB SLMB Plus (EDB DUAL = 54)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
EDB QDWI (EDB DUAL = 55)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
EDB QI-1 (EDB DUAL = 56)	N/A	\$182	N/A	\$102	N/A	\$135	N/A	-44.10	32.10	30% (+/-)	No
EDB QI-2 (EDB DUAL = 57)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
EDB Other (EDB DUAL = 58)	N/A	\$39,513	N/A	\$37,167	N/A	\$35,629	N/A	-5.94	-4.14	30% (+/-)	Yes
EDB Dual Type Unknown (EDB DUAL = 59)	N/A	\$17,806	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
EDB Dual Status Unknown (EDB DUAL = 98)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Avg Medicaid Paid per EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	\$20,955	N/A	\$19,898	N/A	\$18,420	N/A	-5.04	-7.42	30% (+/-)	Yes
Avg Medicaid Paid per EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	\$236	N/A	\$245	N/A	\$232	N/A	3.92	-5.52	30% (+/-)	Yes
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	\$65,107	N/A	\$62,231	N/A	\$61,032	N/A	-4.42	-1.93	30% (+/-)	Yes
Avg Medicaid Paid per Enrollee with CLTC Claims (Excluding CLTC FLAG = 16-20)	N/A	\$34,902	N/A	\$40,828	N/A	\$37,542	N/A	16.98	-8.05	30% (+/-)	Yes
Avg Medicaid Paid per Enrollee with ILTC (MAX TOS = 02, 04, 05, 07) and CLTC Claims (Excluding CLTC FLAG = 16-20)	N/A	\$97,950	N/A	\$94,778	N/A	\$88,375	N/A	-3.24	-6.76	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE IN 1915(c) WAIVER - MOST RECENT											
Avg Medicaid Paid per Section 1915(c) Enrollee	N/A	\$51,056	N/A	\$49,223	N/A	\$50,021	N/A	-3.59	1.62	30% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	\$25,174	N/A	\$22,976	N/A	\$24,413	N/A	-8.73	6.26	30% (+/-)	Yes
Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	\$15,731	N/A	\$16,215	N/A	\$19,048	N/A	3.08	17.47	30% (+/-)	Yes
Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	\$27,947	N/A	\$54,255	N/A	\$46,478	N/A	94.13	-14.30	30% (+/-)	Yes
Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	\$76,040	N/A	\$72,511	N/A	\$70,632	N/A	-4.64	-2.59	30% (+/-)	Yes
Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	\$40,253	N/A	\$32,718	N/A	\$21,983	N/A	-18.70	-32.80	30% (+/-)	No
Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for None of the Above (WVR TYPE = O)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	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	\$4,892	N/A	\$4,919	N/A	\$5,563	N/A	0.56	13.07	30% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	\$10,168	N/A	\$9,862	N/A	\$11,616	N/A	-3.01	17.79	30% (+/-)	Yes
Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	\$8,179	N/A	\$9,125	N/A	\$11,642	N/A	11.56	27.59	30% (+/-)	Yes

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Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	\$1,574	N/A	\$0	N/A	\$0	N/A	-100.00	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	\$1,022	N/A	\$956	N/A	\$1,012	N/A	-6.41	5.84	30% (+/-)	Yes
Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	\$0	N/A	\$0	N/A	\$12	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Section 1915(c) Waiver for None of the Above (WVR TYPE = O)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
EXPENDITURES BY BENEFIT COVERAGE											
<i>Expenditures for Enrollees with Full Scope Benefits (RBF = 1)</i>											
Total Medicaid Paid for Enrollees with Full Scope Benefits	N/A	N/A	N/A	N/A	N/A	\$1,380,319,797	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with Full Scope Benefits	N/A	N/A	N/A	N/A	N/A	\$6,822	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Alien Benefits (RBF = 2)</i>											
Total Medicaid Paid for Enrollees with ONLY Alien Benefits	N/A	\$3,240,168	N/A	\$4,259,986	N/A	\$6,172,482	N/A	31.47	44.89	N/A	N/A
Avg Medicaid Paid per Enrollee with ONLY Alien Benefits	N/A	\$17,610	N/A	\$16,576	N/A	\$21,966	N/A	-5.87	32.52	N/A	N/A
<i>Expenditures for EDB Duals with Medicare Cost Sharing Benefits (RBF = 3)</i>											
Total Medicaid Paid for EDB Duals with ONLY Medicare Cost Sharing Benefits	N/A	\$223,163	N/A	\$210,220	N/A	\$196,002	N/A	-5.80	-6.76	N/A	N/A
Avg Medicaid Paid per EDB Dual with ONLY Medicare Cost Sharing Benefits	N/A	\$46	N/A	\$41	N/A	\$37	N/A	-9.70	-10.30	N/A	N/A
<i>Expenditures for Enrollees with Pregnancy-Related Benefits (RBF = 4)</i>											
Total Medicaid Paid for Enrollees with Pregnancy-Related Benefits	N/A	N/A	N/A	N/A	N/A	\$67,006,918	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with Pregnancy-Related Benefits	N/A	N/A	N/A	N/A	N/A	\$5,875	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Other Benefits (RBF = 5)</i>											
Total Medicaid Paid for Enrollees with Other Benefits	N/A	N/A	N/A	N/A	N/A	\$159,495,980	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with Other Benefits	N/A	N/A	N/A	N/A	N/A	\$10,146	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Family Planning Only Benefits (RBF = 6)</i>											
Total Medicaid Paid for Enrollees with ONLY Family Planning Only Benefits	N/A	\$84,650	N/A	\$89,350	N/A	\$60,020	N/A	5.55	-32.80	N/A	N/A
Avg Medicaid Paid per Enrollee with ONLY Family Planning Only Benefits	N/A	\$175	N/A	\$165	N/A	\$127	N/A	-5.94	-23.00	N/A	N/A
<i>Expenditures for Enrollees with Benchmark-Equivalent Benefits (RBF = 7)</i>											
Total Medicaid Paid for Enrollees with Benchmark-Equivalent Benefits	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with Benchmark-Equivalent Benefits	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Money Follows the Person Benefits (RBF = 8)</i>											
Total Medicaid Paid for Enrollees with Money Follows the Person Benefits	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with Money Follows the Person Benefits	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with PRTF Benefits (RBF = A)</i>											
Total Medicaid Paid for Enrollees with PRTF Benefits	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with PRTF Benefits	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Health Opportunity Account Benefits (RBF = B)</i>											
Total Medicaid Paid for Enrollees with Health Opportunity Account Benefits	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with Health Opportunity Account Benefits	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Assistance with Purchase of MC Coverage Benefits (RBF = W)</i>											
Total Medicaid Paid for Enrollees with ONLY Assistance with Purchase of MC Coverage Benefits	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A	N/A
Avg Medicaid Paid per Enrollee with ONLY Assistance with Purchase of MC Coverage Benefits	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A
<i>Expenditures for Enrollees with Prescription Drug Benefits (RBF = X, Y, or Z)</i>											
Total Medicaid Paid for Enrollees with ONLY Prescription Drug Benefits	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 Enrollee with ONLY Prescription Drug Benefits	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

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Total Medicaid Paid for Enrollees with ONLY Prescription Drug Benefits 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
AVERAGE MEDICAID AMOUNT PAID PER M-CHIP ENROLLEE											
Avg Medicaid Paid per Person Ever Enrolled in M-CHIP	N/A	N/A	N/A	\$2,608	N/A	\$2,718	N/A	N/A	4.21	30% (+/-)	Yes
Child (Age < 19 Years)	N/A	Div by 0	N/A	\$2,098	N/A	\$2,094	N/A	Div by 0	-0.18	30% (+/-)	Yes
Adult (Age > 18 Years)	N/A	Div by 0	N/A	\$2,940	N/A	\$3,113	N/A	Div by 0	5.89	30% (+/-)	Yes
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, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- 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	212,423	N/A	207,610	N/A	219,615	N/A	-2.27	5.78	30% (+/-)	Yes
Aged Total	N/A	16,919	N/A	16,474	N/A	20,551	N/A	-2.63	24.75	30% (+/-)	Yes
Disabled Total	N/A	43,283	N/A	43,136	N/A	43,905	N/A	-0.34	1.78	30% (+/-)	Yes
Child Total	N/A	98,599	N/A	96,235	N/A	100,106	N/A	-2.40	4.02	30% (+/-)	Yes
Adult Total	N/A	53,622	N/A	51,765	N/A	55,053	N/A	-3.46	6.35	30% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	179,153	N/A	172,801	N/A	180,501	N/A	-3.55	4.46	10% (+/-)	Yes
Total EDB Duals	N/A	35,338	N/A	35,301	N/A	37,998	N/A	-0.11	7.64	10% (+/-)	Yes
Aged	N/A	15,770	N/A	15,592	N/A	17,666	N/A	-1.13	13.30	10% (+/-)	No
Disabled	N/A	17,868	N/A	17,962	N/A	18,237	N/A	0.53	1.53	10% (+/-)	Yes
TOTAL MEDICAID AMOUNT PAID											
Total Medicaid Paid	N/A	\$1,670,449,853	N/A	\$1,573,877,262	N/A	\$1,510,235,456	N/A	-5.78	-4.04	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$7,864	N/A	\$7,581	N/A	\$6,877	N/A	-3.60	-9.29	30% (+/-)	Yes
Aged	N/A	\$23,006	N/A	\$21,510	N/A	\$17,375	N/A	-6.50	-19.20	30% (+/-)	Yes
Disabled	N/A	\$19,213	N/A	\$18,151	N/A	\$16,487	N/A	-5.53	-9.17	30% (+/-)	Yes
Child	N/A	\$2,906	N/A	\$2,880	N/A	\$2,615	N/A	-0.88	-9.21	30% (+/-)	Yes
Adult	N/A	\$3,042	N/A	\$3,079	N/A	\$3,043	N/A	1.22	-1.17	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY GENDER											
Avg Medicaid Paid per Female Enrollee	N/A	N/A	N/A	\$7,367	N/A	\$6,744	N/A	N/A	-8.47	30% (+/-)	Yes
Avg Medicaid Paid per Male Enrollee	N/A	N/A	N/A	\$7,876	N/A	\$7,058	N/A	N/A	-10.40	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$20,742	N/A	\$19,700	N/A	\$18,186	N/A	-5.02	-7.68	30% (+/-)	Yes
Aged	N/A	\$23,882	N/A	\$22,165	N/A	\$19,768	N/A	-7.19	-10.80	30% (+/-)	Yes
Disabled	N/A	\$19,765	N/A	\$19,293	N/A	\$18,497	N/A	-2.39	-4.12	30% (+/-)	Yes
Female	N/A	N/A	N/A	\$18,875	N/A	\$17,357	N/A	N/A	-8.04	30% (+/-)	Yes
Male	N/A	N/A	N/A	\$21,159	N/A	\$19,671	N/A	N/A	-7.03	30% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER M-CHIP ENROLLEE											
Avg Medicaid Paid per Person Ever Enrolled in M-CHIP	N/A	N/A	N/A	\$2,608	N/A	\$2,718	N/A	N/A	4.21	30% (+/-)	Yes
Child (Age < 19 Years)	N/A	N/A	N/A	\$2,098	N/A	\$2,094	N/A	N/A	-0.18	30% (+/-)	Yes
Adult (Age > 18 Years)	N/A	N/A	N/A	\$2,940	N/A	\$3,113	N/A	N/A	5.89	30% (+/-)	Yes
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, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- 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. PACE enrollees are grouped with HMO/HIO rather than PHP enrollees as of 2007.											
% Total Enrollees in MC Anytime During Year	N/A	70.03	N/A	69.75	N/A	66.91	N/A	-0.40	-4.06	30% (+/-)	Yes
Total MC Enrollees	N/A	148,758	N/A	144,802	N/A	146,951	N/A	-2.66	1.48	30% (+/-)	Yes
Aged	N/A	76	N/A	109	N/A	158	N/A	43.42	44.95	30% (+/-)	No
Aged, Cash (MAX ELIG CD = 11)	N/A	N/A	N/A	N/A	N/A	43	N/A	N/A	N/A	30% (+/-)	No
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	N/A	N/A	N/A	N/A	13	N/A	N/A	N/A	30% (+/-)	No

