1998-1999 MAX IP Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	13,901	N/A	15,870	N/A	.	N/A	14.16	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	13,901	N/A	15,870	N/A	.	N/A	14.16	.	Yes
% Crossover	5-20	11.99	Yes	11.29	Yes	.	N/A	-5.89	.	Yes
% Adjusted Claims	> 1%	24.47	Yes	17.54	Yes	.	N/A	-28.32	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$6,274	N/A	$7,716	N/A	.	N/A	22.99	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	12,234	N/A	14,079	N/A	.	N/A	15.08	.	No
% Claims with> $0 Paid	95-100	99.77	Yes	100.00	Yes	.	N/A	0.23	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$5,294	Yes	$5,075	Yes	.	N/A	-4.13	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,426	N/A	$1,390	N/A	.	N/A	-2.54	.	Yes
% Claims with TPL	>0 - 10	0.90	Yes	0.66	Yes	.	N/A	-26.53	.	No
Aver. TPL Paid for claims with TPL	N/A	$3,246	N/A	$3,315	N/A	.	N/A	2.13	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.47	Yes	99.99	Yes	.	N/A	0.53	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	82.21	No	77.32	No	.	N/A	-5.95	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.85	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.92	Yes	3.91	Yes	.	N/A	-0.14	.	Yes
Average Covered Days (> 0 day	2-<8	3.73	Yes	3.65	Yes	.	N/A	-1.98	.	Yes
% Begin Date = Admit Date	95-100	97.99	Yes	99.03	Yes	.	N/A	1.06	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.89	Yes	99.77	Yes	.	N/A	-0.12	.	Yes
% Family Planning Claims (pgm	>0-5	0.11	Yes	0.23	Yes	.	N/A	104.82	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.83	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	2.40	No	5.14	Yes	.	N/A	113.99	.	No
% Claims with PDX, where length=4	15-75	27.24	Yes	21.98	Yes	.	N/A	-19.31	.	No
% Claims with PDX, where length=5	25-70	70.35	No	72.87	No	.	N/A	3.58	.	Yes
% Claims with a procedure code	35-70	61.22	Yes	56.89	Yes	.	N/A	-7.08	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.50	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.97	N/A	99.96	N/A	.	N/A	-0.01	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.95	N/A	99.95	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	25.75	N/A	26.67	N/A	.	N/A	3.58	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	25.26	N/A	26.27	N/A	.	N/A	4.02	.	Yes
Patient Status										
% Home	75-90	92.47	No	93.72	No	.	N/A	1.35	.	Yes
% Transferred	1-10	2.43	Yes	4.68	Yes	.	N/A	92.81	.	No
% Still a Patient	>0 - 2	1.99	Yes	1.03	Yes	.	N/A	-48.15	.	No
% Died	>0 - 3	0.30	Yes	0.44	Yes	.	N/A	45.61	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,667	N/A	1,791	N/A	.	N/A	7.44	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$771	N/A	$809	N/A	.	N/A	4.90	.	Yes
% Claims with TPL	N/A	0.42	N/A	0.50	N/A	.	N/A	19.67	.	No
Aver. TPL Paid -claims with TPL	N/A	$453	N/A	$615	N/A	.	N/A	35.74	.	No
% Claims withUB-92 Accommodation Codes	95-100	28.61	No	14.24	No	.	N/A	-50.24	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	65.69	No	7.98	N/A	.	N/A	-87.84	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.51	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.97	Yes	5.67	Yes	.	N/A	-18.74	.	No
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	63.17	No	16.53	No	.	N/A	-73.84	.	No
Average Number of DX Codes (at least 1 DX)	>=2	95.63	Yes	1.98	No	.	N/A	-97.93	.	No
% Claims with PDX, where length=3	5-30	12.63	Yes	13.18	Yes	.	N/A	4.32	.	Yes

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1998-1999 MAX IP Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	41.03	Yes	41.55	Yes	.	N/A	1.29	.	Yes
% Claims with PDX, where length=5	25-70	46.34	Yes	45.27	Yes	.	N/A	-2.32	.	Yes
% Claims with a procedure code	35-70	22.62	No	7.04	No	.	N/A	-68.89	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.52	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	53.05	N/A	100.00	N/A	.	N/A	88.50	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	53.05	N/A	100.00	N/A	.	N/A	88.50	.	No
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	10,925	N/A	13,053	N/A	.	N/A	19.48	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	10,925	N/A	13,053	N/A	.	N/A	19.48	.	No
% Crossover	5-20	1.97	No	4.05	No	.	N/A	105.54	.	No
% Adjusted Claims	> 1%	4.94	Yes	5.75	Yes	.	N/A	16.40	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$5,490	N/A	$5,518	N/A	.	N/A	0.51	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	10,710	N/A	12,525	N/A	.	N/A	16.95	.	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$249	No	$253	No	.	N/A	1.51	.	Yes
ICF/MR (TOS 05)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	$758	N/A	$482	N/A	.	N/A	-36.39	.	No
IP Psych. < 21 (TOS 04)	N/A	$373	N/A	$328	N/A	.	N/A	-12.04	.	Yes
% NF (TOS 07)	75-99	60.92	No	54.11	No	.	N/A	-11.17	.	Yes
% NF claims with NF Covered Days	N/A	99.02	N/A	100.00	N/A	.	N/A	0.99	.	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	0.28	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.07	Yes	0.03	Yes	.	N/A	-51.14	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	16	N/A	19	N/A	.	N/A	22.02	.	No
% IP Psych. < 21 (TOS 04)	>0-5	39.02	No	45.86	No	.	N/A	17.53	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	10	N/A	11	N/A	.	N/A	13.07	.	Yes
% Claims with Leave Days	1-20	2.95	Yes	2.09	Yes	.	N/A	-29.10	.	No
% Claims with DX	95-100	99.40	Yes	100.00	Yes	.	N/A	0.60	.	Yes
% Claims with DX, where length=3	5-30	7.67	Yes	6.16	Yes	.	N/A	-19.68	.	No
% Claims with DX, where length=4	15-75	38.36	Yes	36.07	Yes	.	N/A	-5.97	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	53.96	No	57.76	No	.	N/A	7.04	.	Yes
Patient Status										
% Home	1-5	6.32	No	5.66	No	.	N/A	-10.45	.	Yes
% Still a Patien	8-98	89.43	Yes	89.52	Yes	.	N/A	0.10	.	Yes
% Died	>0-5	1.06	Yes	1.09	Yes	.	N/A	2.01	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	215	N/A	528	N/A	.	N/A	145.58	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,600	N/A	$666	N/A	.	N/A	-58.38	.	No
% NF (TOS 07)	75-99	99.53	No	99.05	No	.	N/A	-0.48	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.47	Yes	0.95	Yes	.	N/A	103.60	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	20.93	No	5.49	No	.	N/A	-73.76	.	No
% Claims with DX, where length=3	5-30	17.78	Yes	10.34	Yes	.	N/A	-41.81	.	No
% Claims with DX, where length=4	15-75	28.89	Yes	37.93	Yes	.	N/A	31.30	.	No
% Claims with DX, where length=5	25-70	53.33	No	51.72	No	.	N/A	-3.02	.	Yes
Patient Status										
% Home	1-5	2.33	Yes	0.38	No	.	N/A	-83.71	.	No
% Still a Patien	8-98	11.63	Yes	2.84	No	.	N/A	-75.57	.	No
% Died	>0-5	0.93	Yes	0.19	Yes	.	N/A	-79.64	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	1,655,733	N/A	1,919,854	N/A	.	N/A	15.95	.	No
% Encounter Claims (Claim Type=3) *	N/A	0.07	N/A	0.28	N/A	.	N/A	285.00	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,654,546	N/A	1,914,555	N/A	.	N/A	15.71	.	No
% Crossover	5-20	8.20	Yes	7.86	Yes	.	N/A	-4.18	.	Yes
% Adjusted Claims	> 1%	0.69	No	1.80	Yes	.	N/A	162.64	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$277	N/A	$220	N/A	.	N/A	-20.50	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	1,518,869	N/A	1,764,122	N/A	.	N/A	16.15	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.95	Yes	.	N/A	-0.05	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.25	N/A	7.44	N/A	.	N/A	2.62	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	2.87	N/A	3.74	N/A	.	N/A	30.24	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	86.49	N/A	83.53	N/A	.	N/A	-3.41	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	7.51	N/A	7.66	N/A	.	N/A	1.90	.	Yes
% Claims W/ Service Place 11- Office	50-90	31.42	No	37.66	No	.	N/A	19.88	.	No
% Claims W/ Service Place 12 - Home	>0-5	5.27	No	9.33	No	.	N/A	77.11	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	13.39	No	8.69	No	.	N/A	-35.12	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.18	Yes	0.40	Yes	.	N/A	125.76	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.98	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	9.59	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	1.93	Yes	9.90	No	.	N/A	414.31	.	No
% Claims with TPL	>0 - 15	0.51	Yes	0.64	Yes	.	N/A	26.40	.	No
Aver. TPL Paid -claims with TPL	N/A	$83	N/A	$83	N/A	.	N/A	0.16	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	22.22	Yes	22.36	Yes	.	N/A	0.60	.	Yes
% claims MAX TOS 09: Dental	2-20	10.25	Yes	10.86	Yes	.	N/A	5.99	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	4.17	Yes	0.83	Yes	.	N/A	-80.09	.	No
% claims MAX TOS 11: OPD	3-25	6.60	Yes	6.30	Yes	.	N/A	-4.54	.	Yes
% claims MAX TOS 12: Clinic	2-25	17.87	Yes	8.12	Yes	.	N/A	-54.58	.	No
% claims MAX TOS 13: HH	>0-25	0.06	Yes	0.04	Yes	.	N/A	-24.42	.	No
% claims MAX TOS 15: Lab/Xray	4-20	20.52	No	8.34	Yes	.	N/A	-59.38	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	3.76	Yes	0.36	Yes	.	N/A	-90.35	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	5.78	No	7.33	Yes	.	N/A	26.75	.	No
% claims MAX TOS 26: Transportation	>1	6.16	Yes	6.90	Yes	.	N/A	12.12	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	2.58	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.93	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	2.52	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.67	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	2.51	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	15.76	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	1.33	No	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$123	N/A	$128	N/A	.	N/A	4.19	.	Yes
08: Physicians	$20-90	$106	No	$106	No	.	N/A	0.05	.	Yes
09: Dental	$10-60	$58	Yes	$61	No	.	N/A	4.80	.	Yes
10: Other Practioner	$10-100	$72	Yes	$71	Yes	.	N/A	-1.98	.	Yes
11: OPD	$20-100	$224	No	$228	No	.	N/A	1.96	.	Yes
12: Clinic	$20-100	$112	No	$175	No	.	N/A	57.08	.	No
13: HH	N/A	$901	N/A	$860	N/A	.	N/A	-4.55	.	Yes
15: Lab/Xray	10-60	$161	No	$42	Yes	.	N/A	-73.84	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$179	N/A	$189	N/A	.	N/A	5.69	.	Yes
51: DME	N/A	$64	Yes	$73	N/A	.	N/A	14.49	.	Yes
26: Transportation	N/A	$153	N/A	$153	N/A	.	N/A	0.20	.	Yes
30: PCS	N/A	.	N/A	$261	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$196	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$182	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$71	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,531	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$681	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$92	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$227	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.28	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.87	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	3.39	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	6.23	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$113	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$52	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$147	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$73	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$406	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	72.18	Yes	70.23	Yes	.	N/A	-2.71	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.73	Yes	99.82	Yes	.	N/A	0.09	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	30.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	4.96	No	5.19	Yes	.	N/A	4.65	.	Yes
% Claims with DX, where length=4	40-70	46.97	Yes	44.36	Yes	.	N/A	-5.56	.	Yes
% Claims with DX, where length=5	20-55	48.06	Yes	50.42	Yes	.	N/A	4.90	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	8.44	N/A	100.00	N/A	.	N/A	1085.29	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	14.89	N/A	40.17	N/A	.	N/A	169.77	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	71.63	N/A	17.27	N/A	.	N/A	-75.89	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.27	N/A	0.66	N/A	.	N/A	142.21	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	13.21	N/A	38.10	N/A	.	N/A	188.43	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	24.34	No	100.00	Yes	.	N/A	310.87	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	135,677	N/A	150,433	N/A	.	N/A	10.88	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	2.26	N/A	1.81	N/A	.	N/A	-19.89	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.62	N/A	5.60	N/A	.	N/A	-0.29	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.62	N/A	1.10	N/A	.	N/A	-32.22	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	44.51	N/A	50.42	N/A	.	N/A	13.28	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.89	N/A	2.46	N/A	.	N/A	-49.64	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	16.14	N/A	15.89	N/A	.	N/A	-1.53	.	Yes
% claims MAX TOS 12: Clinic	N/A	6.67	N/A	6.71	N/A	.	N/A	0.64	.	Yes
% claims MAX TOS 13: HH	N/A	0.11	N/A	0.04	N/A	.	N/A	-66.80	.	No
% claims MAX TOS 15: Lab/Xray	N/A	15.40	N/A	13.65	N/A	.	N/A	-11.41	.	Yes
% claims MAX TOS 19: Other Services	N/A	2.23	N/A	1.82	N/A	.	N/A	-18.23	.	No
% claims MAX TOS 51: DME	N/A	6.39	N/A	5.10	N/A	.	N/A	-20.30	.	No
% claims MAX TOS 26: Transportation	N/A	2.57	N/A	2.44	N/A	.	N/A	-4.81	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	1.31	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$36	N/A	$35	N/A	.	N/A	-3.76	.	Yes
% Claims with DX	N/A	78.31	N/A	78.53	N/A	.	N/A	0.29	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	76.76	No	75.42	No	.	N/A	-1.74	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	1.83	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	9.75	Yes	10.33	Yes	.	N/A	6.00	.	Yes
% Claims with DX, where length=4	40-70	48.38	Yes	47.34	Yes	.	N/A	-2.15	.	Yes
% Claims with DX, where length=5	20-55	41.88	Yes	42.33	Yes	.	N/A	1.08	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	12.44	N/A	49.85	N/A	.	N/A	300.70	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.21	Yes	98.53	Yes	.	N/A	0.32	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	35.20	N/A	84.35	N/A	.	N/A	139.64	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	63.39	N/A	12.82	N/A	.	N/A	-79.77	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	1.42	N/A	2.83	N/A	.	N/A	99.83	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	681,297	N/A	806,284	N/A	.	N/A	18.35	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	681,297	N/A	806,284	N/A	.	N/A	18.35	.	No
% Adjusted Claims	> 1%	0.12	No	0.61	No	.	N/A	404.12	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$75	N/A	$89	N/A	.	N/A	18.75	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	681,297	N/A	806,284	N/A	.	N/A	18.35	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$52	Yes	$55	Yes	.	N/A	7.55	.	Yes
% Claims with TPL	>0 - 15	0.01	Yes	0.01	Yes	.	N/A	-55.58	.	No
Aver. TPL Paid for claims with TPL	N/A	$43	N/A	$35	N/A	.	N/A	-18.76	.	No
% Family Planning Claims (program type=2)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.00	Yes	98.79	Yes	.	N/A	-0.22	.	Yes
% Claims with Medispan	98-100	86.75	No	93.64	No	.	N/A	7.95	.	Yes
% Claims with AHFS	98-100	99.00	Yes	98.79	Yes	.	N/A	-0.22	.	Yes
% Claims with Generic (GTC)	98-100	99.00	Yes	98.79	Yes	.	N/A	-0.22	.	Yes
% Claims with GC3	98-100	99.00	Yes	98.79	Yes	.	N/A	-0.22	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	98.96	N/A	77.78	N/A	.	N/A	-21.41	.	No
% Products (codes 4-6)	N/A	0.00	N/A	20.99	N/A	.	N/A	794518.17	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	99.00	Yes	98.79	Yes	.	N/A	-0.22	.	Yes
% OTC-Drug Class	N/A	1.73	N/A	1.76	N/A	.	N/A	1.93	.	Yes
% Prescription-Drug Class	N/A	97.23	N/A	97.02	N/A	.	N/A	-0.22	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	41.81	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.65	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	90,018	N/A	104,950	N/A	.	N/A	16.59	.	10% (+/-)	No
Total Medicaid Amount Paid	N/A	.	N/A	$418,367,061	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	16.91	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	78.90	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	4.18	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	89,063	N/A	103,789	N/A	.	N/A	16.53	.	10% (+/-)	No
Total PYE (Person Years of Enrollment)	N/A	62,578	N/A	70,088	N/A	.	N/A	12.00	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	98.70	No	98.67	No	.	N/A	-0.03	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	95.33	Yes	95.60	Yes	.	N/A	0.28	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	12	N/A	32	N/A	.	N/A	166.67	.	N/A	No
% with County Code	>=95%	99.85	Yes	99.46	Yes	.	N/A	-0.39	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.46	Yes	0.45	Yes	.	N/A	-2.83	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	43.47	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	5.58	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	37.75	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	3.41	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	4.44	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.72	Yes	4.81	Yes	.	N/A	1.95	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	59.69	Yes	64.22	Yes	.	N/A	7.58	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	6.84	Yes	6.17	Yes	.	N/A	-9.91	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	26.32	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	9,174	N/A	9,756	N/A	.	N/A	6.34	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	89.73	No	90.44	Yes	.	N/A	0.79	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	90.00	No	90.77	Yes	.	N/A	0.86	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	39.12	Yes	40.11	Yes	.	N/A	2.54	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	175	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	42.29	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	28.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	29.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	22.86	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.52	Yes	99.60	Yes	.	N/A	0.09	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.75	Yes	99.76	Yes	.	N/A	0.01	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	92.97	Yes	86.43	Yes	.	N/A	-7.04	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	5,788	N/A	6,024	N/A	.	N/A	4.08	.	10% (+/-)	Yes
11: Aged, Cash	N/A	5,200	N/A	5,401	N/A	.	N/A	3.87	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	14	N/A	42	N/A	.	N/A	200.00	.	10% (+/-)	No
41: Other Aged	N/A	574	N/A	581	N/A	.	N/A	1.22	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	9,865	N/A	10,408	N/A	.	N/A	5.50	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	9,322	N/A	9,764	N/A	.	N/A	4.74	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	18	N/A	31	N/A	.	N/A	72.22	.	10% (+/-)	No
42: Other Disabled	N/A	525	N/A	613	N/A	.	N/A	16.76	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	49,253	N/A	61,809	N/A	.	N/A	25.49	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	23,925	N/A	23,292	N/A	.	N/A	-2.65	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	2,783	N/A	2,009	N/A	.	N/A	-27.81	.	10% (+/-)	No
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	13,275	N/A	30,316	N/A	.	N/A	128.37	.	10% (+/-)	No
44: Other Child	N/A	7,893	N/A	4,708	N/A	.	N/A	-40.35	.	10% (+/-)	No
48: Foster Care Child	N/A	1,377	N/A	1,484	N/A	.	N/A	7.77	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	24,155	N/A	25,548	N/A	.	N/A	5.77	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	13,292	N/A	14,885	N/A	.	N/A	11.98	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	2,816	N/A	2,062	N/A	.	N/A	-26.78	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	4,144	N/A	6,049	N/A	.	N/A	45.97	.	10% (+/-)	No
45: Other Adult	N/A	3,903	N/A	2,552	N/A	.	N/A	-34.61	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	74,095	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	99.94	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.06	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	50.38	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	33,279	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	4,700	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	0	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	74,095	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	79,889	N/A	94,033	N/A	.	N/A	17.70	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	64,112	N/A	77,046	N/A	.	N/A	20.17	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	54,597	N/A	61,653	N/A	.	N/A	12.92	.	15% (+/-)	Yes
MAX Aged Total	N/A	579	N/A	556	N/A	.	N/A	-3.97	.	10% (+/-)	Yes
11: Aged, Cash	N/A	527	N/A	512	N/A	.	N/A	-2.85	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	0	N/A	1	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	52	N/A	43	N/A	.	N/A	-17.31	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	6,006	N/A	6,233	N/A	.	N/A	3.78	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	5,572	N/A	5,778	N/A	.	N/A	3.70	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
42: Other Disabled	N/A	433	N/A	455	N/A	.	N/A	5.08	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	49,251	N/A	61,809	N/A	.	N/A	25.50	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	23,925	N/A	23,292	N/A	.	N/A	-2.65	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	2,783	N/A	2,009	N/A	.	N/A	-27.81	.	10% (+/-)	No
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	13,274	N/A	30,316	N/A	.	N/A	128.39	.	10% (+/-)	No
44: Other Child	N/A	7,892	N/A	4,708	N/A	.	N/A	-40.34	.	10% (+/-)	No
48: Foster Care Child	N/A	1,377	N/A	1,484	N/A	.	N/A	7.77	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	24,051	N/A	25,435	N/A	.	N/A	5.75	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	13,217	N/A	14,800	N/A	.	N/A	11.98	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	2,809	N/A	2,057	N/A	.	N/A	-26.77	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	4,137	N/A	6,045	N/A	.	N/A	46.12	.	10% (+/-)	No
45: Other Adult	N/A	3,888	N/A	2,533	N/A	.	N/A	-34.85	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	175	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$256,189,788	N/A	$302,732,159	N/A	.	N/A	18.17	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$3,207	N/A	$3,219	N/A	.	N/A	0.39	.	15% (+/-)	Yes

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,996	N/A	$3,929	N/A	.	N/A	-1.67	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$9,062	N/A	$9,330	N/A	.	N/A	2.96	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$6,970	N/A	$7,320	N/A	.	N/A	5.03	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	$30,264	N/A	$33,475	N/A	.	N/A	10.61	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$14,139	N/A	$15,722	N/A	.	N/A	11.20	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$14,041	N/A	$15,427	N/A	.	N/A	9.88	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$0	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	$15,434	N/A	$19,465	N/A	.	N/A	26.12	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$2,058	N/A	$2,061	N/A	.	N/A	0.16	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,498	N/A	$1,628	N/A	.	N/A	8.70	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$1,313	N/A	$1,399	N/A	.	N/A	6.55	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$2,165	N/A	$1,832	N/A	.	N/A	-15.38	.	15% (+/-)	No
44: Other Child	N/A	$2,948	N/A	$4,410	N/A	.	N/A	49.57	.	15% (+/-)	No
48: Foster Care Child	N/A	$7,164	N/A	$6,994	N/A	.	N/A	-2.38	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,688	N/A	$2,836	N/A	.	N/A	5.49	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,781	N/A	$2,793	N/A	.	N/A	0.43	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$1,549	N/A	$1,876	N/A	.	N/A	21.08	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$3,991	N/A	$3,716	N/A	.	N/A	-6.89	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,809	N/A	$1,763	N/A	.	N/A	-2.53	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$61,284,010	N/A	$68,663,078	N/A	.	N/A	12.04	.	15% (+/-)	Yes
IP: Number of Users	N/A	9,364	N/A	10,870	N/A	.	N/A	16.08	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$6,545	N/A	$6,317	N/A	.	N/A	-3.48	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	5	N/A	5	N/A	.	N/A	-1.66	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$36,669	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$12,223	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$15,564,671	N/A	$21,272,880	N/A	.	N/A	36.67	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	624	N/A	776	N/A	.	N/A	24.36	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$24,943	N/A	$27,414	N/A	.	N/A	9.90	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$8,695,265	N/A	$7,873,198	N/A	.	N/A	-9.45	.	15% (+/-)	Yes
NF Number of Users	N/A	171	N/A	152	N/A	.	N/A	-11.11	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$50,850	N/A	$51,797	N/A	.	N/A	1.86	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$34,087,326	N/A	$39,633,636	N/A	.	N/A	16.27	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	43,584	N/A	53,164	N/A	.	N/A	21.98	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$782	N/A	$745	N/A	.	N/A	-4.68	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$8,642,426	N/A	$11,222,462	N/A	.	N/A	29.85	.	15% (+/-)	No
Dental: Number of Users	N/A	20,109	N/A	24,156	N/A	.	N/A	20.13	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$430	N/A	$465	N/A	.	N/A	8.10	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$4,180,544	N/A	$932,203	N/A	.	N/A	-77.70	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	11,978	N/A	8,643	N/A	.	N/A	-27.84	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$349	N/A	$108	N/A	.	N/A	-69.10	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$21,429,403	N/A	$24,558,591	N/A	.	N/A	14.60	.	15% (+/-)	Yes
OPD Number of Users	N/A	32,760	N/A	37,136	N/A	.	N/A	13.36	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$654	N/A	$661	N/A	.	N/A	1.10	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$26,999,059	N/A	$22,066,737	N/A	.	N/A	-18.27	.	15% (+/-)	No
Clinic: Number of Users	N/A	14,470	N/A	20,771	N/A	.	N/A	43.55	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,866	N/A	$1,062	N/A	.	N/A	-43.06	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$693,598	N/A	$617,465	N/A	.	N/A	-10.98	.	15% (+/-)	Yes
HH: Number of Users	N/A	304	N/A	287	N/A	.	N/A	-5.59	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$2,282	N/A	$2,151	N/A	.	N/A	-5.70	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$29,691,242	N/A	$5,856,156	N/A	.	N/A	-80.28	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	29,977	N/A	29,744	N/A	.	N/A	-0.78	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$990	N/A	$197	N/A	.	N/A	-80.12	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$20,702,450	N/A	$25,435,943	N/A	.	N/A	22.86	.	15% (+/-)	No
Drugs: Number of Users	N/A	40,556	N/A	45,798	N/A	.	N/A	12.93	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$510	N/A	$555	N/A	.	N/A	8.80	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$6,009,331	N/A	$660,948	N/A	.	N/A	-89.00	.	15% (+/-)	No
Other Services: Number of Users	N/A	$6,179	N/A	$884	N/A	.	N/A	-85.69	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$973	N/A	$748	N/A	.	N/A	-23.12	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$14,647,920	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	11,705	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,251	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,539,419	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	573	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,381,129	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	940	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,469	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,903,035	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,068	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,718	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,926,560	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,069	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$954	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$14,811	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,937	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,529,709	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	13,419	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$487	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$15,434,495	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	480	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$32,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$20,975,963	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,993,098	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	332	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,015	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$767	N/A	$730	N/A	.	N/A	-4.81	.	15% (+/-)	Yes
Aged	N/A	$1,596	N/A	$1,469	N/A	.	N/A	-7.97	.	15% (+/-)	Yes
Disabled	N/A	$2,677	N/A	$3,073	N/A	.	N/A	14.78	.	15% (+/-)	Yes
Child	N/A	$525	N/A	$463	N/A	.	N/A	-11.74	.	15% (+/-)	Yes
Adult	N/A	$766	N/A	$789	N/A	.	N/A	2.94	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$304	N/A	$310	N/A	.	N/A	2.20	.	15% (+/-)	Yes
Aged	N/A	$3,806	N/A	$4,045	N/A	.	N/A	6.28	.	15% (+/-)	Yes
Disabled	N/A	$1,324	N/A	$1,202	N/A	.	N/A	-9.19	.	15% (+/-)	Yes
Child	N/A	$282	N/A	$306	N/A	.	N/A	8.49	.	15% (+/-)	Yes
Adult	N/A	$8	N/A	$20	N/A	.	N/A	138.91	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$259	N/A	$271	N/A	.	N/A	4.38	.	15% (+/-)	Yes
Aged	N/A	$939	N/A	$854	N/A	.	N/A	-9.02	.	15% (+/-)	Yes
Disabled	N/A	$1,965	N/A	$2,275	N/A	.	N/A	15.75	.	15% (+/-)	No
Child	N/A	$63	N/A	$71	N/A	.	N/A	12.31	.	15% (+/-)	Yes
Adult	N/A	$219	N/A	$253	N/A	.	N/A	15.41	.	15% (+/-)	No
All Other Services	N/A	$1,873	N/A	$1,908	N/A	.	N/A	1.90	.	15% (+/-)	Yes
Aged	N/A	$2,721	N/A	$2,962	N/A	.	N/A	8.84	.	15% (+/-)	Yes
Disabled	N/A	$8,172	N/A	$9,173	N/A	.	N/A	12.25	.	15% (+/-)	Yes
Child	N/A	$1,188	N/A	$1,221	N/A	.	N/A	2.83	.	15% (+/-)	Yes
Adult	N/A	$1,682	N/A	$1,775	N/A	.	N/A	5.49	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.72	N/A	11.56	N/A	.	N/A	-1.38	.	15% (+/-)	Yes
Aged	N/A	12.78	N/A	11.51	N/A	.	N/A	-9.94	.	15% (+/-)	Yes
Disabled	N/A	15.87	N/A	16.49	N/A	.	N/A	3.94	.	15% (+/-)	Yes
Child	N/A	8.71	N/A	8.33	N/A	.	N/A	-4.41	.	15% (+/-)	Yes
Adult	N/A	16.81	N/A	18.20	N/A	.	N/A	8.26	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.00	N/A	0.99	N/A	.	N/A	-0.61	.	15% (+/-)	Yes
Aged	N/A	6.22	N/A	6.29	N/A	.	N/A	1.24	.	15% (+/-)	Yes
Disabled	N/A	3.21	N/A	2.92	N/A	.	N/A	-9.13	.	15% (+/-)	Yes
Child	N/A	1.12	N/A	1.10	N/A	.	N/A	-1.37	.	15% (+/-)	Yes
Adult	N/A	0.06	N/A	0.12	N/A	.	N/A	95.42	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	18.49	N/A	3.55	N/A	.	N/A	-80.81	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	50.77	N/A	48.70	N/A	.	N/A	-4.06	.	15% (+/-)	Yes
Aged	N/A	72.37	N/A	75.54	N/A	.	N/A	4.39	.	15% (+/-)	Yes
Disabled	N/A	76.67	N/A	79.51	N/A	.	N/A	3.70	.	15% (+/-)	Yes
Child	N/A	43.57	N/A	41.04	N/A	.	N/A	-5.80	.	15% (+/-)	Yes
Adult	N/A	58.52	N/A	59.20	N/A	.	N/A	1.16	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	78.83	N/A	79.77	N/A	.	N/A	1.19	.	15% (+/-)	Yes
Aged	N/A	83.94	N/A	83.81	N/A	.	N/A	-0.15	.	15% (+/-)	Yes