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Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Aged, Poverty (MAX ELIG CD = 31)	N/A	N/A	N/A	N/A	N/A	11	N/A	N/A	N/A	30% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	N/A	N/A	N/A	N/A	85	N/A	N/A	N/A	30% (+/-)	No
1115 Aged (MAX ELIG CD = 51)	N/A	N/A	N/A	N/A	N/A	16	N/A	N/A	N/A	30% (+/-)	No
Disabled	N/A	5,509	N/A	6,369	N/A	6,933	N/A	15.61	8.86	30% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	N/A	N/A	N/A	N/A	6,577	N/A	N/A	N/A	30% (+/-)	No
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	N/A	N/A	N/A	N/A	11	N/A	N/A	N/A	30% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32)	N/A	N/A	N/A	N/A	N/A	11	N/A	N/A	N/A	30% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 3A)	N/A	N/A	N/A	N/A	N/A	11	N/A	N/A	N/A	30% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	N/A	N/A	N/A	N/A	341	N/A	N/A	N/A	30% (+/-)	No
1115 Disabled (MAX ELIG CD = 52)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	No
Child	N/A	93,220	N/A	90,686	N/A	91,701	N/A	-2.72	1.12	30% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	N/A	N/A	N/A	N/A	14,036	N/A	N/A	N/A	30% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	No
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	No
Child Poverty (MAX ELIG CD = 34)	N/A	N/A	N/A	N/A	N/A	40,833	N/A	N/A	N/A	30% (+/-)	No
Other Child (MAX ELIG CD = 44)	N/A	N/A	N/A	N/A	N/A	9,116	N/A	N/A	N/A	30% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	N/A	N/A	N/A	N/A	4,646	N/A	N/A	N/A	30% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	N/A	N/A	N/A	N/A	23,070	N/A	N/A	N/A	30% (+/-)	No
Adult	N/A	49,953	N/A	47,638	N/A	48,159	N/A	-4.63	1.09	30% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	N/A	N/A	N/A	N/A	6,696	N/A	N/A	N/A	30% (+/-)	No
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	No
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	N/A	N/A	N/A	N/A	34	N/A	N/A	N/A	30% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	N/A	N/A	N/A	N/A	1,372	N/A	N/A	N/A	30% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	N/A	N/A	N/A	N/A	24,140	N/A	N/A	N/A	30% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	N/A	N/A	N/A	N/A	15,917	N/A	N/A	N/A	30% (+/-)	No
# in HMO/HIO (MC TYPE = 1)	N/A	N/A	N/A	144,637	N/A	146,743	N/A	N/A	1.46	30% (+/-)	Yes
# in Dental (MC TYPE = 2)	N/A	N/A	N/A	38,852	N/A	51,009	N/A	N/A	31.29	30% (+/-)	No
# in BHO (MC TYPE = 3)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
# in Prenatal (MC TYPE = 4)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
# in LTC (MC TYPE = 5)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
# in PACE (MC TYPE = 6)	N/A	N/A	N/A	165	N/A	208	N/A	N/A	26.06	30% (+/-)	Yes
# in PCCM (MC TYPE = 7)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
# in Other MC (MC TYPE = 8)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
# in Any PHP (MC TYPE = 2,3,4,5,8)	N/A	N/A	N/A	38,852	N/A	51,009	N/A	N/A	31.29	30% (+/-)	No
% EDB Duals Ever Enrolled in HMO/HIOs	<20%	2.08	Yes	2.05	Yes	2.41	Yes	-1.39	17.25	30% (+/-)	Yes
% 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	30% (+/-)	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	30% (+/-)	N/A
% Section 1915(c) Waiver Enrollees Ever Enrolled in HMO/HIOs	N/A	2.06	N/A	3.06	N/A	3.12	N/A	48.43	1.64	30% (+/-)	Yes
% Section 1915(c) Waiver Enrollees in PHP Only or PHP and PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Section 1915(c) Waiver Enrollees in PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% M-CHIP Children (<19) Ever Enrolled in HMO/HIOs	N/A	N/A	N/A	98.67	N/A	98.94	N/A	N/A	0.27	30% (+/-)	Yes
% M-CHIP Children (<19) in PHP Only or PHP/PCCM Only	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	30% (+/-)	N/A
% M-CHIP Children (<19) in PCCM Only	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	30% (+/-)	N/A
% M-CHIP Adults (>18) Ever Enrolled in HMO/HIOs	N/A	N/A	N/A	88.91	N/A	89.13	N/A	N/A	0.26	30% (+/-)	Yes
% M-CHIP Adults (>18) in PHP Only or PHP/PCCM Only	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	30% (+/-)	N/A
% M-CHIP Adults (>18) in PCCM Only	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	30% (+/-)	N/A
Total Enrollees in June	N/A	179,296	N/A	175,166	N/A	177,361	N/A	-2.30	1.25	30% (+/-)	Yes

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Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
June % HMO/HIO Only (MC COMBO = 01)	N/A	64.77	N/A	57.12	N/A	43.29	N/A	-11.80	-24.20	30% (+/-)	Yes
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	30% (+/-)	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	30% (+/-)	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	30% (+/-)	N/A
June % Other MC Only (MC COMBO = 05)	N/A	0.01	N/A	0.06	N/A	0.09	N/A	1,151.00	45.45	30% (+/-)	No
June % HMO/HIO & Dental (MC COMBO = 06)	N/A	0.00	N/A	6.83	N/A	21.09	N/A	Div by 0	208.60	30% (+/-)	No
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	30% (+/-)	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	30% (+/-)	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	30% (+/-)	N/A
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	30% (+/-)	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	30% (+/-)	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	30% (+/-)	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	30% (+/-)	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	30% (+/-)	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	30% (+/-)	N/A
June % FFS Only (MC COMBO = 16)	N/A	35.22	N/A	35.98	N/A	35.53	N/A	2.17	-1.25	30% (+/-)	Yes
June % MC Status Unknown (MC COMBO = 99)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	30% (+/-)	N/A
CAPITATION CLAIMS											
Total Capitation Payments	N/A	\$323,881,868	N/A	\$342,420,883	N/A	\$376,108,142	N/A	5.72	9.84	30% (+/-)	Yes
HMO/HIO	N/A	\$323,881,868	N/A	\$342,420,883	N/A	\$376,108,142	N/A	5.72	9.84	30% (+/-)	Yes
PHP	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PCCM	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Ratio of Capitation Claims to Person-Month Enrollment in MC	.9-2	0.92	Yes	0.94	Yes	0.94	Yes	1.99	0.26	30% (+/-)	Yes
HMO/HIO	.9-2	0.92	Yes	0.94	Yes	0.94	Yes	1.99	0.26	30% (+/-)	Yes
PHP	.9-2	Div by 0	No	0.00	No	0.00	No	Div by 0	Div by 0	30% (+/-)	N/A
PCCM	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	30% (+/-)	N/A
Avg Capitation Payment per Person-Month Enrollment in MC	N/A	\$233	N/A	\$259	N/A	\$276	N/A	11.45	6.50	30% (+/-)	Yes
HMO/HIO	N/A	\$233	N/A	\$259	N/A	\$276	N/A	11.45	6.50	30% (+/-)	Yes
PHP	N/A	Div by 0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	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	30% (+/-)	N/A
Percent with Reported MC Enrollment Who Have Capitated Payments	>98%	N/A	N/A	98.39	Yes	98.35	Yes	N/A	-0.04	30% (+/-)	Yes
HMO/HIO	>98%	N/A	N/A	98.39	Yes	98.35	Yes	N/A	-0.04	30% (+/-)	Yes
PHP	>98%	N/A	N/A	0.00	No	0.00	No	N/A	Div by 0	30% (+/-)	N/A
PCCM	>98%	N/A	N/A	Div by 0	Yes	Div by 0	Yes	N/A	Div by 0	30% (+/-)	N/A
ENCOUNTER CLAIMS											
Number of HMO/HIO or PHP Enrollees	N/A	N/A	N/A	144,802	N/A	146,951	N/A	N/A	1.484	30% (+/-)	Yes
Percentage of HMO/HIO or PHP Enrollees with Encounter Records	N/A	N/A	N/A	86.14	N/A	87.60	N/A	N/A	1.702	30% (+/-)	Yes
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	30% (+/-)	N/A
Total Medicaid Paid	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Aged	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	N/A
Disabled	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	N/A
Child	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	N/A
Adult	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	30% (+/-)	N/A
Percentage of Enrollees with Encounter Records	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Aged	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Child	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Adult	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Dental (MAX TOS = 09)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Home Health (MAX TOS = 13)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Transportation (MAX TOS = 26)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Personal Care Services (MAX TOS = 30)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Psych Services (MAX TOS = 53)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
Unknown (MAX TOS = 99)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	N/A
All Other (All Other MAX TOS, Excluding Capitation Payments)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	30% (+/-)	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	30% (+/-)	N/A
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PERSONS EVER ENROLLED IN HMO OR HIO DURING YEAR											
Count of Enrollees	N/A	148,758	N/A	144,802	N/A	146,951	N/A	-2.66	1.48	30% (+/-)	Yes
Aged	N/A	76	N/A	109	N/A	158	N/A	43.42	44.95	30% (+/-)	No
Disabled	N/A	5,509	N/A	6,369	N/A	6,933	N/A	15.61	8.86	30% (+/-)	Yes
Child	N/A	93,220	N/A	90,686	N/A	91,701	N/A	-2.72	1.12	30% (+/-)	Yes
Adult	N/A	49,953	N/A	47,638	N/A	48,159	N/A	-4.63	1.09	30% (+/-)	Yes
Total Ever Enrolled in HMO/HIO Person-Years of Enrollment	N/A	115,989	N/A	110,014	N/A	113,472	N/A	-5.15	3.14	30% (+/-)	Yes
Total Capitation Payments	N/A	\$323,881,868	N/A	\$342,420,883	N/A	\$376,108,142	N/A	5.72	9.84	30% (+/-)	Yes
Avg Capitation Payments	N/A	\$2,177	N/A	\$2,365	N/A	\$2,559	N/A	8.61	8.23	30% (+/-)	Yes
Aged	N/A	\$85	N/A	\$74	N/A	\$620	N/A	-12.90	734.40	30% (+/-)	No
Disabled	N/A	\$6,337	N/A	\$6,701	N/A	\$8,030	N/A	5.75	19.84	30% (+/-)	Yes
Child	N/A	\$1,537	N/A	\$1,724	N/A	\$1,870	N/A	12.18	8.43	30% (+/-)	Yes
Adult	N/A	\$2,916	N/A	\$3,010	N/A	\$3,092	N/A	3.20	2.73	30% (+/-)	Yes
Total FFS Payments	N/A	\$194,379,542	N/A	\$182,208,904	N/A	\$147,511,948	N/A	-6.26	-19.00	30% (+/-)	Yes
Avg FFS Payments per Enrollee	N/A	\$1,307	N/A	\$1,258	N/A	\$1,004	N/A	-3.70	-20.20	30% (+/-)	Yes
Aged	N/A	\$2,013	N/A	\$1,570	N/A	\$1,152	N/A	-22.00	-26.60	30% (+/-)	Yes
Disabled	N/A	\$9,802	N/A	\$9,546	N/A	\$7,385	N/A	-2.61	-22.60	30% (+/-)	Yes
Child	N/A	\$1,349	N/A	\$1,194	N/A	\$902	N/A	-11.40	-24.50	30% (+/-)	Yes
Adult	N/A	\$290	N/A	\$271	N/A	\$279	N/A	-6.61	2.84	30% (+/-)	Yes
Total FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	\$35,026,808	N/A	\$31,486,570	N/A	\$37,352,954	N/A	-10.10	18.63	30% (+/-)	Yes
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	\$3,495,324	N/A	\$5,639,323	N/A	\$3,810,799	N/A	61.34	-32.40	30% (+/-)	No
Drug (MAX TOS = 16)	N/A	\$2,024,188	N/A	\$3,260,870	N/A	\$1,344,465	N/A	61.10	-58.80	30% (+/-)	No
All Other (Excluding Capitation Payments)	N/A	\$153,833,222	N/A	\$141,822,141	N/A	\$105,003,730	N/A	-7.81	-26.00	30% (+/-)	Yes
Average FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	\$235	N/A	\$217	N/A	\$254	N/A	-7.65	16.90	30% (+/-)	Yes
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	\$23	N/A	\$39	N/A	\$26	N/A	65.75	-33.40	30% (+/-)	No
Drug (MAX TOS = 16)	N/A	\$14	N/A	\$23	N/A	\$9	N/A	65.50	-59.40	30% (+/-)	No
All Other (Excluding Capitation Payments)	N/A	\$1,034	N/A	\$979	N/A	\$715	N/A	-5.29	-27.00	30% (+/-)	Yes
Percentage of Enrollees with Encounter Records	N/A	Div by 0	N/A	86.14	N/A	87.60	N/A	Div by 0	1.70	30% (+/-)	Yes
Aged	N/A	N/A	N/A	N/A	N/A	18.99	N/A	N/A	N/A	30% (+/-)	N/A
Disabled	N/A	N/A	N/A	N/A	N/A	90.24	N/A	N/A	N/A	30% (+/-)	N/A
Child	N/A	N/A	N/A	N/A	N/A	87.90	N/A	N/A	N/A	30% (+/-)	N/A