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Disabled	N/A	90.36	N/A	91.22	N/A	.	N/A	0.96	.	15% (+/-)	Yes
Child	N/A	77.46	N/A	78.44	N/A	.	N/A	1.27	.	15% (+/-)	Yes
Adult	N/A	78.63	N/A	80.09	N/A	.	N/A	1.86	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	5	N/A	5	N/A	.	N/A	-1.66	.	15% (+/-)	Yes
Aged	N/A	8	N/A	10	N/A	.	N/A	33.46	.	15% (+/-)	No
Disabled	N/A	11	N/A	12	N/A	.	N/A	10.64	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-5.44	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-2.97	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	166	N/A	103	N/A	.	N/A	-38.22	.	15% (+/-)	No
Aged	N/A	278	N/A	238	N/A	.	N/A	-14.42	.	15% (+/-)	Yes
Disabled	N/A	208	N/A	153	N/A	.	N/A	-26.66	.	15% (+/-)	No
Child	N/A	146	N/A	85	N/A	.	N/A	-42.12	.	15% (+/-)	No
Adult	N/A	92	N/A	54	N/A	.	N/A	-41.86	.	15% (+/-)	No
% Enrollees with Delivery	N/A	7.57	N/A	8.36	N/A	.	N/A	10.34	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$670,281	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1,472	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$455	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$63,852	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	369	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$173	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,122,408	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,911	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$543	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$19,042,089	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	9,602	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,983	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$20,684,934	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	947	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$21,843	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	9,174	N/A	9,756	N/A	.	N/A	6.34	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	8,395	N/A	8,994	N/A	.	N/A	7.14	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	7,982	N/A	8,436	N/A	.	N/A	5.68	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	9.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	71.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	17.99	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.46	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	5.54	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	5,209	N/A	5,468	N/A	.	N/A	4.97	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	4,673	N/A	4,889	N/A	.	N/A	4.62	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	14	N/A	41	N/A	.	N/A	192.86	.	10% (+/-)	No
41: Other Aged	N/A	522	N/A	538	N/A	.	N/A	3.07	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	3,859	N/A	4,175	N/A	.	N/A	8.19	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	3,750	N/A	3,986	N/A	.	N/A	6.29	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	17	N/A	31	N/A	.	N/A	82.35	.	10% (+/-)	No
42: Other Disabled	N/A	92	N/A	158	N/A	.	N/A	71.74	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	9,210	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.70	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.09	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	47.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$94,490,645	N/A	$112,009,872	N/A	.	N/A	18.54	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$10,300	N/A	$11,481	N/A	.	N/A	11.47	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$11,256	N/A	$12,454	N/A	.	N/A	10.65	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,616	N/A	$11,381	N/A	.	N/A	7.21	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,598	N/A	$6,375	N/A	.	N/A	13.89	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$236	N/A	$240	N/A	.	N/A	1.65	.	15% (+/-)	Yes
41: Other Aged	N/A	$55,812	N/A	$57,717	N/A	.	N/A	3.41	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,060	N/A	$11,831	N/A	.	N/A	17.61	.	15% (+/-)	No
12: Disabled, Cash	N/A	$8,995	N/A	$10,528	N/A	.	N/A	17.05	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$86	N/A	$33	N/A	.	N/A	-61.45	.	15% (+/-)	No
42: Other Disabled	N/A	$55,318	N/A	$47,009	N/A	.	N/A	-15.02	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$2,843,948	N/A	$3,077,276	N/A	.	N/A	8.20	.	15% (+/-)	Yes
IP: Number of Users	N/A	1,473	N/A	1,512	N/A	.	N/A	2.65	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,931	N/A	$2,035	N/A	.	N/A	5.41	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	2	N/A	7	N/A	.	N/A	196.15	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$83,437	N/A	$6,085	N/A	.	N/A	-92.71	.	15% (+/-)	No
MH Aged: Number of Users	N/A	4	N/A	5	N/A	.	N/A	25.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$20,859	N/A	$1,217	N/A	.	N/A	-94.17	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,275	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$1,275	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$36,635,860	N/A	$40,468,321	N/A	.	N/A	10.46	.	15% (+/-)	Yes
NF Number of Users	N/A	$678	N/A	$693	N/A	.	N/A	2.21	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$54,035	N/A	$58,396	N/A	.	N/A	8.07	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$2,391,205	N/A	$3,132,326	N/A	.	N/A	30.99	.	15% (+/-)	No
Physician: Number of Users	N/A	5,638	N/A	6,766	N/A	.	N/A	20.01	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$424	N/A	$463	N/A	.	N/A	9.15	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$377,587	N/A	$376,628	N/A	.	N/A	-0.25	.	15% (+/-)	Yes
Dental: Number of Users	N/A	1,010	N/A	973	N/A	.	N/A	-3.66	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$374	N/A	$387	N/A	.	N/A	3.54	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$506,737	N/A	$183,462	N/A	.	N/A	-63.80	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	2,650	N/A	1,941	N/A	.	N/A	-26.75	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$191	N/A	$95	N/A	.	N/A	-50.57	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$2,974,306	N/A	$2,806,653	N/A	.	N/A	-5.64	.	15% (+/-)	Yes
OPD Number of Users	N/A	5,293	N/A	5,562	N/A	.	N/A	5.08	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$562	N/A	$505	N/A	.	N/A	-10.20	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$3,786,450	N/A	$3,458,843	N/A	.	N/A	-8.65	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	2,063	N/A	2,623	N/A	.	N/A	27.14	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,835	N/A	$1,319	N/A	.	N/A	-28.15	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$69,197	N/A	$22,647	N/A	.	N/A	-67.27	.	15% (+/-)	No
HH: Number of Users	N/A	86	N/A	39	N/A	.	N/A	-54.65	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$805	N/A	$581	N/A	.	N/A	-27.83	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$20,392,920	N/A	$497,411	N/A	.	N/A	-97.56	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	5,164	N/A	4,604	N/A	.	N/A	-10.84	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$3,949	N/A	$108	N/A	.	N/A	-97.26	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$14,394,744	N/A	$19,061,059	N/A	.	N/A	32.42	.	15% (+/-)	No
Drugs: Number of Users	N/A	6,676	N/A	8,032	N/A	.	N/A	20.31	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$2,156	N/A	$2,373	N/A	.	N/A	10.06	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$4,260,767	N/A	$647,552	N/A	.	N/A	-84.80	.	15% (+/-)	No
Other Services: Number of Users	N/A	$1,876	N/A	$649	N/A	.	N/A	-65.41	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,271	N/A	$998	N/A	.	N/A	-56.07	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,100,003	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,385	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$8,144,833	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,237	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,384,105	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,362	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,750	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$85,206	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	100	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$852	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$258,339	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	630	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$410	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,016,634	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	4,239	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$712	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$14,002,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	584	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$23,977	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$4,360,422	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	973	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,481	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,752,425	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	225	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,789	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$310	N/A	$315	N/A	.	N/A	1.75	.	15% (+/-)	Yes
Aged	N/A	$235	N/A	$203	N/A	.	N/A	-13.55	.	15% (+/-)	Yes
Disabled	N/A	$407	N/A	$462	N/A	.	N/A	13.53	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$4,003	N/A	$4,149	N/A	.	N/A	3.65	.	15% (+/-)	Yes
Aged	N/A	$5,992	N/A	$6,148	N/A	.	N/A	2.59	.	15% (+/-)	Yes
Disabled	N/A	$1,427	N/A	$1,643	N/A	.	N/A	15.14	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,569	N/A	$1,954	N/A	.	N/A	24.52	.	15% (+/-)	No
Aged	N/A	$1,097	N/A	$1,310	N/A	.	N/A	19.43	.	15% (+/-)	No
Disabled	N/A	$2,236	N/A	$2,821	N/A	.	N/A	26.18	.	15% (+/-)	No
All Other Services	N/A	$4,418	N/A	$5,063	N/A	.	N/A	14.61	.	15% (+/-)	Yes
Aged	N/A	$3,292	N/A	$3,720	N/A	.	N/A	13.02	.	15% (+/-)	Yes
Disabled	N/A	$5,989	N/A	$6,905	N/A	.	N/A	15.28	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.06	N/A	15.50	N/A	.	N/A	-3.48	.	15% (+/-)	Yes
Aged	N/A	18.22	N/A	15.87	N/A	.	N/A	-12.87	.	15% (+/-)	Yes
Disabled	N/A	13.22	N/A	15.11	N/A	.	N/A	14.36	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	7.44	N/A	7.14	N/A	.	N/A	-4.04	.	15% (+/-)	Yes
Aged	N/A	11.04	N/A	10.63	N/A	.	N/A	-3.74	.	15% (+/-)	Yes
Disabled	N/A	2.77	N/A	2.78	N/A	.	N/A	0.21	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	72.77	N/A	82.33	N/A	.	N/A	13.13	.	15% (+/-)	Yes
Aged	N/A	68.17	N/A	81.05	N/A	.	N/A	18.90	.	15% (+/-)	No
Disabled	N/A	79.40	N/A	84.31	N/A	.	N/A	6.19	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	88.73	N/A	89.67	N/A	.	N/A	1.06	.	15% (+/-)	Yes
Aged	N/A	88.50	N/A	89.63	N/A	.	N/A	1.28	.	15% (+/-)	Yes
Disabled	N/A	89.45	N/A	89.99	N/A	.	N/A	0.60	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	2	N/A	7	N/A	.	N/A	196.15	.	15% (+/-)	No
Aged	N/A	2	N/A	7	N/A	.	N/A	212.62	.	15% (+/-)	No
Disabled	N/A	3	N/A	7	N/A	.	N/A	172.81	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	267	N/A	229	N/A	.	N/A	-14.29	.	15% (+/-)	Yes
Aged	N/A	269	N/A	226	N/A	.	N/A	-16.07	.	15% (+/-)	No
Disabled	N/A	255	N/A	241	N/A	.	N/A	-5.39	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,418	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$6,658	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	29	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$134,534	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	717	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$188	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$859,441	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	681	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$22,837,624	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1381	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$16,537	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	89,063	N/A	103,789	N/A	.	N/A	16.53	.	15% (+/-)	**No**
# FFS Recipients	N/A	72,507	N/A	86,040	N/A	.	N/A	18.66	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	82.90	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	92.07	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	92.31	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	80.71	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	82.19	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	62,578	N/A	70,088	N/A	.	N/A	12.00	.	15% (+/-)	Yes
MAX Aged Total	N/A	5,788	N/A	6,024	N/A	.	N/A	4.08	.	10% (+/-)	Yes
11: Aged, Cash	N/A	5,200	N/A	5,401	N/A	.	N/A	3.87	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	14	N/A	42	N/A	.	N/A	200.00	.	10% (+/-)	No
41: Other Aged	N/A	574	N/A	581	N/A	.	N/A	1.22	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	9,865	N/A	10,408	N/A	.	N/A	5.50	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	9,322	N/A	9,764	N/A	.	N/A	4.74	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	18	N/A	31	N/A	.	N/A	72.22	.	10% (+/-)	No
42: Other Disabled	N/A	525	N/A	613	N/A	.	N/A	16.76	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	49,253	N/A	61,809	N/A	.	N/A	25.49	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	23,925	N/A	23,292	N/A	.	N/A	-2.65	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	2,783	N/A	2,009	N/A	.	N/A	-27.81	.	10% (+/-)	No
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	13,275	N/A	30,316	N/A	.	N/A	128.37	.	10% (+/-)	No
44: Other Child	N/A	7,893	N/A	4,708	N/A	.	N/A	-40.35	.	10% (+/-)	No
48: Foster Care Child	N/A	1,377	N/A	1,484	N/A	.	N/A	7.77	.	10% (+/-)	Yes
54: 1115 Child	N/A	1,377	N/A	1,484	N/A	.	N/A	7.77	.	10% (+/-)	Yes
MAX Adult Total	N/A	24,155	N/A	25,548	N/A	.	N/A	5.77	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	13,292	N/A	14,885	N/A	.	N/A	11.98	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	2,816	N/A	2,062	N/A	.	N/A	-26.78	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	4,144	N/A	6,049	N/A	.	N/A	45.97	.	10% (+/-)	No
45: Other Adult	N/A	3,903	N/A	2,552	N/A	.	N/A	-34.61	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$350,680,433	N/A	$414,742,031	N/A	.	N/A	18.27	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$3,937	N/A	$3,996	N/A	.	N/A	1.49	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,837	N/A	$4,820	N/A	.	N/A	-0.33	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,460	N/A	$11,192	N/A	.	N/A	6.99	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,737	N/A	$6,465	N/A	.	N/A	12.69	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$236	N/A	$235	N/A	.	N/A	-0.77	.	15% (+/-)	Yes
41: Other Aged	N/A	$53,498	N/A	$55,923	N/A	.	N/A	4.53	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$12,543	N/A	$14,161	N/A	.	N/A	12.90	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$12,011	N/A	$13,427	N/A	.	N/A	11.80	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$81	N/A	$33	N/A	.	N/A	-59.18	.	15% (+/-)	No
42: Other Disabled	N/A	$22,423	N/A	$26,564	N/A	.	N/A	18.47	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$2,059	N/A	$2,061	N/A	.	N/A	0.11	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,498	N/A	$1,628	N/A	.	N/A	8.70	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$1,313	N/A	$1,399	N/A	.	N/A	6.55	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$2,165	N/A	$1,832	N/A	.	N/A	-15.39	.	15% (+/-)	No
44: Other Child	N/A	$2,955	N/A	$4,410	N/A	.	N/A	49.22	.	15% (+/-)	No
48: Foster Care Child	N/A	$7,164	N/A	$6,994	N/A	.	N/A	-2.38	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,690	N/A	$2,838	N/A	.	N/A	5.53	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,782	N/A	$2,798	N/A	.	N/A	0.56	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$1,549	N/A	$1,879	N/A	.	N/A	21.33	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$3,991	N/A	$3,715	N/A	.	N/A	-6.92	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,815	N/A	$1,773	N/A	.	N/A	-2.35	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$64,127,958	N/A	$71,740,354	N/A	.	N/A	11.87	.	15% (+/-)	Yes
IP: Number of Users	N/A	10,837	N/A	12,382	N/A	.	N/A	14.26	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,918	N/A	$5,794	N/A	.	N/A	-2.09	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	5	N/A	.	N/A	12.52	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$83,437	N/A	$42,754	N/A	.	N/A	-48.76	.	15% (+/-)	No
MH Aged: Number of Users	N/A	4	N/A	8	N/A	.	N/A	100.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$20,859	N/A	$5,344	N/A	.	N/A	-74.38	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$15,565,946	N/A	$21,272,880	N/A	.	N/A	36.66	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	625	N/A	776	N/A	.	N/A	24.16	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$24,906	N/A	$27,414	N/A	.	N/A	10.07	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$45,331,125	N/A	$48,341,519	N/A	.	N/A	6.64	.	15% (+/-)	Yes
NF Number of Users	N/A	$849	N/A	$845	N/A	.	N/A	-0.47	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$53,394	N/A	$57,209	N/A	.	N/A	7.15	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$36,478,531	N/A	$42,765,962	N/A	.	N/A	17.24	.	15% (+/-)	No
Physician: Number of Users	N/A	49,222	N/A	59,930	N/A	.	N/A	21.75	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$741	N/A	$714	N/A	.	N/A	-3.71	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$9,020,013	N/A	$11,599,090	N/A	.	N/A	28.59	.	15% (+/-)	No
Dental: Number of Users	N/A	21,119	N/A	25,129	N/A	.	N/A	18.99	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$427	N/A	$462	N/A	.	N/A	8.07	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$4,687,281	N/A	$1,115,665	N/A	.	N/A	-76.20	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	14,628	N/A	10,584	N/A	.	N/A	-27.65	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$320	N/A	$105	N/A	.	N/A	-67.10	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$24,403,709	N/A	$27,365,244	N/A	.	N/A	12.14	.	15% (+/-)	Yes
OPD Number of Users	N/A	38,053	N/A	42,698	N/A	.	N/A	12.21	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$641	N/A	$641	N/A	.	N/A	-0.06	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$30,785,509	N/A	$25,525,580	N/A	.	N/A	-17.09	.	15% (+/-)	No
Clinic: Number of Users	N/A	16,533	N/A	23,394	N/A	.	N/A	41.50	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,862	N/A	$1,091	N/A	.	N/A	-41.40	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$762,795	N/A	$640,112	N/A	.	N/A	-16.08	.	15% (+/-)	No
HH: Number of Users	N/A	390	N/A	326	N/A	.	N/A	-16.41	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,956	N/A	$1,964	N/A	.	N/A	0.39	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$50,084,162	N/A	$6,353,567	N/A	.	N/A	-87.31	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	35,141	N/A	34,348	N/A	.	N/A	-2.26	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$1,425	N/A	$185	N/A	.	N/A	-87.02	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$35,097,194	N/A	$44,497,002	N/A	.	N/A	26.78	.	15% (+/-)	No
Drugs: Number of Users	N/A	47,232	N/A	53,830	N/A	.	N/A	13.97	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$743	N/A	$827	N/A	.	N/A	11.24	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$10,270,098	N/A	$1,308,500	N/A	.	N/A	-87.26	.	15% (+/-)	No
Other Services: Number of Users	N/A	$8,055	N/A	$1,533	N/A	.	N/A	-80.97	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,275	N/A	$854	N/A	.	N/A	-33.05	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$18,747,923	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	14,666	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,278	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$11,684,252	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,810	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,455	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$3,765,234	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,302	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,636	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,988,241	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,168	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,558	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$3,184,899	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,699	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$861	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$14,811	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,937	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$9,546,343	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	17,658	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$541	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$29,437,307	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$27,667	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$25,336,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	6,082	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,166	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$4,745,523	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	557	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,520	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$720	N/A	$691	N/A	.	N/A	-4.00	.	15% (+/-)	Yes
Aged	N/A	$371	N/A	$320	N/A	.	N/A	-13.78	.	15% (+/-)	Yes
Disabled	N/A	$1,789	N/A	$2,026	N/A	.	N/A	13.22	.	15% (+/-)	Yes
Child	N/A	$525	N/A	$463	N/A	.	N/A	-11.77	.	15% (+/-)	Yes
Adult	N/A	$765	N/A	$787	N/A	.	N/A	2.89	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$685	N/A	$671	N/A	.	N/A	-1.98	.	15% (+/-)	Yes
Aged	N/A	$5,773	N/A	$5,954	N/A	.	N/A	3.12	.	15% (+/-)	Yes
Disabled	N/A	$1,364	N/A	$1,379	N/A	.	N/A	1.09	.	15% (+/-)	Yes
Child	N/A	$282	N/A	$306	N/A	.	N/A	8.48	.	15% (+/-)	Yes
Adult	N/A	$8	N/A	$20	N/A	.	N/A	138.88	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$394	N/A	$429	N/A	.	N/A	8.79	.	15% (+/-)	Yes
Aged	N/A	$1,081	N/A	$1,268	N/A	.	N/A	17.28	.	15% (+/-)	No
Disabled	N/A	$2,071	N/A	$2,494	N/A	.	N/A	20.42	.	15% (+/-)	No
Child	N/A	$63	N/A	$71	N/A	.	N/A	12.26	.	15% (+/-)	Yes
Adult	N/A	$220	N/A	$256	N/A	.	N/A	16.41	.	15% (+/-)	No
All Other Services	N/A	$2,135	N/A	$2,205	N/A	.	N/A	3.28	.	15% (+/-)	Yes
Aged	N/A	$3,235	N/A	$3,650	N/A	.	N/A	12.85	.	15% (+/-)	Yes
Disabled	N/A	$7,318	N/A	$8,263	N/A	.	N/A	12.91	.	15% (+/-)	Yes
Child	N/A	$1,189	N/A	$1,221	N/A	.	N/A	2.74	.	15% (+/-)	Yes
Adult	N/A	$1,684	N/A	$1,776	N/A	.	N/A	5.45	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.17	N/A	11.93	N/A	.	N/A	-1.95	.	15% (+/-)	Yes
Aged	N/A	17.67	N/A	15.47	N/A	.	N/A	-12.46	.	15% (+/-)	Yes
Disabled	N/A	14.83	N/A	15.94	N/A	.	N/A	7.48	.	15% (+/-)	Yes
Child	N/A	8.72	N/A	8.33	N/A	.	N/A	-4.45	.	15% (+/-)	Yes
Adult	N/A	16.79	N/A	18.17	N/A	.	N/A	8.23	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.66	N/A	1.57	N/A	.	N/A	-5.54	.	15% (+/-)	Yes
Aged	N/A	10.56	N/A	10.23	N/A	.	N/A	-3.13	.	15% (+/-)	Yes
Disabled	N/A	3.04	N/A	2.86	N/A	.	N/A	-5.85	.	15% (+/-)	Yes
Child	N/A	1.12	N/A	1.10	N/A	.	N/A	-1.55	.	15% (+/-)	Yes
Adult	N/A	0.06	N/A	0.12	N/A	.	N/A	95.40	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	53.03	N/A	51.86	N/A	.	N/A	-2.20	.	15% (+/-)	Yes
Aged	N/A	68.59	N/A	80.54	N/A	.	N/A	17.43	.	15% (+/-)	No
Disabled	N/A	77.74	N/A	81.44	N/A	.	N/A	4.76	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: AK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	43.57	N/A	41.04	N/A	.	N/A	-5.81	.	15% (+/-)	Yes
Adult	N/A	58.52	N/A	59.25	N/A	.	N/A	1.25	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	79.85	N/A	80.70	N/A	.	N/A	1.06	.	15% (+/-)	Yes
Aged	N/A	88.04	N/A	89.09	N/A	.	N/A	1.19	.	15% (+/-)	Yes
Disabled	N/A	90.01	N/A	90.73	N/A	.	N/A	0.80	.	15% (+/-)	Yes
Child	N/A	77.46	N/A	78.44	N/A	.	N/A	1.27	.	15% (+/-)	Yes
Adult	N/A	78.60	N/A	80.09	N/A	.	N/A	1.89	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	5	N/A	.	N/A	12.52	.	15% (+/-)	Yes
Aged	N/A	3	N/A	7	N/A	.	N/A	174.21	.	15% (+/-)	No
Disabled	N/A	8	N/A	10	N/A	.	N/A	27.97	.	15% (+/-)	No
Child	N/A	5	N/A	4	N/A	.	N/A	-5.45	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-2.82	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	213	N/A	157	N/A	.	N/A	-26.35	.	15% (+/-)	No
Aged	N/A	270	N/A	227	N/A	.	N/A	-15.98	.	15% (+/-)	No
Disabled	N/A	225	N/A	187	N/A	.	N/A	-16.78	.	15% (+/-)	No
Child	N/A	146	N/A	85	N/A	.	N/A	-42.02	.	15% (+/-)	No
Adult	N/A	92	N/A	54	N/A	.	N/A	-41.86	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$671,699	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1,487	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$452	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$70,510	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	398	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$177	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,256,942	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,628	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$488	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$19,901,530	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	10,283	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,935	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$43,522,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,328	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$18,695	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	111,621	N/A	114,696	N/A	.	N/A	2.75	.	Yes
% Encounter Claims *	N/A	67.82	N/A	64.38	N/A	.	N/A	-5.07	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	35,922	N/A	40,853	N/A	.	N/A	13.73	.	Yes
% Crossover	5-20	90.20	No	78.45	No	.	N/A	-13.02	.	Yes
% Adjusted Claims	> 1%	2.59	Yes	4.61	Yes	.	N/A	78.13	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$1,434	N/A	$3,556	N/A	.	N/A	147.96	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	3,521	N/A	8,802	N/A	.	N/A	149.99	.	No
% Claims with> $0 Paid	95-100	84.21	No	100.00	Yes	.	N/A	18.75	.	No
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,634	Yes	$4,175	Yes	.	N/A	-9.90	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$841	N/A	$1,330	N/A	.	N/A	58.20	.	No
% Claims with TPL	>0 - 10	1.96	Yes	2.32	Yes	.	N/A	18.27	.	No
Aver. TPL Paid for claims with TPL	N/A	$1,347	N/A	$2,882	N/A	.	N/A	113.98	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.52	Yes	55.67	No	.	N/A	-44.06	.	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.38	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.43	Yes	55.41	No	.	N/A	-44.28	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.11	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.51	Yes	3.00	Yes	.	N/A	-45.58	.	No
Average Covered Days (> 0 day	2-<8	5.55	Yes	3.14	Yes	.	N/A	-43.47	.	No
% Begin Date = Admit Date	95-100	86.51	No	96.74	Yes	.	N/A	11.83	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.89	Yes	100.00	Yes	.	N/A	0.11	.	Yes
% Family Planning Claims (pgm	>0-5	0.11	Yes	0.00	No	.	N/A	-100.00	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.01	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	1.11	No	33.64	No	.	N/A	2937.10	.	No
% Claims with PDX, where length=4	15-75	19.82	No	19.21	Yes	.	N/A	-3.09	.	Yes
% Claims with PDX, where length=5	25-70	79.07	No	47.15	Yes	.	N/A	-40.37	.	No
% Claims with a procedure code	35-70	40.39	Yes	27.94	No	.	N/A	-30.83	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.01	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	99.96	N/A	.	N/A	-0.04	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	5.48	N/A	42.92	N/A	.	N/A	683.05	.	No
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	15.56	N/A	3.97	N/A	.	N/A	-74.52	.	No
Patient Status										
% Home	75-90	81.82	Yes	48.23	No	.	N/A	-41.06	.	No
% Transferred	1-10	3.78	Yes	2.93	Yes	.	N/A	-22.40	.	No
% Still a Patient	>0 - 2	10.25	No	3.82	No	.	N/A	-62.77	.	No
% Died	>0 - 3	1.22	Yes	0.62	Yes	.	N/A	-48.83	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	32,401	N/A	32,051	N/A	.	N/A	-1.08	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$772	N/A	$814	N/A	.	N/A	5.44	.	Yes
% Claims with TPL	N/A	0.57	N/A	3.02	N/A	.	N/A	426.11	.	No
Aver. TPL Paid -claims with TPL	N/A	$365	N/A	$6,640	N/A	.	N/A	1717.77	.	No
% Claims withUB-92 Accommodation Codes	95-100	56.86	No	0.09	No	.	N/A	-99.85	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	56.99	No	0.09	N/A	.	N/A	-99.85	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.07	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.45	Yes	5.24	Yes	.	N/A	-3.85	.	Yes
% Begin Date = Admit Date	95-100	99.82	Yes	99.67	Yes	.	N/A	-0.16	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	97.61	Yes	2.81	Yes	.	N/A	-97.12	.	No
% Claims with PDX, where length=3	5-30	0.99	No	4.99	No	.	N/A	405.46	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	20.31	Yes	45.57	Yes	.	N/A	124.42	.	No
% Claims with PDX, where length=5	25-70	78.71	No	49.44	Yes	.	N/A	-37.19	.	No
% Claims with a procedure code	35-70	45.15	Yes	45.73	Yes	.	N/A	1.30	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	99.71	N/A	.	N/A	-0.28	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	248,061	N/A	249,390	N/A	.	N/A	0.54	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	248,061	N/A	249,390	N/A	.	N/A	0.54	.	Yes
% Crossover	5-20	5.61	Yes	6.55	Yes	.	N/A	16.70	.	No
% Adjusted Claims	> 1%	1.36	Yes	0.99	No	.	N/A	-27.02	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,226	N/A	$3,135	N/A	.	N/A	40.81	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	234,146	N/A	233,064	N/A	.	N/A	-0.46	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$84	Yes	$89	Yes	.	N/A	6.82	.	Yes
ICF/MR (TOS 05)	N/A	$232	N/A	$257	N/A	.	N/A	10.51	.	Yes
Aged/MH (TOS 02)	N/A	$166	N/A	$191	N/A	.	N/A	15.08	.	No
IP Psych. < 21 (TOS 04)	N/A	$305	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	93.46	Yes	93.54	Yes	.	N/A	0.08	.	Yes
% NF claims with NF Covered Days	N/A	63.57	N/A	35.36	N/A	.	N/A	-44.38	.	No
Avg days for NF claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	-1.16	.	Yes
% ICF/MR (TOS 05)	>0-20	3.65	Yes	3.32	Yes	.	N/A	-9.26	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	1.18	.	Yes
% Aged/MH (TOS 02)	>0-10	2.61	Yes	3.15	Yes	.	N/A	20.54	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	46.95	N/A	100.00	N/A	.	N/A	113.00	.	No
Avg days for Aged/MH claims with Covered Days	N/A	26	N/A	23	N/A	.	N/A	-12.59	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.27	Yes	0.00	No	.	N/A	-100.00	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	13	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	0.00	No	3.03	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	3.18	No	12.85	Yes	.	N/A	303.62	.	No
% Claims with DX, where length=4	15-75	23.50	Yes	61.99	No	.	N/A	163.78	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	73.31	No	25.15	Yes	.	N/A	-65.69	.	No
Patient Status										
% Home	1-5	0.57	No	0.61	No	.	N/A	7.06	.	Yes
% Still a Patien	8-98	93.02	Yes	93.07	Yes	.	N/A	0.06	.	Yes
% Died	>0-5	0.99	Yes	1.02	Yes	.	N/A	2.76	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	13,915	N/A	16,326	N/A	.	N/A	17.33	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,387	N/A	$1,465	N/A	.	N/A	5.62	.	Yes
% NF (TOS 07)	75-99	96.10	Yes	95.43	Yes	.	N/A	-0.70	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	3.79	Yes	4.57	Yes	.	N/A	20.42	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.10	Yes	0.00	No	.	N/A	-100.00	.	No
% Claims with DX	95-100	95.14	Yes	97.96	Yes	.	N/A	2.96	.	Yes
% Claims with DX, where length=3	5-30	6.48	Yes	16.53	Yes	.	N/A	155.09	.	No
% Claims with DX, where length=4	15-75	33.75	Yes	56.92	No	.	N/A	68.65	.	No
% Claims with DX, where length=5	25-70	59.77	No	26.55	Yes	.	N/A	-55.58	.	No
Patient Status										
% Home	1-5	2.98	Yes	5.17	No	.	N/A	73.76	.	No
% Still a Patien	8-98	49.69	Yes	75.57	Yes	.	N/A	52.06	.	No
% Died	>0-5	1.72	Yes	1.91	Yes	.	N/A	10.80	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	9,254,642	N/A	10,964,909	N/A	.	N/A	18.48	.	No
% Encounter Claims (Claim Type=3) *	N/A	2.38	N/A	1.20	N/A	.	N/A	-49.40	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	0.09	N/A	7.44	N/A	.	N/A	8160.72	.	No
Total FFS Claims	N/A	9,034,588	N/A	10,017,114	N/A	.	N/A	10.88	.	Yes
% Crossover	5-20	13.04	Yes	18.48	Yes	.	N/A	41.78	.	No
% Adjusted Claims	> 1%	0.89	No	1.11	Yes	.	N/A	24.51	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$196	N/A	$71	N/A	.	N/A	-63.87	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	7.53	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	7,856,695	N/A	8,165,461	N/A	.	N/A	3.93	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	99.86	Yes	.	N/A	-0.14	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	5.27	N/A	4.19	N/A	.	N/A	-20.54	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	2.05	N/A	0.56	N/A	.	N/A	-72.91	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	58.51	N/A	0.08	N/A	.	N/A	-99.86	.	No
% Other Claims with Span Bills/All Other Claims	N/A	4.76	N/A	4.81	N/A	.	N/A	1.11	.	Yes
% Claims W/ Service Place 11- Office	50-90	41.39	No	37.88	No	.	N/A	-8.48	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	1.49	Yes	1.30	Yes	.	N/A	-13.21	.	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.89	No	5.79	No	.	N/A	-1.74	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.33	Yes	0.19	Yes	.	N/A	-43.34	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.44	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	37.91	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	2.16	Yes	6.38	No	.	N/A	194.72	.	No
% Claims with TPL	>0 - 15	0.45	Yes	0.43	Yes	.	N/A	-4.19	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$44	N/A	$38	N/A	.	N/A	-15.50	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	22.06	Yes	26.44	Yes	.	N/A	19.86	.	No
% claims MAX TOS 09: Dental	2-20	7.18	Yes	6.46	Yes	.	N/A	-10.10	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.99	Yes	2.19	Yes	.	N/A	-45.08	.	No
% claims MAX TOS 11: OPD	3-25	7.48	Yes	12.55	Yes	.	N/A	67.66	.	No
% claims MAX TOS 12: Clinic	2-25	16.38	Yes	10.80	Yes	.	N/A	-34.07	.	No
% claims MAX TOS 13: HH	>0-25	1.32	Yes	1.96	Yes	.	N/A	47.68	.	No
% claims MAX TOS 15: Lab/Xray	4-20	24.17	No	16.17	Yes	.	N/A	-33.10	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	3.12	Yes	1.89	Yes	.	N/A	-39.29	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	2.62	Yes	2.52	No	.	N/A	-3.96	.	Yes
% claims MAX TOS 26: Transportation	>1	0.80	Yes	0.71	No	.	N/A	-11.15	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	2.42	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.08	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.67	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.24	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.37	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.28	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	14.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.05	Yes	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$62	N/A	$61	N/A	.	N/A	-1.66	.	Yes
08: Physicians	$20-90	$69	Yes	$65	Yes	.	N/A	-6.10	.	Yes
09: Dental	$10-60	$18	Yes	$22	Yes	.	N/A	18.18	.	No
10: Other Practioner	$10-100	$24	Yes	$23	Yes	.	N/A	-4.30	.	Yes
11: OPD	$20-100	$42	Yes	$28	Yes	.	N/A	-32.89	.	No
12: Clinic	$20-100	$46	Yes	$44	Yes	.	N/A	-5.43	.	Yes
13: HH	N/A	$78	N/A	$56	N/A	.	N/A	-27.85	.	No
15: Lab/Xray	10-60	$16	Yes	$19	Yes	.	N/A	24.78	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$507	N/A	$224	N/A	.	N/A	-55.86	.	No
51: DME	N/A	$46	Yes	$49	N/A	.	N/A	5.67	.	Yes
26: Transportation	N/A	$67	N/A	$74	N/A	.	N/A	10.93	.	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$152	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$675	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$24	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$473	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$2,596	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$251	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.76	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.31	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	2.61	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	3.03	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$73	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$45	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$50	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$721	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	98.72	Yes	99.59	Yes	.	N/A	0.88	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	23.88	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	0.64	No	3.18	No	.	N/A	397.09	.	No
% Claims with DX, where length=4	40-70	26.63	Yes	62.51	Yes	.	N/A	134.75	.	No
% Claims with DX, where length=5	20-55	72.73	No	34.30	Yes	.	N/A	-52.84	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	37.75	N/A	100.00	N/A	.	N/A	164.90	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.02	N/A	52.18	N/A	.	N/A	225807.86	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	60.65	N/A	59.08	N/A	.	N/A	-2.59	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	39.35	N/A	40.78	N/A	.	N/A	3.65	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	98.89	Yes	99.72	Yes	.	N/A	0.84	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,177,893	N/A	1,851,653	N/A	.	N/A	57.20	.	No
% Claims with> $0 Paid	>95%	100.00	N/A	99.94	Yes	.	N/A	-0.06	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	1.59	N/A	3.10	N/A	.	N/A	94.90	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	2.85	N/A	0.00	N/A	.	N/A	-100.00	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	11.29	N/A	12.28	N/A	.	N/A	8.80	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	1.57	N/A	2.87	N/A	.	N/A	82.97	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	48.94	N/A	40.33	N/A	.	N/A	-17.59	.	No
% claims MAX TOS 10: Other Practioner	N/A	2.43	N/A	1.92	N/A	.	N/A	-20.94	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	1.87	N/A	8.35	N/A	.	N/A	346.86	.	No
% claims MAX TOS 12: Clinic	N/A	3.29	N/A	6.90	N/A	.	N/A	110.13	.	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	5.04	N/A	.	N/A	95621.23	.	No
% claims MAX TOS 15: Lab/Xray	N/A	22.71	N/A	25.85	N/A	.	N/A	13.86	.	Yes
% claims MAX TOS 19: Other Services	N/A	4.52	N/A	4.33	N/A	.	N/A	-4.30	.	Yes
% claims MAX TOS 51: DME	N/A	5.05	N/A	0.00	N/A	.	N/A	-100.00	.	No
% claims MAX TOS 26: Transportation	N/A	9.65	N/A	7.07	N/A	.	N/A	-26.66	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$21	N/A	$47	N/A	.	N/A	124.10	.	No
% Claims with DX	N/A	99.85	N/A	99.89	N/A	.	N/A	0.04	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.75	Yes	99.81	Yes	.	N/A	0.06	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	54.79	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	2.19	No	11.10	Yes	.	N/A	407.52	.	No
% Claims with DX, where length=4	40-70	23.46	Yes	49.22	Yes	.	N/A	109.78	.	No
% Claims with DX, where length=5	20-55	74.35	No	39.68	Yes	.	N/A	-46.63	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	1.98	N/A	100.00	N/A	.	N/A	4957.96	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	99.99	N/A	.	N/A	-0.01	.	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	57.46	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	75.74	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	24.26	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	7,350,503	N/A	8,806,178	N/A	.	N/A	19.80	.	No
% Encounter Claims *	N/A	1.29	N/A	1.93	N/A	.	N/A	48.70	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	7,255,323	N/A	8,636,618	N/A	.	N/A	19.04	.	No
% Adjusted Claims	> 1%	1.76	Yes	0.14	No	.	N/A	-91.91	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$30	N/A	$34	N/A	.	N/A	11.26	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	7,255,323	N/A	8,636,618	N/A	.	N/A	19.04	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$30	Yes	$34	Yes	.	N/A	11.13	.	Yes
% Claims with TPL	>0 - 15	0.13	Yes	0.39	Yes	.	N/A	210.10	.	No
Aver. TPL Paid for claims with TPL	N/A	$36	N/A	$31	N/A	.	N/A	-13.92	.	Yes
% Family Planning Claims (program type=2)	N/A	0.34	N/A	0.26	N/A	.	N/A	-21.98	.	No
% Drug Claims (TOS 16)	95-99	99.66	No	100.00	No	.	N/A	0.34	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	Yes	0.00	Yes	.	N/A	146.77	.	No
% Drug Claims with Quantity	>98	.	N/A	92.44	No	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with Medispan	98-100	89.27	No	95.14	No	.	N/A	6.58	.	Yes
% Claims with AHFS	98-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with Generic (GTC)	98-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with GC3	98-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.86	N/A	79.41	N/A	.	N/A	-20.49	.	No
% Products (codes 4-6)	N/A	0.13	N/A	20.53	N/A	.	N/A	16282.15	.	No
% HRI (code 7)	N/A	0.00	N/A	0.05	N/A	.	N/A	30905.41	.	No
% Claims with Smart Key	98-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% OTC-Drug Class	N/A	4.39	N/A	4.72	N/A	.	N/A	7.56	.	Yes
% Prescription-Drug Class	N/A	95.60	N/A	95.27	N/A	.	N/A	-0.34	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	50.31	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	30.11	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	644,407	N/A	660,824	N/A	.	N/A	2.55	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,606,588,358	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	13.04	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	31.94	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	4.81	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	37.35	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	8.34	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	4.51	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	643,101	N/A	657,495	N/A	.	N/A	2.24	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	515,526	N/A	552,296	N/A	.	N/A	7.13	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.83	Yes	99.42	Yes	.	N/A	-0.41	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	99.34	Yes	99.48	Yes	.	N/A	0.14	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	2,984	N/A	4,151	N/A	.	N/A	39.11	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.24	Yes	0.46	Yes	.	N/A	-62.81	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	43.96	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	50.77	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	1.07	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	3.56	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	5.40	Yes	4.93	Yes	.	N/A	-8.76	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	58.20	Yes	58.14	Yes	.	N/A	-0.11	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	15.77	Yes	16.05	Yes	.	N/A	1.76	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	66.90	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	144,689	N/A	152,607	N/A	.	N/A	5.47	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	96.45	Yes	96.53	Yes	.	N/A	0.08	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	97.21	Yes	97.38	Yes	.	N/A	0.17	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	39.36	Yes	40.47	Yes	.	N/A	2.84	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	6,575	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	71.21	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	12.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	16.17	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.06	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	23.29	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.98	Yes	99.94	Yes	.	N/A	-0.04	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.99	Yes	99.79	Yes	.	N/A	-0.20	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.71	Yes	99.17	Yes	.	N/A	9.33	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	79,232	N/A	83,322	N/A	.	N/A	5.16	.	10% (+/-)	Yes
11: Aged, Cash	N/A	34,422	N/A	34,308	N/A	.	N/A	-0.33	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	25,040	N/A	30,277	N/A	.	N/A	20.91	.	10% (+/-)	No
41: Other Aged	N/A	19,770	N/A	18,737	N/A	.	N/A	-5.23	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	171,139	N/A	175,676	N/A	.	N/A	2.65	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	150,412	N/A	151,730	N/A	.	N/A	0.88	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	11,401	N/A	14,001	N/A	.	N/A	22.81	.	10% (+/-)	No
42: Other Disabled	N/A	9,326	N/A	9,945	N/A	.	N/A	6.64	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	325,080	N/A	345,981	N/A	.	N/A	6.43	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	74,041	N/A	79,216	N/A	.	N/A	6.99	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	235,326	N/A	259,521	N/A	.	N/A	10.28	.	10% (+/-)	No
44: Other Child	N/A	10,780	N/A	1,058	N/A	.	N/A	-90.19	.	10% (+/-)	No
48: Foster Care Child	N/A	4,933	N/A	5,203	N/A	.	N/A	5.47	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	983	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	67,650	N/A	52,516	N/A	.	N/A	-22.37	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	26,948	N/A	22,364	N/A	.	N/A	-17.01	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	37,242	N/A	27,544	N/A	.	N/A	-26.04	.	10% (+/-)	No
45: Other Adult	N/A	3,460	N/A	94	N/A	.	N/A	-97.28	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	2,514	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	551,318	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	87.50	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	7.03	No	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	4.76	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.72	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.74	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	47,835	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	12,580	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	77.25	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	507,927	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	10.58	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	6.79	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	73.74	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	81.71	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	3.05	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	11.57	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	483,341	N/A	496,277	N/A	.	N/A	2.68	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	1.87	N/A	1.99	N/A	.	N/A	6.18	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees -Disabled	N/A	22.72	N/A	22.68	N/A	.	N/A	-0.19	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	63.45	N/A	65.06	N/A	.	N/A	2.53	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	11.95	N/A	10.27	N/A	.	N/A	-14.02	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	357,674	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	551,318	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	7.76	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	1.59	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	10.67	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	48.73	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	31.23	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$2,447,412	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$2,447,412	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.19	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.26	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$1,716	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	53,734	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$2,379,684	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	442,543	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$66,012	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	11,650	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$43,752,035	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$9,948,357	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$6,522,405	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$7,715,556	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$19,565,717	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$814	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$185	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$364	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	34,668	N/A	455,812	N/A	.	N/A	1214.79	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	21,331	N/A	381,412	N/A	.	N/A	1688.06	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	14,435	N/A	370,879	N/A	.	N/A	2469.34	.	15% (+/-)	No
MAX Aged Total	N/A	1,474	N/A	2,138	N/A	.	N/A	45.05	.	10% (+/-)	No
11: Aged, Cash	N/A	304	N/A	702	N/A	.	N/A	130.92	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	881	N/A	1,000	N/A	.	N/A	13.51	.	10% (+/-)	No
41: Other Aged	N/A	289	N/A	436	N/A	.	N/A	50.87	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	4,963	N/A	95,152	N/A	.	N/A	1817.23	.	10% (+/-)	No
12: Disabled, Cash	N/A	4,504	N/A	91,877	N/A	.	N/A	1939.90	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	289	N/A	420	N/A	.	N/A	45.33	.	10% (+/-)	No
42: Other Disabled	N/A	170	N/A	2,855	N/A	.	N/A	1579.41	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	18,380	N/A	313,475	N/A	.	N/A	1605.52	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	2,551	N/A	70,134	N/A	.	N/A	2649.27	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	14,896	N/A	237,134	N/A	.	N/A	1491.93	.	10% (+/-)	No
44: Other Child	N/A	355	N/A	1,010	N/A	.	N/A	184.51	.	10% (+/-)	No
48: Foster Care Child	N/A	578	N/A	5,153	N/A	.	N/A	791.52	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	44	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	9,851	N/A	45,047	N/A	.	N/A	357.28	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	632	N/A	19,745	N/A	.	N/A	3024.21	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	9,102	N/A	25,155	N/A	.	N/A	176.37	.	10% (+/-)	No
45: Other Adult	N/A	117	N/A	88	N/A	.	N/A	-24.79	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	59	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	6,213	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$33,884,347	N/A	$584,059,185	N/A	.	N/A	1623.68	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$977	N/A	$1,281	N/A	.	N/A	31.10	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,589	N/A	$1,531	N/A	.	N/A	-3.60	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$4,748	N/A	$4,784	N/A	.	N/A	0.76	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,718	N/A	$2,909	N/A	.	N/A	7.03	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$152	N/A	$278	N/A	.	N/A	82.50	.	15% (+/-)	No
41: Other Aged	N/A	$20,892	N/A	$18,138	N/A	.	N/A	-13.18	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$2,766	N/A	$3,252	N/A	.	N/A	17.59	.	15% (+/-)	No
12: Disabled, Cash	N/A	$2,338	N/A	$3,214	N/A	.	N/A	37.48	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$93	N/A	$481	N/A	.	N/A	416.69	.	15% (+/-)	No
42: Other Disabled	N/A	$18,640	N/A	$4,878	N/A	.	N/A	-73.83	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$487	N/A	$634	N/A	.	N/A	30.29	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$107	N/A	$442	N/A	.	N/A	312.58	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$448	N/A	$579	N/A	.	N/A	29.20	.	15% (+/-)	No
44: Other Child	N/A	$544	N/A	$1,831	N/A	.	N/A	236.27	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,128	N/A	$5,571	N/A	.	N/A	78.10	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$263	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$428	N/A	$1,455	N/A	.	N/A	240.32	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$218	N/A	$1,060	N/A	.	N/A	386.35	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$437	N/A	$1,771	N/A	.	N/A	305.29	.	15% (+/-)	No
45: Other Adult	N/A	$838	N/A	$846	N/A	.	N/A	0.89	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$3,485,032	N/A	$25,530,824	N/A	.	N/A	632.59	.	15% (+/-)	No
IP: Number of Users	N/A	885	N/A	6,122	N/A	.	N/A	591.75	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$3,938	N/A	$4,170	N/A	.	N/A	5.90	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	5	N/A	3	N/A	.	N/A	-48.27	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$327,390	N/A	$7,315,888	N/A	.	N/A	2134.61	.	15% (+/-)	No
MH Aged: Number of Users	N/A	13	N/A	867	N/A	.	N/A	6569.23	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$25,184	N/A	$8,438	N/A	.	N/A	-66.49	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$76,178	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	19	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$4,009	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$6,931,615	N/A	$22,238,120	N/A	.	N/A	220.82	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	87	N/A	253	N/A	.	N/A	190.80	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$79,674	N/A	$87,898	N/A	.	N/A	10.32	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$7,120,686	N/A	$33,767,893	N/A	.	N/A	374.22	.	15% (+/-)	No
NF Number of Users	N/A	339	N/A	1,306	N/A	.	N/A	285.25	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$21,005	N/A	$25,856	N/A	.	N/A	23.09	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$4,765,376	N/A	$133,793,238	N/A	.	N/A	2707.61	.	15% (+/-)	No