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Adult	N/A	N/A	N/A	N/A	N/A	86.89	N/A	N/A	N/A	30% (+/-)	N/A
IP (MAX TOS = 01)	N/A	N/A	N/A	N/A	N/A	13.10	N/A	N/A	N/A	30% (+/-)	N/A
MH Aged (MAX TOS = 02)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
IP Psych, Age < 21 (MAX TOS = 04)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
ICF/MR (MAX TOS = 05)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Nursing Facilities (MAX TOS = 07)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Physician (MAX TOS = 08)	N/A	N/A	N/A	N/A	N/A	31.42	N/A	N/A	N/A	30% (+/-)	N/A
Dental (MAX TOS = 09)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Other Practitioner (MAX TOS = 10)	N/A	N/A	N/A	N/A	N/A	17.55	N/A	N/A	N/A	30% (+/-)	N/A
Outpatient (MAX TOS = 11)	N/A	N/A	N/A	N/A	N/A	40.95	N/A	N/A	N/A	30% (+/-)	N/A
Clinic (MAX TOS = 12)	N/A	N/A	N/A	N/A	N/A	24.59	N/A	N/A	N/A	30% (+/-)	N/A
Home Health (MAX TOS = 13)	N/A	N/A	N/A	N/A	N/A	0.91	N/A	N/A	N/A	30% (+/-)	N/A
Lab/Xray (MAX TOS = 15)	N/A	N/A	N/A	N/A	N/A	76.29	N/A	N/A	N/A	30% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	72.15	N/A	N/A	N/A	30% (+/-)	N/A
Other Services (MAX TOS = 19)	N/A	N/A	N/A	N/A	N/A	7.16	N/A	N/A	N/A	30% (+/-)	N/A
Transportation (MAX TOS = 26)	N/A	N/A	N/A	N/A	N/A	4.00	N/A	N/A	N/A	30% (+/-)	N/A
Personal Care Services (MAX TOS = 30)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Targeted Case Mgmt (MAX TOS = 31)	N/A	N/A	N/A	N/A	N/A	0.07	N/A	N/A	N/A	30% (+/-)	N/A
Rehabilitation Services (MAX TOS = 33)	N/A	N/A	N/A	N/A	N/A	3.99	N/A	N/A	N/A	30% (+/-)	N/A
PT/OT/Speech/Hearing (MAX TOS = 34)	N/A	N/A	N/A	N/A	N/A	0.25	N/A	N/A	N/A	30% (+/-)	N/A
Hospice (MAX TOS = 35)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Nurse Practitioner (MAX TOS = 37)	N/A	N/A	N/A	N/A	N/A	0.53	N/A	N/A	N/A	30% (+/-)	N/A
Private Duty Nursing (MAX TOS = 38)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Durable Medical Equipmt (MAX TOS = 51)	N/A	N/A	N/A	N/A	N/A	11.38	N/A	N/A	N/A	30% (+/-)	N/A
Residential Care (MAX TOS = 52)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Psych Services (MAX TOS = 53)	N/A	N/A	N/A	N/A	N/A	18.16	N/A	N/A	N/A	30% (+/-)	N/A
Adult Day Care (MAX TOS = 54)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	30% (+/-)	N/A
Unknown (MAX TOS = 99)	N/A	N/A	N/A	N/A	N/A	0.02	N/A	N/A	N/A	30% (+/-)	N/A
All Other (All Other MAX TOS, Excluding Capitation Payments)	N/A	N/A	N/A	N/A	N/A	0.30	N/A	N/A	N/A	30% (+/-)	N/A
FFS INFORMATION FOR NON-DUAL MEDICAID ENROLLEES (excludes EDB Duals, people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- 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. PACE enrollees were not excluded prior to 2007.											
Total Non-Dual FFS Enrollees	N/A	29,063	N/A	28,232	N/A	35,581	N/A	-2.86	26.03	30% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	24,355	N/A	23,250	N/A	21,978	N/A	-4.54	-5.47	30% (+/-)	Yes
Total Non-Dual FFS Person-Years of Enrollment	N/A	24,795	N/A	23,561	N/A	27,161	N/A	-4.97	15.28	30% (+/-)	Yes
Aged Total	N/A	1,146	N/A	877	N/A	2,874	N/A	-23.50	227.70	30% (+/-)	No
Aged, Cash (MAX ELIG CD = 11)	N/A	136	N/A	121	N/A	110	N/A	-11.00	-9.09	30% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	39	N/A	39	N/A	38	N/A	0.00	-2.56	30% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	47	N/A	33	N/A	11	N/A	-29.80	-90.90	30% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	924	N/A	684	N/A	586	N/A	-26.00	-14.30	30% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	2,137	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Disabled	N/A	20,122	N/A	19,008	N/A	18,998	N/A	-5.54	-0.05	30% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	16,152	N/A	14,797	N/A	14,900	N/A	-8.39	0.70	30% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	240	N/A	267	N/A	308	N/A	11.25	15.36	30% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	439	N/A	527	N/A	527	N/A	20.05	0.00	30% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	3,291	N/A	3,417	N/A	3,263	N/A	3.83	-4.51	30% (+/-)	Yes

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1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Child	N/A	5,376	N/A	5,545	N/A	8,403	N/A	3.14	51.54	30% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	213	N/A	165	N/A	183	N/A	-22.50	10.91	30% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	1,100	N/A	1,288	N/A	1,557	N/A	17.09	20.89	30% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	368	N/A	363	N/A	436	N/A	-1.36	20.11	30% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	1,625	N/A	1,286	N/A	1,141	N/A	-20.90	-11.30	30% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	2,070	N/A	2,443	N/A	5,086	N/A	18.02	108.20	30% (+/-)	No
Adult	N/A	2,419	N/A	2,802	N/A	5,306	N/A	15.83	89.36	30% (+/-)	No
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	137	N/A	116	N/A	136	N/A	-15.30	17.24	30% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	11	N/A	11	N/A	11	N/A	0.00	200.00	30% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	110	N/A	122	N/A	170	N/A	10.91	39.34	30% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	718	N/A	839	N/A	854	N/A	16.85	1.79	30% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	1,452	N/A	1,723	N/A	4,140	N/A	18.66	140.30	30% (+/-)	No
# Non-Dual FFS Enrollees with MSIS Dual Code but No EDB Confirmation	N/A	370	N/A	330	N/A	692	N/A	-10.80	109.70	30% (+/-)	No
Total FFS Medicaid Paid	N/A	\$422,104,113	N/A	\$356,250,369	N/A	\$298,833,078	N/A	-15.60	-16.10	30% (+/-)	Yes
Avg FFS Medicaid Paid per Non-Dual FFS Enrollee	N/A	\$14,524	N/A	\$12,619	N/A	\$8,399	N/A	-13.10	-33.40	30% (+/-)	No
Avg FFS Medicaid Paid per Non-Dual FFS Recipient (User of Any service)	N/A	\$17,331	N/A	\$15,323	N/A	\$13,597	N/A	-11.60	-11.30	30% (+/-)	Yes
Total Capitation Payments	N/A	\$81,797	N/A	\$85,979	N/A	\$65,722	N/A	5.11	-23.60	30% (+/-)	Yes
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	174	No	162	No	63	No	-6.90	-61.10	30% (+/-)	No
Total HMO/HIO Payments (Among People not Enrolled)	N/A	\$81,797	N/A	\$85,979	N/A	\$65,722	N/A	5.11	-23.60	30% (+/-)	Yes
Avg HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	\$531	N/A	\$1,043	N/A	N/A	96.56	30% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$11,004	N/A	\$9,965	N/A	\$2,718	N/A	-9.44	-72.70	30% (+/-)	No
Aged, Cash (MAX ELIG CD = 11)	N/A	\$9,815	N/A	\$4,559	N/A	\$6,395	N/A	-53.50	40.28	30% (+/-)	No
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$25,774	N/A	\$26,555	N/A	\$29,340	N/A	3.03	10.49	30% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$15	N/A	\$120	N/A	\$223	N/A	694.70	86.26	30% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	\$11,114	N/A	\$10,450	N/A	\$10,156	N/A	-5.97	-2.81	30% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	\$19	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Disabled	N/A	\$19,437	N/A	\$17,569	N/A	\$14,796	N/A	-9.61	-15.80	30% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$19,417	N/A	\$17,496	N/A	\$14,341	N/A	-9.89	-18.00	30% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$29,922	N/A	\$25,902	N/A	\$31,042	N/A	-13.40	19.84	30% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$7,817	N/A	\$7,900	N/A	\$2,080	N/A	1.06	-73.70	30% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$20,321	N/A	\$18,727	N/A	\$17,396	N/A	-7.84	-7.11	30% (+/-)	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	30% (+/-)	N/A
Child	N/A	\$3,241	N/A	\$2,245	N/A	\$906	N/A	-30.70	-59.60	30% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$1,055	N/A	\$652	N/A	\$165	N/A	-38.20	-74.60	30% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	\$376	N/A	\$434	N/A	\$405	N/A	15.34	-6.72	30% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	\$627	N/A	\$819	N/A	\$472	N/A	30.70	-42.40	30% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	\$9,554	N/A	\$7,847	N/A	\$4,134	N/A	-17.90	-47.30	30% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	\$497	N/A	\$571	N/A	\$399	N/A	14.85	-30.10	30% (+/-)	No
Adult	N/A	\$395	N/A	\$394	N/A	\$435	N/A	-0.24	10.51	30% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$847	N/A	\$596	N/A	\$1,442	N/A	-29.70	142.20	30% (+/-)	No

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Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	\$293	N/A	\$1,237	N/A	\$24,306	N/A	322.00	1,866.00	30% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	\$548	N/A	\$610	N/A	\$677	N/A	11.34	10.97	30% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	\$376	N/A	\$394	N/A	\$490	N/A	4.80	24.40	30% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	\$350	N/A	\$364	N/A	\$346	N/A	3.98	-4.84	30% (+/-)	Yes
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$89,141,009	N/A	\$75,356,278	N/A	\$50,777,535	N/A	-15.50	-32.60	30% (+/-)	No
IP: Number of Users	N/A	3,616	N/A	2,839	N/A	1,973	N/A	-21.50	-30.50	30% (+/-)	No
IP: Avg Medicaid Paid per User	N/A	\$24,652	N/A	\$26,543	N/A	\$25,736	N/A	7.67	-3.04	30% (+/-)	Yes
IP: Avg Medicaid Covered Days Per User	N/A	18	N/A	19	N/A	18	N/A	5.13	-5.93	30% (+/-)	Yes
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$148,739	N/A	\$94,254	N/A	\$44,391	N/A	-36.60	-52.90	30% (+/-)	No
MH Aged: Number of Users	N/A	93	N/A	55	N/A	39	N/A	-40.90	-29.10	30% (+/-)	Yes
MH Aged: Avg Medicaid Paid per User	N/A	\$1,599	N/A	\$1,714	N/A	\$1,138	N/A	7.15	-33.60	30% (+/-)	No
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$6,489,198	N/A	\$3,081,914	N/A	\$1,200,428	N/A	-52.50	-61.00	30% (+/-)	No
IP Psych, Age < 21: Number of Users	N/A	91	N/A	40	N/A	31	N/A	-56.00	-22.50	30% (+/-)	Yes
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	\$71,310	N/A	\$77,048	N/A	\$38,723	N/A	8.05	-49.70	30% (+/-)	No
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$6,493,095	N/A	\$5,314,912	N/A	\$7,294,654	N/A	-18.10	37.25	30% (+/-)	No
ICF/MR: Number of Users	N/A	28	N/A	24	N/A	25	N/A	-14.30	4.17	30% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$231,896	N/A	\$221,455	N/A	\$291,786	N/A	-4.50	31.76	30% (+/-)	No
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$67,131,756	N/A	\$61,530,556	N/A	\$60,331,544	N/A	-8.34	-1.95	30% (+/-)	Yes
NF: Number of Users	N/A	771	N/A	719	N/A	713	N/A	-6.74	-0.83	30% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$87,071	N/A	\$85,578	N/A	\$84,616	N/A	-1.71	-1.12	30% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$8,250,625	N/A	\$6,218,656	N/A	\$3,975,802	N/A	-24.60	-36.10	30% (+/-)	No
Physician: Number of Users	N/A	16,190	N/A	14,431	N/A	9,326	N/A	-10.90	-35.40	30% (+/-)	No
Physician: Avg Medicaid Paid per User	N/A	\$510	N/A	\$431	N/A	\$426	N/A	-15.40	-1.07	30% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$1,748,369	N/A	\$1,678,003	N/A	\$1,799,580	N/A	-4.02	7.25	30% (+/-)	Yes
Dental: Number of Users	N/A	6,144	N/A	5,914	N/A	5,990	N/A	-3.74	1.29	30% (+/-)	Yes
Dental: Avg Medicaid Paid per User	N/A	\$285	N/A	\$284	N/A	\$300	N/A	-0.29	5.89	30% (+/-)	Yes
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$451,735	N/A	\$355,252	N/A	\$242,234	N/A	-21.40	-31.80	30% (+/-)	No
Other Practitioner: Number of Users	N/A	5,735	N/A	4,584	N/A	3,156	N/A	-20.10	-31.20	30% (+/-)	No
Other Practitioner: Avg Medicaid Paid per User	N/A	\$79	N/A	\$77	N/A	\$77	N/A	-1.61	-0.96	30% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$25,816,326	N/A	\$17,773,725	N/A	\$11,138,535	N/A	-31.20	-37.30	30% (+/-)	No
Outpatient: Number of Users	N/A	13,185	N/A	11,934	N/A	7,217	N/A	-9.49	-39.50	30% (+/-)	No
Outpatient: Avg Medicaid Paid per User	N/A	\$1,958	N/A	\$1,489	N/A	\$1,543	N/A	-23.90	3.63	30% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$3,699,158	N/A	\$3,392,149	N/A	\$2,138,712	N/A	-8.30	-37.00	30% (+/-)	No
Clinic: Number of Users	N/A	5,027	N/A	4,884	N/A	3,419	N/A	-2.84	-30.00	30% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$736	N/A	\$695	N/A	\$626	N/A	-5.61	-9.94	30% (+/-)	Yes
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$6,798,446	N/A	\$6,252,847	N/A	\$5,712,424	N/A	-8.03	-8.64	30% (+/-)	Yes
Home Health: Number of Users	N/A	1,462	N/A	1,134	N/A	803	N/A	-22.40	-29.20	30% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$4,650	N/A	\$5,514	N/A	\$7,114	N/A	18.58	29.01	30% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$11,010,162	N/A	\$6,955,010	N/A	\$4,205,614	N/A	-36.80	-39.50	30% (+/-)	No
Lab/Xray: Number of Users	N/A	14,282	N/A	11,911	N/A	6,709	N/A	-16.60	-43.70	30% (+/-)	No
Lab/Xray: Avg Medicaid Paid per User	N/A	\$771	N/A	\$584	N/A	\$627	N/A	-24.30	7.36	30% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$58,737,609	N/A	\$42,774,727	N/A	\$26,705,903	N/A	-27.20	-37.60	30% (+/-)	No
Drugs: Number of Users	N/A	20,857	N/A	19,360	N/A	13,716	N/A	-7.18	-29.20	30% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$2,816	N/A	\$2,209	N/A	\$1,947	N/A	-21.50	-11.90	30% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$42,025,400	N/A	\$43,010,244	N/A	\$44,975,424	N/A	2.34	4.57	30% (+/-)	Yes