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Physician: Number of Users	N/A	11,967	N/A	283,664	N/A	.	N/A	2270.39	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$398	N/A	$472	N/A	.	N/A	18.45	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$469,795	N/A	$11,343,652	N/A	.	N/A	2314.60	.	15% (+/-)	No
Dental: Number of Users	N/A	2,209	N/A	72,843	N/A	.	N/A	3197.56	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$213	N/A	$156	N/A	.	N/A	-26.78	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$153,046	N/A	$3,591,486	N/A	.	N/A	2246.67	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	2,436	N/A	51,382	N/A	.	N/A	2009.28	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$63	N/A	$70	N/A	.	N/A	11.25	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$704,555	N/A	$27,157,050	N/A	.	N/A	3754.50	.	15% (+/-)	No
OPD Number of Users	N/A	5,083	N/A	167,241	N/A	.	N/A	3190.20	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$139	N/A	$162	N/A	.	N/A	17.15	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,905,762	N/A	$31,731,404	N/A	.	N/A	1565.02	.	15% (+/-)	No
Clinic: Number of Users	N/A	4,132	N/A	131,887	N/A	.	N/A	3091.84	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$461	N/A	$241	N/A	.	N/A	-47.84	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$72,121	N/A	$4,203,560	N/A	.	N/A	5728.48	.	15% (+/-)	No
HH: Number of Users	N/A	315	N/A	13,539	N/A	.	N/A	4198.10	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$229	N/A	$310	N/A	.	N/A	35.61	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,382,769	N/A	$23,466,879	N/A	.	N/A	1597.09	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	14,256	N/A	204,953	N/A	.	N/A	1337.66	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$97	N/A	$114	N/A	.	N/A	18.05	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$2,323,934	N/A	$129,866,013	N/A	.	N/A	5488.20	.	15% (+/-)	No
Drugs: Number of Users	N/A	12,090	N/A	308,361	N/A	.	N/A	2450.55	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$192	N/A	$421	N/A	.	N/A	119.10	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$1,621,251	N/A	$6,692,081	N/A	.	N/A	312.77	.	15% (+/-)	No
Other Services: Number of Users	N/A	$1,265	N/A	$13,641	N/A	.	N/A	978.34	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,282	N/A	$491	N/A	.	N/A	-61.72	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,984,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	13,468	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$296	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$18,521,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	20,045	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$924	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$4,205,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,286	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,280	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,248,538	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,534	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$353	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,855,629	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	410	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,965	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$8,288,679	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	53,464	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$155	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$23,024,462	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	825	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$27,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$57,151,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	25,770	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,218	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$76,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,421	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$101	N/A	$56	N/A	.	N/A	-44.28	.	15% (+/-)	No
Aged	N/A	$118	N/A	$67	N/A	.	N/A	-43.31	.	15% (+/-)	No
Disabled	N/A	$204	N/A	$43	N/A	.	N/A	-78.87	.	15% (+/-)	No
Child	N/A	$112	N/A	$37	N/A	.	N/A	-67.06	.	15% (+/-)	No
Adult	N/A	$24	N/A	$216	N/A	.	N/A	790.14	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$417	N/A	$139	N/A	.	N/A	-66.68	.	15% (+/-)	No
Aged	N/A	$3,971	N/A	$3,805	N/A	.	N/A	-4.17	.	15% (+/-)	Yes
Disabled	N/A	$1,718	N/A	$542	N/A	.	N/A	-68.43	.	15% (+/-)	No
Child	N/A	$4	N/A	$11	N/A	.	N/A	184.55	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	20.66	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$67	N/A	$285	N/A	.	N/A	325.03	.	15% (+/-)	No
Aged	N/A	$374	N/A	$466	N/A	.	N/A	24.76	.	15% (+/-)	No
Disabled	N/A	$148	N/A	$938	N/A	.	N/A	534.89	.	15% (+/-)	No
Child	N/A	$37	N/A	$105	N/A	.	N/A	180.12	.	15% (+/-)	No
Adult	N/A	$36	N/A	$149	N/A	.	N/A	317.80	.	15% (+/-)	No
All Other Services	N/A	$378	N/A	$802	N/A	.	N/A	111.78	.	15% (+/-)	No
Aged	N/A	$285	N/A	$445	N/A	.	N/A	56.35	.	15% (+/-)	No
Disabled	N/A	$696	N/A	$1,728	N/A	.	N/A	148.50	.	15% (+/-)	No
Child	N/A	$326	N/A	$481	N/A	.	N/A	47.38	.	15% (+/-)	No
Adult	N/A	$330	N/A	$1,091	N/A	.	N/A	230.61	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	2.55	N/A	1.34	N/A	.	N/A	-47.39	.	15% (+/-)	No
Aged	N/A	10.99	N/A	6.69	N/A	.	N/A	-39.14	.	15% (+/-)	No
Disabled	N/A	4.27	N/A	0.89	N/A	.	N/A	-79.11	.	15% (+/-)	No
Child	N/A	2.54	N/A	0.83	N/A	.	N/A	-67.08	.	15% (+/-)	No
Adult	N/A	0.46	N/A	5.58	N/A	.	N/A	1121.71	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.32	N/A	0.53	N/A	.	N/A	-59.62	.	15% (+/-)	No
Aged	N/A	18.05	N/A	16.79	N/A	.	N/A	-6.95	.	15% (+/-)	Yes
Disabled	N/A	3.45	N/A	1.62	N/A	.	N/A	-52.90	.	15% (+/-)	No
Child	N/A	0.10	N/A	0.16	N/A	.	N/A	68.41	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.00	N/A	.	N/A	-78.13	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	8.14	N/A	0.37	N/A	.	N/A	-95.43	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	34.87	N/A	67.65	N/A	.	N/A	93.99	.	15% (+/-)	No
Aged	N/A	33.24	N/A	37.32	N/A	.	N/A	12.28	.	15% (+/-)	Yes
Disabled	N/A	16.18	N/A	76.62	N/A	.	N/A	373.57	.	15% (+/-)	No
Child	N/A	30.46	N/A	64.70	N/A	.	N/A	112.39	.	15% (+/-)	No
Adult	N/A	52.77	N/A	70.69	N/A	.	N/A	33.96	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	57.49	N/A	80.48	N/A	.	N/A	39.99	.	15% (+/-)	No
Aged	N/A	41.25	N/A	41.25	N/A	.	N/A	0.01	.	15% (+/-)	Yes

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Disabled	N/A	40.98	N/A	82.21	N/A	.	N/A	100.59	.	15% (+/-)	No
Child	N/A	56.20	N/A	80.39	N/A	.	N/A	43.06	.	15% (+/-)	No
Adult	N/A	70.65	N/A	79.29	N/A	.	N/A	12.23	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	5	N/A	3	N/A	.	N/A	-48.27	.	15% (+/-)	No
Aged	N/A	4	N/A	6	N/A	.	N/A	63.57	.	15% (+/-)	No
Disabled	N/A	7	N/A	6	N/A	.	N/A	-12.68	.	15% (+/-)	Yes
Child	N/A	5	N/A	3	N/A	.	N/A	-41.71	.	15% (+/-)	No
Adult	N/A	8	N/A	1	N/A	.	N/A	-83.16	.	15% (+/-)	No
Avg # LT Days per User	N/A	275	N/A	95	N/A	.	N/A	-65.42	.	15% (+/-)	No
Aged	N/A	284	N/A	99	N/A	.	N/A	-64.96	.	15% (+/-)	No
Disabled	N/A	290	N/A	119	N/A	.	N/A	-58.89	.	15% (+/-)	No
Child	N/A	16	N/A	20	N/A	.	N/A	21.14	.	15% (+/-)	No
Adult	N/A	4	N/A	71	N/A	.	N/A	1675.00	.	15% (+/-)	No
% Enrollees with Delivery	N/A	14.62	N/A	5.03	N/A	.	N/A	-65.60	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$4,909,868	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	25,130	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$4,756,667	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	26,570	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$179	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$7,784,488	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	36,665	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$212	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$88,860,183	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	14,315	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,207	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	125,092	N/A	147,949	N/A	.	N/A	18.27	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	101,430	N/A	119,361	N/A	.	N/A	17.68	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	112,332	N/A	134,582	N/A	.	N/A	19.81	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	3.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	16.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	52.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	9.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	2.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	15.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.80	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	68,699	N/A	79,010	N/A	.	N/A	15.01	.	10% (+/-)	No