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Other Services: Number of Users	N/A	6,038	N/A	5,312	N/A	5,275	N/A	-12.00	-0.70	30% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$6,960	N/A	\$8,097	N/A	\$8,526	N/A	16.33	5.30	30% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$4,230,713	N/A	\$5,940,201	N/A	\$7,238,734	N/A	40.41	21.86	30% (+/-)	Yes
Transportation: Number of Users	N/A	3,678	N/A	3,487	N/A	3,185	N/A	-5.19	-8.66	30% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$1,150	N/A	\$1,704	N/A	\$2,273	N/A	48.10	33.41	30% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$711,213	N/A	\$883,256	N/A	\$2,209,032	N/A	24.19	150.10	30% (+/-)	No
Personal Care Services: Number of Users	N/A	171	N/A	181	N/A	495	N/A	5.85	173.50	30% (+/-)	No
Personal Care Services: Avg Medicaid Paid per User	N/A	\$4,159	N/A	\$4,880	N/A	\$4,463	N/A	17.33	-8.55	30% (+/-)	Yes
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$2,639,626	N/A	\$2,773,143	N/A	\$1,925,407	N/A	5.06	-30.60	30% (+/-)	No
Targeted Case Management: Number of Users	N/A	1,727	N/A	1,700	N/A	2,212	N/A	-1.56	30.12	30% (+/-)	No
Targeted Case Management: Avg Medicaid Paid per User	N/A	\$1,528	N/A	\$1,631	N/A	\$870	N/A	6.73	-46.60	30% (+/-)	No
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$13,638,236	N/A	\$13,485,795	N/A	\$15,813,579	N/A	-1.12	17.26	30% (+/-)	Yes
Rehabilitation Services: Number of Users	N/A	1,027	N/A	1,114	N/A	1,682	N/A	8.47	50.99	30% (+/-)	No
Rehabilitation Services: Avg Medicaid Paid per User	N/A	\$13,280	N/A	\$12,106	N/A	\$9,402	N/A	-8.84	-22.30	30% (+/-)	Yes
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PT/OT/Speech/Hearing: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PT/OT/Speech/Hearing: 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	30% (+/-)	N/A
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$1,483,692	N/A	\$1,060,192	N/A	\$1,166,205	N/A	-28.50	10.00	30% (+/-)	Yes
Hospice: Number of Users	N/A	145	N/A	112	N/A	106	N/A	-22.80	-5.36	30% (+/-)	Yes
Hospice: Avg Medicaid Paid per User	N/A	\$10,232	N/A	\$9,466	N/A	\$11,002	N/A	-7.49	16.23	30% (+/-)	Yes
Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37)	N/A	N/A	N/A	\$646	N/A	\$0	N/A	N/A	-100.00	30% (+/-)	No
Nurse Practitioner: Number of Users	N/A	N/A	N/A	11	N/A	0	N/A	N/A	-100.00	30% (+/-)	No
Nurse Practitioner: Avg Medicaid Paid per User	N/A	N/A	N/A	\$646	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Number of Users	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Avg Medicaid Paid per User	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$10,210,334	N/A	\$7,214,407	N/A	\$5,276,927	N/A	-29.30	-26.90	30% (+/-)	Yes
Durable Medical Equipment: Number of Users	N/A	8,770	N/A	7,188	N/A	4,877	N/A	-18.00	-32.20	30% (+/-)	No
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$1,164	N/A	\$1,004	N/A	\$1,082	N/A	-13.80	7.80	30% (+/-)	Yes
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$314,350	N/A	\$198,238	N/A	\$80,629	N/A	-36.90	-59.30	30% (+/-)	No
Residential Care: Number of Users	N/A	18	N/A	11	N/A	11	N/A	-38.90	-54.50	30% (+/-)	No
Residential Care: Avg Medicaid Paid per User	N/A	\$17,464	N/A	\$18,022	N/A	\$16,126	N/A	3.19	-10.50	30% (+/-)	Yes
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$52,800,384	N/A	\$43,190,696	N/A	\$37,374,074	N/A	-18.20	-13.50	30% (+/-)	Yes
Psych Services: Number of Users	N/A	9,227	N/A	7,986	N/A	6,446	N/A	-13.40	-19.30	30% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$5,722	N/A	\$5,408	N/A	\$5,798	N/A	-5.49	7.21	30% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$7,995,622	N/A	\$7,654,984	N/A	\$7,176,818	N/A	-4.26	-6.25	30% (+/-)	Yes
Adult Day Care: Number of Users	N/A	559	N/A	541	N/A	518	N/A	-3.22	-4.25	30% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$14,303	N/A	\$14,150	N/A	\$13,855	N/A	-1.07	-2.08	30% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$3,067	N/A	\$2,669	N/A	\$1,427	N/A	-13.00	-46.50	30% (+/-)	No
Aged	N/A	\$2,331	N/A	\$1,777	N/A	\$396	N/A	-23.80	-77.70	30% (+/-)	No
Disabled	N/A	\$4,269	N/A	\$3,851	N/A	\$2,573	N/A	-9.79	-33.20	30% (+/-)	No
Child	N/A	\$85	N/A	\$66	N/A	\$19	N/A	-22.40	-70.60	30% (+/-)	No
Adult	N/A	\$46	N/A	\$82	N/A	\$112	N/A	78.76	36.94	30% (+/-)	No
ILTC (MAX TOS = 02,04,05,07)	N/A	\$2,762	N/A	\$2,480	N/A	\$1,936	N/A	-10.20	-22.00	30% (+/-)	Yes
Aged	N/A	\$4,847	N/A	\$4,942	N/A	\$1,519	N/A	1.96	-69.30	30% (+/-)	No
Disabled	N/A	\$3,647	N/A	\$3,393	N/A	\$3,373	N/A	-6.97	-0.58	30% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Child	N/A	\$247	N/A	\$216	N/A	\$51	N/A	-12.50	-76.40	30% (+/-)	No
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	\$2,021	N/A	\$1,515	N/A	\$751	N/A	-25.00	-50.50	30% (+/-)	No
Aged	N/A	\$1,234	N/A	\$944	N/A	\$183	N/A	-23.50	-80.60	30% (+/-)	No
Disabled	N/A	\$2,791	N/A	\$2,161	N/A	\$1,301	N/A	-22.60	-39.80	30% (+/-)	No
Child	N/A	\$154	N/A	\$111	N/A	\$67	N/A	-28.10	-39.40	30% (+/-)	No
Adult	N/A	\$138	N/A	\$92	N/A	\$170	N/A	-33.10	84.83	30% (+/-)	No
All Other Services	N/A	\$6,674	N/A	\$5,954	N/A	\$4,285	N/A	-10.80	-28.00	30% (+/-)	Yes
Aged	N/A	\$2,592	N/A	\$2,301	N/A	\$620	N/A	-11.20	-73.00	30% (+/-)	No
Disabled	N/A	\$8,730	N/A	\$8,165	N/A	\$7,550	N/A	-6.48	-7.53	30% (+/-)	Yes
Child	N/A	\$2,755	N/A	\$1,853	N/A	\$769	N/A	-32.80	-58.50	30% (+/-)	No
Adult	N/A	\$211	N/A	\$219	N/A	\$152	N/A	4.06	-30.60	30% (+/-)	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	12.44	N/A	10.06	N/A	5.55	N/A	-19.20	-44.90	30% (+/-)	No
Aged	N/A	14.57	N/A	11.40	N/A	2.37	N/A	-21.80	-79.20	30% (+/-)	No
Disabled	N/A	16.52	N/A	13.81	N/A	9.24	N/A	-16.40	-33.10	30% (+/-)	No
Child	N/A	1.69	N/A	1.10	N/A	0.81	N/A	-35.00	-26.40	30% (+/-)	Yes
Adult	N/A	1.41	N/A	1.89	N/A	1.53	N/A	34.58	-19.30	30% (+/-)	Yes
% Non-Dual FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	3.35	N/A	2.95	N/A	2.26	N/A	-11.90	-23.40	30% (+/-)	Yes
Aged	N/A	10.47	N/A	11.29	N/A	3.48	N/A	7.81	-69.20	30% (+/-)	No
Disabled	N/A	4.09	N/A	3.77	N/A	3.63	N/A	-7.90	-3.72	30% (+/-)	Yes
Child	N/A	0.56	N/A	0.32	N/A	0.18	N/A	-41.80	-45.00	30% (+/-)	No
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% with Ratio of ILTC Days/Enrollment Days > 1	N/A	11.20	N/A	0.96	N/A	1.87	N/A	-91.40	94.26	30% (+/-)	No
% Non-Dual FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	71.76	N/A	68.57	N/A	38.55	N/A	-4.45	-43.80	30% (+/-)	No
Aged	N/A	74.87	N/A	70.35	N/A	12.18	N/A	-6.03	-82.70	30% (+/-)	No
Disabled	N/A	80.49	N/A	77.59	N/A	40.88	N/A	-3.60	-47.30	30% (+/-)	No
Child	N/A	47.12	N/A	45.36	N/A	37.25	N/A	-3.74	-17.90	30% (+/-)	Yes
Adult	N/A	52.50	N/A	52.78	N/A	46.53	N/A	0.54	-11.80	30% (+/-)	Yes
% Non-Dual FFS Enrollees with All Other Claims	N/A	79.52	N/A	77.78	N/A	56.62	N/A	-2.19	-27.20	30% (+/-)	Yes
Aged	N/A	80.98	N/A	76.28	N/A	30.03	N/A	-5.80	-60.60	30% (+/-)	No
Disabled	N/A	87.33	N/A	85.30	N/A	67.72	N/A	-2.33	-20.60	30% (+/-)	Yes
Child	N/A	62.43	N/A	63.30	N/A	52.84	N/A	1.40	-16.50	30% (+/-)	Yes
Adult	N/A	51.88	N/A	55.89	N/A	37.30	N/A	7.73	-33.30	30% (+/-)	No
Avg # IP Days per Non-Dual FFS User	N/A	18	N/A	19	N/A	18	N/A	5.13	-5.93	30% (+/-)	Yes
Aged	N/A	10	N/A	11	N/A	7	N/A	9.77	-31.50	30% (+/-)	No
Disabled	N/A	19	N/A	20	N/A	20	N/A	4.91	-2.49	30% (+/-)	Yes
Child	N/A	4	N/A	6	N/A	3	N/A	28.56	-42.20	30% (+/-)	No
Adult	N/A	6	N/A	4	N/A	5	N/A	-26.40	24.76	30% (+/-)	Yes
Avg # ILTC Days per Non-Dual FFS User	N/A	228	N/A	232	N/A	236	N/A	1.90	1.69	30% (+/-)	Yes
Aged	N/A	262	N/A	239	N/A	234	N/A	-8.88	-1.88	30% (+/-)	Yes
Disabled	N/A	229	N/A	236	N/A	240	N/A	2.71	1.83	30% (+/-)	Yes
Child	N/A	41	N/A	49	N/A	61	N/A	18.82	24.48	30% (+/-)	Yes
Adult	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% Non-Dual FFS Enrollees with Maternal Delivery	N/A	0.52	N/A	0.39	N/A	0.11	N/A	-25.00	-72.60	30% (+/-)	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	0	N/A	11	N/A	0	N/A	Div by 0	-100.00	N/A	N/A

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Number of FFS Non-Duals with FFS Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	11	N/A	20.00	-66.70	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	11	N/A	11	N/A	11	N/A	100.00	-75.00	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	100	N/A	82	N/A	82	N/A	-18.00	0.00	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
All Other Services > \$200,000	N/A	14	N/A	13	N/A	16	N/A	-7.14	23.08	N/A	N/A
Maximum FFS Medicaid Paid	N/A	\$801,238	N/A	\$1,659,335	N/A	\$743,482	N/A	107.10	-55.20	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	\$758,047	N/A	\$1,625,179	N/A	\$730,601	N/A	114.40	-55.00	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$544,607	N/A	\$532,527	N/A	\$378,037	N/A	-2.22	-29.00	N/A	N/A
Drugs (MAX TOS = 16)	N/A	\$134,754	N/A	\$109,419	N/A	\$137,707	N/A	-18.80	25.85	N/A	N/A
All Other Services	N/A	\$298,192	N/A	\$269,363	N/A	\$345,485	N/A	-9.67	28.26	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$113,840	N/A	\$61,710	N/A	\$26,253	N/A	-45.80	-57.50	30% (+/-)	No
FP: Number of Users	N/A	181	N/A	137	N/A	100	N/A	-24.30	-27.00	30% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$629	N/A	\$450	N/A	\$263	N/A	-28.40	-41.70	30% (+/-)	No
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
RHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
RHC: 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	30% (+/-)	N/A
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$3,299,754	N/A	\$3,129,954	N/A	\$2,483,940	N/A	-5.15	-20.60	30% (+/-)	Yes
FQHC: Number of Users	N/A	5,707	N/A	5,618	N/A	4,806	N/A	-1.56	-14.50	30% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$578	N/A	\$557	N/A	\$517	N/A	-3.64	-7.23	30% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
IHS: 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	30% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$6,267,142	N/A	\$6,113,673	N/A	\$7,100,692	N/A	-2.45	16.14	30% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	577	N/A	568	N/A	597	N/A	-1.56	5.11	30% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$10,862	N/A	\$10,764	N/A	\$11,894	N/A	-0.90	10.50	30% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	\$16,007,754	N/A	\$15,132,876	N/A	\$15,291,157	N/A	-5.47	1.05	30% (+/-)	Yes
Number of Non-Dual CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	2,067	N/A	1,753	N/A	1,520	N/A	-15.20	-13.30	30% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Non-Dual User (Excludes CLTC FLAG = 16-20)	N/A	\$7,744	N/A	\$8,633	N/A	\$10,060	N/A	11.47	16.54	30% (+/-)	Yes
Aged	N/A	\$5,030	N/A	\$7,119	N/A	\$8,186	N/A	41.54	14.99	30% (+/-)	Yes
Disabled	N/A	\$7,939	N/A	\$8,686	N/A	\$10,255	N/A	9.40	18.06	30% (+/-)	Yes
Child	N/A	\$7,928	N/A	\$10,975	N/A	\$537	N/A	38.43	-95.10	30% (+/-)	No
Adult	N/A	\$708	N/A	\$55	N/A	\$456	N/A	-92.20	728.40	30% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	7.11	N/A	6.21	N/A	4.27	N/A	-12.70	-31.20	30% (+/-)	No
Aged	N/A	10.12	N/A	7.87	N/A	2.19	N/A	-22.30	-72.10	30% (+/-)	No
Disabled	N/A	9.55	N/A	8.78	N/A	7.58	N/A	-8.13	-13.60	30% (+/-)	Yes
Child	N/A	0.37	N/A	0.25	N/A	0.14	N/A	-32.10	-43.40	30% (+/-)	No
Adult	N/A	0.37	N/A	0.07	N/A	0.09	N/A	-80.80	32.02	30% (+/-)	No
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$6,267,142	N/A	\$6,113,673	N/A	\$7,100,692	N/A	-2.45	16.14	30% (+/-)	Yes
# Non-Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	577	N/A	568	N/A	597	N/A	-1.56	5.11	30% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Non-Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$10,862	N/A	\$10,764	N/A	\$11,894	N/A	-0.90	10.50	30% (+/-)	Yes
Aged	N/A	\$11,148	N/A	\$14,135	N/A	\$11,765	N/A	26.80	-16.80	30% (+/-)	Yes
Disabled	N/A	\$10,813	N/A	\$10,572	N/A	\$11,922	N/A	-2.23	12.77	30% (+/-)	Yes
Child	N/A	\$18,068	N/A	\$13,420	N/A	\$970	N/A	-25.70	-92.80	30% (+/-)	No
Adult	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
% Non-Dual FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	1.99	N/A	2.01	N/A	1.68	N/A	1.34	-16.60	30% (+/-)	Yes
Aged	N/A	3.58	N/A	3.31	N/A	1.29	N/A	-7.57	-61.10	30% (+/-)	No
Disabled	N/A	2.65	N/A	2.83	N/A	2.94	N/A	6.46	4.15	30% (+/-)	Yes
Child	N/A	0.04	N/A	0.04	N/A	0.01	N/A	-3.05	-67.00	30% (+/-)	No
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
FFS INFORMATION FOR DUAL MEDICAID ENROLLEES (excludes non-EDB duals, duals ever enrolled in HMO/HIOs or PACE, duals with only restricted benefits, duals with missing eligibility information, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage)---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. PACE enrollees were not excluded prior to 2007.											
Total EDB Dual FFS Enrollees	N/A	34,602	N/A	34,576	N/A	37,083	N/A	-0.08	7.25	30% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	32,255	N/A	32,298	N/A	32,860	N/A	0.13	1.74	30% (+/-)	Yes
Total EDB Dual FFS Person-Years of Enrollment	N/A	31,023	N/A	30,954	N/A	32,289	N/A	-0.22	4.31	30% (+/-)	Yes
% EDB Dual Not Reported in MSIS (EDB DUAL = 50)	N/A	1.00	N/A	0.43	N/A	5.31	N/A	-56.70	1,123.00	30% (+/-)	No
% QMB Only (EDB DUAL = 51)	N/A	0.12	N/A	0.09	N/A	0.09	N/A	-30.20	5.67	30% (+/-)	Yes
% QMB Plus (EDB DUAL = 52)	N/A	60.91	N/A	61.59	N/A	57.06	N/A	1.12	-7.36	30% (+/-)	Yes
% SLMB Only (EDB DUAL = 53)	N/A	0.95	N/A	0.99	N/A	1.26	N/A	4.65	27.22	30% (+/-)	Yes
% SLMB Plus (EDB DUAL = 54)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% QDWI (EDB DUAL = 55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	30% (+/-)	N/A
% QI 1 (EDB DUAL = 56)	N/A	0.28	N/A	0.23	N/A	0.26	N/A	-18.30	14.22	30% (+/-)	Yes
% 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	30% (+/-)	N/A
% Other Type Dual (EDB DUAL = 58)	N/A	36.72	N/A	36.67	N/A	36.02	N/A	-0.15	-1.77	30% (+/-)	Yes
% Dual Type Unknown (EDB DUAL = 59)	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	Div by 0	30% (+/-)	N/A
% EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	98.63	N/A	98.69	N/A	98.38	N/A	0.06	-0.31	30% (+/-)	Yes
% EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	1.36	N/A	1.31	N/A	1.62	N/A	-3.34	23.50	30% (+/-)	Yes
Aged EDB Dual FFS Total	N/A	15,697	N/A	15,488	N/A	17,519	N/A	-1.33	13.11	30% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	4,346	N/A	4,194	N/A	3,992	N/A	-3.50	-4.82	30% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	3,150	N/A	3,182	N/A	3,178	N/A	1.02	-0.13	30% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	160	N/A	172	N/A	218	N/A	7.50	26.74	30% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	8,041	N/A	7,940	N/A	8,097	N/A	-1.26	1.98	30% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	2,034	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Disabled EDB Dual FFS Total	N/A	17,652	N/A	17,759	N/A	17,974	N/A	0.61	1.21	30% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	11,328	N/A	11,079	N/A	10,810	N/A	-2.20	-2.43	30% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	756	N/A	827	N/A	855	N/A	9.39	3.39	30% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	351	N/A	326	N/A	367	N/A	-7.12	12.58	30% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	5,217	N/A	5,527	N/A	5,942	N/A	5.94	7.51	30% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Total FFS Medicaid Paid	N/A	\$729,994,439	N/A	\$692,884,436	N/A	\$687,714,924	N/A	-5.08	-0.75	30% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual	N/A	\$21,097	N/A	\$20,039	N/A	\$18,545	N/A	-5.01	-7.46	30% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual Recipient (User of Any Service)	N/A	\$22,632	N/A	\$21,453	N/A	\$20,929	N/A	-5.21	-2.44	30% (+/-)	Yes
Total Capitation Payments	N/A	\$8,094	N/A	\$26,691	N/A	\$1,642	N/A	229.80	-93.80	30% (+/-)	No
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	25	No	31	No	11	No	24.00	-77.40	30% (+/-)	No
Total HMO/HIO Payments (Among People not Enrolled)	N/A	\$8,094	N/A	\$26,691	N/A	\$1,642	N/A	229.80	-93.80	30% (+/-)	No
Avg HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	\$861	N/A	\$235	N/A	N/A	-72.80	30% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$23,983	N/A	\$22,303	N/A	\$19,921	N/A	-7.01	-10.70	30% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$6,601	N/A	\$6,248	N/A	\$6,529	N/A	-5.35	4.49	30% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$35,172	N/A	\$31,672	N/A	\$31,676	N/A	-9.95	0.01	30% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$898	N/A	\$1,376	N/A	\$742	N/A	53.17	-46.10	30% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	\$29,455	N/A	\$27,482	N/A	\$27,417	N/A	-6.70	-0.24	30% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	\$50	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Disabled	N/A	\$19,917	N/A	\$19,455	N/A	\$18,686	N/A	-2.32	-3.95	30% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$13,931	N/A	\$13,774	N/A	\$12,945	N/A	-1.12	-6.02	30% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$25,333	N/A	\$25,265	N/A	\$24,170	N/A	-0.27	-4.33	30% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$4,102	N/A	\$4,051	N/A	\$2,668	N/A	-1.23	-34.10	30% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$33,194	N/A	\$30,880	N/A	\$29,330	N/A	-6.97	-5.02	30% (+/-)	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	30% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$17,600,751	N/A	\$17,533,725	N/A	\$19,424,739	N/A	-0.38	10.79	30% (+/-)	Yes
IP: Number of Users	N/A	6,971	N/A	6,947	N/A	6,844	N/A	-0.34	-1.48	30% (+/-)	Yes
IP: Avg Medicaid Paid per User	N/A	\$2,525	N/A	\$2,524	N/A	\$2,838	N/A	-0.04	12.45	30% (+/-)	Yes
IP: Avg Medicaid Covered Days Per User	N/A	1	N/A	1	N/A	1	N/A	-10.30	-24.20	30% (+/-)	Yes
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$473,292	N/A	\$141,063	N/A	\$203,335	N/A	-70.20	44.14	30% (+/-)	No
MH Aged: Number of Users	N/A	70	N/A	63	N/A	77	N/A	-10.00	22.22	30% (+/-)	Yes
MH Aged: Avg Medicaid Paid per User	N/A	\$6,761	N/A	\$2,239	N/A	\$2,641	N/A	-66.90	17.94	30% (+/-)	Yes
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$26,803	N/A	\$2,332	N/A	\$549	N/A	-91.30	-76.50	30% (+/-)	No
IP Psych, Age < 21: Number of Users	N/A	38	N/A	11	N/A	11	N/A	-92.10	-66.70	30% (+/-)	No
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	\$705	N/A	\$777	N/A	\$549	N/A	10.21	-29.40	30% (+/-)	Yes
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$3,491,017	N/A	\$3,571,540	N/A	\$3,510,818	N/A	2.31	-1.70	30% (+/-)	Yes
ICF/MR: Number of Users	N/A	16	N/A	17	N/A	17	N/A	6.25	0.00	30% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$218,189	N/A	\$210,091	N/A	\$206,519	N/A	-3.71	-1.70	30% (+/-)	Yes
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$495,926,810	N/A	\$449,064,992	N/A	\$434,255,568	N/A	-9.45	-3.30	30% (+/-)	Yes
NF: Number of Users	N/A	9,276	N/A	8,960	N/A	8,747	N/A	-3.41	-2.38	30% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$53,463	N/A	\$50,119	N/A	\$49,646	N/A	-6.26	-0.94	30% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$2,094,424	N/A	\$1,875,265	N/A	\$1,679,371	N/A	-10.50	-10.40	30% (+/-)	Yes
Physician: Number of Users	N/A	19,551	N/A	19,006	N/A	18,105	N/A	-2.79	-4.74	30% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$107	N/A	\$99	N/A	\$93	N/A	-7.90	-5.99	30% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$1,879,983	N/A	\$1,957,690	N/A	\$2,264,210	N/A	4.13	15.66	30% (+/-)	Yes
Dental: Number of Users	N/A	8,023	N/A	7,889	N/A	8,632	N/A	-1.67	9.42	30% (+/-)	Yes
Dental: Avg Medicaid Paid per User	N/A	\$234	N/A	\$248	N/A	\$262	N/A	5.90	5.70	30% (+/-)	Yes
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$303,547	N/A	\$273,831	N/A	\$282,090	N/A	-9.79	3.02	30% (+/-)	Yes
Other Practitioner: Number of Users	N/A	9,541	N/A	7,943	N/A	7,636	N/A	-16.70	-3.87	30% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$32	N/A	\$34	N/A	\$37	N/A	8.36	7.16	30% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$4,543,195	N/A	\$3,648,662	N/A	\$3,470,710	N/A	-19.70	-4.88	30% (+/-)	Yes
Outpatient: Number of Users	N/A	18,491	N/A	18,717	N/A	18,802	N/A	1.22	0.45	30% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$246	N/A	\$195	N/A	\$185	N/A	-20.70	-5.31	30% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$2,179,570	N/A	\$2,499,720	N/A	\$2,232,976	N/A	14.69	-10.70	30% (+/-)	Yes
Clinic: Number of Users	N/A	4,244	N/A	4,955	N/A	5,325	N/A	16.75	7.47	30% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$514	N/A	\$504	N/A	\$419	N/A	-1.77	-16.90	30% (+/-)	Yes
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$29,504,832	N/A	\$31,220,358	N/A	\$28,356,839	N/A	5.81	-9.17	30% (+/-)	Yes
Home Health: Number of Users	N/A	2,729	N/A	2,682	N/A	2,841	N/A	-1.72	5.93	30% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$10,812	N/A	\$11,641	N/A	\$9,981	N/A	7.67	-14.30	30% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$1,191,575	N/A	\$861,765	N/A	\$664,607	N/A	-27.70	-22.90	30% (+/-)	Yes
Lab/Xray: Number of Users	N/A	3,436	N/A	3,269	N/A	2,400	N/A	-4.86	-26.60	30% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Lab/Xray: Avg Medicaid Paid per User	N/A	\$347	N/A	\$264	N/A	\$277	N/A	-24.00	5.05	30% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$7,525,786	N/A	\$5,155,534	N/A	\$3,657,974	N/A	-31.50	-29.00	30% (+/-)	Yes
Drugs: Number of Users	N/A	19,379	N/A	19,251	N/A	18,948	N/A	-0.66	-1.57	30% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$388	N/A	\$268	N/A	\$193	N/A	-31.00	-27.90	30% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$58,868,077	N/A	\$64,460,357	N/A	\$66,195,929	N/A	9.50	2.69	30% (+/-)	Yes
Other Services: Number of Users	N/A	10,474	N/A	10,347	N/A	10,451	N/A	-1.21	1.01	30% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$5,620	N/A	\$6,230	N/A	\$6,334	N/A	10.84	1.67	30% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$5,222,610	N/A	\$7,181,955	N/A	\$9,614,744	N/A	37.52	33.87	30% (+/-)	No
Transportation: Number of Users	N/A	5,203	N/A	5,331	N/A	5,451	N/A	2.46	2.25	30% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$1,004	N/A	\$1,347	N/A	\$1,764	N/A	34.21	30.93	30% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$1,485,749	N/A	\$1,638,089	N/A	\$8,865,575	N/A	10.25	441.20	30% (+/-)	No
Personal Care Services: Number of Users	N/A	411	N/A	415	N/A	2,006	N/A	0.97	383.40	30% (+/-)	No
Personal Care Services: Avg Medicaid Paid per User	N/A	\$3,615	N/A	\$3,947	N/A	\$4,420	N/A	9.19	11.97	30% (+/-)	Yes
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$870,127	N/A	\$878,605	N/A	\$896,724	N/A	0.97	2.06	30% (+/-)	Yes
Targeted Case Management: Number of Users	N/A	1,101	N/A	1,190	N/A	1,902	N/A	8.08	59.83	30% (+/-)	No
Targeted Case Management: Avg Medicaid Paid per User	N/A	\$790	N/A	\$738	N/A	\$471	N/A	-6.58	-36.10	30% (+/-)	No
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$2,154,798	N/A	\$2,548,039	N/A	\$2,790,554	N/A	18.25	9.52	30% (+/-)	Yes
Rehabilitation Services: Number of Users	N/A	2,373	N/A	2,402	N/A	1,986	N/A	1.22	-17.30	30% (+/-)	Yes
Rehabilitation Services: Avg Medicaid Paid per User	N/A	\$908	N/A	\$1,061	N/A	\$1,405	N/A	16.82	32.46	30% (+/-)	No
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PT/OT/Speech/Hearing: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PT/OT/Speech/Hearing: 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	30% (+/-)	N/A
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$19,707,971	N/A	\$22,411,121	N/A	\$25,287,469	N/A	13.72	12.83	30% (+/-)	Yes
Hospice: Number of Users	N/A	1,357	N/A	1,531	N/A	1,467	N/A	12.82	-4.18	30% (+/-)	Yes
Hospice: Avg Medicaid Paid per User	N/A	\$14,523	N/A	\$14,638	N/A	\$17,238	N/A	0.79	17.76	30% (+/-)	Yes
Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	30% (+/-)	N/A
Nurse Practitioner: Number of Users	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
Nurse Practitioner: Avg Medicaid Paid per User	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Number of Users	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Avg Medicaid Paid per User	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$4,491,095	N/A	\$4,369,298	N/A	\$4,241,207	N/A	-2.71	-2.93	30% (+/-)	Yes
Durable Medical Equipment: Number of Users	N/A	8,066	N/A	8,017	N/A	8,134	N/A	-0.61	1.46	30% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$557	N/A	\$545	N/A	\$521	N/A	-2.12	-4.33	30% (+/-)	Yes
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Residential Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Residential Care: 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	30% (+/-)	N/A
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$43,891,762	N/A	\$45,808,200	N/A	\$44,887,800	N/A	4.37	-2.01	30% (+/-)	Yes
Psych Services: Number of Users	N/A	4,998	N/A	5,228	N/A	5,082	N/A	4.60	-2.79	30% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$8,782	N/A	\$8,762	N/A	\$8,833	N/A	-0.23	0.81	30% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$26,544,866	N/A	\$25,760,521	N/A	\$24,910,777	N/A	-2.95	-3.30	30% (+/-)	Yes
Adult Day Care: Number of Users	N/A	2,092	N/A	2,014	N/A	1,983	N/A	-3.73	-1.54	30% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$12,689	N/A	\$12,791	N/A	\$12,562	N/A	0.80	-1.79	30% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$509	N/A	\$507	N/A	\$524	N/A	-0.31	3.30	30% (+/-)	Yes
Aged	N/A	\$381	N/A	\$352	N/A	\$385	N/A	-7.69	9.46	30% (+/-)	Yes
Disabled	N/A	\$650	N/A	\$673	N/A	\$671	N/A	3.47	-0.20	30% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