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	29,352	N/A	32,406	N/A	.	N/A	10.40	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	23,404	N/A	28,461	N/A	.	N/A	21.61	.	10% (+/-)	No
41: Other Aged	N/A	15,943	N/A	18,143	N/A	.	N/A	13.80	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	56,347	N/A	68,585	N/A	.	N/A	21.72	.	10% (+/-)	No
12: Disabled, Cash	N/A	39,896	N/A	48,938	N/A	.	N/A	22.66	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	10,523	N/A	13,162	N/A	.	N/A	25.08	.	10% (+/-)	No
42: Other Disabled	N/A	5,928	N/A	6,485	N/A	.	N/A	9.40	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	139,479	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.52	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	3.00	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	55.47	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	43.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$722,106,551	N/A	$974,094,944	N/A	.	N/A	34.90	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$5,773	N/A	$6,584	N/A	.	N/A	14.06	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$7,119	N/A	$8,161	N/A	.	N/A	14.63	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,763	N/A	$7,588	N/A	.	N/A	12.19	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,730	N/A	$4,135	N/A	.	N/A	51.45	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$334	N/A	$567	N/A	.	N/A	69.53	.	15% (+/-)	No
41: Other Aged	N/A	$23,626	N/A	$24,767	N/A	.	N/A	4.83	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$4,569	N/A	$5,452	N/A	.	N/A	19.33	.	15% (+/-)	No
12: Disabled, Cash	N/A	$3,401	N/A	$4,586	N/A	.	N/A	34.84	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$394	N/A	$837	N/A	.	N/A	112.44	.	15% (+/-)	No
42: Other Disabled	N/A	$19,839	N/A	$21,351	N/A	.	N/A	7.62	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$23,850,493	N/A	$26,692,588	N/A	.	N/A	11.92	.	15% (+/-)	Yes
IP: Number of Users	N/A	23,908	N/A	25,695	N/A	.	N/A	7.47	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$998	N/A	$1,039	N/A	.	N/A	4.13	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	6	N/A	.	N/A	65.63	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$16,854,396	N/A	$24,848,452	N/A	.	N/A	47.43	.	15% (+/-)	No
MH Aged: Number of Users	N/A	451	N/A	651	N/A	.	N/A	44.35	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$37,371	N/A	$38,170	N/A	.	N/A	2.14	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$9,168	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	12	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$764	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$34,646,219	N/A	$37,413,075	N/A	.	N/A	7.99	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	441	N/A	448	N/A	.	N/A	1.59	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$78,563	N/A	$83,511	N/A	.	N/A	6.30	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$428,851,035	N/A	$531,820,425	N/A	.	N/A	24.01	.	15% (+/-)	No
NF Number of Users	N/A	$18,443	N/A	$23,374	N/A	.	N/A	26.74	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$23,253	N/A	$22,753	N/A	.	N/A	-2.15	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$9,266,999	N/A	$23,676,045	N/A	.	N/A	155.49	.	15% (+/-)	No
Physician: Number of Users	N/A	77,373	N/A	91,819	N/A	.	N/A	18.67	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$120	N/A	$258	N/A	.	N/A	115.29	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$4,868	N/A	$19,593	N/A	.	N/A	302.49	.	15% (+/-)	No
Dental: Number of Users	N/A	88	N/A	242	N/A	.	N/A	175.00	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$55	N/A	$81	N/A	.	N/A	46.36	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,076,353	N/A	$1,155,803	N/A	.	N/A	7.38	.	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	22,191	N/A	25,115	N/A	.	N/A	13.18	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$49	N/A	$46	N/A	.	N/A	-5.12	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,090,576	N/A	$26,203,616	N/A	.	N/A	2302.73	.	15% (+/-)	No
OPD Number of Users	N/A	14,410	N/A	34,046	N/A	.	N/A	136.27	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$76	N/A	$770	N/A	.	N/A	916.96	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$12,405,079	N/A	$22,301,048	N/A	.	N/A	79.77	.	15% (+/-)	No
Clinic: Number of Users	N/A	14,307	N/A	21,167	N/A	.	N/A	47.95	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$867	N/A	$1,054	N/A	.	N/A	21.51	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$4,319,691	N/A	$8,292,295	N/A	.	N/A	91.97	.	15% (+/-)	No
HH: Number of Users	N/A	10,052	N/A	21,826	N/A	.	N/A	117.13	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$430	N/A	$380	N/A	.	N/A	-11.59	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,676,281	N/A	$6,834,015	N/A	.	N/A	307.69	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	52,161	N/A	69,398	N/A	.	N/A	33.05	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$32	N/A	$98	N/A	.	N/A	206.43	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$103,535,572	N/A	$151,856,386	N/A	.	N/A	46.67	.	15% (+/-)	No
Drugs: Number of Users	N/A	81,430	N/A	95,044	N/A	.	N/A	16.72	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,271	N/A	$1,598	N/A	.	N/A	25.66	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$66,943,653	N/A	$29,509,981	N/A	.	N/A	-55.92	.	15% (+/-)	No
Other Services: Number of Users	N/A	$18,821	N/A	$18,920	N/A	.	N/A	0.53	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$3,557	N/A	$1,560	N/A	.	N/A	-56.15	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,705,714	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	17,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$373	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$10,492,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	7,966	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,317	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$45,954	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,703	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$79,695	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	282	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$5,995,795	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	721	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,316	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,246,736	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	15,950	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$78	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$32,563,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,119	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$29,101	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$25,788,191	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,933	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$442,190	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	231	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,914	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$191	N/A	$180	N/A	.	N/A	-5.37	.	15% (+/-)	Yes
Aged	N/A	$171	N/A	$157	N/A	.	N/A	-8.12	.	15% (+/-)	Yes
Disabled	N/A	$215	N/A	$207	N/A	.	N/A	-3.42	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,840	N/A	$4,015	N/A	.	N/A	4.57	.	15% (+/-)	Yes
Aged	N/A	$5,395	N/A	$5,787	N/A	.	N/A	7.27	.	15% (+/-)	Yes
Disabled	N/A	$1,947	N/A	$1,995	N/A	.	N/A	2.45	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$828	N/A	$1,026	N/A	.	N/A	24.01	.	15% (+/-)	No
Aged	N/A	$699	N/A	$842	N/A	.	N/A	20.51	.	15% (+/-)	No
Disabled	N/A	$985	N/A	$1,240	N/A	.	N/A	25.87	.	15% (+/-)	No
All Other Services	N/A	$913	N/A	$1,362	N/A	.	N/A	49.09	.	15% (+/-)	No
Aged	N/A	$498	N/A	$801	N/A	.	N/A	60.71	.	15% (+/-)	No
Disabled	N/A	$1,420	N/A	$2,010	N/A	.	N/A	41.53	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	19.11	N/A	17.37	N/A	.	N/A	-9.13	.	15% (+/-)	Yes
Aged	N/A	17.71	N/A	16.23	N/A	.	N/A	-8.37	.	15% (+/-)	Yes
Disabled	N/A	20.82	N/A	18.72	N/A	.	N/A	-10.11	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	15.42	N/A	16.47	N/A	.	N/A	6.77	.	15% (+/-)	Yes
Aged	N/A	23.17	N/A	25.37	N/A	.	N/A	9.49	.	15% (+/-)	Yes
Disabled	N/A	5.99	N/A	6.30	N/A	.	N/A	5.12	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	65.10	N/A	64.24	N/A	.	N/A	-1.31	.	15% (+/-)	Yes
Aged	N/A	60.47	N/A	58.18	N/A	.	N/A	-3.78	.	15% (+/-)	Yes
Disabled	N/A	70.74	N/A	71.14	N/A	.	N/A	0.56	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	73.65	N/A	72.94	N/A	.	N/A	-0.96	.	15% (+/-)	Yes
Aged	N/A	68.08	N/A	66.02	N/A	.	N/A	-3.03	.	15% (+/-)	Yes
Disabled	N/A	80.44	N/A	80.88	N/A	.	N/A	0.54	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	4	N/A	6	N/A	.	N/A	65.63	.	15% (+/-)	No
Aged	N/A	4	N/A	7	N/A	.	N/A	65.00	.	15% (+/-)	No
Disabled	N/A	4	N/A	6	N/A	.	N/A	66.47	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	298	N/A	95	N/A	.	N/A	-68.12	.	15% (+/-)	No
Aged	N/A	296	N/A	90	N/A	.	N/A	-69.53	.	15% (+/-)	No
Disabled	N/A	307	N/A	117	N/A	.	N/A	-61.86	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$163,674	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	983	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$743,833	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	7407	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$298,654	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4683	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$82,076,647	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	7110	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$11,544	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	159,760	N/A	603,761	N/A	.	N/A	277.92	.	15% (+/-)	**No**
# FFS Recipients	N/A	122,761	N/A	500,773	N/A	.	N/A	307.93	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	82.94	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	76.13	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	85.56	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	83.11	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	84.47	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	126,767	N/A	505,461	N/A	.	N/A	298.73	.	15% (+/-)	No
MAX Aged Total	N/A	70,173	N/A	81,148	N/A	.	N/A	15.64	.	10% (+/-)	No
11: Aged, Cash	N/A	29,656	N/A	33,108	N/A	.	N/A	11.64	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	24,285	N/A	29,461	N/A	.	N/A	21.31	.	10% (+/-)	No
41: Other Aged	N/A	16,232	N/A	18,579	N/A	.	N/A	14.46	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	61,310	N/A	163,737	N/A	.	N/A	167.06	.	10% (+/-)	No
12: Disabled, Cash	N/A	44,400	N/A	140,815	N/A	.	N/A	217.15	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	10,812	N/A	13,582	N/A	.	N/A	25.62	.	10% (+/-)	No
42: Other Disabled	N/A	6,098	N/A	9,340	N/A	.	N/A	53.16	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	18,380	N/A	313,480	N/A	.	N/A	1605.55	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	2,551	N/A	70,134	N/A	.	N/A	2649.27	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	14,896	N/A	237,138	N/A	.	N/A	1491.96	.	10% (+/-)	No
44: Other Child	N/A	355	N/A	1,010	N/A	.	N/A	184.51	.	10% (+/-)	No
48: Foster Care Child	N/A	578	N/A	5,154	N/A	.	N/A	791.70	.	10% (+/-)	No
54: 1115 Child	N/A	578	N/A	5,154	N/A	.	N/A	791.70	.	10% (+/-)	No
MAX Adult Total	N/A	9,897	N/A	45,396	N/A	.	N/A	358.68	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	642	N/A	19,949	N/A	.	N/A	3007.32	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	9,137	N/A	25,296	N/A	.	N/A	176.85	.	10% (+/-)	No
45: Other Adult	N/A	118	N/A	92	N/A	.	N/A	-22.03	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	59	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$755,990,898	N/A	$1,558,154,129	N/A	.	N/A	106.11	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$4,732	N/A	$2,581	N/A	.	N/A	-45.46	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$6,158	N/A	$3,111	N/A	.	N/A	-49.47	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,721	N/A	$7,514	N/A	.	N/A	11.79	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,730	N/A	$4,109	N/A	.	N/A	50.50	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$328	N/A	$557	N/A	.	N/A	69.96	.	15% (+/-)	No
41: Other Aged	N/A	$23,577	N/A	$24,612	N/A	.	N/A	4.39	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$4,423	N/A	$4,174	N/A	.	N/A	-5.64	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$3,293	N/A	$3,691	N/A	.	N/A	12.08	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$386	N/A	$826	N/A	.	N/A	114.02	.	15% (+/-)	No
42: Other Disabled	N/A	$19,805	N/A	$16,315	N/A	.	N/A	-17.62	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$487	N/A	$634	N/A	.	N/A	30.30	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$107	N/A	$442	N/A	.	N/A	312.58	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$448	N/A	$579	N/A	.	N/A	29.21	.	15% (+/-)	No
44: Other Child	N/A	$544	N/A	$1,831	N/A	.	N/A	236.27	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,128	N/A	$5,571	N/A	.	N/A	78.11	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$263	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$429	N/A	$1,459	N/A	.	N/A	240.42	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$218	N/A	$1,072	N/A	.	N/A	391.89	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$438	N/A	$1,769	N/A	.	N/A	303.79	.	15% (+/-)	No
45: Other Adult	N/A	$837	N/A	$1,046	N/A	.	N/A	24.99	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$27,335,525	N/A	$52,223,412	N/A	.	N/A	91.05	.	15% (+/-)	No
IP: Number of Users	N/A	24,793	N/A	31,817	N/A	.	N/A	28.33	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,103	N/A	$1,641	N/A	.	N/A	48.87	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	6	N/A	.	N/A	45.59	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$17,181,786	N/A	$32,164,340	N/A	.	N/A	87.20	.	15% (+/-)	No
MH Aged: Number of Users	N/A	464	N/A	1,518	N/A	.	N/A	227.16	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$37,030	N/A	$21,189	N/A	.	N/A	-42.78	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$85,346	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	31	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$2,753	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$41,577,834	N/A	$59,651,195	N/A	.	N/A	43.47	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	528	N/A	701	N/A	.	N/A	32.77	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$78,746	N/A	$85,094	N/A	.	N/A	8.06	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$435,971,721	N/A	$565,588,318	N/A	.	N/A	29.73	.	15% (+/-)	No
NF Number of Users	N/A	$18,782	N/A	$24,680	N/A	.	N/A	31.40	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$23,212	N/A	$22,917	N/A	.	N/A	-1.27	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$14,032,375	N/A	$157,469,283	N/A	.	N/A	1022.19	.	15% (+/-)	No
Physician: Number of Users	N/A	89,340	N/A	375,483	N/A	.	N/A	320.29	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$157	N/A	$419	N/A	.	N/A	167.01	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$474,663	N/A	$11,363,245	N/A	.	N/A	2293.96	.	15% (+/-)	No
Dental: Number of Users	N/A	2,297	N/A	73,085	N/A	.	N/A	3081.76	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$207	N/A	$155	N/A	.	N/A	-24.76	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,229,399	N/A	$4,747,289	N/A	.	N/A	286.15	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	24,627	N/A	76,497	N/A	.	N/A	210.62	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$50	N/A	$62	N/A	.	N/A	24.31	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,795,131	N/A	$53,360,666	N/A	.	N/A	2872.52	.	15% (+/-)	No
OPD Number of Users	N/A	19,493	N/A	201,287	N/A	.	N/A	932.61	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$92	N/A	$265	N/A	.	N/A	187.86	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$14,310,841	N/A	$54,032,452	N/A	.	N/A	277.56	.	15% (+/-)	No
Clinic: Number of Users	N/A	18,439	N/A	153,054	N/A	.	N/A	730.06	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$776	N/A	$353	N/A	.	N/A	-54.51	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$4,391,812	N/A	$12,495,855	N/A	.	N/A	184.53	.	15% (+/-)	No
HH: Number of Users	N/A	10,367	N/A	35,365	N/A	.	N/A	241.13	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$424	N/A	$353	N/A	.	N/A	-16.59	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$3,059,050	N/A	$30,300,894	N/A	.	N/A	890.53	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	66,417	N/A	274,351	N/A	.	N/A	313.07	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$46	N/A	$110	N/A	.	N/A	139.80	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$105,859,506	N/A	$281,722,399	N/A	.	N/A	166.13	.	15% (+/-)	No
Drugs: Number of Users	N/A	93,520	N/A	403,405	N/A	.	N/A	331.36	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,132	N/A	$698	N/A	.	N/A	-38.30	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$68,564,904	N/A	$36,202,062	N/A	.	N/A	-47.20	.	15% (+/-)	No
Other Services: Number of Users	N/A	$20,086	N/A	$32,561	N/A	.	N/A	62.11	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,414	N/A	$1,112	N/A	.	N/A	-67.43	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,690,499	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	31,443	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$340	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$29,013,408	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	28,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$4,251,033	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,303	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,287	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,328,233	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,816	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$348	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$8,851,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,131	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,826	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$9,535,415	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	69,414	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$55,588,437	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$28,595	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$82,939,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	34,561	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,400	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$518,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	285	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,821	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$171	N/A	$86	N/A	.	N/A	-49.45	.	15% (+/-)	No
Aged	N/A	$170	N/A	$155	N/A	.	N/A	-8.91	.	15% (+/-)	Yes
Disabled	N/A	$214	N/A	$112	N/A	.	N/A	-47.67	.	15% (+/-)	No
Child	N/A	$112	N/A	$37	N/A	.	N/A	-67.06	.	15% (+/-)	No
Adult	N/A	$25	N/A	$215	N/A	.	N/A	770.69	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$3,097	N/A	$1,089	N/A	.	N/A	-64.84	.	15% (+/-)	No
Aged	N/A	$5,365	N/A	$5,735	N/A	.	N/A	6.89	.	15% (+/-)	Yes
Disabled	N/A	$1,929	N/A	$1,151	N/A	.	N/A	-40.33	.	15% (+/-)	No
Child	N/A	$4	N/A	$11	N/A	.	N/A	184.55	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	79.15	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$663	N/A	$467	N/A	.	N/A	-29.58	.	15% (+/-)	No
Aged	N/A	$692	N/A	$832	N/A	.	N/A	20.27	.	15% (+/-)	No
Disabled	N/A	$917	N/A	$1,065	N/A	.	N/A	16.07	.	15% (+/-)	No
Child	N/A	$37	N/A	$105	N/A	.	N/A	180.19	.	15% (+/-)	No
Adult	N/A	$37	N/A	$154	N/A	.	N/A	317.41	.	15% (+/-)	No
All Other Services	N/A	$797	N/A	$939	N/A	.	N/A	17.75	.	15% (+/-)	No
Aged	N/A	$494	N/A	$791	N/A	.	N/A	60.28	.	15% (+/-)	No
Disabled	N/A	$1,362	N/A	$1,846	N/A	.	N/A	35.61	.	15% (+/-)	No
Child	N/A	$326	N/A	$481	N/A	.	N/A	47.38	.	15% (+/-)	No
Adult	N/A	$329	N/A	$1,090	N/A	.	N/A	230.96	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.52	N/A	5.27	N/A	.	N/A	-66.04	.	15% (+/-)	No
Aged	N/A	17.57	N/A	15.98	N/A	.	N/A	-9.06	.	15% (+/-)	Yes
Disabled	N/A	19.48	N/A	8.36	N/A	.	N/A	-57.10	.	15% (+/-)	No
Child	N/A	2.54	N/A	0.83	N/A	.	N/A	-67.09	.	15% (+/-)	No
Adult	N/A	0.53	N/A	5.62	N/A	.	N/A	968.69	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	12.36	N/A	4.44	N/A	.	N/A	-64.11	.	15% (+/-)	No
Aged	N/A	23.06	N/A	25.14	N/A	.	N/A	9.02	.	15% (+/-)	Yes
Disabled	N/A	5.79	N/A	3.58	N/A	.	N/A	-38.10	.	15% (+/-)	No
Child	N/A	0.10	N/A	0.16	N/A	.	N/A	68.40	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.00	N/A	.	N/A	-56.40	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	58.54	N/A	66.82	N/A	.	N/A	14.14	.	15% (+/-)	Yes
Aged	N/A	59.89	N/A	57.63	N/A	.	N/A	-3.78	.	15% (+/-)	Yes
Disabled	N/A	66.32	N/A	74.33	N/A	.	N/A	12.07	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: AL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	30.46	N/A	64.70	N/A	.	N/A	112.39	.	15% (+/-)	No
Adult	N/A	52.82	N/A	70.76	N/A	.	N/A	33.96	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	70.14	N/A	78.63	N/A	.	N/A	12.10	.	15% (+/-)	Yes
Aged	N/A	67.52	N/A	65.37	N/A	.	N/A	-3.19	.	15% (+/-)	Yes
Disabled	N/A	77.25	N/A	81.65	N/A	.	N/A	5.70	.	15% (+/-)	Yes
Child	N/A	56.20	N/A	80.39	N/A	.	N/A	43.06	.	15% (+/-)	No
Adult	N/A	70.64	N/A	79.31	N/A	.	N/A	12.28	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	6	N/A	.	N/A	45.59	.	15% (+/-)	No
Aged	N/A	4	N/A	7	N/A	.	N/A	65.01	.	15% (+/-)	No
Disabled	N/A	4	N/A	6	N/A	.	N/A	63.74	.	15% (+/-)	No
Child	N/A	5	N/A	3	N/A	.	N/A	-41.71	.	15% (+/-)	No
Adult	N/A	7	N/A	1	N/A	.	N/A	-80.54	.	15% (+/-)	No
Avg # LT Days per User	N/A	297	N/A	95	N/A	.	N/A	-68.06	.	15% (+/-)	No
Aged	N/A	296	N/A	90	N/A	.	N/A	-69.45	.	15% (+/-)	No
Disabled	N/A	307	N/A	118	N/A	.	N/A	-61.58	.	15% (+/-)	No
Child	N/A	16	N/A	20	N/A	.	N/A	21.14	.	15% (+/-)	No
Adult	N/A	4	N/A	52	N/A	.	N/A	1200.00	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$5,073,542	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	26,113	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$194	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$5,500,500	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	33,977	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$8,083,142	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	41,348	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$170,936,830	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	21,425	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,978	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	91,238	N/A	88,163	N/A	.	N/A	-3.37	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	91,238	N/A	88,163	N/A	.	N/A	-3.37	.	Yes
% Crossover	5-20	30.33	No	31.69	No	.	N/A	4.51	.	Yes
% Adjusted Claims	> 1%	9.71	Yes	9.73	Yes	.	N/A	0.19	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$6,007	N/A	$3,271	N/A	.	N/A	-45.54	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	63,570	N/A	60,223	N/A	.	N/A	-5.27	.	Yes
% Claims with> $0 Paid	95-100	99.36	Yes	100.00	Yes	.	N/A	0.65	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$2,769	Yes	$2,376	Yes	.	N/A	-14.21	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$694	N/A	$697	N/A	.	N/A	0.49	.	Yes
% Claims with TPL	>0 - 10	1.94	Yes	1.27	Yes	.	N/A	-34.68	.	No
Aver. TPL Paid for claims with TPL	N/A	$4,101	N/A	$4,144	N/A	.	N/A	1.05	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.62	Yes	100.00	Yes	.	N/A	0.39	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.11	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.19	Yes	99.88	Yes	.	N/A	0.69	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.53	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.68	Yes	3.54	Yes	.	N/A	-3.82	.	Yes
Average Covered Days (> 0 day	2-<8	4.00	Yes	3.52	Yes	.	N/A	-11.89	.	Yes
% Begin Date = Admit Date	95-100	98.95	Yes	98.57	Yes	.	N/A	-0.38	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.67	Yes	.	N/A	-0.33	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.78	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	9.72	Yes	9.17	Yes	.	N/A	-5.68	.	Yes
% Claims with PDX, where length=4	20-50	20.19	Yes	19.94	Yes	.	N/A	-1.23	.	Yes
% Claims with PDX, where length=5	20-50	70.10	No	70.90	No	.	N/A	1.14	.	Yes
% Claims with a procedure code	35-70	41.28	Yes	41.88	Yes	.	N/A	1.45	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	41.09	N/A	90.00	N/A	.	N/A	119.04	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	41.09	N/A	90.00	N/A	.	N/A	119.04	.	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	24.90	N/A	24.69	N/A	.	N/A	-0.83	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	24.85	N/A	25.22	N/A	.	N/A	1.50	.	Yes
Patient Status										
% Home	75-90	91.24	No	89.74	Yes	.	N/A	-1.64	.	Yes
% Transferred	1-10	3.47	Yes	6.44	Yes	.	N/A	85.68	.	No
% Still a Patient	>0 - 2	2.95	No	3.13	No	.	N/A	6.18	.	Yes
% Died	>0 - 3	0.69	Yes	0.69	Yes	.	N/A	0.50	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	27,668	N/A	27,940	N/A	.	N/A	0.98	.	Yes
% Claims with> $0 Paic	N/A	99.28	N/A	100.00	N/A	.	N/A	0.72	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$619	N/A	$648	N/A	.	N/A	4.65	.	Yes
% Claims with TPL	N/A	0.18	N/A	0.14	N/A	.	N/A	-24.27	.	No
Aver. TPL Paid -claims with TPL	N/A	$349	N/A	$334	N/A	.	N/A	-4.31	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	0.10	No	0.06	No	.	N/A	-38.54	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.22	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	56.72	No	0.06	N/A	.	N/A	-99.89	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.83	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.09	Yes	5.81	Yes	.	N/A	-4.71	.	Yes
% Begin Date = Admit Date	95-100	99.83	Yes	99.93	Yes	.	N/A	0.10	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	90.28	No	99.89	Yes	.	N/A	10.65	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	72.86	Yes	1.72	No	.	N/A	-97.64	.	No
% Claims with PDX, where length=	5-30	9.28	Yes	8.75	Yes	.	N/A	-5.64	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	53.08	No	56.01	Yes	.	N/A	5.52	.	Yes
% Claims with PDX, where length=5	20-50	37.61	Yes	35.21	Yes	.	N/A	-6.37	.	Yes
% Claims with a procedure code	35-70	0.02	No	0.01	No	.	N/A	-33.98	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.75	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	33.33	N/A	100.00	N/A	.	N/A	200.00	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	33.33	N/A	100.00	N/A	.	N/A	200.00	.	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	739,745	N/A	654,475	N/A	.	N/A	-11.53	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	739,745	N/A	654,475	N/A	.	N/A	-11.53	.	Yes
% Crossover	5-20	2.20	No	1.89	No	.	N/A	-14.22	.	Yes
% Adjusted Claims	> 1%	10.73	Yes	23.47	Yes	.	N/A	118.70	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$574	N/A	$540	N/A	.	N/A	-5.96	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	723,480	N/A	642,131	N/A	.	N/A	-11.24	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$53	Yes	$53	Yes	.	N/A	0.08	.	Yes
ICF/MR (TOS 05)	N/A	$170	N/A	$183	N/A	.	N/A	7.29	.	Yes
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	$336	N/A	$341	N/A	.	N/A	1.32	.	Yes
% NF (TOS 07)	75-99	88.67	Yes	90.99	Yes	.	N/A	2.62	.	Yes
% NF claims with NF Covered Days	N/A	98.54	N/A	81.01	N/A	.	N/A	-17.79	.	No
Avg days for NF claims with Covered Days	N/A	9	N/A	9	N/A	.	N/A	-1.39	.	Yes
% ICF/MR (TOS 05)	>0-20	8.64	Yes	5.78	Yes	.	N/A	-33.06	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	66.01	N/A	70.16	N/A	.	N/A	6.28	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	18	N/A	17	N/A	.	N/A	-6.10	.	Yes
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	2.70	Yes	3.23	Yes	.	N/A	19.82	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	97.03	N/A	98.47	N/A	.	N/A	1.48	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	7	N/A	8	N/A	.	N/A	3.41	.	Yes
% Claims with Leave Days	1-20	0.81	No	1.01	Yes	.	N/A	24.27	.	No
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	18.19	Yes	17.69	Yes	.	N/A	-2.79	.	Yes
% Claims with DX, where length=4	20-50	60.32	No	59.33	No	.	N/A	-1.64	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	21.49	Yes	22.98	Yes	.	N/A	6.96	.	Yes
Patient Status										
% Home	1-5	0.16	No	0.18	No	.	N/A	15.01	.	No
% Still a Patien	8-98	99.34	No	99.34	No	.	N/A	0.00	.	Yes
% Died	>0-5	0.30	Yes	0.27	Yes	.	N/A	-11.08	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	16,265	N/A	12,344	N/A	.	N/A	-24.11	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$737	N/A	$644	N/A	.	N/A	-12.58	.	Yes
% NF (TOS 07)	75-99	97.78	Yes	97.08	Yes	.	N/A	-0.72	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	2.22	Yes	2.92	Yes	.	N/A	31.76	.	No
% Claims with DX	95-100	70.20	No	99.47	Yes	.	N/A	41.70	.	No
% Claims with DX, where length=3	5-30	6.17	Yes	5.42	Yes	.	N/A	-12.29	.	Yes
% Claims with DX, where length=4	20-50	83.40	No	84.75	No	.	N/A	1.62	.	Yes
% Claims with DX, where length=5	20-50	10.38	No	9.76	No	.	N/A	-5.99	.	Yes
Patient Status										
% Home	1-5	23.04	No	17.29	No	.	N/A	-24.98	.	No
% Still a Patien	8-98	30.24	Yes	36.10	Yes	.	N/A	19.39	.	No
% Died	>0-5	0.90	Yes	1.07	Yes	.	N/A	18.32	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	15,623,355	N/A	17,742,861	N/A	.	N/A	13.57	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	25.33	N/A	29.62	N/A	.	N/A	16.93	.	No
Total FFS Claims	N/A	15,623,355	N/A	12,487,248	N/A	.	N/A	-20.07	.	No
% Crossover	5-20	12.39	Yes	17.55	Yes	.	N/A	41.68	.	No
% Adjusted Claims	> 1%	0.20	No	2.06	Yes	.	N/A	936.59	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$74	N/A	$61	N/A	.	N/A	-17.66	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	29.62	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	13,688,076	N/A	10,295,738	N/A	.	N/A	-24.78	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	9.54	N/A	12.89	N/A	.	N/A	35.15	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	2.34	N/A	0.00	N/A	.	N/A	-99.98	.	No
% Other Claims with Span Bills/All Other Claims	N/A	9.83	N/A	14.29	N/A	.	N/A	45.35	.	No
% Claims W/ Service Place 11- Office	50-90	23.82	No	36.40	No	.	N/A	52.81	.	No
% Claims W/ Service Place 12 - Home	>0-5	16.76	No	23.88	No	.	N/A	42.49	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.15	Yes	5.00	No	.	N/A	58.72	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.08	Yes	0.06	Yes	.	N/A	-29.82	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.70	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	15.21	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	0.66	Yes	0.85	Yes	.	N/A	28.03	.	No
% Claims with TPL	>0 - 15	0.20	Yes	0.30	Yes	.	N/A	47.45	.	No
Aver. TPL Paid -claims with TPL	N/A	$42	N/A	$47	N/A	.	N/A	11.36	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	13.58	Yes	18.83	Yes	.	N/A	38.66	.	No
% claims MAX TOS 09: Dental	2-20	3.05	Yes	3.77	Yes	.	N/A	23.46	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	11.36	No	2.17	Yes	.	N/A	-80.90	.	No
% claims MAX TOS 11: OPD	3-25	2.90	No	8.13	Yes	.	N/A	180.11	.	No
% claims MAX TOS 12: Clinic	2-25	19.19	Yes	19.82	Yes	.	N/A	3.32	.	Yes
% claims MAX TOS 13: HH	>0-25	1.73	Yes	1.68	Yes	.	N/A	-3.37	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	13.97	Yes	3.33	No	.	N/A	-76.14	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	20.43	Yes	7.45	Yes	.	N/A	-63.56	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.29	Yes	4.93	Yes	.	N/A	49.97	.	No
% claims MAX TOS 26: Transportation	>1	2.39	Yes	0.71	No	.	N/A	-70.43	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	12.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.16	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	4.19	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	8.12	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	4.20	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$40	N/A	$56	N/A	.	N/A	41.54	.	No
08: Physicians	$20-90	$70	Yes	$57	Yes	.	N/A	-18.11	.	No
09: Dental	$10-60	$35	Yes	$38	Yes	.	N/A	8.42	.	Yes
10: Other Practioner	$10-100	$42	Yes	$42	Yes	.	N/A	-1.07	.	Yes
11: OPD	$20-100	$42	Yes	$31	Yes	.	N/A	-26.56	.	No
12: Clinic	$20-100	$66	Yes	$52	Yes	.	N/A	-21.15	.	No
13: HH	N/A	$80	N/A	$73	N/A	.	N/A	-9.14	.	Yes
15: Lab/Xray	10-60	$22	Yes	$29	Yes	.	N/A	30.17	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$61	N/A	$38	N/A	.	N/A	-37.33	.	No
51: DME	N/A	$61	Yes	$78	N/A	.	N/A	28.04	.	No
26: Transportation	N/A	$54	N/A	$97	N/A	.	N/A	81.26	.	No
30: PCS	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$30	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$7,124	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$47	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$204	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$97	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$92	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	3.34	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.81	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.29	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
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1998-1999 MAX OT Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	8.96	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$32	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$71	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	82.87	Yes	100.00	Yes	.	N/A	20.67	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	23.67	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	6.45	Yes	7.59	Yes	.	N/A	17.73	.	No
% Claims with DX, where length=4	20-50	48.39	Yes	56.97	No	.	N/A	17.73	.	No
% Claims with DX, where length=5	20-50	45.16	Yes	35.44	Yes	.	N/A	-21.52	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.09	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	13.77	N/A	33.17	N/A	.	N/A	140.84	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	86.01	N/A	66.83	N/A	.	N/A	-22.30	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	76.58	No	100.00	Yes	.	N/A	30.58	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,935,279	N/A	2,191,510	N/A	.	N/A	13.24	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.50	Yes	.	N/A	-0.50	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	4.35	N/A	3.88	N/A	.	N/A	-10.77	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.17	N/A	10.45	N/A	.	N/A	2.71	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	98.86	N/A	99.27	N/A	.	N/A	0.41	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.96	N/A	3.45	N/A	.	N/A	-12.81	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	56.79	N/A	57.28	N/A	.	N/A	0.87	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.92	N/A	5.93	N/A	.	N/A	20.49	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	6.15	N/A	6.00	N/A	.	N/A	-2.43	.	Yes
% claims MAX TOS 12: Clinic	N/A	1.30	N/A	1.93	N/A	.	N/A	48.33	.	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.01	N/A	.	N/A	37.48	.	No
% claims MAX TOS 15: Lab/Xray	N/A	10.09	N/A	10.00	N/A	.	N/A	-0.93	.	Yes
% claims MAX TOS 19: Other Services	N/A	18.89	N/A	18.59	N/A	.	N/A	-1.59	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	0.05	N/A	0.02	N/A	.	N/A	-53.17	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	8.12	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	4.20	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$38	N/A	$40	N/A	.	N/A	4.72	.	Yes
% Claims with DX	N/A	51.71	N/A	100.00	N/A	.	N/A	93.40	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	52.35	No	100.00	Yes	.	N/A	91.04	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	19.21	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	7.19	Yes	8.94	Yes	.	N/A	24.24	.	No
% Claims with DX, where length=4	20-50	66.40	No	58.54	No	.	N/A	-11.84	.	Yes
% Claims with DX, where length=5	20-50	26.41	Yes	32.53	Yes	.	N/A	23.17	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.16	N/A	0.48	N/A	.	N/A	199.20	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.39	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	4,280,772	N/A	4,545,565	N/A	.	N/A	6.19	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	4,280,772	N/A	4,545,565	N/A	.	N/A	6.19	.	Yes
% Adjusted Claims	> 1%	0.97	No	0.40	No	.	N/A	-59.07	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$59	N/A	$189	N/A	.	N/A	222.59	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	4,280,772	N/A	4,545,565	N/A	.	N/A	6.19	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$37	Yes	$42	Yes	.	N/A	13.97	.	Yes
% Claims with TPL	>0 - 15	0.39	Yes	0.46	Yes	.	N/A	18.13	.	No
Aver. TPL Paid for claims with TPL	N/A	$41	N/A	$47	N/A	.	N/A	15.10	.	No
% Family Planning Claims (program type=2)	N/A	0.25	N/A	0.92	N/A	.	N/A	276.91	.	No
% Drug Claims (TOS 16)	95-99	99.75	No	100.00	No	.	N/A	0.25	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.84	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.97	Yes	99.95	Yes	.	N/A	-0.03	.	Yes
% Claims with Medispan	98-100	89.02	No	95.56	No	.	N/A	7.34	.	Yes
% Claims with AHFS	98-100	99.97	Yes	99.95	Yes	.	N/A	-0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.97	Yes	99.95	Yes	.	N/A	-0.03	.	Yes
% Claims with GC3	98-100	99.97	Yes	99.95	Yes	.	N/A	-0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.56	N/A	78.32	N/A	.	N/A	-21.33	.	No
% Products (codes 4-6)	N/A	0.01	N/A	21.61	N/A	.	N/A	190640.65	.	No
% HRI (code 7)	N/A	0.40	N/A	0.00	N/A	.	N/A	-98.96	.	No
% Claims with Smart Key	98-100	99.97	Yes	99.95	Yes	.	N/A	-0.03	.	Yes
% OTC-Drug Class	N/A	2.85	N/A	2.57	N/A	.	N/A	-9.79	.	Yes
% Prescription-Drug Class	N/A	97.13	N/A	97.38	N/A	.	N/A	0.26	.	Yes
% Generic, multiple source	N/A	71.03	N/A	46.74	N/A	.	N/A	-34.19	.	No
% Brand, single source	N/A	28.95	N/A	32.21	N/A	.	N/A	11.27	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	459,042	N/A	493,696	N/A	.	N/A	7.55	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,405,311,596	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	5.89	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	13.98	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	11.98	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	68.15	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	455,191	N/A	491,245	N/A	.	N/A	7.92	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	335,659	N/A	382,614	N/A	.	N/A	13.99	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	99.21	Yes	99.47	Yes	.	N/A	0.27	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	92.46	Yes	91.60	Yes	.	N/A	-0.94	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	537	N/A	571	N/A	.	N/A	6.33	.	N/A	Yes
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.98	Yes	99.99	Yes	.	N/A	0.01	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.41	Yes	1.57	Yes	.	N/A	11.90	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	61.70	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	33.55	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	2.26	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.29	Yes	3.98	Yes	.	N/A	-7.24	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	56.28	Yes	57.05	Yes	.	N/A	1.37	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	14.60	Yes	13.42	Yes	.	N/A	-8.10	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	55.64	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	91,456	N/A	92,080	N/A	.	N/A	0.68	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	94.07	Yes	94.04	Yes	.	N/A	-0.04	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	93.91	Yes	93.75	Yes	.	N/A	-0.17	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	38.10	Yes	38.16	Yes	.	N/A	0.16	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	29,438	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	87.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	0.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	11.99	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	16.95	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	5.90	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.88	Yes	96.08	No	.	N/A	-3.81	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	100.00	Yes	99.97	Yes	.	N/A	-0.03	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.42	Yes	73.72	No	.	N/A	-18.47	.	10% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	54,191	N/A	55,655	N/A	.	N/A	2.70	.	10% (+/-)	Yes
11: Aged, Cash	N/A	18,719	N/A	17,351	N/A	.	N/A	-7.31	.	10% (+/-)	Yes
21: Aged, MN	N/A	370	N/A	465	N/A	.	N/A	25.68	.	10% (+/-)	No
31: Aged, Poverty	N/A	12,274	N/A	14,978	N/A	.	N/A	22.03	.	10% (+/-)	No
41: Other Aged	N/A	22,828	N/A	22,861	N/A	.	N/A	0.14	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	105,412	N/A	103,397	N/A	.	N/A	-1.91	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	88,076	N/A	85,871	N/A	.	N/A	-2.50	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,965	N/A	3,560	N/A	.	N/A	20.07	.	10% (+/-)	No
32: Disabled, Poverty	N/A	7,688	N/A	6,932	N/A	.	N/A	-9.83	.	10% (+/-)	Yes
42: Other Disabled	N/A	6,683	N/A	7,034	N/A	.	N/A	5.25	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	216,748	N/A	229,271	N/A	.	N/A	5.78	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	35,839	N/A	36,723	N/A	.	N/A	2.47	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	19,272	N/A	16,369	N/A	.	N/A	-15.06	.	10% (+/-)	No
34: Child Poverty	N/A	147,682	N/A	99,762	N/A	.	N/A	-32.45	.	10% (+/-)	No
44: Other Child	N/A	8,917	N/A	8,111	N/A	.	N/A	-9.04	.	10% (+/-)	Yes
48: Foster Care Child	N/A	5,038	N/A	5,120	N/A	.	N/A	1.63	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	63,186	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	78,840	N/A	102,909	N/A	.	N/A	30.53	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	12,957	N/A	15,014	N/A	.	N/A	15.88	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	10,129	N/A	10,795	N/A	.	N/A	6.58	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	50,376	N/A	21,621	N/A	.	N/A	-57.08	.	10% (+/-)	No
45: Other Adult	N/A	5,378	N/A	5,266	N/A	.	N/A	-2.08	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	50,213	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	379,518	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	95.14	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	4.86	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	0.23	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	824	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	13.38	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	65,751	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	0	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	379,518	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	12.23	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	87.77	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$1,704,639	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,704,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$1,704,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	65,751	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	363,735	N/A	399,165	N/A	.	N/A	9.74	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	339,281	N/A	323,243	N/A	.	N/A	-4.73	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	256,491	N/A	301,790	N/A	.	N/A	17.66	.	15% (+/-)	No
MAX Aged Total	N/A	3,300	N/A	3,480	N/A	.	N/A	5.45	.	10% (+/-)	Yes
11: Aged, Cash	N/A	610	N/A	628	N/A	.	N/A	2.95	.	10% (+/-)	Yes
21: Aged, MN	N/A	117	N/A	154	N/A	.	N/A	31.62	.	10% (+/-)	No
31: Aged, Poverty	N/A	999	N/A	1,239	N/A	.	N/A	24.02	.	10% (+/-)	No
41: Other Aged	N/A	1,574	N/A	1,459	N/A	.	N/A	-7.31	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	65,250	N/A	63,940	N/A	.	N/A	-2.01	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	58,630	N/A	56,897	N/A	.	N/A	-2.96	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,884	N/A	2,281	N/A	.	N/A	21.07	.	10% (+/-)	No
32: Disabled, Poverty	N/A	973	N/A	833	N/A	.	N/A	-14.39	.	10% (+/-)	No
42: Other Disabled	N/A	3,763	N/A	3,929	N/A	.	N/A	4.41	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	216,746	N/A	229,267	N/A	.	N/A	5.78	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	35,839	N/A	36,723	N/A	.	N/A	2.47	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	19,272	N/A	16,368	N/A	.	N/A	-15.07	.	10% (+/-)	No
34: Child Poverty	N/A	147,681	N/A	99,761	N/A	.	N/A	-32.45	.	10% (+/-)	No
44: Other Child	N/A	8,917	N/A	8,111	N/A	.	N/A	-9.04	.	10% (+/-)	Yes
48: Foster Care Child	N/A	5,037	N/A	5,120	N/A	.	N/A	1.65	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	63,184	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	78,439	N/A	102,467	N/A	.	N/A	30.63	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	12,888	N/A	14,934	N/A	.	N/A	15.88	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	9,955	N/A	10,613	N/A	.	N/A	6.61	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	50,230	N/A	21,589	N/A	.	N/A	-57.02	.	10% (+/-)	No
45: Other Adult	N/A	5,366	N/A	5,262	N/A	.	N/A	-1.94	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	50,069	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	29,438	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$801,977,553	N/A	$793,783,109	N/A	.	N/A	-1.02	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,205	N/A	$1,989	N/A	.	N/A	-9.81	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,364	N/A	$2,456	N/A	.	N/A	3.89	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$6,428	N/A	$5,447	N/A	.	N/A	-15.26	.	15% (+/-)	No
11: Aged, Cash	N/A	$2,579	N/A	$2,733	N/A	.	N/A	5.99	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,254	N/A	$2,323	N/A	.	N/A	3.09	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$626	N/A	$598	N/A	.	N/A	-4.46	.	15% (+/-)	Yes
41: Other Aged	N/A	$11,912	N/A	$11,063	N/A	.	N/A	-7.13	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,585	N/A	$6,493	N/A	.	N/A	-1.40	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$6,394	N/A	$6,271	N/A	.	N/A	-1.91	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$6,042	N/A	$5,991	N/A	.	N/A	-0.85	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$768	N/A	$1,178	N/A	.	N/A	53.34	.	15% (+/-)	No
42: Other Disabled	N/A	$11,344	N/A	$11,113	N/A	.	N/A	-2.04	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,245	N/A	$1,184	N/A	.	N/A	-4.87	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,177	N/A	$1,095	N/A	.	N/A	-6.90	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,283	N/A	$1,343	N/A	.	N/A	4.69	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$1,070	N/A	$1,289	N/A	.	N/A	20.48	.	15% (+/-)	No
44: Other Child	N/A	$1,959	N/A	$2,269	N/A	.	N/A	15.85	.	15% (+/-)	No
48: Foster Care Child	N/A	$5,460	N/A	$6,070	N/A	.	N/A	11.16	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,036	N/A	$861	N/A	.	N/A	-16.96	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,312	N/A	$1,239	N/A	.	N/A	-5.51	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,445	N/A	$1,512	N/A	.	N/A	4.64	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$860	N/A	$1,341	N/A	.	N/A	55.92	.	15% (+/-)	No
45: Other Adult	N/A	$1,271	N/A	$1,258	N/A	.	N/A	-1.08	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$361	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$168,628,913	N/A	$139,829,324	N/A	.	N/A	-17.08	.	15% (+/-)	No
IP: Number of Users	N/A	49,298	N/A	48,147	N/A	.	N/A	-2.33	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,421	N/A	$2,904	N/A	.	N/A	-15.10	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	5	N/A	4	N/A	.	N/A	-12.31	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$46,800,094	N/A	$53,457,793	N/A	.	N/A	14.23	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	2,731	N/A	2,971	N/A	.	N/A	8.79	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$17,137	N/A	$17,993	N/A	.	N/A	5.00	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$68,266,810	N/A	$44,981,465	N/A	.	N/A	-34.11	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	918	N/A	938	N/A	.	N/A	2.18	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$74,365	N/A	$47,955	N/A	.	N/A	-35.51	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$35,324,987	N/A	$24,861,398	N/A	.	N/A	-29.62	.	15% (+/-)	No
NF Number of Users	N/A	2,036	N/A	1,936	N/A	.	N/A	-4.91	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,350	N/A	$12,842	N/A	.	N/A	-25.99	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$89,519,034	N/A	$109,046,066	N/A	.	N/A	21.81	.	15% (+/-)	No