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ILTC (MAX TOS = 02,04,05,07)	N/A	\$14,448	N/A	\$13,095	N/A	\$11,811	N/A	-9.36	-9.81	30% (+/-)	Yes
Aged	N/A	\$20,301	N/A	\$18,349	N/A	\$15,942	N/A	-9.62	-13.10	30% (+/-)	Yes
Disabled	N/A	\$10,268	N/A	\$9,490	N/A	\$8,824	N/A	-7.57	-7.02	30% (+/-)	Yes
Drugs (MAX TOS = 16)	N/A	\$217	N/A	\$149	N/A	\$99	N/A	-31.40	-33.80	30% (+/-)	No
Aged	N/A	\$51	N/A	\$44	N/A	\$38	N/A	-12.60	-15.30	30% (+/-)	Yes
Disabled	N/A	\$376	N/A	\$246	N/A	\$158	N/A	-34.70	-35.70	30% (+/-)	No
All Other Services	N/A	\$5,923	N/A	\$6,288	N/A	\$6,112	N/A	6.16	-2.80	30% (+/-)	Yes
Aged	N/A	\$3,250	N/A	\$3,558	N/A	\$3,556	N/A	9.46	-0.05	30% (+/-)	Yes
Disabled	N/A	\$8,623	N/A	\$9,046	N/A	\$9,033	N/A	4.91	-0.15	30% (+/-)	Yes
PERCENT OF FFS DUALS WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Duals with IP Claims (MAX TOS = 01)	N/A	20.15	N/A	20.09	N/A	18.46	N/A	-0.27	-8.14	30% (+/-)	Yes
Aged	N/A	20.77	N/A	21.09	N/A	18.19	N/A	1.57	-13.80	30% (+/-)	Yes
Disabled	N/A	19.96	N/A	19.61	N/A	19.42	N/A	-1.76	-0.97	30% (+/-)	Yes
% FFS Duals with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	27.03	N/A	26.07	N/A	23.73	N/A	-3.54	-8.99	30% (+/-)	Yes
Aged	N/A	47.10	N/A	46.02	N/A	39.75	N/A	-2.30	-13.60	30% (+/-)	Yes
Disabled	N/A	11.07	N/A	10.60	N/A	10.18	N/A	-4.21	-3.98	30% (+/-)	Yes
% FFS Duals with Drug Claims (MAX TOS = 16)	N/A	56.01	N/A	55.68	N/A	51.10	N/A	-0.59	-8.23	30% (+/-)	Yes
Aged	N/A	51.69	N/A	51.24	N/A	44.33	N/A	-0.86	-13.50	30% (+/-)	Yes
Disabled	N/A	60.76	N/A	60.47	N/A	58.56	N/A	-0.48	-3.17	30% (+/-)	Yes
% FFS Duals with All Other Claims	N/A	87.83	N/A	87.83	N/A	83.26	N/A	0.01	-5.21	30% (+/-)	Yes
Aged	N/A	83.70	N/A	83.08	N/A	75.55	N/A	-0.74	-9.06	30% (+/-)	Yes
Disabled	N/A	91.72	N/A	92.41	N/A	92.00	N/A	0.75	-0.44	30% (+/-)	Yes
Avg # IP Days per FFS Dual User (MAX TOS = 01)	N/A	1	N/A	1	N/A	1	N/A	-10.30	-24.20	30% (+/-)	Yes
Aged	N/A	0	N/A	0	N/A	0	N/A	-62.30	20.64	30% (+/-)	Yes
Disabled	N/A	1	N/A	1	N/A	1	N/A	4.93	-34.20	30% (+/-)	No
Avg # ILTC Days per FFS Dual User (MAX TOS = 02, 04, 05, 07)	N/A	273	N/A	251	N/A	252	N/A	-7.84	0.26	30% (+/-)	Yes
Aged	N/A	271	N/A	247	N/A	248	N/A	-9.15	0.40	30% (+/-)	Yes
Disabled	N/A	279	N/A	270	N/A	270	N/A	-3.06	-0.13	30% (+/-)	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	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	N/A	N/A
Number of FFS Duals with FFS Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	11	N/A	-50.00	200.00	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	0	N/A	0	N/A	11	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	238	N/A	213	N/A	195	N/A	-10.50	-8.45	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	N/A	N/A
All Other Services > \$200,000	N/A	11	N/A	11	N/A	11	N/A	66.67	-30.00	N/A	N/A
Maximum FFS Medicaid Paid	N/A	\$1,654,891	N/A	\$800,823	N/A	\$795,978	N/A	-51.60	-0.61	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	\$281,038	N/A	\$325,379	N/A	\$607,441	N/A	15.78	86.69	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$430,093	N/A	\$377,311	N/A	\$378,037	N/A	-12.30	0.19	N/A	N/A
Drugs (MAX TOS = 16)	N/A	\$1,651,324	N/A	\$71,573	N/A	\$194,312	N/A	-95.70	171.50	N/A	N/A
All Other Services	N/A	\$320,639	N/A	\$728,867	N/A	\$795,978	N/A	127.30	9.21	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$20,035	N/A	\$19,160	N/A	\$26,585	N/A	-4.37	38.75	30% (+/-)	No
FP: Number of Users	N/A	74	N/A	76	N/A	81	N/A	2.70	6.58	30% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$271	N/A	\$252	N/A	\$328	N/A	-6.88	30.19	30% (+/-)	No
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
RHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
RHC: 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	30% (+/-)	N/A

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FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$1,598,258	N/A	\$1,946,648	N/A	\$2,132,436	N/A	21.80	9.54	30% (+/-)	Yes
FQHC: Number of Users	N/A	4,940	N/A	5,466	N/A	5,864	N/A	10.65	7.28	30% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$324	N/A	\$356	N/A	\$364	N/A	10.08	2.11	30% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
IHS: 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	30% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$28,449,781	N/A	\$30,239,613	N/A	\$33,612,929	N/A	6.29	11.16	30% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	2,730	N/A	2,780	N/A	2,878	N/A	1.83	3.53	30% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$10,421	N/A	\$10,878	N/A	\$11,679	N/A	4.38	7.37	30% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	\$58,214,399	N/A	\$59,315,030	N/A	\$62,736,703	N/A	1.89	5.77	30% (+/-)	Yes
Number of Dual CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	5,040	N/A	4,976	N/A	5,415	N/A	-1.27	8.82	30% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Dual User (Excludes CLTC FLAG = 16-20)	N/A	\$11,550	N/A	\$11,920	N/A	\$11,586	N/A	3.20	-2.81	30% (+/-)	Yes
Aged	N/A	\$10,157	N/A	\$10,761	N/A	\$10,107	N/A	5.95	-6.08	30% (+/-)	Yes
Disabled	N/A	\$12,482	N/A	\$12,729	N/A	\$12,724	N/A	1.98	-0.04	30% (+/-)	Yes
% FFS Dual Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	14.57	N/A	14.39	N/A	14.60	N/A	-1.20	1.47	30% (+/-)	Yes
Aged	N/A	12.84	N/A	12.82	N/A	13.35	N/A	-0.11	4.12	30% (+/-)	Yes
Disabled	N/A	17.08	N/A	16.75	N/A	17.02	N/A	-1.92	1.59	30% (+/-)	Yes
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$28,449,781	N/A	\$30,239,613	N/A	\$33,612,929	N/A	6.29	11.16	30% (+/-)	Yes
# Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	2,730	N/A	2,780	N/A	2,878	N/A	1.83	3.53	30% (+/-)	Yes
Avg CLTC Medicaid Paid per Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$10,421	N/A	\$10,878	N/A	\$11,679	N/A	4.38	7.37	30% (+/-)	Yes
Aged	N/A	\$9,999	N/A	\$10,545	N/A	\$11,173	N/A	5.46	5.96	30% (+/-)	Yes
Disabled	N/A	\$10,945	N/A	\$11,306	N/A	\$12,274	N/A	3.30	8.56	30% (+/-)	Yes
% FFS Dual Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	7.89	N/A	8.04	N/A	7.76	N/A	1.91	-3.47	30% (+/-)	Yes
Aged	N/A	9.97	N/A	10.02	N/A	9.12	N/A	0.51	-8.97	30% (+/-)	Yes
Disabled	N/A	6.57	N/A	6.89	N/A	7.08	N/A	4.80	2.76	30% (+/-)	Yes
FFS INFORMATION FOR TOTAL MEDICAID ENROLLEES (excludes people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- 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. PACE enrollees were not excluded prior to 2007.											
Total FFS Enrollees	N/A	63,665	N/A	62,808	N/A	72,664	N/A	-1.35	15.69	30% (+/-)	Yes
# FFS Recipients	N/A	56,610	N/A	55,548	N/A	54,838	N/A	-1.88	-1.28	30% (+/-)	Yes
% FFS Enrollees Who Are Recipients	65-90%	88.92	Yes	88.44	Yes	75.47	Yes	-0.54	-14.70	30% (+/-)	Yes
% Aged Who Are Recipients	90-100%	92.88	Yes	92.80	Yes	77.20	No	-0.09	-16.80	30% (+/-)	Yes
% Disabled Who Are Recipients	85-100%	91.49	Yes	91.16	Yes	81.27	No	-0.36	-10.80	30% (+/-)	Yes
% Child Who Are Recipients	80-100%	70.03	No	70.07	No	57.89	No	0.05	-17.40	30% (+/-)	Yes
% Adults Who Are Recipients	80-100%	71.93	No	71.65	No	60.63	No	-0.39	-15.40	30% (+/-)	Yes
Total FFS Person-Years of Enrollment	N/A	55,818	N/A	54,516	N/A	59,450	N/A	-2.33	9.05	30% (+/-)	Yes
Aged Total	N/A	16,843	N/A	16,365	N/A	20,393	N/A	-2.84	24.61	30% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	4,482	N/A	4,315	N/A	4,102	N/A	-3.73	-4.94	30% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	3,189	N/A	3,221	N/A	3,216	N/A	1.00	-0.16	30% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	207	N/A	205	N/A	221	N/A	-0.97	7.81	30% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	8,965	N/A	8,624	N/A	8,683	N/A	-3.80	0.68	30% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	4,171	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Disabled Total	N/A	37,774	N/A	36,767	N/A	36,972	N/A	-2.67	0.56	30% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Disabled, Cash (MAX ELIG CD = 12)	N/A	27,480	N/A	25,876	N/A	25,710	N/A	-5.84	-0.64	30% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	996	N/A	1,094	N/A	1,163	N/A	9.84	6.31	30% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	790	N/A	853	N/A	894	N/A	7.98	4.81	30% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	8,508	N/A	8,944	N/A	9,205	N/A	5.13	2.92	30% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Child Total	N/A	5,379	N/A	5,549	N/A	8,405	N/A	3.16	51.47	30% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	213	N/A	165	N/A	183	N/A	-22.50	10.91	30% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	1,102	N/A	1,289	N/A	1,557	N/A	16.97	20.79	30% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	368	N/A	363	N/A	436	N/A	-1.36	20.11	30% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	1,626	N/A	1,289	N/A	1,143	N/A	-20.70	-11.30	30% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	2,070	N/A	2,443	N/A	5,086	N/A	18.02	108.20	30% (+/-)	No
Adult Total	N/A	3,669	N/A	4,127	N/A	6,894	N/A	12.48	67.05	30% (+/-)	No
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	145	N/A	124	N/A	144	N/A	-14.50	16.13	30% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	11	N/A	11	N/A	11	N/A	-33.30	300.00	30% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	117	N/A	129	N/A	228	N/A	10.26	76.74	30% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	1,190	N/A	1,364	N/A	1,341	N/A	14.62	-1.69	30% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	2,214	N/A	2,508	N/A	5,173	N/A	13.28	106.30	30% (+/-)	No
Total FFS Medicaid Paid	N/A	\$1,152,098,552	N/A	\$1,049,134,805	N/A	\$986,548,002	N/A	-8.94	-5.97	30% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Enrollee	N/A	\$18,096	N/A	\$16,704	N/A	\$13,577	N/A	-7.69	-18.70	30% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Recipient (User of Any Service)	N/A	\$20,352	N/A	\$18,887	N/A	\$17,990	N/A	-7.20	-4.75	30% (+/-)	Yes
Total Capitation Payments	N/A	\$89,891	N/A	\$112,670	N/A	\$67,364	N/A	25.34	-40.20	30% (+/-)	No
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	199	No	193	No	70	No	-3.02	-63.70	30% (+/-)	No
Total HMO/HIO Payments (Among People not Enrolled)	N/A	\$89,891	N/A	\$112,670	N/A	\$67,364	N/A	25.34	-40.20	30% (+/-)	No
Avg HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	\$584	N/A	\$962	N/A	N/A	64.85	30% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$23,100	N/A	\$21,642	N/A	\$17,496	N/A	-6.31	-19.20	30% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$6,699	N/A	\$6,201	N/A	\$6,526	N/A	-7.43	5.24	30% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$35,057	N/A	\$31,610	N/A	\$31,648	N/A	-9.83	0.12	30% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$698	N/A	\$1,174	N/A	\$734	N/A	68.21	-37.40	30% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	\$27,564	N/A	\$26,131	N/A	\$26,253	N/A	-5.20	0.46	30% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	\$34	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Disabled	N/A	\$19,661	N/A	\$18,480	N/A	\$16,687	N/A	-6.01	-9.70	30% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$17,156	N/A	\$15,903	N/A	\$13,754	N/A	-7.30	-13.50	30% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$26,438	N/A	\$25,420	N/A	\$25,990	N/A	-3.85	2.24	30% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$6,166	N/A	\$6,429	N/A	\$2,322	N/A	4.26	-63.90	30% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$28,214	N/A	\$26,237	N/A	\$25,100	N/A	-7.01	-4.34	30% (+/-)	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	30% (+/-)	N/A
Child	N/A	\$3,243	N/A	\$2,247	N/A	\$906	N/A	-30.70	-59.70	30% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$1,055	N/A	\$652	N/A	\$165	N/A	-38.20	-74.60	30% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	\$379	N/A	\$435	N/A	\$405	N/A	14.57	-6.93	30% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	\$627	N/A	\$819	N/A	\$472	N/A	30.70	-42.40	30% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	\$9,557	N/A	\$7,843	N/A	\$4,127	N/A	-17.90	-47.40	30% (+/-)	No