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Physician: Number of Users	N/A	222,418	N/A	258,451	N/A	.	N/A	16.20	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$402	N/A	$422	N/A	.	N/A	4.83	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$10,459,716	N/A	$14,855,107	N/A	.	N/A	42.02	.	15% (+/-)	No
Dental: Number of Users	N/A	47,184	N/A	61,586	N/A	.	N/A	30.52	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$222	N/A	$241	N/A	.	N/A	8.81	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$44,814,139	N/A	$8,401,977	N/A	.	N/A	-81.25	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	85,354	N/A	69,804	N/A	.	N/A	-18.22	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$525	N/A	$120	N/A	.	N/A	-77.07	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$12,207,639	N/A	$25,917,156	N/A	.	N/A	112.30	.	15% (+/-)	No
OPD Number of Users	N/A	103,899	N/A	131,453	N/A	.	N/A	26.52	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$117	N/A	$197	N/A	.	N/A	67.80	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$95,817,088	N/A	$96,795,765	N/A	.	N/A	1.02	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	84,515	N/A	126,976	N/A	.	N/A	50.24	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,134	N/A	$762	N/A	.	N/A	-32.76	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$6,735,024	N/A	$6,497,756	N/A	.	N/A	-3.52	.	15% (+/-)	Yes
HH: Number of Users	N/A	5,388	N/A	5,097	N/A	.	N/A	-5.40	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,250	N/A	$1,275	N/A	.	N/A	1.99	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$27,884,752	N/A	$9,689,202	N/A	.	N/A	-65.25	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	178,569	N/A	92,446	N/A	.	N/A	-48.23	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$156	N/A	$105	N/A	.	N/A	-32.88	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$73,034,249	N/A	$91,406,650	N/A	.	N/A	25.16	.	15% (+/-)	No
Drugs: Number of Users	N/A	203,544	N/A	220,451	N/A	.	N/A	8.31	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$359	N/A	$415	N/A	.	N/A	15.56	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$40,837,360	N/A	$6,522,307	N/A	.	N/A	-84.03	.	15% (+/-)	No
Other Services: Number of Users	N/A	$34,355	N/A	$4,588	N/A	.	N/A	-86.65	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,189	N/A	$1,422	N/A	.	N/A	19.59	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,386,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	11,776	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$542	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$16,346,603	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	5,574	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,933	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$438,953	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,248	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,252,794	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	88	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$25,600	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$20,285,213	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	10,592	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,915	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,166,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	219	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,327	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$33,808,324	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	79,665	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$424	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$52,806,938	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	27,170	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$13,749,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,298	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$464	N/A	$350	N/A	.	N/A	-24.44	.	15% (+/-)	No
Aged	N/A	$209	N/A	$260	N/A	.	N/A	24.35	.	15% (+/-)	No
Disabled	N/A	$1,050	N/A	$877	N/A	.	N/A	-16.45	.	15% (+/-)	No
Child	N/A	$334	N/A	$246	N/A	.	N/A	-26.33	.	15% (+/-)	No
Adult	N/A	$343	N/A	$257	N/A	.	N/A	-25.13	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$413	N/A	$309	N/A	.	N/A	-25.29	.	15% (+/-)	No
Aged	N/A	$4,003	N/A	$2,645	N/A	.	N/A	-33.93	.	15% (+/-)	No
Disabled	N/A	$1,614	N/A	$1,178	N/A	.	N/A	-27.01	.	15% (+/-)	No
Child	N/A	$147	N/A	$168	N/A	.	N/A	14.19	.	15% (+/-)	Yes
Adult	N/A	$0	N/A	$3	N/A	.	N/A	1447.13	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$201	N/A	$229	N/A	.	N/A	14.05	.	15% (+/-)	Yes
Aged	N/A	$655	N/A	$743	N/A	.	N/A	13.50	.	15% (+/-)	Yes
Disabled	N/A	$744	N/A	$921	N/A	.	N/A	23.68	.	15% (+/-)	No
Child	N/A	$78	N/A	$99	N/A	.	N/A	26.72	.	15% (+/-)	No
Adult	N/A	$69	N/A	$71	N/A	.	N/A	3.44	.	15% (+/-)	Yes
All Other Services	N/A	$1,113	N/A	$1,100	N/A	.	N/A	-1.17	.	15% (+/-)	Yes
Aged	N/A	$1,560	N/A	$1,799	N/A	.	N/A	15.29	.	15% (+/-)	No
Disabled	N/A	$3,171	N/A	$3,517	N/A	.	N/A	10.89	.	15% (+/-)	Yes
Child	N/A	$681	N/A	$671	N/A	.	N/A	-1.48	.	15% (+/-)	Yes
Adult	N/A	$577	N/A	$529	N/A	.	N/A	-8.23	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.55	N/A	12.06	N/A	.	N/A	-11.00	.	15% (+/-)	Yes
Aged	N/A	18.82	N/A	19.22	N/A	.	N/A	2.16	.	15% (+/-)	Yes
Disabled	N/A	15.17	N/A	14.95	N/A	.	N/A	-1.46	.	15% (+/-)	Yes
Child	N/A	10.81	N/A	9.51	N/A	.	N/A	-12.02	.	15% (+/-)	Yes
Adult	N/A	19.56	N/A	15.72	N/A	.	N/A	-19.63	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.56	N/A	1.46	N/A	.	N/A	-6.34	.	15% (+/-)	Yes
Aged	N/A	27.88	N/A	24.89	N/A	.	N/A	-10.74	.	15% (+/-)	Yes
Disabled	N/A	4.29	N/A	4.35	N/A	.	N/A	1.36	.	15% (+/-)	Yes
Child	N/A	0.90	N/A	0.94	N/A	.	N/A	4.41	.	15% (+/-)	Yes
Adult	N/A	0.01	N/A	0.03	N/A	.	N/A	333.79	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	16.93	N/A	1.25	N/A	.	N/A	-92.60	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	55.96	N/A	55.23	N/A	.	N/A	-1.31	.	15% (+/-)	Yes
Aged	N/A	50.18	N/A	47.61	N/A	.	N/A	-5.12	.	15% (+/-)	Yes
Disabled	N/A	71.50	N/A	74.55	N/A	.	N/A	4.27	.	15% (+/-)	Yes
Child	N/A	57.41	N/A	59.13	N/A	.	N/A	2.99	.	15% (+/-)	Yes
Adult	N/A	39.28	N/A	34.71	N/A	.	N/A	-11.63	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	92.34	N/A	78.68	N/A	.	N/A	-14.80	.	15% (+/-)	Yes
Aged	N/A	73.12	N/A	63.36	N/A	.	N/A	-13.35	.	15% (+/-)	Yes

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Disabled	N/A	91.98	N/A	85.58	N/A	.	N/A	-6.95	.	15% (+/-)	Yes
Child	N/A	94.22	N/A	78.82	N/A	.	N/A	-16.34	.	15% (+/-)	No
Adult	N/A	88.27	N/A	74.56	N/A	.	N/A	-15.53	.	15% (+/-)	No
Avg # IP Days per User	N/A	5	N/A	4	N/A	.	N/A	-12.31	.	15% (+/-)	Yes
Aged	N/A	8	N/A	8	N/A	.	N/A	-1.73	.	15% (+/-)	Yes
Disabled	N/A	10	N/A	9	N/A	.	N/A	-14.25	.	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	.	N/A	-12.11	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-7.03	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	235	N/A	133	N/A	.	N/A	-43.38	.	15% (+/-)	No
Aged	N/A	318	N/A	196	N/A	.	N/A	-38.30	.	15% (+/-)	No
Disabled	N/A	280	N/A	177	N/A	.	N/A	-36.75	.	15% (+/-)	No
Child	N/A	133	N/A	53	N/A	.	N/A	-60.19	.	15% (+/-)	No
Adult	N/A	8	N/A	27	N/A	.	N/A	223.29	.	15% (+/-)	No
% Enrollees with Delivery	N/A	8.55	N/A	7.69	N/A	.	N/A	-10.06	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$12,114,178	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	61,883	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$3,430,404	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	20,320	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$169	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,098,247	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	8,441	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$249	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Type 6)	N/A	.	N/A	$18,188,050	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,412	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$12,881	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	91,456	N/A	92,080	N/A	.	N/A	0.68	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	83,131	N/A	81,228	N/A	.	N/A	-2.29	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	79,168	N/A	80,824	N/A	.	N/A	2.09	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	14.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	76.82	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	5.74	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.56	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	50,891	N/A	52,175	N/A	.	N/A	2.52	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	18,109	N/A	16,723	N/A	.	N/A	-7.65	.	10% (+/-)	Yes
21: Aged, MN	N/A	253	N/A	311	N/A	.	N/A	22.92	.	10% (+/-)	No
31: Aged, Poverty	N/A	11,275	N/A	13,739	N/A	.	N/A	21.85	.	10% (+/-)	No
41: Other Aged	N/A	21,254	N/A	21,402	N/A	.	N/A	0.70	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	40,162	N/A	39,457	N/A	.	N/A	-1.76	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	29,446	N/A	28,974	N/A	.	N/A	-1.60	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,081	N/A	1,279	N/A	.	N/A	18.32	.	10% (+/-)	No
32: Disabled, Poverty	N/A	6,715	N/A	6,099	N/A	.	N/A	-9.17	.	10% (+/-)	Yes
42: Other Disabled	N/A	2,920	N/A	3,105	N/A	.	N/A	6.34	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	86,604	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.84	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.26	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	54.85	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	43.99	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$648,099,735	N/A	$592,072,072	N/A	.	N/A	-8.64	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,086	N/A	$6,430	N/A	.	N/A	-9.26	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$7,796	N/A	$7,289	N/A	.	N/A	-6.50	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$7,624	N/A	$6,670	N/A	.	N/A	-12.51	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,724	N/A	$3,964	N/A	.	N/A	6.44	.	15% (+/-)	Yes
21: Aged, MN	N/A	$3,165	N/A	$3,689	N/A	.	N/A	16.56	.	15% (+/-)	No
31: Aged, Poverty	N/A	$606	N/A	$755	N/A	.	N/A	24.47	.	15% (+/-)	No
41: Other Aged	N/A	$14,722	N/A	$12,624	N/A	.	N/A	-14.25	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,457	N/A	$6,167	N/A	.	N/A	-4.48	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$4,906	N/A	$5,268	N/A	.	N/A	7.37	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$6,057	N/A	$6,215	N/A	.	N/A	2.62	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,348	N/A	$1,603	N/A	.	N/A	18.89	.	15% (+/-)	No
42: Other Disabled	N/A	$33,990	N/A	$23,507	N/A	.	N/A	-30.84	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$20,243,041	N/A	$20,723,736	N/A	.	N/A	2.37	.	15% (+/-)	Yes
IP: Number of Users	N/A	21,223	N/A	21,494	N/A	.	N/A	1.28	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$954	N/A	$964	N/A	.	N/A	1.08	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	8	N/A	7	N/A	.	N/A	-5.80	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$311,492	N/A	$343,300	N/A	.	N/A	10.21	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	298	N/A	288	N/A	.	N/A	-3.36	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$1,045	N/A	$1,192	N/A	.	N/A	14.04	.	15% (+/-)	Yes

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$61,760,695	N/A	$37,123,895	N/A	.	N/A	-39.89	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	880	N/A	889	N/A	.	N/A	1.02	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$70,183	N/A	$41,759	N/A	.	N/A	-40.50	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$281,103,463	N/A	$212,262,661	N/A	.	N/A	-24.49	.	15% (+/-)	No
NF Number of Users	N/A	$18,847	N/A	$18,531	N/A	.	N/A	-1.68	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$14,915	N/A	$11,454	N/A	.	N/A	-23.20	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$26,367,682	N/A	$33,637,082	N/A	.	N/A	27.57	.	15% (+/-)	No
Physician: Number of Users	N/A	66,756	N/A	68,411	N/A	.	N/A	2.48	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$395	N/A	$492	N/A	.	N/A	24.48	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$13,824	N/A	$21,712	N/A	.	N/A	57.06	.	15% (+/-)	No
Dental: Number of Users	N/A	56	N/A	90	N/A	.	N/A	60.71	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$247	N/A	$241	N/A	.	N/A	-2.27	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$3,465,878	N/A	$3,213,720	N/A	.	N/A	-7.28	.	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	32,951	N/A	33,996	N/A	.	N/A	3.17	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$105	N/A	$95	N/A	.	N/A	-10.13	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$16,051,527	N/A	$19,334,922	N/A	.	N/A	20.46	.	15% (+/-)	No
OPD Number of Users	N/A	39,266	N/A	41,702	N/A	.	N/A	6.20	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$409	N/A	$464	N/A	.	N/A	13.42	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$28,164,034	N/A	$10,728,205	N/A	.	N/A	-61.91	.	15% (+/-)	No
Clinic: Number of Users	N/A	8,303	N/A	9,389	N/A	.	N/A	13.08	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$3,392	N/A	$1,143	N/A	.	N/A	-66.31	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$6,695,896	N/A	$6,052,735	N/A	.	N/A	-9.61	.	15% (+/-)	Yes
HH: Number of Users	N/A	4,354	N/A	3,945	N/A	.	N/A	-9.39	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,538	N/A	$1,534	N/A	.	N/A	-0.23	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$4,514,621	N/A	$2,851,807	N/A	.	N/A	-36.83	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	39,046	N/A	40,630	N/A	.	N/A	4.06	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$116	N/A	$70	N/A	.	N/A	-39.29	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$83,200,878	N/A	$98,601,453	N/A	.	N/A	18.51	.	15% (+/-)	No
Drugs: Number of Users	N/A	65,226	N/A	64,768	N/A	.	N/A	-0.70	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,276	N/A	$1,522	N/A	.	N/A	19.35	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$104,927,578	N/A	$50,803,308	N/A	.	N/A	-51.58	.	15% (+/-)	No
Other Services: Number of Users	N/A	$39,226	N/A	$33,554	N/A	.	N/A	-14.46	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$2,675	N/A	$1,514	N/A	.	N/A	-43.40	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$709,504	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	1,566	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$453	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$52,371,233	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	16,238	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$37,203	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	141	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$264	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$5,517	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,517	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$169,488	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	623	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$272	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,705,296	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	328	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,199	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,471,374	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	26,054	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$20,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$666	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$24,333,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,997	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$6,088	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$10,901,308	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,901	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,735	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$221	N/A	$225	N/A	.	N/A	1.68	.	15% (+/-)	Yes
Aged	N/A	$199	N/A	$205	N/A	.	N/A	3.01	.	15% (+/-)	Yes
Disabled	N/A	$248	N/A	$251	N/A	.	N/A	1.34	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,752	N/A	$2,712	N/A	.	N/A	-27.72	.	15% (+/-)	No
Aged	N/A	$4,660	N/A	$3,452	N/A	.	N/A	-25.93	.	15% (+/-)	No
Disabled	N/A	$2,640	N/A	$1,765	N/A	.	N/A	-33.14	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$910	N/A	$1,071	N/A	.	N/A	17.71	.	15% (+/-)	No
Aged	N/A	$891	N/A	$1,006	N/A	.	N/A	12.93	.	15% (+/-)	Yes
Disabled	N/A	$939	N/A	$1,164	N/A	.	N/A	23.86	.	15% (+/-)	No
All Other Services	N/A	$2,202	N/A	$2,422	N/A	.	N/A	10.00	.	15% (+/-)	Yes
Aged	N/A	$1,874	N/A	$2,007	N/A	.	N/A	7.12	.	15% (+/-)	Yes
Disabled	N/A	$2,627	N/A	$2,988	N/A	.	N/A	13.71	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	23.21	N/A	23.34	N/A	.	N/A	0.59	.	15% (+/-)	Yes
Aged	N/A	24.50	N/A	24.33	N/A	.	N/A	-0.69	.	15% (+/-)	Yes
Disabled	N/A	21.63	N/A	22.14	N/A	.	N/A	2.36	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	21.85	N/A	21.36	N/A	.	N/A	-2.21	.	15% (+/-)	Yes
Aged	N/A	32.35	N/A	31.13	N/A	.	N/A	-3.75	.	15% (+/-)	Yes
Disabled	N/A	8.76	N/A	8.69	N/A	.	N/A	-0.85	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	71.32	N/A	70.34	N/A	.	N/A	-1.38	.	15% (+/-)	Yes
Aged	N/A	71.26	N/A	68.21	N/A	.	N/A	-4.28	.	15% (+/-)	Yes
Disabled	N/A	71.56	N/A	73.35	N/A	.	N/A	2.50	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	87.80	N/A	83.87	N/A	.	N/A	-4.48	.	15% (+/-)	Yes
Aged	N/A	85.17	N/A	79.86	N/A	.	N/A	-6.24	.	15% (+/-)	Yes
Disabled	N/A	91.12	N/A	89.25	N/A	.	N/A	-2.05	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	8	N/A	7	N/A	.	N/A	-5.80	.	15% (+/-)	Yes
Aged	N/A	8	N/A	7	N/A	.	N/A	-4.95	.	15% (+/-)	Yes
Disabled	N/A	8	N/A	7	N/A	.	N/A	-6.99	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	317	N/A	206	N/A	.	N/A	-34.98	.	15% (+/-)	No
Aged	N/A	321	N/A	206	N/A	.	N/A	-35.85	.	15% (+/-)	No
Disabled	N/A	300	N/A	208	N/A	.	N/A	-30.61	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$199,024	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1003	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$198	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,080,634	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	9441	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$378,950	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2978	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Type 6)	N/A	.	N/A	$38,756,566	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	8535	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$4,541	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	455,191	N/A	491,245	N/A	.	N/A	7.92	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	422,412	N/A	404,471	N/A	.	N/A	-4.25	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	82.34	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	84.75	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.21	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	80.96	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	77.19	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	335,659	N/A	382,614	N/A	.	N/A	13.99	.	15% (+/-)	Yes
MAX Aged Total	N/A	54,191	N/A	55,655	N/A	.	N/A	2.70	.	10% (+/-)	Yes
11: Aged, Cash	N/A	18,719	N/A	17,351	N/A	.	N/A	-7.31	.	10% (+/-)	Yes
21: Aged, MN	N/A	370	N/A	465	N/A	.	N/A	25.68	.	10% (+/-)	No
31: Aged, Poverty	N/A	12,274	N/A	14,978	N/A	.	N/A	22.03	.	10% (+/-)	No
41: Other Aged	N/A	22,828	N/A	22,861	N/A	.	N/A	0.14	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	105,412	N/A	103,397	N/A	.	N/A	-1.91	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	88,076	N/A	85,871	N/A	.	N/A	-2.50	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,965	N/A	3,560	N/A	.	N/A	20.07	.	10% (+/-)	No
32: Disabled, Poverty	N/A	7,688	N/A	6,932	N/A	.	N/A	-9.83	.	10% (+/-)	Yes
42: Other Disabled	N/A	6,683	N/A	7,034	N/A	.	N/A	5.25	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	216,748	N/A	229,271	N/A	.	N/A	5.78	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	35,839	N/A	36,723	N/A	.	N/A	2.47	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	19,272	N/A	16,369	N/A	.	N/A	-15.06	.	10% (+/-)	No
34: Child Poverty	N/A	147,682	N/A	99,762	N/A	.	N/A	-32.45	.	10% (+/-)	No
44: Other Child	N/A	8,917	N/A	8,111	N/A	.	N/A	-9.04	.	10% (+/-)	Yes
48: Foster Care Child	N/A	5,038	N/A	5,120	N/A	.	N/A	1.63	.	10% (+/-)	Yes
54: 1115 Child	N/A	5,038	N/A	5,120	N/A	.	N/A	1.63	.	10% (+/-)	Yes
MAX Adult Total	N/A	78,840	N/A	102,909	N/A	.	N/A	30.53	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	12,957	N/A	15,014	N/A	.	N/A	15.88	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	10,129	N/A	10,795	N/A	.	N/A	6.58	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	50,376	N/A	21,621	N/A	.	N/A	-57.08	.	10% (+/-)	No
45: Other Adult	N/A	5,378	N/A	5,266	N/A	.	N/A	-2.08	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	50,213	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,450,077,288	N/A	$1,385,855,181	N/A	.	N/A	-4.43	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$3,186	N/A	$2,821	N/A	.	N/A	-11.44	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,433	N/A	$3,426	N/A	.	N/A	-0.19	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$7,551	N/A	$6,593	N/A	.	N/A	-12.68	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,686	N/A	$3,919	N/A	.	N/A	6.31	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,877	N/A	$3,237	N/A	.	N/A	12.51	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$608	N/A	$742	N/A	.	N/A	22.01	.	15% (+/-)	No
41: Other Aged	N/A	$14,529	N/A	$12,525	N/A	.	N/A	-13.79	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,536	N/A	$6,368	N/A	.	N/A	-2.57	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,896	N/A	$5,933	N/A	.	N/A	0.62	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$6,047	N/A	$6,071	N/A	.	N/A	0.40	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,275	N/A	$1,552	N/A	.	N/A	21.73	.	15% (+/-)	No
42: Other Disabled	N/A	$21,239	N/A	$16,584	N/A	.	N/A	-21.92	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,245	N/A	$1,184	N/A	.	N/A	-4.86	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,177	N/A	$1,095	N/A	.	N/A	-6.90	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,283	N/A	$1,343	N/A	.	N/A	4.72	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$1,069	N/A	$1,289	N/A	.	N/A	20.49	.	15% (+/-)	No
44: Other Child	N/A	$1,959	N/A	$2,269	N/A	.	N/A	15.85	.	15% (+/-)	No
48: Foster Care Child	N/A	$5,460	N/A	$6,070	N/A	.	N/A	11.17	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,041	N/A	$864	N/A	.	N/A	-17.05	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,318	N/A	$1,247	N/A	.	N/A	-5.37	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,465	N/A	$1,519	N/A	.	N/A	3.71	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$861	N/A	$1,341	N/A	.	N/A	55.85	.	15% (+/-)	No
45: Other Adult	N/A	$1,272	N/A	$1,258	N/A	.	N/A	-1.12	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$362	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$188,871,954	N/A	$160,553,060	N/A	.	N/A	-14.99	.	15% (+/-)	Yes
IP: Number of Users	N/A	70,521	N/A	69,641	N/A	.	N/A	-1.25	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$2,678	N/A	$2,305	N/A	.	N/A	-13.92	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	5	N/A	.	N/A	-9.28	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$47,111,586	N/A	$53,801,093	N/A	.	N/A	14.20	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	3,029	N/A	3,259	N/A	.	N/A	7.59	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$15,554	N/A	$16,508	N/A	.	N/A	6.14	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$130,027,505	N/A	$82,105,360	N/A	.	N/A	-36.86	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	1,798	N/A	1,827	N/A	.	N/A	1.61	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$72,318	N/A	$44,940	N/A	.	N/A	-37.86	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$316,428,450	N/A	$237,124,059	N/A	.	N/A	-25.06	.	15% (+/-)	No
NF Number of Users	N/A	$20,883	N/A	$20,467	N/A	.	N/A	-1.99	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$15,152	N/A	$11,586	N/A	.	N/A	-23.54	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$115,886,716	N/A	$142,683,148	N/A	.	N/A	23.12	.	15% (+/-)	No
Physician: Number of Users	N/A	289,174	N/A	326,862	N/A	.	N/A	13.03	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$401	N/A	$437	N/A	.	N/A	8.93	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$10,473,540	N/A	$14,876,819	N/A	.	N/A	42.04	.	15% (+/-)	No
Dental: Number of Users	N/A	47,240	N/A	61,676	N/A	.	N/A	30.56	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$222	N/A	$241	N/A	.	N/A	8.80	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$48,280,017	N/A	$11,615,697	N/A	.	N/A	-75.94	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	118,305	N/A	103,800	N/A	.	N/A	-12.26	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$408	N/A	$112	N/A	.	N/A	-72.58	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$28,259,166	N/A	$45,252,078	N/A	.	N/A	60.13	.	15% (+/-)	No
OPD Number of Users	N/A	143,165	N/A	173,155	N/A	.	N/A	20.95	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$197	N/A	$261	N/A	.	N/A	32.40	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$123,981,122	N/A	$107,523,970	N/A	.	N/A	-13.27	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	92,818	N/A	136,365	N/A	.	N/A	46.92	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,336	N/A	$789	N/A	.	N/A	-40.97	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$13,430,920	N/A	$12,550,491	N/A	.	N/A	-6.56	.	15% (+/-)	Yes
HH: Number of Users	N/A	9,742	N/A	9,042	N/A	.	N/A	-7.19	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,379	N/A	$1,388	N/A	.	N/A	0.68	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$32,399,373	N/A	$12,541,009	N/A	.	N/A	-61.29	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	217,615	N/A	133,076	N/A	.	N/A	-38.85	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$149	N/A	$94	N/A	.	N/A	-36.70	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$156,235,127	N/A	$190,008,103	N/A	.	N/A	21.62	.	15% (+/-)	No
Drugs: Number of Users	N/A	268,770	N/A	285,219	N/A	.	N/A	6.12	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$581	N/A	$666	N/A	.	N/A	14.60	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$145,764,938	N/A	$57,325,615	N/A	.	N/A	-60.67	.	15% (+/-)	No
Other Services: Number of Users	N/A	$73,581	N/A	$38,142	N/A	.	N/A	-48.16	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,981	N/A	$1,503	N/A	.	N/A	-24.13	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,095,574	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	13,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$532	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$68,717,836	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	21,812	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,150	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$476,156	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,258,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	89	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$25,374	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$20,454,701	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	11,215	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,824	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,871,868	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	547	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,250	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$39,279,698	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	105,719	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$372	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$20,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$666	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$77,140,059	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	31,167	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,475	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$24,651,093	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	5,100	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,834	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$415	N/A	$327	N/A	.	N/A	-21.23	.	15% (+/-)	No
Aged	N/A	$199	N/A	$208	N/A	.	N/A	4.42	.	15% (+/-)	Yes
Disabled	N/A	$744	N/A	$638	N/A	.	N/A	-14.25	.	15% (+/-)	Yes
Child	N/A	$334	N/A	$246	N/A	.	N/A	-26.33	.	15% (+/-)	No
Adult	N/A	$344	N/A	$257	N/A	.	N/A	-25.18	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$1,084	N/A	$759	N/A	.	N/A	-29.97	.	15% (+/-)	No
Aged	N/A	$4,620	N/A	$3,401	N/A	.	N/A	-26.38	.	15% (+/-)	No
Disabled	N/A	$2,005	N/A	$1,402	N/A	.	N/A	-30.07	.	15% (+/-)	No
Child	N/A	$147	N/A	$168	N/A	.	N/A	14.19	.	15% (+/-)	Yes
Adult	N/A	$0	N/A	$3	N/A	.	N/A	1448.36	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$343	N/A	$387	N/A	.	N/A	12.69	.	15% (+/-)	Yes
Aged	N/A	$876	N/A	$990	N/A	.	N/A	12.91	.	15% (+/-)	Yes
Disabled	N/A	$819	N/A	$1,013	N/A	.	N/A	23.77	.	15% (+/-)	No
Child	N/A	$78	N/A	$99	N/A	.	N/A	26.83	.	15% (+/-)	No
Adult	N/A	$70	N/A	$73	N/A	.	N/A	3.49	.	15% (+/-)	Yes
All Other Services	N/A	$1,332	N/A	$1,348	N/A	.	N/A	1.20	.	15% (+/-)	Yes
Aged	N/A	$1,855	N/A	$1,994	N/A	.	N/A	7.52	.	15% (+/-)	Yes
Disabled	N/A	$2,964	N/A	$3,315	N/A	.	N/A	11.83	.	15% (+/-)	Yes
Child	N/A	$681	N/A	$671	N/A	.	N/A	-1.48	.	15% (+/-)	Yes
Adult	N/A	$580	N/A	$531	N/A	.	N/A	-8.46	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.49	N/A	14.18	N/A	.	N/A	-8.50	.	15% (+/-)	Yes
Aged	N/A	24.16	N/A	24.01	N/A	.	N/A	-0.58	.	15% (+/-)	Yes
Disabled	N/A	17.63	N/A	17.69	N/A	.	N/A	0.35	.	15% (+/-)	Yes
Child	N/A	10.81	N/A	9.51	N/A	.	N/A	-12.02	.	15% (+/-)	Yes
Adult	N/A	19.55	N/A	15.71	N/A	.	N/A	-19.61	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	5.64	N/A	5.19	N/A	.	N/A	-7.88	.	15% (+/-)	Yes
Aged	N/A	32.08	N/A	30.74	N/A	.	N/A	-4.15	.	15% (+/-)	Yes
Disabled	N/A	6.00	N/A	6.01	N/A	.	N/A	0.17	.	15% (+/-)	Yes
Child	N/A	0.90	N/A	0.94	N/A	.	N/A	4.41	.	15% (+/-)	Yes
Adult	N/A	0.01	N/A	0.03	N/A	.	N/A	334.13	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	59.05	N/A	58.06	N/A	.	N/A	-1.67	.	15% (+/-)	Yes
Aged	N/A	69.98	N/A	66.92	N/A	.	N/A	-4.37	.	15% (+/-)	Yes
Disabled	N/A	71.52	N/A	74.09	N/A	.	N/A	3.59	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: AR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	57.41	N/A	59.13	N/A	.	N/A	3.00	.	15% (+/-)	Yes
Adult	N/A	39.36	N/A	34.79	N/A	.	N/A	-11.61	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	91.43	N/A	79.65	N/A	.	N/A	-12.88	.	15% (+/-)	Yes
Aged	N/A	84.44	N/A	78.83	N/A	.	N/A	-6.65	.	15% (+/-)	Yes
Disabled	N/A	91.65	N/A	86.98	N/A	.	N/A	-5.09	.	15% (+/-)	Yes
Child	N/A	94.22	N/A	78.82	N/A	.	N/A	-16.34	.	15% (+/-)	No
Adult	N/A	88.27	N/A	74.57	N/A	.	N/A	-15.52	.	15% (+/-)	No
Avg # IP Days per User	N/A	6	N/A	5	N/A	.	N/A	-9.28	.	15% (+/-)	Yes
Aged	N/A	8	N/A	7	N/A	.	N/A	-4.79	.	15% (+/-)	Yes
Disabled	N/A	9	N/A	8	N/A	.	N/A	-11.45	.	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	.	N/A	-12.11	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-7.08	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	299	N/A	190	N/A	.	N/A	-36.62	.	15% (+/-)	No
Aged	N/A	321	N/A	206	N/A	.	N/A	-35.97	.	15% (+/-)	No
Disabled	N/A	291	N/A	194	N/A	.	N/A	-33.28	.	15% (+/-)	No
Child	N/A	133	N/A	53	N/A	.	N/A	-60.19	.	15% (+/-)	No
Adult	N/A	8	N/A	27	N/A	.	N/A	223.29	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$12,313,202	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	62,886	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$4,511,038	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	29,761	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,477,197	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	11,419	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$217	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Type 6)	N/A	.	N/A	$56,944,616	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9,947	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$5,725	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	117,961	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	76.52	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	27,695	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	6.72	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	7.94	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,295	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	25,833	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,132	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,012	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	68.99	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.49	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	3.03	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	3.10	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.33	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.52	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.08	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.61	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.95	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	15.55	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	73.49	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	69.60	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.97	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.47	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.46	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	49.67	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	10.40	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	94.79	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	3.86	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.77	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.58	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	1,862	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$858	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	97.53	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	63.59	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	13.12	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.85	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.03	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	5.50	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	14.07	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	39.31	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	46.62	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	61.76	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.79	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	97.13	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	97.13	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	7,722	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	7,722	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	2.06	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	6.38	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,031	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	7,563	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$90	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.85	No	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	95.46	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	23	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.15	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	3.45	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	19.07	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	56.58	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	24.36	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	1.49	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.19	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.98	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	159	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,211	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	98.74	Yes	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	1.26	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	13.21	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	38.99	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	47.80	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	16.98	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	64.78	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	4.40	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	19,889,617	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	40.62	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	53.90	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,084,682	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	17.94	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	14.09	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$195	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	42.93	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	47.88	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$283	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$25	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	890,067	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	4.37	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	17.27	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	4.05	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	1.87	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	31.58	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	3.42	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	10.64	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.13	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	44.27	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	12.86	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	8.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	16.17	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	10.54	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.35	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	7.71	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	25.84	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.43	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	14.66	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.02	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.27	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.02	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$222	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$198	No	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$53	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$66	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$654	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$169	No	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$30	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$180	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$100	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$106	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$152	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$120	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$199	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$842	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$263	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	26.42	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	12.46	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	59.76	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	27.78	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	25.89	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	17.39	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	56.72	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.91	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	194,615	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	17.29	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	33.72	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	7.06	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	10.67	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	21.97	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	1.28	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	29.19	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	1.34	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	2.85	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	6.23	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	10.59	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	7.36	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	9.83	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	7.36	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.25	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	1.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$121	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.96	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	36.02	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	19.94	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	52.35	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	27.71	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	42.15	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	21.35	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	36.50	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	3,835,249	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	98.63	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	52,648	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	9.30	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$31	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	52,648	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$31	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	($1)	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	98.07	Yes	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	1.93	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.13	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	78.42	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	21.38	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	13.24	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	86.73	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	54.78	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	23.56	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	661,459	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$1,939,663,184	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	2.59	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	2.84	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	22.59	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	8.67	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	1.95	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.18	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	61.19	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	648,016	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	459,614	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	97.91	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	5,174	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.02	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	36.48	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	6.37	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	14.20	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	39.84	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.29	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	6.39	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	63.70	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	6.61	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	42.61	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	60,683	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	89.33	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	90.71	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	33.15	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	5,435	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	26.31	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	67.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	6.42	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	37.04	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	85.42	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	32,447	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	14,142	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,723	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	14,582	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	92,085	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	71,589	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	4,192	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	16,304	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	369,453	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	89,675	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	197,713	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	74,312	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	7,753	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	154,030	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	42,153	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	43,028	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	68,849	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	455,723	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.62	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.38	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	0.47	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	94,111	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	648,015	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	81.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	5.17	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	16.97	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	47.04	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	52.96	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	648,015	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	5.01	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	14.21	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	57.01	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	23.77	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	459,609	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	455,715	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	79.62	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	20.24	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$1,589,834,390	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$1,446,594,326	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$143,240,064	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.93	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.14	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	5.06	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$328	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$895,359,212	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	524,909	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$694,475,178	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	123,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$22,921,057	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$5,367,815	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$121,154	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$40,880	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$17,391,208	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$44	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	90,971	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	70,404	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	62,289	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	1,141	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	295	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	103	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	743	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	16,384	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	11,747	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	93	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	4,544	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	39,725	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	15,052	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	17,640	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	7,015	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	18	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	33,720	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	7,911	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	2,821	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	22,988	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	2,689	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$248,586,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,733	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,531	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$9,761	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,124	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$484	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$12,094	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$5,360	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$5,602	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$672	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$4,830	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,509	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,321	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,067	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$3,027	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$938	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,660	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,525	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,688	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$2,703	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$70,105,777	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	18,893	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,711	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$21,949	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$1,995	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$5,520,701	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	299	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$18,464	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$20,808,897	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	21,279	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$978	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$3,625,659	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	9,929	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$365	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$327,732	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	2,607	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$82,731,609	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	12,551	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$6,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$12,874,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	19,827	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$649	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$454,372	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	364	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,248	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,725,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	10,544	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$164	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$897,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	4,324	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$208	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$35,116,620	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$35,264	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$996	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,329,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	8,689	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,189	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$411,930	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	125	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,295	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$107,742	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	71	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,517	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$18,578	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	25	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$743	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,110,574	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,506	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$602	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$195,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	124	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,573	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$4,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,301	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$771	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,045	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$434	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$961	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$877	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$275	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$96	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$36	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$6,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,942	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,073	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,694	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	20.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	16.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	12.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	36.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	4.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	1.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	4.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	4.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14.99	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	2.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	66.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	37.60	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	40.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	78.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	65.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	174	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	211	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	180	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	15.97	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$33,907	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	89	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$381	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$21,251,009	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	5,404	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$3,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	32,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	25,663	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	25,227	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	0.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	22.38	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	42.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	34.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	2.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	13.67	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	19,788	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	3,033	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,502	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	13,253	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	12,309	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	4,215	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	3,771	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	4,323	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	29,678	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.93	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	4.34	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	94.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	62.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	35.83	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.84	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$40,328,398	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$1,255	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$1,571	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$833	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$2,222	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$447	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$617	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$1,883	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$3,688	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$988	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$905	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$4,183,591	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	1,534	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,727	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$1,536	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$768	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$9,206,341	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$603	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$15,268	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,218,498	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	4,394	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$277	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$47,767	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	180	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$47,333	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	781	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$16,270,656	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	4,753	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$3,423	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$473,773	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	926	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$512	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$245,207	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	119	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,061	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$147,496	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	2,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$56	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$631,943	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	1,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$594	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$1,707,807	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$2,694	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$634	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,641,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,551	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,819	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$900,720	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	375	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,402	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$20,204	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	65	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$311	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,202	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$50	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$485,550	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	1,143	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$82,848	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,239	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,090	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,090	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$208	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$287	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$354	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$179	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$20	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$29	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$819	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$388	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,467	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	4.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	3.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.59	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	2.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	1.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	3.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	2.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.37	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	24.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	18.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	33.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	174	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	176	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	167	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$6,986	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$1,397	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,250,733	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	3017	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$746	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	123,107	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	96,067	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	78.04	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	81.46	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	86.46	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	79.24	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	67.34	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	87,516	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	20,929	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	3,328	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,605	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	13,996	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	28,693	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	15,962	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	3,864	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	8,867	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	39,726	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	15,052	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	17,641	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	7,015	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	18	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	18	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	33,758	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	7,924	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	2,824	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	23,010	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$288,915,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,347	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,007	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$1,320	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$2,656	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$449	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$1,226	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$3,868	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$5,096	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$980	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$2,917	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,509	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,321	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,067	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$3,027	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$938	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,676	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,584	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,686	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$2,707	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$74,289,368	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	20,427	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,637	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$23,485	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$1,807	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$14,727,042	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$902	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$16,327	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$22,027,395	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	25,673	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$858	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$3,673,426	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	10,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$363	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$375,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	3,388	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$111	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$99,002,265	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	17,304	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$5,721	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$13,348,085	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	20,753	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$643	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$699,579	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	483	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,448	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,873,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	13,169	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$142	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$1,529,185	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	5,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$284	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$36,824,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$37,958	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$970	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$14,970,690	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	11,240	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,332	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,312,650	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	500	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$127,946	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	136	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$941	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$19,780	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	49	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$404	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,596,124	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	4,649	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$558	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$277,890	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	161	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,726	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,691	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,230	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$603	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$184	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$722	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$434	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$963	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$120	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$382	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$234	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$734	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,880	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,073	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,709	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	4.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	12.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	36.63	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	2.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	1.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	4.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	3.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.99	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: AZ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	2.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6.95	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	55.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	19.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	37.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	78.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	65.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	174	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	179	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	175	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$40,893	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	94	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$435	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$23,501,742	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	8,421	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$2,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	751,655	N/A	682,045	N/A	.	N/A	-9.26	.	Yes
% Encounter Claims *	N/A	9.33	N/A	14.22	N/A	.	N/A	52.42	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	681,543	N/A	585,075	N/A	.	N/A	-14.15	.	Yes
% Crossover	5-20	18.65	Yes	10.05	Yes	.	N/A	-46.10	.	No
% Adjusted Claims	> 1%	2.44	Yes	1.71	Yes	.	N/A	-29.94	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,185	N/A	$3,201	N/A	.	N/A	46.47	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	554,464	N/A	526,279	N/A	.	N/A	-5.08	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,217	Yes	$4,342	Yes	.	N/A	2.97	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$882	N/A	$843	N/A	.	N/A	-4.44	.	Yes
% Claims with TPL	>0 - 10	7.09	Yes	7.40	Yes	.	N/A	4.44	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$828	N/A	$774	N/A	.	N/A	-6.51	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	88.40	No	82.80	No	.	N/A	-6.34	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.37	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	82.24	No	90.07	No	.	N/A	9.51	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.12	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.54	Yes	4.59	Yes	.	N/A	1.19	.	Yes
Average Covered Days (> 0 day	2-<8	4.78	Yes	5.15	Yes	.	N/A	7.74	.	Yes
% Begin Date = Admit Date	95-100	91.44	No	91.73	No	.	N/A	0.32	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.93	Yes	100.00	Yes	.	N/A	0.07	.	Yes
% Family Planning Claims (pgm	>0-5	0.07	Yes	0.12	Yes	.	N/A	73.14	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.76	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	11.81	Yes	11.41	Yes	.	N/A	-3.39	.	Yes
% Claims with PDX, where length=4	15-75	31.04	Yes	30.48	Yes	.	N/A	-1.79	.	Yes
% Claims with PDX, where length=5	25-70	57.15	No	58.10	Yes	.	N/A	1.67	.	Yes
% Claims with a procedure code	35-70	44.58	Yes	43.85	Yes	.	N/A	-1.65	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.06	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	99.89	N/A	99.83	N/A	.	N/A	-0.06	.	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	99.89	N/A	99.83	N/A	.	N/A	-0.06	.	Yes
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	28.74	N/A	28.33	N/A	.	N/A	-1.41	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	3.42	N/A	3.25	N/A	.	N/A	-5.01	.	Yes
Patient Status										
% Home	75-90	82.83	Yes	82.38	Yes	.	N/A	-0.55	.	Yes
% Transferred	1-10	4.17	Yes	4.64	Yes	.	N/A	11.17	.	Yes
% Still a Patient	>0 - 2	11.66	No	11.74	No	.	N/A	0.76	.	Yes
% Died	>0 - 3	1.15	Yes	1.24	Yes	.	N/A	7.30	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	127,079	N/A	58,796	N/A	.	N/A	-53.73	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$914	N/A	$1,017	N/A	.	N/A	11.23	.	Yes
% Claims with TPL	N/A	0.07	N/A	0.26	N/A	.	N/A	258.64	.	No
Aver. TPL Paid -claims with TPL	N/A	$946	N/A	$1,077	N/A	.	N/A	13.87	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	0.05	No	0.17	No	.	N/A	260.23	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.35	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.06	No	0.21	N/A	.	N/A	253.68	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.63	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.76	Yes	8.68	No	.	N/A	50.61	.	No
% Begin Date = Admit Date	95-100	97.81	Yes	96.18	Yes	.	N/A	-1.66	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	99.93	Yes	99.78	Yes	.	N/A	-0.15	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	15.74	No	1.13	No	.	N/A	-92.85	.	No
% Claims with PDX, where length=3	5-30	8.73	Yes	8.96	Yes	.	N/A	2.57	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	40.61	Yes	38.87	Yes	.	N/A	-4.27	.	Yes
% Claims with PDX, where length=5	25-70	50.66	No	52.17	Yes	.	N/A	2.98	.	Yes
% Claims with a procedure code	35-70	1.07	No	0.95	No	.	N/A	-10.90	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	46.61	N/A	2.86	N/A	.	N/A	-93.86	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	42.70	N/A	2.86	N/A	.	N/A	-93.30	.	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	2,156,020	N/A	2,036,454	N/A	.	N/A	-5.55	.	Yes
% Encounter Claims *	N/A	0.51	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	2,145,052	N/A	2,036,454	N/A	.	N/A	-5.06	.	Yes
% Crossover	5-20	9.69	Yes	9.30	Yes	.	N/A	-3.95	.	Yes
% Adjusted Claims	> 1%	17.30	Yes	8.36	Yes	.	N/A	-51.66	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$1,179	N/A	$1,089	N/A	.	N/A	-7.66	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	1,937,287	N/A	1,847,004	N/A	.	N/A	-4.66	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$86	Yes	$93	Yes	.	N/A	7.73	.	Yes
ICF/MR (TOS 05)	N/A	$171	N/A	$179	N/A	.	N/A	4.40	.	Yes
Aged/MH (TOS 02)	N/A	$362	N/A	$456	N/A	.	N/A	26.19	.	No
IP Psych. < 21 (TOS 04)	N/A	$353	N/A	$338	N/A	.	N/A	-4.32	.	Yes
% NF (TOS 07)	75-99	82.82	Yes	83.86	Yes	.	N/A	1.26	.	Yes
% NF claims with NF Covered Days	N/A	96.45	N/A	96.37	N/A	.	N/A	-0.08	.	Yes
Avg days for NF claims with Covered Days	N/A	17	N/A	15	N/A	.	N/A	-6.77	.	Yes
% ICF/MR (TOS 05)	>0-20	16.89	Yes	15.82	Yes	.	N/A	-6.31	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	95.51	N/A	95.76	N/A	.	N/A	0.26	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	11	N/A	11	N/A	.	N/A	0.01	.	Yes
% Aged/MH (TOS 02)	>0-10	0.02	Yes	0.02	Yes	.	N/A	8.34	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	85.93	N/A	100.00	N/A	.	N/A	16.38	.	No
Avg days for Aged/MH claims with Covered Days	N/A	9	N/A	10	N/A	.	N/A	11.64	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.28	Yes	0.30	Yes	.	N/A	7.72	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	99.96	N/A	99.91	N/A	.	N/A	-0.05	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	5	N/A	7	N/A	.	N/A	45.21	.	No
% Claims with Leave Days	1-20	3.68	Yes	3.69	Yes	.	N/A	0.48	.	Yes
% Claims with DX	95-100	99.86	Yes	99.98	Yes	.	N/A	0.12	.	Yes
% Claims with DX, where length=3	5-30	21.83	Yes	21.32	Yes	.	N/A	-2.35	.	Yes
% Claims with DX, where length=4	15-75	61.80	No	60.71	No	.	N/A	-1.76	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	16.34	No	17.90	No	.	N/A	9.59	.	Yes
Patient Status										
% Home	1-5	0.42	No	0.40	No	.	N/A	-3.29	.	Yes
% Still a Patien	8-98	96.78	Yes	98.69	No	.	N/A	1.97	.	Yes
% Died	>0-5	0.32	Yes	0.31	Yes	.	N/A	-3.08	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	207,765	N/A	189,450	N/A	.	N/A	-8.82	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$431	N/A	$371	N/A	.	N/A	-13.92	.	Yes
% NF (TOS 07)	75-99	99.85	No	99.61	No	.	N/A	-0.24	.	Yes
% ICF/MR (TOS 05)	>0-20	0.15	Yes	0.39	Yes	.	N/A	161.65	.	No
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	70.26	No	40.15	No	.	N/A	-42.86	.	No
% Claims with DX, where length=3	5-30	13.16	Yes	20.55	Yes	.	N/A	56.18	.	No
% Claims with DX, where length=4	15-75	76.07	No	58.39	No	.	N/A	-23.24	.	No
% Claims with DX, where length=5	25-70	10.76	No	21.05	Yes	.	N/A	95.64	.	No
Patient Status										
% Home	1-5	1.92	Yes	2.13	Yes	.	N/A	10.74	.	Yes
% Still a Patien	8-98	84.77	Yes	83.17	Yes	.	N/A	-1.89	.	Yes
% Died	>0-5	0.42	Yes	0.48	Yes	.	N/A	15.89	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	168,184,499	N/A	175,918,181	N/A	.	N/A	4.60	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	10.77	N/A	12.62	N/A	.	N/A	17.20	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	39.62	N/A	40.09	N/A	.	N/A	1.20	.	Yes
Total FFS Claims	N/A	150,070,154	N/A	83,179,453	N/A	.	N/A	-44.57	.	No
% Crossover	5-20	2.88	No	4.91	No	.	N/A	70.31	.	No
% Adjusted Claims	> 1%	0.77	No	0.97	No	.	N/A	27.00	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$68	N/A	$87	N/A	.	N/A	27.44	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	18.84	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	26.98	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$99	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$12	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$8	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	145,740,758	N/A	79,092,571	N/A	.	N/A	-45.73	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	49.87	N/A	9.65	N/A	.	N/A	-80.64	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.10	N/A	0.06	N/A	.	N/A	-40.48	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	8.04	N/A	7.91	N/A	.	N/A	-1.60	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	52.01	N/A	11.10	N/A	.	N/A	-78.66	.	No
% Claims W/ Service Place 11- Office	50-90	18.30	No	22.64	No	.	N/A	23.73	.	No
% Claims W/ Service Place 12 - Home	>0-5	6.18	No	12.01	No	.	N/A	94.23	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.30	Yes	5.77	No	.	N/A	75.03	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.32	Yes	0.16	Yes	.	N/A	-48.42	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	5.77	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	10.98	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	7.80	No	22.50	No	.	N/A	188.43	.	No
% Claims with TPL	>0 - 15	0.02	Yes	0.03	Yes	.	N/A	93.12	.	No
Aver. TPL Paid -claims with TPL	N/A	$106	N/A	$134	N/A	.	N/A	26.56	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	16.69	Yes	16.33	Yes	.	N/A	-2.20	.	Yes
% claims MAX TOS 09: Dental	2-20	0.68	No	0.89	No	.	N/A	31.69	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	4.65	Yes	1.38	Yes	.	N/A	-70.32	.	No
% claims MAX TOS 11: OPD	3-25	7.09	Yes	12.93	Yes	.	N/A	82.33	.	No
% claims MAX TOS 12: Clinic	2-25	2.77	Yes	7.03	Yes	.	N/A	154.04	.	No
% claims MAX TOS 13: HH	>0-25	0.62	Yes	0.70	Yes	.	N/A	13.13	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	29.18	No	20.12	No	.	N/A	-31.05	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	19.26	Yes	10.86	Yes	.	N/A	-43.60	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	7.82	No	3.88	Yes	.	N/A	-50.34	.	No
% claims MAX TOS 26: Transportation	>1	4.38	Yes	3.14	Yes	.	N/A	-28.20	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	4.91	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	2.43	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	6.46	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.45	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.22	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	4.33	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.50	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	1.21	No	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$50	N/A	$61	N/A	.	N/A	23.62	.	No
08: Physicians	$20-90	$47	Yes	$50	Yes	.	N/A	5.40	.	Yes
09: Dental	$10-60	$31	Yes	$31	Yes	.	N/A	-1.05	.	Yes
10: Other Practioner	$10-100	$28	Yes	$24	Yes	.	N/A	-14.49	.	Yes
11: OPD	$20-100	$33	Yes	$25	Yes	.	N/A	-23.60	.	No
12: Clinic	$20-100	$63	Yes	$75	Yes	.	N/A	17.62	.	No
13: HH	N/A	$219	N/A	$234	N/A	.	N/A	6.97	.	Yes
15: Lab/Xray	10-60	$17	Yes	$14	Yes	.	N/A	-16.25	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$128	N/A	$45	N/A	.	N/A	-64.47	.	No
51: DME	N/A	$53	Yes	$62	N/A	.	N/A	16.51	.	No
26: Transportation	N/A	$54	N/A	$46	N/A	.	N/A	-15.63	.	No
30: PCS	N/A	.	N/A	$246	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$31	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$704	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,302	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$82	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$430	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.87	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.13	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	2.53	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.11	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	1.43	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$34	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$159	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$500	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	49.79	No	80.99	Yes	.	N/A	62.67	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.96	Yes	99.89	Yes	.	N/A	-0.07	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	32.81	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	8.58	Yes	9.56	Yes	.	N/A	11.46	.	Yes
% Claims with DX, where length=4	40-70	71.80	No	68.20	Yes	.	N/A	-5.02	.	Yes
% Claims with DX, where length=5	20-55	19.62	No	22.22	Yes	.	N/A	13.28	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.74	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	46.45	N/A	42.13	N/A	.	N/A	-9.29	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	32.96	N/A	33.66	N/A	.	N/A	2.14	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	20.60	N/A	20.95	N/A	.	N/A	1.73	.	Yes
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	96.62	No	100.00	Yes	.	N/A	3.50	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	4,329,396	N/A	4,086,882	N/A	.	N/A	-5.60	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	10.12	N/A	8.98	N/A	.	N/A	-11.22	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.94	N/A	10.11	N/A	.	N/A	-7.55	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	60.14	N/A	47.99	N/A	.	N/A	-20.20	.	No
% Other Claims with Span Bills/All Other Claims	N/A	9.99	N/A	8.80	N/A	.	N/A	-11.96	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	38.72	N/A	37.78	N/A	.	N/A	-2.42	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.56	N/A	4.25	N/A	.	N/A	-6.90	.	Yes

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1998-1999 MAX OT Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	11.81	N/A	13.52	N/A	.	N/A	14.49	.	Yes
% claims MAX TOS 12: Clinic	N/A	2.92	N/A	3.27	N/A	.	N/A	12.06	.	Yes
% claims MAX TOS 13: HH	N/A	0.03	N/A	0.02	N/A	.	N/A	-28.11	.	No
% claims MAX TOS 15: Lab/Xray	N/A	0.68	N/A	0.51	N/A	.	N/A	-25.60	.	No
% claims MAX TOS 19: Other Services	N/A	32.49	N/A	14.74	N/A	.	N/A	-54.62	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	0.36	N/A	0.10	N/A	.	N/A	-71.50	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	5.76	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	19.99	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$62	N/A	$66	N/A	.	N/A	6.61	.	Yes
% Claims with DX	N/A	94.72	N/A	94.87	N/A	.	N/A	0.15	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	97.82	Yes	94.74	Yes	.	N/A	-3.15	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	32.47	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	13.16	Yes	14.30	Yes	.	N/A	8.71	.	Yes
% Claims with DX, where length=4	40-70	61.22	No	59.40	Yes	.	N/A	-2.97	.	Yes
% Claims with DX, where length=5	20-55	25.62	Yes	26.30	Yes	.	N/A	2.63	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	40,138,049	N/A	54,070,700	N/A	.	N/A	34.71	.	No
% Encounter Claims *	N/A	4.65	N/A	28.79	N/A	.	N/A	518.60	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	38,270,277	N/A	38,506,009	N/A	.	N/A	0.62	.	Yes
% Adjusted Claims	> 1%	1.51	Yes	1.70	Yes	.	N/A	12.67	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$51	N/A	$55	N/A	.	N/A	7.51	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	38,270,277	N/A	38,506,009	N/A	.	N/A	0.62	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$43	Yes	$51	Yes	.	N/A	20.66	.	No
% Claims with TPL	>0 - 15	0.12	Yes	0.17	Yes	.	N/A	41.25	.	No
Aver. TPL Paid for claims with TPL	N/A	$43	N/A	$46	N/A	.	N/A	8.22	.	Yes
% Family Planning Claims (program type=2)	N/A	0.44	N/A	0.52	N/A	.	N/A	18.14	.	No
% Drug Claims (TOS 16)	95-99	99.42	No	99.31	No	.	N/A	-0.11	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.14	Yes	0.69	Yes	.	N/A	408.71	.	No
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.63	Yes	99.18	Yes	.	N/A	-0.45	.	Yes
% Claims with Medispan	98-100	86.38	No	92.96	No	.	N/A	7.62	.	Yes
% Claims with AHFS	98-100	99.63	Yes	99.18	Yes	.	N/A	-0.45	.	Yes
% Claims with Generic (GTC)	98-100	99.63	Yes	99.18	Yes	.	N/A	-0.45	.	Yes
% Claims with GC3	98-100	99.63	Yes	99.18	Yes	.	N/A	-0.45	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.23	N/A	80.96	N/A	.	N/A	-18.41	.	No
% Products (codes 4-6)	N/A	0.24	N/A	17.98	N/A	.	N/A	7500.21	.	No
% HRI (code 7)	N/A	0.00	N/A	0.24	N/A	.	N/A	15598.62	.	No
% Claims with Smart Key	98-100	99.63	Yes	99.18	Yes	.	N/A	-0.45	.	Yes
% OTC-Drug Class	N/A	14.70	N/A	12.99	N/A	.	N/A	-11.65	.	Yes
% Prescription-Drug Class	N/A	84.77	N/A	86.19	N/A	.	N/A	1.68	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	52.08	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	26.80	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	6,599,711	N/A	7,731,625	N/A	.	N/A	17.15	.	10% (+/-)	No
Total Medicaid Amount Paid	N/A	.	N/A	$15,620,530,625	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	16.73	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	13.04	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	12.73	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	19.09	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.41	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.56	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	37.44	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	6,164,771	N/A	7,288,627	N/A	.	N/A	18.23	.	10% (+/-)	No
Total PYE (Person Years of Enrollment)	N/A	4,964,615	N/A	5,129,953	N/A	.	N/A	3.33	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	93.06	No	93.12	No	.	N/A	0.06	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	91.26	Yes	77.73	No	.	N/A	-14.83	.	10% (+/-)	No
#SSNs with duplicate records	N/A	0	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.51	Yes	99.54	Yes	.	N/A	0.03	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.00	No	0.00	No	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	26.73	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	11.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.44	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	45.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	8.55	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	3.42	Yes	2.88	Yes	.	N/A	-15.94	.	10% (+/-)	No
% Age 0-20 Years	49-74%	55.44	Yes	50.67	Yes	.	N/A	-8.60	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	11.58	Yes	10.13	Yes	.	N/A	-12.57	.	10% (+/-)	No
% Enrollees with 12 months enrollment	40-60%	.	N/A	52.72	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	876,609	N/A	897,559	N/A	.	N/A	2.39	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	89.20	No	88.45	No	.	N/A	-0.84	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	87.85	No	87.77	No	.	N/A	-0.10	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	40.93	Yes	41.10	Yes	.	N/A	0.43	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	13,891	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	58.89	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	11.73	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	29.37	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.37	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	4.53	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.98	Yes	99.97	Yes	.	N/A	-0.01	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.69	Yes	99.23	Yes	.	N/A	-0.46	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	91.67	Yes	83.91	Yes	.	N/A	-8.47	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	566,408	N/A	581,564	N/A	.	N/A	2.68	.	10% (+/-)	Yes
11: Aged, Cash	N/A	357,231	N/A	363,175	N/A	.	N/A	1.66	.	10% (+/-)	Yes
21: Aged, MN	N/A	169,796	N/A	174,619	N/A	.	N/A	2.84	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	10,093	N/A	13,112	N/A	.	N/A	29.91	.	10% (+/-)	No
41: Other Aged	N/A	29,288	N/A	30,658	N/A	.	N/A	4.68	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	914,316	N/A	927,029	N/A	.	N/A	1.39	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	790,165	N/A	809,118	N/A	.	N/A	2.40	.	10% (+/-)	Yes
22: Disabled, MN	N/A	97,982	N/A	98,894	N/A	.	N/A	0.93	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	3,545	N/A	4,690	N/A	.	N/A	32.30	.	10% (+/-)	No
42: Other Disabled	N/A	22,624	N/A	14,327	N/A	.	N/A	-36.67	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	3,141,310	N/A	3,183,512	N/A	.	N/A	1.34	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	1,114,108	N/A	1,547,490	N/A	.	N/A	38.90	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	306,285	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
24: AFDC Child, MN	N/A	767,983	N/A	649,623	N/A	.	N/A	-15.41	.	10% (+/-)	No
34: Child Poverty	N/A	308,987	N/A	380,745	N/A	.	N/A	23.22	.	10% (+/-)	No
44: Other Child	N/A	504,229	N/A	459,241	N/A	.	N/A	-8.92	.	10% (+/-)	Yes
48: Foster Care Child	N/A	139,718	N/A	146,413	N/A	.	N/A	4.79	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	1,542,663	N/A	2,596,515	N/A	.	N/A	68.31	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	424,286	N/A	700,895	N/A	.	N/A	65.19	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	172,606	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	313,938	N/A	246,275	N/A	.	N/A	-21.55	.	10% (+/-)	No
35: Adult, Poverty	N/A	80,868	N/A	85,593	N/A	.	N/A	5.84	.	10% (+/-)	Yes
45: Other Adult	N/A	550,965	N/A	531,089	N/A	.	N/A	-3.61	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	1,032,663	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	5,062,671	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.46	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	5.42	No	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.24	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.84	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	6.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	1,775,591	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	16,147	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	76.23	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	5,556,443	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	58.27	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	99.07	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.70	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	13.52	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	85.23	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	5,482,688	N/A	5,556,443	N/A	.	N/A	1.35	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	10.02	N/A	10.07	N/A	.	N/A	0.50	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees -Disabled	N/A	16.48	N/A	16.61	N/A	.	N/A	0.81	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	51.08	N/A	50.38	N/A	.	N/A	-1.36	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	22.43	N/A	22.94	N/A	.	N/A	2.29	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	4,551,737	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	5,062,671	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	1.09	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	39.81	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	48.59	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.58	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	9.92	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$3,374,199,931	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$2,859,569,548	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$513,887,888	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$742,495	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.28	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.95	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.77	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$62	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$3,153,064,152	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	3,237,606	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$221,135,779	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	2,318,837	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$1,579,537,950	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$430,663,273	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$198,421,470	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$85,926,935	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$864,526,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$488	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$27	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$267	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	674,694	N/A	3,274,819	N/A	.	N/A	385.38	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	381,165	N/A	1,730,604	N/A	.	N/A	354.03	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	384,225	N/A	1,595,148	N/A	.	N/A	315.16	.	15% (+/-)	No
MAX Aged Total	N/A	11,717	N/A	61,665	N/A	.	N/A	426.29	.	10% (+/-)	No
11: Aged, Cash	N/A	0	N/A	14,853	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	0	N/A	32,464	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	194	N/A	334	N/A	.	N/A	72.16	.	10% (+/-)	No
41: Other Aged	N/A	11,523	N/A	14,014	N/A	.	N/A	21.62	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	9,331	N/A	431,120	N/A	.	N/A	4520.30	.	10% (+/-)	No
12: Disabled, Cash	N/A	0	N/A	393,553	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	0	N/A	35,591	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	28	N/A	84	N/A	.	N/A	200.00	.	10% (+/-)	No
42: Other Disabled	N/A	9,303	N/A	1,892	N/A	.	N/A	-79.66	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	340,861	N/A	1,102,475	N/A	.	N/A	223.44	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	0	N/A	269,276	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	207,418	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	196,751	N/A	277,953	N/A	.	N/A	41.27	.	10% (+/-)	No
44: Other Child	N/A	142,817	N/A	237,080	N/A	.	N/A	66.00	.	10% (+/-)	No
48: Foster Care Child	N/A	1,293	N/A	110,748	N/A	.	N/A	8465.20	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	312,776	N/A	1,679,552	N/A	.	N/A	436.98	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	0	N/A	143,858	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	3	N/A	107,512	N/A	.	N/A	3583633.33	.	10% (+/-)	No
35: Adult, Poverty	N/A	69,804	N/A	81,669	N/A	.	N/A	17.00	.	10% (+/-)	No
45: Other Adult	N/A	242,969	N/A	313,850	N/A	.	N/A	29.17	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	1,032,663	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	12,025	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$731,664,420	N/A	$5,568,888,165	N/A	.	N/A	661.13	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,084	N/A	$1,701	N/A	.	N/A	56.81	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,920	N/A	$3,218	N/A	.	N/A	67.64	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$2,931	N/A	$3,918	N/A	.	N/A	33.67	.	15% (+/-)	No
11: Aged, Cash	N/A	.	N/A	$5,966	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$3,437	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$11	N/A	$173	N/A	.	N/A	1416.44	.	15% (+/-)	No
41: Other Aged	N/A	$2,980	N/A	$2,951	N/A	.	N/A	-0.97	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$2,571	N/A	$8,314	N/A	.	N/A	223.34	.	15% (+/-)	No
12: Disabled, Cash	N/A	.	N/A	$8,160	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$10,009	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$4	N/A	$1,169	N/A	.	N/A	28608.77	.	15% (+/-)	No
42: Other Disabled	N/A	$2,579	N/A	$8,795	N/A	.	N/A	241.01	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$379	N/A	$648	N/A	.	N/A	71.05	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	.	N/A	$552	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$639	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$449	N/A	$475	N/A	.	N/A	5.66	.	15% (+/-)	Yes
44: Other Child	N/A	$274	N/A	$391	N/A	.	N/A	42.55	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,158	N/A	$1,880	N/A	.	N/A	62.27	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,740	N/A	$613	N/A	.	N/A	-64.80	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	.	N/A	$1,431	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$0	N/A	$1,338	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$1,635	N/A	$1,827	N/A	.	N/A	11.68	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,770	N/A	$1,633	N/A	.	N/A	-7.72	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$17	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$455,983,137	N/A	$1,656,765,961	N/A	.	N/A	263.34	.	15% (+/-)	No
IP: Number of Users	N/A	115,255	N/A	260,972	N/A	.	N/A	126.43	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$3,956	N/A	$6,348	N/A	.	N/A	60.46	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	8	N/A	.	N/A	76.32	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$105,042	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$9,549	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$40,498	N/A	$9,780,821	N/A	.	N/A	24051.37	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	3	N/A	384	N/A	.	N/A	12700.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,499	N/A	$25,471	N/A	.	N/A	88.68	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$410,148	N/A	$204,854,186	N/A	.	N/A	49846.41	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	8	N/A	3,999	N/A	.	N/A	49887.50	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$51,269	N/A	$51,226	N/A	.	N/A	-0.08	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$427,240	N/A	$356,551,611	N/A	.	N/A	83354.64	.	15% (+/-)	No
NF Number of Users	N/A	35	N/A	12,906	N/A	.	N/A	36774.29	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$12,207	N/A	$27,627	N/A	.	N/A	126.32	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$106,689,112	N/A	$475,309,615	N/A	.	N/A	345.51	.	15% (+/-)	No