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
1115 Child (MAX ELIG CD = 54)	N/A	\$497	N/A	\$571	N/A	\$399	N/A	14.85	-30.10	30% (+/-)	No
Adult	N/A	\$788	N/A	\$737	N/A	\$750	N/A	-6.44	1.72	30% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$831	N/A	\$601	N/A	\$1,454	N/A	-27.70	141.80	30% (+/-)	No
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	\$957	N/A	\$1,237	N/A	\$19,430	N/A	29.21	1,471.00	30% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	\$536	N/A	\$953	N/A	\$1,315	N/A	77.82	38.02	30% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	\$991	N/A	\$896	N/A	\$1,474	N/A	-9.63	64.53	30% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	\$689	N/A	\$646	N/A	\$489	N/A	-6.21	-24.40	30% (+/-)	Yes
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$106,741,760	N/A	\$92,890,003	N/A	\$70,202,274	N/A	-13.00	-24.40	30% (+/-)	Yes
IP: Number of Users	N/A	10,587	N/A	9,786	N/A	8,817	N/A	-7.57	-9.90	30% (+/-)	Yes
IP: Avg Medicaid Paid per User	N/A	\$10,082	N/A	\$9,492	N/A	\$7,962	N/A	-5.85	-16.10	30% (+/-)	Yes
IP: Avg Medicaid Covered Days Per User	N/A	7	N/A	6	N/A	4	N/A	-10.20	-26.60	30% (+/-)	Yes
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$622,031	N/A	\$235,317	N/A	\$247,726	N/A	-62.20	5.27	30% (+/-)	Yes
MH Aged: Number of Users	N/A	163	N/A	118	N/A	116	N/A	-27.60	-1.69	30% (+/-)	Yes
MH Aged: Avg Medicaid Paid per User	N/A	\$3,816	N/A	\$1,994	N/A	\$2,136	N/A	-47.70	7.09	30% (+/-)	Yes
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$6,516,001	N/A	\$3,084,246	N/A	\$1,200,977	N/A	-52.70	-61.10	30% (+/-)	No
IP Psych, Age < 21: Number of Users	N/A	129	N/A	43	N/A	32	N/A	-66.70	-25.60	30% (+/-)	Yes
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	\$50,512	N/A	\$71,727	N/A	\$37,531	N/A	42.00	-47.70	30% (+/-)	No
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$9,984,112	N/A	\$8,886,452	N/A	\$10,805,472	N/A	-11.00	21.59	30% (+/-)	Yes
ICF/MR: Number of Users	N/A	44	N/A	41	N/A	42	N/A	-6.82	2.44	30% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$226,912	N/A	\$216,743	N/A	\$257,273	N/A	-4.48	18.70	30% (+/-)	Yes
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$563,058,566	N/A	\$510,595,548	N/A	\$494,587,112	N/A	-9.32	-3.14	30% (+/-)	Yes
NF: Number of Users	N/A	10,047	N/A	9,679	N/A	9,460	N/A	-3.66	-2.26	30% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$56,042	N/A	\$52,753	N/A	\$52,282	N/A	-5.87	-0.89	30% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$10,345,049	N/A	\$8,093,921	N/A	\$5,655,173	N/A	-21.80	-30.10	30% (+/-)	No
Physician: Number of Users	N/A	35,741	N/A	33,437	N/A	27,431	N/A	-6.45	-18.00	30% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$289	N/A	\$242	N/A	\$206	N/A	-16.40	-14.80	30% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$3,628,352	N/A	\$3,635,693	N/A	\$4,063,790	N/A	0.20	11.77	30% (+/-)	Yes
Dental: Number of Users	N/A	14,167	N/A	13,803	N/A	14,622	N/A	-2.57	5.93	30% (+/-)	Yes
Dental: Avg Medicaid Paid per User	N/A	\$256	N/A	\$263	N/A	\$278	N/A	2.85	5.51	30% (+/-)	Yes
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$755,282	N/A	\$629,083	N/A	\$524,324	N/A	-16.70	-16.70	30% (+/-)	Yes
Other Practitioner: Number of Users	N/A	15,276	N/A	12,527	N/A	10,792	N/A	-18.00	-13.90	30% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$49	N/A	\$50	N/A	\$49	N/A	1.57	-3.25	30% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$30,359,521	N/A	\$21,422,387	N/A	\$14,609,245	N/A	-29.40	-31.80	30% (+/-)	No
Outpatient: Number of Users	N/A	31,676	N/A	30,651	N/A	26,019	N/A	-3.24	-15.10	30% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$958	N/A	\$699	N/A	\$561	N/A	-27.10	-19.70	30% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$5,878,728	N/A	\$5,891,869	N/A	\$4,371,688	N/A	0.22	-25.80	30% (+/-)	Yes
Clinic: Number of Users	N/A	9,271	N/A	9,839	N/A	8,744	N/A	6.13	-11.10	30% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$634	N/A	\$599	N/A	\$500	N/A	-5.56	-16.50	30% (+/-)	Yes
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$36,303,278	N/A	\$37,473,205	N/A	\$34,069,263	N/A	3.22	-9.08	30% (+/-)	Yes
Home Health: Number of Users	N/A	4,191	N/A	3,816	N/A	3,644	N/A	-8.95	-4.51	30% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$8,662	N/A	\$9,820	N/A	\$9,349	N/A	13.37	-4.79	30% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$12,201,737	N/A	\$7,816,775	N/A	\$4,870,221	N/A	-35.90	-37.70	30% (+/-)	No
Lab/Xray: Number of Users	N/A	17,718	N/A	15,180	N/A	9,109	N/A	-14.30	-40.00	30% (+/-)	No
Lab/Xray: Avg Medicaid Paid per User	N/A	\$689	N/A	\$515	N/A	\$535	N/A	-25.20	3.83	30% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$66,263,395	N/A	\$47,930,261	N/A	\$30,363,877	N/A	-27.70	-36.60	30% (+/-)	No

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Drugs: Number of Users	N/A	40,236	N/A	38,611	N/A	32,664	N/A	-4.04	-15.40	30% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$1,647	N/A	\$1,241	N/A	\$930	N/A	-24.60	-25.10	30% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$100,893,477	N/A	\$107,470,601	N/A	\$111,171,353	N/A	6.52	3.44	30% (+/-)	Yes
Other Services: Number of Users	N/A	16,512	N/A	15,659	N/A	15,726	N/A	-5.17	0.43	30% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$6,110	N/A	\$6,863	N/A	\$7,069	N/A	12.32	3.00	30% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$9,453,323	N/A	\$13,122,156	N/A	\$16,853,478	N/A	38.81	28.44	30% (+/-)	Yes
Transportation: Number of Users	N/A	8,881	N/A	8,818	N/A	8,636	N/A	-0.71	-2.06	30% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$1,064	N/A	\$1,488	N/A	\$1,952	N/A	39.80	31.14	30% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$2,196,962	N/A	\$2,521,345	N/A	\$11,074,607	N/A	14.77	339.20	30% (+/-)	No
Personal Care Services: Number of Users	N/A	582	N/A	596	N/A	2,501	N/A	2.41	319.60	30% (+/-)	No
Personal Care Services: Avg Medicaid Paid per User	N/A	\$3,775	N/A	\$4,230	N/A	\$4,428	N/A	12.07	4.67	30% (+/-)	Yes
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$3,509,753	N/A	\$3,651,748	N/A	\$2,822,131	N/A	4.05	-22.70	30% (+/-)	Yes
Targeted Case Management: Number of Users	N/A	2,828	N/A	2,890	N/A	4,114	N/A	2.19	42.35	30% (+/-)	No
Targeted Case Management: Avg Medicaid Paid per User	N/A	\$1,241	N/A	\$1,264	N/A	\$686	N/A	1.81	-45.70	30% (+/-)	No
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$15,793,034	N/A	\$16,033,834	N/A	\$18,604,133	N/A	1.53	16.03	30% (+/-)	Yes
Rehabilitation Services: Number of Users	N/A	3,400	N/A	3,516	N/A	3,668	N/A	3.41	4.32	30% (+/-)	Yes
Rehabilitation Services: Avg Medicaid Paid per User	N/A	\$4,645	N/A	\$4,560	N/A	\$5,072	N/A	-1.82	11.22	30% (+/-)	Yes
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PT/OT/Speech/Hearing: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
PT/OT/Speech/Hearing: 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	30% (+/-)	N/A
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$21,191,663	N/A	\$23,471,313	N/A	\$26,453,674	N/A	10.76	12.71	30% (+/-)	Yes
Hospice: Number of Users	N/A	1,502	N/A	1,643	N/A	1,573	N/A	9.39	-4.26	30% (+/-)	Yes
Hospice: Avg Medicaid Paid per User	N/A	\$14,109	N/A	\$14,286	N/A	\$16,817	N/A	1.25	17.72	30% (+/-)	Yes
Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37)	N/A	N/A	N/A	\$646	N/A	\$0	N/A	N/A	-100.00	30% (+/-)	No
Nurse Practitioner: Number of Users	N/A	N/A	N/A	11	N/A	0	N/A	N/A	-100.00	30% (+/-)	No
Nurse Practitioner: Avg Medicaid Paid per User	N/A	N/A	N/A	\$646	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Number of Users	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	30% (+/-)	N/A
Private Duty Nursing: Avg Medicaid Paid per User	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	30% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$14,701,429	N/A	\$11,583,705	N/A	\$9,518,134	N/A	-21.20	-17.80	30% (+/-)	Yes
Durable Medical Equipment: Number of Users	N/A	16,836	N/A	15,205	N/A	13,011	N/A	-9.69	-14.40	30% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$873	N/A	\$762	N/A	\$732	N/A	-12.80	-3.98	30% (+/-)	Yes
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$314,350	N/A	\$198,238	N/A	\$80,629	N/A	-36.90	-59.30	30% (+/-)	No
Residential Care: Number of Users	N/A	18	N/A	11	N/A	11	N/A	-38.90	-54.50	30% (+/-)	No
Residential Care: Avg Medicaid Paid per User	N/A	\$17,464	N/A	\$18,022	N/A	\$16,126	N/A	3.19	-10.50	30% (+/-)	Yes
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$96,692,146	N/A	\$88,998,896	N/A	\$82,261,874	N/A	-7.96	-7.57	30% (+/-)	Yes
Psych Services: Number of Users	N/A	14,225	N/A	13,214	N/A	11,528	N/A	-7.11	-12.80	30% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$6,797	N/A	\$6,735	N/A	\$7,136	N/A	-0.91	5.95	30% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$34,540,488	N/A	\$33,415,505	N/A	\$32,087,595	N/A	-3.26	-3.97	30% (+/-)	Yes
Adult Day Care: Number of Users	N/A	2,651	N/A	2,555	N/A	2,501	N/A	-3.62	-2.11	30% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$13,029	N/A	\$13,078	N/A	\$12,830	N/A	0.38	-1.90	30% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$1,677	N/A	\$1,479	N/A	\$966	N/A	-11.80	-34.70	30% (+/-)	No
Aged	N/A	\$514	N/A	\$428	N/A	\$387	N/A	-16.70	-9.70	30% (+/-)	Yes
Disabled	N/A	\$2,578	N/A	\$2,316	N/A	\$1,648	N/A	-10.20	-28.80	30% (+/-)	Yes
Child	N/A	\$85	N/A	\$66	N/A	\$19	N/A	-22.40	-70.60	30% (+/-)	No
Adult	N/A	\$68	N/A	\$88	N/A	\$175	N/A	30.68	97.70	30% (+/-)	No