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Physician: Number of Users	N/A	221,806	N/A	1,014,458	N/A	.	N/A	357.36	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$481	N/A	$469	N/A	.	N/A	-2.59	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$11,147,226	N/A	$15,729,467	N/A	.	N/A	41.11	.	15% (+/-)	No
Dental: Number of Users	N/A	52,678	N/A	66,330	N/A	.	N/A	25.92	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$212	N/A	$237	N/A	.	N/A	12.06	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,562,266	N/A	$14,052,897	N/A	.	N/A	799.52	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	27,629	N/A	208,018	N/A	.	N/A	652.90	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$57	N/A	$68	N/A	.	N/A	19.47	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$23,252,946	N/A	$201,660,055	N/A	.	N/A	767.25	.	15% (+/-)	No
OPD Number of Users	N/A	144,806	N/A	757,665	N/A	.	N/A	423.23	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$161	N/A	$266	N/A	.	N/A	65.75	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$13,347,668	N/A	$275,979,207	N/A	.	N/A	1967.62	.	15% (+/-)	No
Clinic: Number of Users	N/A	16,518	N/A	538,241	N/A	.	N/A	3158.51	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$808	N/A	$513	N/A	.	N/A	-36.55	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,982,090	N/A	$106,192,867	N/A	.	N/A	5257.62	.	15% (+/-)	No
HH: Number of Users	N/A	17,128	N/A	39,058	N/A	.	N/A	128.04	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$116	N/A	$2,719	N/A	.	N/A	2249.46	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$29,149,683	N/A	$174,001,741	N/A	.	N/A	496.92	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	225,059	N/A	847,945	N/A	.	N/A	276.77	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$130	N/A	$205	N/A	.	N/A	58.43	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$20,847,991	N/A	$764,894,711	N/A	.	N/A	3568.91	.	15% (+/-)	No
Drugs: Number of Users	N/A	225,553	N/A	1,156,242	N/A	.	N/A	412.63	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$92	N/A	$662	N/A	.	N/A	615.71	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$7,171,130	N/A	$168,878,822	N/A	.	N/A	2254.98	.	15% (+/-)	No
Other Services: Number of Users	N/A	$58,507	N/A	$504,964	N/A	.	N/A	763.08	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$123	N/A	$334	N/A	.	N/A	172.86	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$49,531,767	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	97,203	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$510	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$238,823,679	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	48,856	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$61,360,187	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	50,112	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,224	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$255,240,547	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	148,175	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,723	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,494,581	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	19,402	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$12,335,306	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2,152	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,732	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$114,206,310	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	427,809	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$267	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$97,456,352	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	6,124	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$15,914	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$151,177,156	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	170,054	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$889	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$54,553,924	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	7,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,118	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$676	N/A	$506	N/A	.	N/A	-25.14	.	15% (+/-)	No
Aged	N/A	$2,226	N/A	$1,217	N/A	.	N/A	-45.32	.	15% (+/-)	No
Disabled	N/A	$1,610	N/A	$1,842	N/A	.	N/A	14.37	.	15% (+/-)	Yes
Child	N/A	$183	N/A	$211	N/A	.	N/A	15.20	.	15% (+/-)	No
Adult	N/A	$1,127	N/A	$331	N/A	.	N/A	-70.66	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$1	N/A	$174	N/A	.	N/A	13307.24	.	15% (+/-)	No
Aged	N/A	$13	N/A	$696	N/A	.	N/A	5338.65	.	15% (+/-)	No
Disabled	N/A	$4	N/A	$1,193	N/A	.	N/A	29645.62	.	15% (+/-)	No
Child	N/A	$1	N/A	$11	N/A	.	N/A	1419.44	.	15% (+/-)	No
Adult	N/A	$1	N/A	$1	N/A	.	N/A	-6.18	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$31	N/A	$234	N/A	.	N/A	655.89	.	15% (+/-)	No
Aged	N/A	$138	N/A	$544	N/A	.	N/A	293.85	.	15% (+/-)	No
Disabled	N/A	$138	N/A	$1,372	N/A	.	N/A	891.78	.	15% (+/-)	No
Child	N/A	$29	N/A	$63	N/A	.	N/A	115.46	.	15% (+/-)	No
Adult	N/A	$26	N/A	$42	N/A	.	N/A	64.22	.	15% (+/-)	No
All Other Services	N/A	$371	N/A	$787	N/A	.	N/A	111.99	.	15% (+/-)	No
Aged	N/A	$553	N/A	$1,461	N/A	.	N/A	163.97	.	15% (+/-)	No
Disabled	N/A	$818	N/A	$3,907	N/A	.	N/A	377.61	.	15% (+/-)	No
Child	N/A	$165	N/A	$363	N/A	.	N/A	119.60	.	15% (+/-)	No
Adult	N/A	$575	N/A	$239	N/A	.	N/A	-58.49	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	17.08	N/A	7.97	N/A	.	N/A	-53.35	.	15% (+/-)	No
Aged	N/A	24.50	N/A	14.59	N/A	.	N/A	-40.47	.	15% (+/-)	No
Disabled	N/A	16.59	N/A	16.49	N/A	.	N/A	-0.60	.	15% (+/-)	Yes
Child	N/A	3.02	N/A	3.50	N/A	.	N/A	15.99	.	15% (+/-)	No
Adult	N/A	32.15	N/A	8.47	N/A	.	N/A	-73.65	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.01	N/A	0.52	N/A	.	N/A	7592.34	.	15% (+/-)	No
Aged	N/A	0.14	N/A	3.48	N/A	.	N/A	2449.70	.	15% (+/-)	No
Disabled	N/A	0.05	N/A	3.36	N/A	.	N/A	6179.25	.	15% (+/-)	No
Child	N/A	0.00	N/A	0.03	N/A	.	N/A	1126.41	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.01	N/A	.	N/A	92.05	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	10.24	N/A	0.45	N/A	.	N/A	-95.57	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	33.43	N/A	35.31	N/A	.	N/A	5.61	.	15% (+/-)	Yes
Aged	N/A	33.00	N/A	59.01	N/A	.	N/A	78.79	.	15% (+/-)	No
Disabled	N/A	28.97	N/A	75.51	N/A	.	N/A	160.68	.	15% (+/-)	No
Child	N/A	31.24	N/A	42.21	N/A	.	N/A	35.13	.	15% (+/-)	No
Adult	N/A	35.97	N/A	19.59	N/A	.	N/A	-45.55	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	53.40	N/A	49.78	N/A	.	N/A	-6.77	.	15% (+/-)	Yes
Aged	N/A	45.10	N/A	66.75	N/A	.	N/A	48.02	.	15% (+/-)	No

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Disabled	N/A	41.37	N/A	86.90	N/A	.	N/A	110.07	.	15% (+/-)	No
Child	N/A	47.28	N/A	60.35	N/A	.	N/A	27.66	.	15% (+/-)	No
Adult	N/A	60.73	N/A	32.69	N/A	.	N/A	-46.17	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	8	N/A	.	N/A	76.32	.	15% (+/-)	No
Aged	N/A	9	N/A	9	N/A	.	N/A	0.17	.	15% (+/-)	Yes
Disabled	N/A	10	N/A	13	N/A	.	N/A	27.18	.	15% (+/-)	No
Child	N/A	6	N/A	6	N/A	.	N/A	11.65	.	15% (+/-)	Yes
Adult	N/A	4	N/A	5	N/A	.	N/A	29.89	.	15% (+/-)	No
Avg # LT Days per User	N/A	132	N/A	215	N/A	.	N/A	63.67	.	15% (+/-)	No
Aged	N/A	125	N/A	198	N/A	.	N/A	58.43	.	15% (+/-)	No
Disabled	N/A	150	N/A	222	N/A	.	N/A	47.75	.	15% (+/-)	No
Child	N/A	117	N/A	112	N/A	.	N/A	-3.89	.	15% (+/-)	Yes
Adult	N/A	140	N/A	64	N/A	.	N/A	-54.65	.	15% (+/-)	No
% Enrollees with Delivery	N/A	13.69	N/A	4.08	N/A	.	N/A	-70.18	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$30,728,937	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	313,937	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$42,701,564	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	140,549	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$304	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$118,685,766	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	236,324	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$502	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$12,402,387	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	16,702	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$743	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$230,514,814	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	14,181	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$16,255	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	7,389	N/A	776,202	N/A	.	N/A	10404.83	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	1,301	N/A	684,214	N/A	.	N/A	52491.39	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	5,303	N/A	698,971	N/A	.	N/A	13081.37	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	1.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	78.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.85	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	5.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	12.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	7.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	6.43	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	5,489	N/A	442,470	N/A	.	N/A	7961.03	.	10% (+/-)	No

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11: Aged, Cash	N/A	0	N/A	297,589	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	0	N/A	118,690	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	5,106	N/A	11,757	N/A	.	N/A	130.26	.	10% (+/-)	No
41: Other Aged	N/A	383	N/A	14,434	N/A	.	N/A	3668.67	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	1,666	N/A	331,151	N/A	.	N/A	19777.01	.	10% (+/-)	No
12: Disabled, Cash	N/A	0	N/A	266,829	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	0	N/A	49,641	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,582	N/A	4,192	N/A	.	N/A	164.98	.	10% (+/-)	No
42: Other Disabled	N/A	84	N/A	10,489	N/A	.	N/A	12386.90	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	731,947	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.68	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	14.44	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	84.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	64.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	34.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$3,001,779	N/A	$4,920,567,153	N/A	.	N/A	163821.70	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$406	N/A	$6,339	N/A	.	N/A	1460.44	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$2,307	N/A	$7,192	N/A	.	N/A	211.69	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$168	N/A	$5,763	N/A	.	N/A	3323.06	.	15% (+/-)	No
11: Aged, Cash	N/A	.	N/A	$3,493	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$12,188	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$72	N/A	$762	N/A	.	N/A	953.43	.	15% (+/-)	No
41: Other Aged	N/A	$1,449	N/A	$3,808	N/A	.	N/A	162.82	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$549	N/A	$7,133	N/A	.	N/A	1200.15	.	15% (+/-)	No
12: Disabled, Cash	N/A	.	N/A	$5,964	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$14,167	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$111	N/A	$1,133	N/A	.	N/A	924.18	.	15% (+/-)	No
42: Other Disabled	N/A	$8,798	N/A	$5,997	N/A	.	N/A	-31.84	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$489,116	N/A	$247,997,668	N/A	.	N/A	50603.24	.	15% (+/-)	No
IP: Number of Users	N/A	197	N/A	70,101	N/A	.	N/A	35484.26	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$2,483	N/A	$3,538	N/A	.	N/A	42.49	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	2	N/A	11	N/A	.	N/A	430.06	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$1,123,838	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$86,449	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$151,573	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$30,315	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$391,908	N/A	$254,250,775	N/A	.	N/A	64775.12	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	4	N/A	4,626	N/A	.	N/A	115550.00	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$97,977	N/A	$54,961	N/A	.	N/A	-43.90	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$50,237	N/A	$1,742,701,263	N/A	.	N/A	3468859.66	.	15% (+/-)	No
NF Number of Users	N/A	$28	N/A	$92,765	N/A	.	N/A	331203.57	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$1,794	N/A	$18,786	N/A	.	N/A	947.06	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$291,616	N/A	$57,191,491	N/A	.	N/A	19511.92	.	15% (+/-)	No
Physician: Number of Users	N/A	874	N/A	471,756	N/A	.	N/A	53876.66	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$334	N/A	$121	N/A	.	N/A	-63.67	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$3,898	N/A	$4,478	N/A	.	N/A	14.88	.	15% (+/-)	Yes
Dental: Number of Users	N/A	33	N/A	45	N/A	.	N/A	36.36	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$118	N/A	$100	N/A	.	N/A	-15.76	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$11,882	N/A	$10,708,349	N/A	.	N/A	90022.45	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	181	N/A	162,361	N/A	.	N/A	89602.21	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$66	N/A	$66	N/A	.	N/A	0.47	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$155,413	N/A	$67,014,870	N/A	.	N/A	43020.50	.	15% (+/-)	No
OPD Number of Users	N/A	454	N/A	234,477	N/A	.	N/A	51546.92	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$342	N/A	$286	N/A	.	N/A	-16.51	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$694,555	N/A	$85,746,796	N/A	.	N/A	12245.57	.	15% (+/-)	No
Clinic: Number of Users	N/A	96	N/A	93,373	N/A	.	N/A	97163.54	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$7,235	N/A	$918	N/A	.	N/A	-87.31	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$190	N/A	$5,305,715	N/A	.	N/A	2792381.58	.	15% (+/-)	No
HH: Number of Users	N/A	2	N/A	2,883	N/A	.	N/A	144050.00	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$95	N/A	$1,840	N/A	.	N/A	1837.21	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$45,112	N/A	$10,146,381	N/A	.	N/A	22391.53	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	183	N/A	72,665	N/A	.	N/A	39607.65	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$247	N/A	$140	N/A	.	N/A	-43.36	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$529,365	N/A	$1,116,712,300	N/A	.	N/A	210853.18	.	15% (+/-)	No
Drugs: Number of Users	N/A	411	N/A	618,440	N/A	.	N/A	150372.02	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,288	N/A	$1,806	N/A	.	N/A	40.19	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$131,665	N/A	$144,384,261	N/A	.	N/A	109560.32	.	15% (+/-)	No
Other Services: Number of Users	N/A	$206	N/A	$145,041	N/A	.	N/A	70308.25	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$639	N/A	$995	N/A	.	N/A	55.75	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$56,298,020	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	59,867	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$940	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$614,144,224	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	120,163	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$41,456,277	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	38,911	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$90,165,041	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	38,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,351	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,117,180	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	24,250	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$211	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$20,313,372	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	4,366	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,653	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$64,661,102	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	273,341	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$237	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$86,870,282	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	6,516	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$13,332	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$30,685,819	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	19,141	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$90,656,614	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	14,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,420	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$66	N/A	$320	N/A	.	N/A	382.67	.	15% (+/-)	No
Aged	N/A	$49	N/A	$272	N/A	.	N/A	459.99	.	15% (+/-)	No
Disabled	N/A	$34	N/A	$382	N/A	.	N/A	1017.13	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$60	N/A	$2,574	N/A	.	N/A	4202.21	.	15% (+/-)	No
Aged	N/A	$9	N/A	$3,178	N/A	.	N/A	36858.50	.	15% (+/-)	No
Disabled	N/A	$137	N/A	$1,787	N/A	.	N/A	1206.34	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$72	N/A	$1,439	N/A	.	N/A	1908.15	.	15% (+/-)	No
Aged	N/A	$19	N/A	$1,013	N/A	.	N/A	5176.29	.	15% (+/-)	No
Disabled	N/A	$68	N/A	$2,009	N/A	.	N/A	2856.14	.	15% (+/-)	No
All Other Services	N/A	$208	N/A	$2,007	N/A	.	N/A	862.77	.	15% (+/-)	No
Aged	N/A	$92	N/A	$1,300	N/A	.	N/A	1312.93	.	15% (+/-)	No
Disabled	N/A	$310	N/A	$2,956	N/A	.	N/A	854.39	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	2.67	N/A	9.03	N/A	.	N/A	238.74	.	15% (+/-)	No
Aged	N/A	2.26	N/A	8.05	N/A	.	N/A	256.47	.	15% (+/-)	No
Disabled	N/A	2.46	N/A	10.35	N/A	.	N/A	320.40	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.43	N/A	12.49	N/A	.	N/A	2784.83	.	15% (+/-)	No
Aged	N/A	0.46	N/A	17.35	N/A	.	N/A	3709.09	.	15% (+/-)	No
Disabled	N/A	0.18	N/A	6.10	N/A	.	N/A	3285.82	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	5.56	N/A	79.68	N/A	.	N/A	1332.41	.	15% (+/-)	No
Aged	N/A	3.81	N/A	77.38	N/A	.	N/A	1932.17	.	15% (+/-)	No
Disabled	N/A	3.84	N/A	82.86	N/A	.	N/A	2057.01	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	16.13	N/A	80.76	N/A	.	N/A	400.62	.	15% (+/-)	No
Aged	N/A	13.08	N/A	76.84	N/A	.	N/A	487.40	.	15% (+/-)	No
Disabled	N/A	19.33	N/A	86.12	N/A	.	N/A	345.59	.	15% (+/-)	No
Avg # IP Days per User (TOS 01)	N/A	2	N/A	11	N/A	.	N/A	430.06	.	15% (+/-)	No
Aged	N/A	2	N/A	10	N/A	.	N/A	526.55	.	15% (+/-)	No
Disabled	N/A	1	N/A	11	N/A	.	N/A	1407.37	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	69	N/A	218	N/A	.	N/A	217.76	.	15% (+/-)	No
Aged	N/A	29	N/A	220	N/A	.	N/A	650.34	.	15% (+/-)	No
Disabled	N/A	243	N/A	210	N/A	.	N/A	-13.66	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$905,446	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5668	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$160	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$9,307,928	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	22421	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$415	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$11,253,731	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	47254	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$238	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,030,787	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	2078	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$496	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$234,625,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	20180	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$11,627	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	682,083	N/A	4,051,021	N/A	.	N/A	493.92	.	15% (+/-)	**No**
# FFS Recipients	N/A	382,466	N/A	2,414,818	N/A	.	N/A	531.38	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	59.61	No	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	84.33	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	90.02	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	63.99	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	35.55	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	389,528	N/A	2,294,119	N/A	.	N/A	488.95	.	15% (+/-)	No
MAX Aged Total	N/A	17,206	N/A	504,135	N/A	.	N/A	2830.00	.	10% (+/-)	No
11: Aged, Cash	N/A	0	N/A	312,442	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	0	N/A	151,154	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	5,300	N/A	12,091	N/A	.	N/A	128.13	.	10% (+/-)	No
41: Other Aged	N/A	11,906	N/A	28,448	N/A	.	N/A	138.94	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	10,997	N/A	762,271	N/A	.	N/A	6831.63	.	10% (+/-)	No
12: Disabled, Cash	N/A	0	N/A	660,382	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	0	N/A	85,232	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,610	N/A	4,276	N/A	.	N/A	165.59	.	10% (+/-)	No
42: Other Disabled	N/A	9,387	N/A	12,381	N/A	.	N/A	31.90	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	340,866	N/A	1,102,510	N/A	.	N/A	223.44	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	0	N/A	269,278	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	207,437	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	196,752	N/A	277,958	N/A	.	N/A	41.27	.	10% (+/-)	No
44: Other Child	N/A	142,821	N/A	237,087	N/A	.	N/A	66.00	.	10% (+/-)	No
48: Foster Care Child	N/A	1,293	N/A	110,750	N/A	.	N/A	8465.35	.	10% (+/-)	No
54: 1115 Child	N/A	1,293	N/A	110,750	N/A	.	N/A	8465.35	.	10% (+/-)	No
MAX Adult Total	N/A	313,005	N/A	1,682,098	N/A	.	N/A	437.40	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	0	N/A	144,926	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	3	N/A	108,502	N/A	.	N/A	3616633.33	.	10% (+/-)	No

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35: Adult, Poverty	N/A	69,869	N/A	81,770	N/A	.	N/A	17.03	.	10% (+/-)	No
45: Other Adult	N/A	243,133	N/A	314,237	N/A	.	N/A	29.24	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	1,032,663	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$734,666,199	N/A	$10,489,455,318	N/A	.	N/A	1327.79	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,077	N/A	$2,589	N/A	.	N/A	140.40	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,921	N/A	$4,344	N/A	.	N/A	126.14	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$2,050	N/A	$5,537	N/A	.	N/A	170.17	.	15% (+/-)	No
11: Aged, Cash	N/A	.	N/A	$3,611	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$10,309	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$70	N/A	$745	N/A	.	N/A	963.74	.	15% (+/-)	No
41: Other Aged	N/A	$2,931	N/A	$3,386	N/A	.	N/A	15.53	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$2,265	N/A	$7,801	N/A	.	N/A	244.44	.	15% (+/-)	No
12: Disabled, Cash	N/A	.	N/A	$7,273	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$12,430	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$109	N/A	$1,134	N/A	.	N/A	942.28	.	15% (+/-)	No
42: Other Disabled	N/A	$2,635	N/A	$6,425	N/A	.	N/A	143.84	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$379	N/A	$648	N/A	.	N/A	71.08	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	.	N/A	$552	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$640	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$449	N/A	$475	N/A	.	N/A	5.68	.	15% (+/-)	Yes
44: Other Child	N/A	$274	N/A	$391	N/A	.	N/A	42.53	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,158	N/A	$1,880	N/A	.	N/A	62.30	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,742	N/A	$616	N/A	.	N/A	-64.62	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	.	N/A	$1,441	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$0	N/A	$1,354	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$1,635	N/A	$1,826	N/A	.	N/A	11.65	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,773	N/A	$1,638	N/A	.	N/A	-7.64	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$17	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$456,472,253	N/A	$1,904,763,629	N/A	.	N/A	317.28	.	15% (+/-)	No
IP: Number of Users	N/A	115,452	N/A	331,073	N/A	.	N/A	186.76	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$3,954	N/A	$5,753	N/A	.	N/A	45.51	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	8	N/A	.	N/A	91.60	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$1,228,880	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$51,203	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$40,498	N/A	$9,932,394	N/A	.	N/A	24425.64	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	3	N/A	389	N/A	.	N/A	12866.67	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,499	N/A	$25,533	N/A	.	N/A	89.14	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$802,056	N/A	$459,104,961	N/A	.	N/A	57141.01	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	12	N/A	8,625	N/A	.	N/A	71775.00	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$66,838	N/A	$53,230	N/A	.	N/A	-20.36	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$477,477	N/A	$2,099,252,874	N/A	.	N/A	439555.29	.	15% (+/-)	No
NF Number of Users	N/A	$63	N/A	$105,671	N/A	.	N/A	167631.75	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$7,579	N/A	$19,866	N/A	.	N/A	162.12	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$106,980,728	N/A	$532,501,106	N/A	.	N/A	397.75	.	15% (+/-)	No
Physician: Number of Users	N/A	222,680	N/A	1,486,214	N/A	.	N/A	567.42	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$480	N/A	$358	N/A	.	N/A	-25.42	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$11,151,124	N/A	$15,733,945	N/A	.	N/A	41.10	.	15% (+/-)	No
Dental: Number of Users	N/A	52,711	N/A	66,375	N/A	.	N/A	25.92	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$212	N/A	$237	N/A	.	N/A	12.05	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,574,148	N/A	$24,761,246	N/A	.	N/A	1472.99	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	27,810	N/A	370,379	N/A	.	N/A	1231.82	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$57	N/A	$67	N/A	.	N/A	18.11	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$23,408,359	N/A	$268,674,925	N/A	.	N/A	1047.77	.	15% (+/-)	No
OPD Number of Users	N/A	145,260	N/A	992,142	N/A	.	N/A	583.01	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$161	N/A	$271	N/A	.	N/A	68.05	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$14,042,223	N/A	$361,726,003	N/A	.	N/A	2475.99	.	15% (+/-)	No
Clinic: Number of Users	N/A	16,614	N/A	631,614	N/A	.	N/A	3701.70	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$845	N/A	$573	N/A	.	N/A	-32.24	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,982,280	N/A	$111,498,582	N/A	.	N/A	5524.76	.	15% (+/-)	No
HH: Number of Users	N/A	17,130	N/A	41,941	N/A	.	N/A	144.84	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$116	N/A	$2,658	N/A	.	N/A	2197.33	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$29,194,795	N/A	$184,148,122	N/A	.	N/A	530.76	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	225,242	N/A	920,610	N/A	.	N/A	308.72	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$130	N/A	$200	N/A	.	N/A	54.32	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$21,377,356	N/A	$1,881,607,011	N/A	.	N/A	8701.87	.	15% (+/-)	No
Drugs: Number of Users	N/A	225,964	N/A	1,774,682	N/A	.	N/A	685.38	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$95	N/A	$1,060	N/A	.	N/A	1020.71	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$7,302,795	N/A	$313,263,083	N/A	.	N/A	4189.63	.	15% (+/-)	No
Other Services: Number of Users	N/A	$58,713	N/A	$650,005	N/A	.	N/A	1007.09	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$124	N/A	$482	N/A	.	N/A	287.47	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$105,829,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	157,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$674	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$852,967,903	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	169,019	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$102,816,464	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	89,023	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$345,405,588	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	186,529	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,852	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$10,611,761	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	43,652	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$32,648,678	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	6,518	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,009	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$178,867,412	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	701,150	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$255	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$184,326,634	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	12,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,583	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$181,862,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	189,195	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$961	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$145,210,538	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	21,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,666	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$669	N/A	$470	N/A	.	N/A	-29.74	.	15% (+/-)	No
Aged	N/A	$1,531	N/A	$387	N/A	.	N/A	-74.70	.	15% (+/-)	No
Disabled	N/A	$1,372	N/A	$1,208	N/A	.	N/A	-11.96	.	15% (+/-)	Yes
Child	N/A	$183	N/A	$211	N/A	.	N/A	15.23	.	15% (+/-)	No
Adult	N/A	$1,127	N/A	$331	N/A	.	N/A	-70.64	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$2	N/A	$634	N/A	.	N/A	32674.83	.	15% (+/-)	No
Aged	N/A	$11	N/A	$2,874	N/A	.	N/A	24979.80	.	15% (+/-)	No
Disabled	N/A	$24	N/A	$1,451	N/A	.	N/A	5915.18	.	15% (+/-)	No
Child	N/A	$1	N/A	$11	N/A	.	N/A	1419.42	.	15% (+/-)	No
Adult	N/A	$2	N/A	$2	N/A	.	N/A	-19.78	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$31	N/A	$464	N/A	.	N/A	1382.00	.	15% (+/-)	No
Aged	N/A	$100	N/A	$956	N/A	.	N/A	854.63	.	15% (+/-)	No
Disabled	N/A	$128	N/A	$1,649	N/A	.	N/A	1191.19	.	15% (+/-)	No
Child	N/A	$29	N/A	$63	N/A	.	N/A	115.42	.	15% (+/-)	No
Adult	N/A	$26	N/A	$44	N/A	.	N/A	65.22	.	15% (+/-)	No
All Other Services	N/A	$369	N/A	$1,020	N/A	.	N/A	176.31	.	15% (+/-)	No
Aged	N/A	$406	N/A	$1,320	N/A	.	N/A	224.91	.	15% (+/-)	No
Disabled	N/A	$741	N/A	$3,494	N/A	.	N/A	371.48	.	15% (+/-)	No
Child	N/A	$165	N/A	$364	N/A	.	N/A	119.65	.	15% (+/-)	No
Adult	N/A	$576	N/A	$240	N/A	.	N/A	-58.29	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.93	N/A	8.17	N/A	.	N/A	-51.72	.	15% (+/-)	No
Aged	N/A	17.41	N/A	8.85	N/A	.	N/A	-49.14	.	15% (+/-)	No
Disabled	N/A	14.45	N/A	13.82	N/A	.	N/A	-4.35	.	15% (+/-)	Yes
Child	N/A	3.02	N/A	3.50	N/A	.	N/A	15.98	.	15% (+/-)	No
Adult	N/A	32.13	N/A	8.47	N/A	.	N/A	-73.64	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.01	N/A	2.82	N/A	.	N/A	24540.76	.	15% (+/-)	No
Aged	N/A	0.24	N/A	15.65	N/A	.	N/A	6468.73	.	15% (+/-)	No
Disabled	N/A	0.07	N/A	4.55	N/A	.	N/A	6156.83	.	15% (+/-)	No
Child	N/A	0.00	N/A	0.03	N/A	.	N/A	1126.39	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.01	N/A	.	N/A	73.98	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	33.13	N/A	43.81	N/A	.	N/A	32.24	.	15% (+/-)	No
Aged	N/A	23.69	N/A	75.13	N/A	.	N/A	217.15	.	15% (+/-)	No
Disabled	N/A	25.16	N/A	78.71	N/A	.	N/A	212.80	.	15% (+/-)	No