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
ILTC (MAX TOS = 02,04,05,07)	N/A	\$9,113	N/A	\$8,324	N/A	\$6,975	N/A	-8.66	-16.20	30% (+/-)	Yes
Aged	N/A	\$19,250	N/A	\$17,631	N/A	\$13,909	N/A	-8.41	-21.10	30% (+/-)	Yes
Disabled	N/A	\$6,741	N/A	\$6,338	N/A	\$6,023	N/A	-5.98	-4.97	30% (+/-)	Yes
Child	N/A	\$247	N/A	\$216	N/A	\$51	N/A	-12.50	-76.40	30% (+/-)	No
Adult	N/A	\$2	N/A	\$14	N/A	\$11	N/A	533.90	-20.10	30% (+/-)	Yes
Drugs (MAX TOS = 16)	N/A	\$1,041	N/A	\$763	N/A	\$418	N/A	-26.70	-45.20	30% (+/-)	No
Aged	N/A	\$131	N/A	\$93	N/A	\$58	N/A	-29.40	-37.20	30% (+/-)	No
Disabled	N/A	\$1,663	N/A	\$1,236	N/A	\$745	N/A	-25.70	-39.70	30% (+/-)	No
Child	N/A	\$156	N/A	\$111	N/A	\$67	N/A	-28.70	-39.70	30% (+/-)	No
Adult	N/A	\$112	N/A	\$87	N/A	\$154	N/A	-22.20	76.86	30% (+/-)	No
All Other Services	N/A	\$6,266	N/A	\$6,138	N/A	\$5,218	N/A	-2.04	-15.00	30% (+/-)	Yes
Aged	N/A	\$3,205	N/A	\$3,490	N/A	\$3,142	N/A	8.89	-9.98	30% (+/-)	Yes
Disabled	N/A	\$8,680	N/A	\$8,590	N/A	\$8,271	N/A	-1.03	-3.72	30% (+/-)	Yes
Child	N/A	\$2,755	N/A	\$1,854	N/A	\$769	N/A	-32.70	-58.50	30% (+/-)	No
Adult	N/A	\$606	N/A	\$548	N/A	\$410	N/A	-9.63	-25.20	30% (+/-)	Yes
PERCENT OF FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Enrollees with IP Claims (MAX TOS = 01)	N/A	16.63	N/A	15.58	N/A	12.13	N/A	-6.30	-22.10	30% (+/-)	Yes
Aged	N/A	20.35	N/A	20.57	N/A	15.96	N/A	1.12	-22.40	30% (+/-)	Yes
Disabled	N/A	18.13	N/A	16.61	N/A	14.19	N/A	-8.36	-14.60	30% (+/-)	Yes
Child	N/A	1.71	N/A	1.12	N/A	0.81	N/A	-34.70	-27.60	30% (+/-)	Yes
Adult	N/A	6.02	N/A	6.06	N/A	3.60	N/A	0.57	-40.60	30% (+/-)	No
% FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	16.22	N/A	15.68	N/A	13.22	N/A	-3.33	-15.70	30% (+/-)	Yes
Aged	N/A	44.61	N/A	44.16	N/A	34.63	N/A	-1.01	-21.60	30% (+/-)	Yes
Disabled	N/A	7.35	N/A	7.07	N/A	6.81	N/A	-3.85	-3.62	30% (+/-)	Yes
Child	N/A	0.56	N/A	0.32	N/A	0.18	N/A	-41.80	-45.00	30% (+/-)	No
Adult	N/A	0.16	N/A	0.12	N/A	0.09	N/A	-25.90	-28.20	30% (+/-)	Yes
% FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	63.20	N/A	61.47	N/A	44.95	N/A	-2.73	-26.90	30% (+/-)	Yes
Aged	N/A	53.26	N/A	52.26	N/A	39.80	N/A	-1.87	-23.90	30% (+/-)	Yes
Disabled	N/A	71.27	N/A	69.32	N/A	49.48	N/A	-2.73	-28.60	30% (+/-)	Yes
Child	N/A	47.13	N/A	45.34	N/A	37.25	N/A	-3.79	-17.80	30% (+/-)	Yes
Adult	N/A	49.28	N/A	49.77	N/A	45.33	N/A	1.00	-8.92	30% (+/-)	Yes
% FFS Enrollees with All Other Claims	N/A	84.04	N/A	83.31	N/A	70.21	N/A	-0.86	-15.70	30% (+/-)	Yes
Aged	N/A	83.52	N/A	82.72	N/A	69.14	N/A	-0.96	-16.40	30% (+/-)	Yes
Disabled	N/A	89.38	N/A	88.73	N/A	79.52	N/A	-0.72	-10.40	30% (+/-)	Yes
Child	N/A	62.43	N/A	63.31	N/A	52.84	N/A	1.41	-16.50	30% (+/-)	Yes
Adult	N/A	63.07	N/A	64.28	N/A	44.68	N/A	1.93	-30.50	30% (+/-)	No
Avg # IP Days per FFS User	N/A	7	N/A	6	N/A	4	N/A	-10.20	-26.60	30% (+/-)	Yes
Aged	N/A	1	N/A	0	N/A	0	N/A	-44.90	-30.40	30% (+/-)	No
Disabled	N/A	10	N/A	9	N/A	7	N/A	-5.71	-24.00	30% (+/-)	Yes
Child	N/A	4	N/A	6	N/A	3	N/A	27.88	-41.30	30% (+/-)	No
Adult	N/A	1	N/A	1	N/A	3	N/A	6.58	146.50	30% (+/-)	No
Avg # ILTC Days per FFS User	N/A	268	N/A	250	N/A	251	N/A	-6.99	0.38	30% (+/-)	Yes
Aged	N/A	271	N/A	246	N/A	247	N/A	-9.14	0.36	30% (+/-)	Yes
Disabled	N/A	264	N/A	261	N/A	262	N/A	-1.31	0.38	30% (+/-)	Yes
Child	N/A	41	N/A	49	N/A	61	N/A	18.82	24.48	30% (+/-)	Yes
Adult	N/A	9	N/A	37	N/A	24	N/A	316.60	-34.80	30% (+/-)	No
HIGH-COST FFS ENROLLEES AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Number of FFS Enrollees with FFS Medicaid Paid > \$1,000,000	N/A	11	N/A	11	N/A	0	N/A	0.00	-100.00	N/A	N/A
Number of FFS Enrollees with FFS Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	11	N/A	0.00	-28.60	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	11	N/A	11	N/A	11	N/A	100.00	-25.00	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	338	N/A	295	N/A	277	N/A	-12.70	-6.10	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	N/A	N/A
All Other Services > \$200,000	N/A	20	N/A	23	N/A	23	N/A	15.00	0.00	N/A	N/A
Maximum FFS Medicaid Paid	N/A	\$1,654,891	N/A	\$1,659,335	N/A	\$795,978	N/A	0.27	-52.00	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	\$758,047	N/A	\$1,625,179	N/A	\$730,601	N/A	114.40	-55.00	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$544,607	N/A	\$532,527	N/A	\$378,037	N/A	-2.22	-29.00	N/A	N/A
Drugs (MAX TOS = 16)	N/A	\$1,651,324	N/A	\$109,419	N/A	\$194,312	N/A	-93.40	77.59	N/A	N/A
All Other Services	N/A	\$320,639	N/A	\$728,867	N/A	\$795,978	N/A	127.30	9.21	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$133,875	N/A	\$80,870	N/A	\$52,838	N/A	-39.60	-34.70	30% (+/-)	No
FP: Number of Users	N/A	255	N/A	213	N/A	181	N/A	-16.50	-15.00	30% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$525	N/A	\$380	N/A	\$292	N/A	-27.70	-23.10	30% (+/-)	Yes
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
RHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
RHC: 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	30% (+/-)	N/A
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$4,898,012	N/A	\$5,076,602	N/A	\$4,616,376	N/A	3.65	-9.07	30% (+/-)	Yes
FQHC: Number of Users	N/A	10,647	N/A	11,084	N/A	10,670	N/A	4.10	-3.74	30% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$460	N/A	\$458	N/A	\$433	N/A	-0.44	-5.54	30% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	30% (+/-)	N/A
IHS: 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	30% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$34,716,923	N/A	\$36,353,286	N/A	\$40,713,621	N/A	4.71	11.99	30% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	3,307	N/A	3,348	N/A	3,475	N/A	1.24	3.79	30% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$10,498	N/A	\$10,858	N/A	\$11,716	N/A	3.43	7.90	30% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	\$74,222,153	N/A	\$74,447,906	N/A	\$78,027,860	N/A	0.30	4.81	30% (+/-)	Yes
Number of CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	7,107	N/A	6,729	N/A	6,935	N/A	-5.32	3.06	30% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per User (Excludes CLTC FLAG = 16-20)	N/A	\$10,444	N/A	\$11,064	N/A	\$11,251	N/A	5.94	1.70	30% (+/-)	Yes
Aged	N/A	\$9,878	N/A	\$10,639	N/A	\$10,056	N/A	7.71	-5.48	30% (+/-)	Yes
Disabled	N/A	\$10,713	N/A	\$11,277	N/A	\$11,934	N/A	5.26	5.83	30% (+/-)	Yes
Child	N/A	\$7,928	N/A	\$10,975	N/A	\$537	N/A	38.43	-95.10	30% (+/-)	No
Adult	N/A	\$6,474	N/A	\$4,346	N/A	\$8,007	N/A	-32.90	84.25	30% (+/-)	No
% FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	11.16	N/A	10.71	N/A	9.54	N/A	-4.03	-10.90	30% (+/-)	Yes
Aged	N/A	12.65	N/A	12.56	N/A	11.78	N/A	-0.75	-6.20	30% (+/-)	Yes
Disabled	N/A	13.07	N/A	12.63	N/A	12.17	N/A	-3.38	-3.64	30% (+/-)	Yes
Child	N/A	0.37	N/A	0.25	N/A	0.14	N/A	-32.10	-43.40	30% (+/-)	No
Adult	N/A	0.52	N/A	0.41	N/A	0.32	N/A	-20.50	-22.50	30% (+/-)	Yes
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$34,716,923	N/A	\$36,353,286	N/A	\$40,713,621	N/A	4.71	11.99	30% (+/-)	Yes
Number of CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	3,307	N/A	3,348	N/A	3,475	N/A	1.24	3.79	30% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$10,498	N/A	\$10,858	N/A	\$11,716	N/A	3.43	7.90	30% (+/-)	Yes
Aged	N/A	\$10,028	N/A	\$10,611	N/A	\$11,187	N/A	5.81	5.43	30% (+/-)	Yes
Disabled	N/A	\$10,904	N/A	\$11,082	N/A	\$12,167	N/A	1.64	9.79	30% (+/-)	Yes

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2007-2009 MAX PSF VALIDATION TABLE
STATE: RI

Measure	Expected Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	2009 Value	2009 Value Within Range	% Change 2007 - 2008	% Change 2008 - 2009	Cross Year Expected Range	Cross Year Within Range
Child	N/A	\$18,068	N/A	\$13,420	N/A	\$970	N/A	-25.70	-92.80	30% (+/-)	No
Adult	N/A	\$20,893	N/A	\$9,300	N/A	\$18,152	N/A	-55.50	95.18	30% (+/-)	No
% FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	5.19	N/A	5.33	N/A	4.78	N/A	2.62	-10.30	30% (+/-)	Yes
Aged	N/A	9.54	N/A	9.66	N/A	8.02	N/A	1.32	-17.00	30% (+/-)	Yes
Disabled	N/A	4.48	N/A	4.79	N/A	4.95	N/A	6.74	3.46	30% (+/-)	Yes
Child	N/A	0.04	N/A	0.04	N/A	0.01	N/A	-3.06	-67.00	30% (+/-)	No
Adult	N/A	0.14	N/A	0.12	N/A	0.12	N/A	-11.10	-4.22	30% (+/-)	Yes

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