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State: CA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	31.24	N/A	42.21	N/A	.	N/A	35.13	.	15% (+/-)	No
Adult	N/A	35.99	N/A	19.65	N/A	.	N/A	-45.39	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	52.99	N/A	55.72	N/A	.	N/A	5.14	.	15% (+/-)	Yes
Aged	N/A	34.88	N/A	75.60	N/A	.	N/A	116.73	.	15% (+/-)	No
Disabled	N/A	38.03	N/A	86.56	N/A	.	N/A	127.63	.	15% (+/-)	No
Child	N/A	47.28	N/A	60.36	N/A	.	N/A	27.66	.	15% (+/-)	No
Adult	N/A	60.74	N/A	32.74	N/A	.	N/A	-46.09	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	8	N/A	.	N/A	91.60	.	15% (+/-)	No
Aged	N/A	9	N/A	10	N/A	.	N/A	7.42	.	15% (+/-)	Yes
Disabled	N/A	10	N/A	12	N/A	.	N/A	25.19	.	15% (+/-)	No
Child	N/A	6	N/A	6	N/A	.	N/A	11.70	.	15% (+/-)	Yes
Adult	N/A	4	N/A	5	N/A	.	N/A	29.98	.	15% (+/-)	No
Avg # LT Days per User	N/A	106	N/A	217	N/A	.	N/A	105.55	.	15% (+/-)	No
Aged	N/A	67	N/A	219	N/A	.	N/A	228.36	.	15% (+/-)	No
Disabled	N/A	185	N/A	215	N/A	.	N/A	16.15	.	15% (+/-)	No
Child	N/A	117	N/A	112	N/A	.	N/A	-3.89	.	15% (+/-)	Yes
Adult	N/A	149	N/A	66	N/A	.	N/A	-55.49	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$31,634,383	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	319,605	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$52,009,492	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	162,970	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$319	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$129,939,497	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	283,578	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$458	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$13,433,174	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	18,780	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$715	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$465,140,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	34,361	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$13,537	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	34,534	N/A	39,126	N/A	.	N/A	13.30	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	34,534	N/A	39,126	N/A	.	N/A	13.30	.	Yes
% Crossover	5-20	11.12	Yes	21.30	No	.	N/A	91.54	.	No
% Adjusted Claims	> 1%	4.95	Yes	58.76	Yes	.	N/A	1087.35	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$6,659	N/A	$4,353	N/A	.	N/A	-34.63	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	30,694	N/A	30,793	N/A	.	N/A	0.32	.	Yes
% Claims with> $0 Paid	95-100	98.17	Yes	100.00	Yes	.	N/A	1.87	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$6,333	Yes	$6,128	Yes	.	N/A	-3.24	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,301	N/A	$1,309	N/A	.	N/A	0.66	.	Yes
% Claims with TPL	>0 - 10	2.59	Yes	1.56	Yes	.	N/A	-39.77	.	No
Aver. TPL Paid for claims with TPL	N/A	$4,339	N/A	$3,308	N/A	.	N/A	-23.77	.	No
% Claims with UB-92 Accommodation Codes	95-100	98.21	Yes	99.57	Yes	.	N/A	1.38	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.49	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	98.38	Yes	99.76	Yes	.	N/A	1.40	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.98	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.92	Yes	4.58	Yes	.	N/A	-6.80	.	Yes
Average Covered Days (> 0 day	2-<8	4.68	Yes	4.67	Yes	.	N/A	-0.16	.	Yes
% Begin Date = Admit Date	95-100	98.67	Yes	98.00	Yes	.	N/A	-0.68	.	Yes
% IP Claims (MAX TOS 01)	95-100	98.33	Yes	97.17	Yes	.	N/A	-1.18	.	Yes
% Family Planning Claims (pgm	>0-5	1.67	Yes	2.84	Yes	.	N/A	70.21	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.23	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	8.65	Yes	8.10	Yes	.	N/A	-6.37	.	Yes
% Claims with PDX, where length=4	20-50	22.46	Yes	20.76	Yes	.	N/A	-7.56	.	Yes
% Claims with PDX, where length=5	20-50	68.89	No	71.14	No	.	N/A	3.27	.	Yes
% Claims with a procedure code	35-70	67.42	Yes	69.14	Yes	.	N/A	2.54	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.04	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.71	N/A	99.54	N/A	.	N/A	-0.18	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.71	N/A	99.54	N/A	.	N/A	-0.18	.	Yes
% Claims with DRG	>=90	.	N/A	99.79	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	40.09	N/A	42.91	N/A	.	N/A	7.03	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	4.61	N/A	5.28	N/A	.	N/A	14.46	.	Yes
Patient Status										
% Home	75-90	91.66	No	89.47	Yes	.	N/A	-2.38	.	Yes
% Transferred	1-10	4.36	Yes	9.43	Yes	.	N/A	116.50	.	No
% Still a Patient	>0 - 2	0.06	Yes	0.04	Yes	.	N/A	-37.05	.	No
% Died	>0 - 3	1.30	Yes	1.06	Yes	.	N/A	-18.81	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,840	N/A	8,333	N/A	.	N/A	117.01	.	No
% Claims with> $0 Paic	N/A	76.69	N/A	100.00	N/A	.	N/A	30.39	.	No
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$912	N/A	$1,002	N/A	.	N/A	9.88	.	Yes
% Claims with TPL	N/A	1.35	N/A	2.95	N/A	.	N/A	118.00	.	No
Aver. TPL Paid -claims with TPL	N/A	$1,305	N/A	$1,513	N/A	.	N/A	15.93	.	No
% Claims withUB-92 Accommodation Codes	95-100	99.09	Yes	98.51	Yes	.	N/A	-0.58	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	19.19	No	99.65	N/A	.	N/A	419.22	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	12.71	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.89	Yes	5.12	Yes	.	N/A	4.75	.	Yes
% Begin Date = Admit Date	95-100	99.69	Yes	99.71	Yes	.	N/A	0.02	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	99.32	Yes	6.45	Yes	.	N/A	-93.50	.	No
% Claims with PDX, where length=	5-30	9.77	Yes	10.92	Yes	.	N/A	11.83	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	42.86	Yes	41.85	Yes	.	N/A	-2.38	.	Yes
% Claims with PDX, where length=5	20-50	47.37	Yes	47.22	Yes	.	N/A	-0.31	.	Yes
% Claims with a procedure code	35-70	8.62	No	49.30	Yes	.	N/A	471.92	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.22	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	96.07	N/A	99.20	N/A	.	N/A	3.25	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	96.07	N/A	99.20	N/A	.	N/A	3.25	.	Yes
% Claims with DRG	>=90	.	N/A	99.46	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	182,701	N/A	209,851	N/A	.	N/A	14.86	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	182,701	N/A	209,851	N/A	.	N/A	14.86	.	Yes
% Crossover	5-20	7.02	Yes	8.95	Yes	.	N/A	27.56	.	No
% Adjusted Claims	> 1%	80.93	Yes	71.88	Yes	.	N/A	-11.18	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$2,073	N/A	$1,750	N/A	.	N/A	-15.61	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	169,875	N/A	191,059	N/A	.	N/A	12.47	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$86	Yes	$90	Yes	.	N/A	4.52	.	Yes
ICF/MR (TOS 05)	N/A	$263	N/A	$345	N/A	.	N/A	30.96	.	No
Aged/MH (TOS 02)	N/A	$237	N/A	$224	N/A	.	N/A	-5.59	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$346	N/A	$336	N/A	.	N/A	-2.90	.	Yes
% NF (TOS 07)	75-99	97.94	Yes	98.68	Yes	.	N/A	0.76	.	Yes
% NF claims with NF Covered Days	N/A	99.99	N/A	99.97	N/A	.	N/A	-0.02	.	Yes
Avg days for NF claims with Covered Days	N/A	23	N/A	20	N/A	.	N/A	-11.33	.	Yes
% ICF/MR (TOS 05)	>0-20	1.73	Yes	1.03	Yes	.	N/A	-40.34	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	96.70	N/A	99.19	N/A	.	N/A	2.57	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.10	.	Yes
% Aged/MH (TOS 02)	>0-10	0.09	Yes	0.06	Yes	.	N/A	-34.01	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	26	N/A	28	N/A	.	N/A	7.39	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.24	Yes	0.22	Yes	.	N/A	-5.54	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	15	N/A	17	N/A	.	N/A	10.43	.	Yes
% Claims with Leave Days	1-20	2.14	Yes	1.81	Yes	.	N/A	-15.42	.	No
% Claims with DX	95-100	99.98	Yes	99.86	Yes	.	N/A	-0.12	.	Yes
% Claims with DX, where length=3	5-30	17.26	Yes	16.55	Yes	.	N/A	-4.10	.	Yes
% Claims with DX, where length=4	20-50	60.53	No	60.20	No	.	N/A	-0.55	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	22.21	Yes	23.25	Yes	.	N/A	4.68	.	Yes
Patient Status										
% Home	1-5	0.74	No	0.83	No	.	N/A	11.72	.	Yes
% Still a Patien	8-98	97.39	Yes	97.50	Yes	.	N/A	0.11	.	Yes
% Died	>0-5	1.00	Yes	0.86	Yes	.	N/A	-13.81	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	12,826	N/A	18,792	N/A	.	N/A	46.51	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$523	N/A	$132	N/A	.	N/A	-74.81	.	No
% NF (TOS 07)	75-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	16.71	Yes	13.92	Yes	.	N/A	-16.71	.	No
% Claims with DX, where length=4	20-50	58.52	No	52.65	No	.	N/A	-10.03	.	Yes
% Claims with DX, where length=5	20-50	24.77	Yes	33.43	Yes	.	N/A	34.98	.	No
Patient Status										
% Home	1-5	2.78	Yes	4.83	Yes	.	N/A	74.08	.	No
% Still a Patien	8-98	93.85	Yes	90.86	Yes	.	N/A	-3.19	.	Yes
% Died	>0-5	0.51	Yes	0.60	Yes	.	N/A	18.65	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	9,951,080	N/A	10,918,200	N/A	.	N/A	9.72	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	38.49	N/A	36.58	N/A	.	N/A	-4.97	.	Yes
Total FFS Claims	N/A	9,951,080	N/A	6,922,797	N/A	.	N/A	-30.43	.	No
% Crossover	5-20	10.81	Yes	17.84	Yes	.	N/A	65.12	.	No
% Adjusted Claims	> 1%	9.95	Yes	19.11	Yes	.	N/A	92.03	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$104	N/A	$74	N/A	.	N/A	-29.34	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	8.82	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	23.25	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	4.52	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$190	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$47	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	8,875,860	N/A	5,687,698	N/A	.	N/A	-35.92	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	47.92	N/A	8.84	N/A	.	N/A	-81.55	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.52	N/A	0.40	N/A	.	N/A	-23.10	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	21.34	N/A	5.71	N/A	.	N/A	-73.23	.	No
% Other Claims with Span Bills/All Other Claims	N/A	53.34	N/A	11.20	N/A	.	N/A	-79.01	.	No
% Claims W/ Service Place 11- Office	50-90	15.39	No	30.05	No	.	N/A	95.28	.	No
% Claims W/ Service Place 12 - Home	>0-5	9.17	No	24.74	No	.	N/A	169.95	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	14.08	No	3.48	Yes	.	N/A	-75.30	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.43	Yes	2.00	Yes	.	N/A	365.72	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.91	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	27.71	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	0.59	Yes	0.00	Yes	.	N/A	-100.00	.	No
% Claims with TPL	>0 - 15	0.08	Yes	0.08	Yes	.	N/A	-0.04	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$146	N/A	$57	N/A	.	N/A	-60.66	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	14.13	Yes	4.99	No	.	N/A	-64.69	.	No
% claims MAX TOS 09: Dental	2-20	9.23	Yes	9.40	Yes	.	N/A	1.82	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.38	Yes	0.96	Yes	.	N/A	-71.69	.	No
% claims MAX TOS 11: OPD	3-25	8.39	Yes	15.31	Yes	.	N/A	82.42	.	No
% claims MAX TOS 12: Clinic	2-25	10.10	Yes	24.43	Yes	.	N/A	141.96	.	No
% claims MAX TOS 13: HH	>0-25	15.97	Yes	12.87	Yes	.	N/A	-19.46	.	No
% claims MAX TOS 15: Lab/Xray	4-20	14.45	Yes	3.42	No	.	N/A	-76.33	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	10.55	Yes	15.31	Yes	.	N/A	45.08	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.14	Yes	6.50	Yes	.	N/A	107.19	.	No
% claims MAX TOS 26: Transportation	>1	6.89	Yes	5.77	Yes	.	N/A	-16.23	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.11	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.42	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.16	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$91	N/A	$106	N/A	.	N/A	16.18	.	No
08: Physicians	$20-90	$53	Yes	$45	Yes	.	N/A	-16.16	.	No
09: Dental	$10-60	$24	Yes	$32	Yes	.	N/A	35.91	.	No
10: Other Practioner	$10-100	$23	Yes	$30	Yes	.	N/A	29.99	.	No
11: OPD	$20-100	$75	Yes	$55	Yes	.	N/A	-27.17	.	No
12: Clinic	$20-100	$54	Yes	$46	Yes	.	N/A	-16.10	.	No
13: HH	N/A	$208	N/A	$102	N/A	.	N/A	-51.02	.	No
15: Lab/Xray	10-60	$66	No	$16	Yes	.	N/A	-75.36	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$288	N/A	$339	N/A	.	N/A	17.93	.	No
51: DME	N/A	$82	Yes	$87	N/A	.	N/A	6.11	.	Yes
26: Transportation	N/A	$30	N/A	$30	N/A	.	N/A	-1.21	.	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$22	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,527	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$4,208	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$22	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$369	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.32	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.06	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	8.59	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$90	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$171	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$586	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	51.23	No	90.51	Yes	.	N/A	76.67	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.99	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	29.07	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	15.99	Yes	15.96	Yes	.	N/A	-0.19	.	Yes
% Claims with DX, where length=4	20-50	58.97	No	56.33	No	.	N/A	-4.48	.	Yes
% Claims with DX, where length=5	20-50	25.04	Yes	27.69	Yes	.	N/A	10.58	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	68.41	N/A	100.00	N/A	.	N/A	46.18	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	72.54	N/A	100.00	N/A	.	N/A	37.85	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	84.90	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	13.37	N/A	45.70	N/A	.	N/A	241.77	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	16.51	N/A	53.90	N/A	.	N/A	226.40	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	70.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,075,220	N/A	1,235,099	N/A	.	N/A	14.87	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.96	Yes	.	N/A	-0.04	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	3.57	N/A	2.33	N/A	.	N/A	-34.75	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.42	N/A	0.26	N/A	.	N/A	-98.67	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	17.48	N/A	11.76	N/A	.	N/A	-32.68	.	No
% Other Claims with Span Bills/All Other Claims	N/A	2.74	N/A	2.85	N/A	.	N/A	3.83	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	18.04	N/A	11.46	N/A	.	N/A	-36.48	.	No
% claims MAX TOS 10: Other Practioner	N/A	6.92	N/A	5.01	N/A	.	N/A	-27.62	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	4.96	N/A	20.00	N/A	.	N/A	303.26	.	No
% claims MAX TOS 12: Clinic	N/A	40.13	N/A	47.99	N/A	.	N/A	19.60	.	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	.	N/A	-85.63	.	No
% claims MAX TOS 15: Lab/Xray	N/A	13.90	N/A	0.31	N/A	.	N/A	-97.75	.	No
% claims MAX TOS 19: Other Services	N/A	6.96	N/A	6.12	N/A	.	N/A	-12.07	.	Yes
% claims MAX TOS 51: DME	N/A	5.35	N/A	6.22	N/A	.	N/A	16.31	.	No
% claims MAX TOS 26: Transportation	N/A	3.50	N/A	2.81	N/A	.	N/A	-19.53	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.42	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$22	N/A	$24	N/A	.	N/A	5.47	.	Yes
% Claims with DX	N/A	99.69	N/A	99.97	N/A	.	N/A	0.28	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.96	Yes	99.99	Yes	.	N/A	0.02	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	51.17	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	14.38	Yes	14.07	Yes	.	N/A	-2.11	.	Yes
% Claims with DX, where length=4	20-50	45.62	Yes	44.88	Yes	.	N/A	-1.62	.	Yes
% Claims with DX, where length=5	20-50	40.00	Yes	41.04	Yes	.	N/A	2.60	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	75.91	N/A	100.00	N/A	.	N/A	31.74	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	90.29	N/A	100.00	N/A	.	N/A	10.75	.	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	99.25	Yes	97.88	No	.	N/A	-1.38	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	31.88	N/A	81.52	N/A	.	N/A	155.70	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	8.05	N/A	18.47	N/A	.	N/A	129.56	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	60.07	N/A	0.00	N/A	.	N/A	-99.99	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	2,944,645	N/A	3,491,778	N/A	.	N/A	18.58	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	2,944,645	N/A	3,491,778	N/A	.	N/A	18.58	.	No
% Adjusted Claims	> 1%	0.40	No	9.39	Yes	.	N/A	2250.29	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$48	N/A	$36	N/A	.	N/A	-25.22	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	2,944,645	N/A	3,491,778	N/A	.	N/A	18.58	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$39	Yes	$43	Yes	.	N/A	12.18	.	Yes
% Claims with TPL	>0 - 15	1.33	Yes	1.63	Yes	.	N/A	22.15	.	No
Aver. TPL Paid for claims with TPL	N/A	$42	N/A	$51	N/A	.	N/A	21.52	.	No
% Family Planning Claims (program type=2)	N/A	0.04	N/A	0.68	N/A	.	N/A	1431.22	.	No
% Drug Claims (TOS 16)	95-99	99.96	No	100.00	No	.	N/A	0.04	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.58	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
% Claims with Medispan	98-100	89.69	No	95.49	No	.	N/A	6.47	.	Yes
% Claims with AHFS	98-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
% Claims with GC3	98-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.97	N/A	80.89	N/A	.	N/A	-19.08	.	No
% Products (codes 4-6)	N/A	0.00	N/A	19.09	N/A	.	N/A	1338597.55	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
% OTC-Drug Class	N/A	1.40	N/A	1.81	N/A	.	N/A	29.18	.	No
% Prescription-Drug Class	N/A	98.57	N/A	98.18	N/A	.	N/A	-0.39	.	Yes
% Multiple Source (Code Y	N/A	70.06	N/A	46.48	N/A	.	N/A	-33.66	.	No
% Single Source (Code N	N/A	29.90	N/A	30.52	N/A	.	N/A	2.05	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	348,567	N/A	364,517	N/A	.	N/A	4.58	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,657,305,212	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	7.26	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	6.47	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	21.51	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	64.76	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	345,299	N/A	357,814	N/A	.	N/A	3.62	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	252,104	N/A	259,389	N/A	.	N/A	2.89	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.00	Yes	98.02	No	.	N/A	-0.99	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	91.84	Yes	90.21	Yes	.	N/A	-1.78	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	16	N/A	57	N/A	.	N/A	256.25	.	N/A	No
% with County Code	>=95%	99.36	Yes	99.39	Yes	.	N/A	0.03	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.36	Yes	99.39	Yes	.	N/A	0.03	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.00	No	0.00	No	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	47.60	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	7.39	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.63	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	34.71	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	8.63	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	5.70	Yes	5.93	Yes	.	N/A	4.01	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	57.67	Yes	58.14	Yes	.	N/A	0.81	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	12.70	Yes	12.69	Yes	.	N/A	-0.11	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	46.38	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	62,917	N/A	65,503	N/A	.	N/A	4.11	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	91.63	Yes	91.73	Yes	.	N/A	0.11	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	91.71	Yes	91.90	Yes	.	N/A	0.20	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	36.23	Yes	37.44	Yes	.	N/A	3.35	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,919	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	70.92	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	8.96	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	20.11	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.73	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	4.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.98	Yes	100.00	Yes	.	N/A	0.02	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.97	Yes	99.99	Yes	.	N/A	0.02	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.73	Yes	82.64	Yes	.	N/A	-8.92	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: CO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	43,164	N/A	44,504	N/A	.	N/A	3.10	.	10% (+/-)	Yes
11: Aged, Cash	N/A	24,638	N/A	27,225	N/A	.	N/A	10.50	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	3,759	N/A	4,704	N/A	.	N/A	25.14	.	10% (+/-)	No
41: Other Aged	N/A	14,767	N/A	12,575	N/A	.	N/A	-14.84	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	63,327	N/A	65,059	N/A	.	N/A	2.74	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	49,491	N/A	54,332	N/A	.	N/A	9.78	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	7,255	N/A	4,826	N/A	.	N/A	-33.48	.	10% (+/-)	No
42: Other Disabled	N/A	6,581	N/A	5,901	N/A	.	N/A	-10.33	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	177,372	N/A	185,184	N/A	.	N/A	4.40	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	61,534	N/A	58,794	N/A	.	N/A	-4.45	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	68,625	N/A	98,845	N/A	.	N/A	44.04	.	10% (+/-)	No
44: Other Child	N/A	31,389	N/A	10,884	N/A	.	N/A	-65.33	.	10% (+/-)	No
48: Foster Care Child	N/A	15,824	N/A	16,661	N/A	.	N/A	5.29	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	61,241	N/A	62,949	N/A	.	N/A	2.79	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	32,280	N/A	31,242	N/A	.	N/A	-3.22	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	11,273	N/A	20,696	N/A	.	N/A	83.59	.	10% (+/-)	No
45: Other Adult	N/A	17,688	N/A	11,011	N/A	.	N/A	-37.75	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	257,565	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.63	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	3.18	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.16	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.03	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	3.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	35,712	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	86.62	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	309,936	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	45.52	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	99.79	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	23.88	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	13.18	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	70.13	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	303,493	N/A	309,885	N/A	.	N/A	2.11	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	12.53	N/A	12.39	N/A	.	N/A	-1.13	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	19.01	N/A	18.69	N/A	.	N/A	-1.67	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	52.57	N/A	53.64	N/A	.	N/A	2.03	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	15.89	N/A	15.25	N/A	.	N/A	-4.03	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	217,843	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	257,565	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	34.91	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	30.34	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	18.94	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	15.62	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$301,619,504	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$180,819,265	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$119,340,646	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,459,593	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.52	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.97	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.83	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$46	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$217,439,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	141,098	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$84,177,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	168,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$2,869	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	51	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$210,273,873	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$48,757,398	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$30,436,746	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$11,226,529	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$119,853,200	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,490	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$346	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$216	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$80	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$849	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	32,485	N/A	159,849	N/A	.	N/A	392.07	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	17,782	N/A	117,982	N/A	.	N/A	563.49	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	10,444	N/A	96,267	N/A	.	N/A	821.77	.	15% (+/-)	No
MAX Aged Total	N/A	268	N/A	2,214	N/A	.	N/A	726.12	.	10% (+/-)	No
11: Aged, Cash	N/A	116	N/A	1,879	N/A	.	N/A	1519.83	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	44	N/A	59	N/A	.	N/A	34.09	.	10% (+/-)	No
41: Other Aged	N/A	108	N/A	276	N/A	.	N/A	155.56	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	1,379	N/A	20,372	N/A	.	N/A	1377.30	.	10% (+/-)	No
12: Disabled, Cash	N/A	644	N/A	19,385	N/A	.	N/A	2910.09	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	136	N/A	34	N/A	.	N/A	-75.00	.	10% (+/-)	No
42: Other Disabled	N/A	599	N/A	953	N/A	.	N/A	59.10	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	17,829	N/A	97,696	N/A	.	N/A	447.96	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	7,184	N/A	28,366	N/A	.	N/A	294.85	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	5,115	N/A	45,876	N/A	.	N/A	796.89	.	10% (+/-)	No
44: Other Child	N/A	4,390	N/A	8,168	N/A	.	N/A	86.06	.	10% (+/-)	No
48: Foster Care Child	N/A	1,140	N/A	15,286	N/A	.	N/A	1240.88	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	13,001	N/A	39,496	N/A	.	N/A	203.79	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	5,970	N/A	17,038	N/A	.	N/A	185.39	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	2,395	N/A	13,334	N/A	.	N/A	456.74	.	10% (+/-)	No
45: Other Adult	N/A	4,636	N/A	9,124	N/A	.	N/A	96.81	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,487	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$37,921,690	N/A	$483,091,121	N/A	.	N/A	1173.92	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,167	N/A	$3,022	N/A	.	N/A	158.89	.	15% (+/-)	No

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,133	N/A	$4,095	N/A	.	N/A	92.00	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$3,413	N/A	$9,015	N/A	.	N/A	164.13	.	15% (+/-)	No
11: Aged, Cash	N/A	$5,220	N/A	$8,534	N/A	.	N/A	63.50	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$164	N/A	$122	N/A	.	N/A	-25.70	.	15% (+/-)	No
41: Other Aged	N/A	$2,796	N/A	$14,189	N/A	.	N/A	407.46	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,668	N/A	$11,995	N/A	.	N/A	79.88	.	15% (+/-)	No
12: Disabled, Cash	N/A	$4,560	N/A	$11,674	N/A	.	N/A	156.01	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$17,117	N/A	$408	N/A	.	N/A	-97.61	.	15% (+/-)	No
42: Other Disabled	N/A	$6,563	N/A	$18,933	N/A	.	N/A	188.49	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$477	N/A	$1,414	N/A	.	N/A	196.78	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$249	N/A	$651	N/A	.	N/A	160.89	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$631	N/A	$892	N/A	.	N/A	41.37	.	15% (+/-)	No
44: Other Child	N/A	$421	N/A	$358	N/A	.	N/A	-14.95	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$1,430	N/A	$4,964	N/A	.	N/A	247.13	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,486	N/A	$2,037	N/A	.	N/A	37.10	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,452	N/A	$1,540	N/A	.	N/A	6.02	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$565	N/A	$2,460	N/A	.	N/A	335.18	.	15% (+/-)	No
45: Other Adult	N/A	$2,004	N/A	$2,346	N/A	.	N/A	17.05	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$27,138,902	N/A	$127,639,484	N/A	.	N/A	370.32	.	15% (+/-)	No
IP: Number of Users	N/A	4,311	N/A	17,690	N/A	.	N/A	310.35	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$6,295	N/A	$7,215	N/A	.	N/A	14.62	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	4	N/A	6	N/A	.	N/A	42.36	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$87,778	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$43,889	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$67,143	N/A	$2,227,410	N/A	.	N/A	3217.41	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	12	N/A	191	N/A	.	N/A	1491.67	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$5,595	N/A	$11,662	N/A	.	N/A	108.42	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$1,814	N/A	$7,791,007	N/A	.	N/A	429393.22	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	1	N/A	72	N/A	.	N/A	7100.00	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$1,814	N/A	$108,208	N/A	.	N/A	5865.18	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$333,558	N/A	$21,740,581	N/A	.	N/A	6417.78	.	15% (+/-)	No
NF Number of Users	N/A	76	N/A	995	N/A	.	N/A	1209.21	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$4,389	N/A	$21,850	N/A	.	N/A	397.84	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$1,866,782	N/A	$9,623,835	N/A	.	N/A	415.53	.	15% (+/-)	No

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Physician: Number of Users	N/A	4,636	N/A	35,477	N/A	.	N/A	665.25	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$403	N/A	$271	N/A	.	N/A	-32.63	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$114,791	N/A	$7,769,158	N/A	.	N/A	6668.09	.	15% (+/-)	No
Dental: Number of Users	N/A	831	N/A	26,753	N/A	.	N/A	3119.37	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$138	N/A	$290	N/A	.	N/A	110.23	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$44,367	N/A	$695,345	N/A	.	N/A	1467.26	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	526	N/A	7,502	N/A	.	N/A	1326.24	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$84	N/A	$93	N/A	.	N/A	9.89	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,010,134	N/A	$32,246,964	N/A	.	N/A	3092.35	.	15% (+/-)	No
OPD Number of Users	N/A	4,149	N/A	60,567	N/A	.	N/A	1359.80	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$243	N/A	$532	N/A	.	N/A	118.68	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,959,953	N/A	$42,658,856	N/A	.	N/A	2076.52	.	15% (+/-)	No
Clinic: Number of Users	N/A	5,824	N/A	92,207	N/A	.	N/A	1483.22	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$337	N/A	$463	N/A	.	N/A	37.47	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$174,509	N/A	$28,957,374	N/A	.	N/A	16493.63	.	15% (+/-)	No
HH: Number of Users	N/A	147	N/A	2,688	N/A	.	N/A	1728.57	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,187	N/A	$10,773	N/A	.	N/A	807.46	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,474,582	N/A	$2,097,167	N/A	.	N/A	42.22	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	5,795	N/A	20,522	N/A	.	N/A	254.13	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$254	N/A	$102	N/A	.	N/A	-59.84	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$303,449	N/A	$48,383,811	N/A	.	N/A	15844.63	.	15% (+/-)	No
Drugs: Number of Users	N/A	3,010	N/A	75,602	N/A	.	N/A	2411.69	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$101	N/A	$640	N/A	.	N/A	534.82	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$659,221	N/A	$114,583,918	N/A	.	N/A	17281.72	.	15% (+/-)	No
Other Services: Number of Users	N/A	$468	N/A	$9,431	N/A	.	N/A	1915.17	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,409	N/A	$12,150	N/A	.	N/A	762.54	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,302,412	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$367	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$116,187	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	206	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$564	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,497,337	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	244	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,137	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$13,290,950	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	17,636	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$754	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$13,472,153	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	503	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$26,784	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$280,732	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	1,181	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$238	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$497,132	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	125	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,977	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$835	N/A	$799	N/A	.	N/A	-4.42	.	15% (+/-)	Yes
Aged	N/A	$2,756	N/A	$1,863	N/A	.	N/A	-32.40	.	15% (+/-)	No
Disabled	N/A	$5,452	N/A	$2,334	N/A	.	N/A	-57.20	.	15% (+/-)	No
Child	N/A	$241	N/A	$332	N/A	.	N/A	37.61	.	15% (+/-)	No
Adult	N/A	$1,121	N/A	$1,101	N/A	.	N/A	-1.78	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$12	N/A	$199	N/A	.	N/A	1507.89	.	15% (+/-)	No
Aged	N/A	$242	N/A	$2,885	N/A	.	N/A	1091.06	.	15% (+/-)	No
Disabled	N/A	$196	N/A	$1,154	N/A	.	N/A	488.33	.	15% (+/-)	No
Child	N/A	$4	N/A	$16	N/A	.	N/A	316.51	.	15% (+/-)	No
Adult	N/A	$0	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$9	N/A	$303	N/A	.	N/A	3140.32	.	15% (+/-)	No
Aged	N/A	$44	N/A	$1,038	N/A	.	N/A	2241.79	.	15% (+/-)	No
Disabled	N/A	$84	N/A	$1,557	N/A	.	N/A	1752.36	.	15% (+/-)	No
Child	N/A	$4	N/A	$98	N/A	.	N/A	2470.03	.	15% (+/-)	No
Adult	N/A	$8	N/A	$122	N/A	.	N/A	1370.31	.	15% (+/-)	No
All Other Services	N/A	$298	N/A	$1,722	N/A	.	N/A	476.83	.	15% (+/-)	No
Aged	N/A	$371	N/A	$3,229	N/A	.	N/A	771.43	.	15% (+/-)	No
Disabled	N/A	$936	N/A	$6,950	N/A	.	N/A	642.65	.	15% (+/-)	No
Child	N/A	$228	N/A	$969	N/A	.	N/A	325.93	.	15% (+/-)	No
Adult	N/A	$327	N/A	$803	N/A	.	N/A	145.51	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.27	N/A	11.07	N/A	.	N/A	-16.61	.	15% (+/-)	No
Aged	N/A	19.40	N/A	15.67	N/A	.	N/A	-19.22	.	15% (+/-)	No
Disabled	N/A	19.07	N/A	14.09	N/A	.	N/A	-26.13	.	15% (+/-)	No
Child	N/A	3.62	N/A	4.35	N/A	.	N/A	20.09	.	15% (+/-)	No
Adult	N/A	25.77	N/A	25.88	N/A	.	N/A	0.42	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.27	N/A	0.79	N/A	.	N/A	187.48	.	15% (+/-)	No
Aged	N/A	7.09	N/A	12.83	N/A	.	N/A	80.93	.	15% (+/-)	No
Disabled	N/A	4.21	N/A	3.91	N/A	.	N/A	-6.98	.	15% (+/-)	Yes
Child	N/A	0.07	N/A	0.15	N/A	.	N/A	120.51	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	15.13	N/A	3.26	N/A	.	N/A	-78.48	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	9.27	N/A	47.30	N/A	.	N/A	410.43	.	15% (+/-)	No
Aged	N/A	8.96	N/A	74.53	N/A	.	N/A	732.20	.	15% (+/-)	No
Disabled	N/A	17.33	N/A	72.67	N/A	.	N/A	319.32	.	15% (+/-)	No
Child	N/A	6.48	N/A	43.03	N/A	.	N/A	563.69	.	15% (+/-)	No
Adult	N/A	12.24	N/A	43.28	N/A	.	N/A	253.65	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	49.83	N/A	70.94	N/A	.	N/A	42.37	.	15% (+/-)	No
Aged	N/A	38.43	N/A	78.59	N/A	.	N/A	104.49	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	48.73	N/A	83.14	N/A	.	N/A	70.61	.	15% (+/-)	No
Child	N/A	45.25	N/A	69.22	N/A	.	N/A	53.00	.	15% (+/-)	No
Adult	N/A	56.48	N/A	68.53	N/A	.	N/A	21.33	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	6	N/A	.	N/A	42.36	.	15% (+/-)	No
Aged	N/A	7	N/A	9	N/A	.	N/A	24.10	.	15% (+/-)	No
Disabled	N/A	20	N/A	14	N/A	.	N/A	-32.32	.	15% (+/-)	No
Child	N/A	5	N/A	7	N/A	.	N/A	34.37	.	15% (+/-)	No
Adult	N/A	2	N/A	3	N/A	.	N/A	16.45	.	15% (+/-)	No
Avg # LT Days per User	N/A	68	N/A	190	N/A	.	N/A	178.07	.	15% (+/-)	No
Aged	N/A	69	N/A	247	N/A	.	N/A	259.29	.	15% (+/-)	No
Disabled	N/A	79	N/A	205	N/A	.	N/A	159.04	.	15% (+/-)	No
Child	N/A	16	N/A	31	N/A	.	N/A	96.34	.	15% (+/-)	No
Adult	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	11.21	N/A	7.40	N/A	.	N/A	-33.98	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$4,290,302	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5,108	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$840	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$981,016	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	4,112	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$239	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,768,262	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,323	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$409	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$257,572	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	330	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$781	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$77,205,547	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$17,511	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	9,321	N/A	56,867	N/A	.	N/A	510.10	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	4,928	N/A	48,082	N/A	.	N/A	875.69	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	5,795	N/A	49,081	N/A	.	N/A	746.99	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	1.28	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	9.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	59.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.25	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	22.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	1.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.30	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	4,857	N/A	35,976	N/A	.	N/A	640.70	.	10% (+/-)	No

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11: Aged, Cash	N/A	237	N/A	20,077	N/A	.	N/A	8371.31	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	3,639	N/A	4,620	N/A	.	N/A	26.96	.	10% (+/-)	No
41: Other Aged	N/A	981	N/A	11,279	N/A	.	N/A	1049.75	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	4,254	N/A	20,730	N/A	.	N/A	387.31	.	10% (+/-)	No
12: Disabled, Cash	N/A	134	N/A	11,994	N/A	.	N/A	8850.75	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	3,794	N/A	4,730	N/A	.	N/A	24.67	.	10% (+/-)	No
42: Other Disabled	N/A	326	N/A	4,006	N/A	.	N/A	1128.83	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	53,716	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.66	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	5.00	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	94.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	54.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	44.71	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$6,626,372	N/A	$654,704,979	N/A	.	N/A	9780.29	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$711	N/A	$11,513	N/A	.	N/A	1519.47	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$1,345	N/A	$13,616	N/A	.	N/A	912.65	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$862	N/A	$11,678	N/A	.	N/A	1254.24	.	15% (+/-)	No
11: Aged, Cash	N/A	$2,017	N/A	$10,472	N/A	.	N/A	419.18	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$199	N/A	$247	N/A	.	N/A	24.18	.	15% (+/-)	No
41: Other Aged	N/A	$3,045	N/A	$18,508	N/A	.	N/A	507.82	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$565	N/A	$11,272	N/A	.	N/A	1894.44	.	15% (+/-)	No
12: Disabled, Cash	N/A	$1,002	N/A	$10,799	N/A	.	N/A	977.94	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$476	N/A	$489	N/A	.	N/A	2.82	.	15% (+/-)	Yes
42: Other Disabled	N/A	$1,426	N/A	$25,418	N/A	.	N/A	1682.41	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$495,243	N/A	$14,682,273	N/A	.	N/A	2864.66	.	15% (+/-)	No
IP: Number of Users	N/A	308	N/A	7,292	N/A	.	N/A	2267.53	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,608	N/A	$2,013	N/A	.	N/A	25.22	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	6	N/A	.	N/A	-3.21	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,244	N/A	$471,804	N/A	.	N/A	14443.90	.	15% (+/-)	No
MH Aged: Number of Users	N/A	1	N/A	18	N/A	.	N/A	1700.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,244	N/A	$26,211	N/A	.	N/A	707.99	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$1,616	N/A	$11,950,848	N/A	.	N/A	739432.67	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	1	N/A	118	N/A	.	N/A	11700.00	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$1,616	N/A	$101,278	N/A	.	N/A	6167.23	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$2,442,833	N/A	$296,800,251	N/A	.	N/A	12049.84	.	15% (+/-)	No
NF Number of Users	N/A	$573	N/A	$13,529	N/A	.	N/A	2261.08	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$4,263	N/A	$21,938	N/A	.	N/A	414.59	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$220,441	N/A	$2,819,717	N/A	.	N/A	1179.13	.	15% (+/-)	No
Physician: Number of Users	N/A	2,316	N/A	21,003	N/A	.	N/A	806.87	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$95	N/A	$134	N/A	.	N/A	41.05	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,427	N/A	$526,174	N/A	.	N/A	21580.02	.	15% (+/-)	No
Dental: Number of Users	N/A	18	N/A	2,090	N/A	.	N/A	11511.11	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$135	N/A	$252	N/A	.	N/A	86.72	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$78,988	N/A	$2,694,413	N/A	.	N/A	3311.17	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	1,253	N/A	10,311	N/A	.	N/A	722.91	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$63	N/A	$261	N/A	.	N/A	314.53	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$436,972	N/A	$7,343,985	N/A	.	N/A	1580.65	.	15% (+/-)	No
OPD Number of Users	N/A	1,426	N/A	19,445	N/A	.	N/A	1263.60	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$306	N/A	$378	N/A	.	N/A	23.25	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$803,603	N/A	$14,669,620	N/A	.	N/A	1725.48	.	15% (+/-)	No
Clinic: Number of Users	N/A	3,481	N/A	37,225	N/A	.	N/A	969.38	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$231	N/A	$394	N/A	.	N/A	70.71	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$338,881	N/A	$38,610,404	N/A	.	N/A	11293.50	.	15% (+/-)	No
HH: Number of Users	N/A	147	N/A	4,083	N/A	.	N/A	2677.55	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,305	N/A	$9,456	N/A	.	N/A	310.20	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$246,232	N/A	$109,376	N/A	.	N/A	-55.58	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	2,347	N/A	2,439	N/A	.	N/A	3.92	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$105	N/A	$45	N/A	.	N/A	-57.26	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$488,466	N/A	$90,750,717	N/A	.	N/A	18478.72	.	15% (+/-)	No
Drugs: Number of Users	N/A	823	N/A	40,652	N/A	.	N/A	4839.49	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$594	N/A	$2,232	N/A	.	N/A	276.13	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$562,022	N/A	$130,278,057	N/A	.	N/A	23080.24	.	15% (+/-)	No
Other Services: Number of Users	N/A	$936	N/A	$13,687	N/A	.	N/A	1362.29	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$600	N/A	$9,518	N/A	.	N/A	1485.21	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,431,018	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	11,810	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$375	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$12,014	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	144	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$83	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$4,178,009	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,012	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,128	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$16,238,057	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	18,962	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$856	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$15,783,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	676	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$23,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$63,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	150	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$420	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,268,441	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	591	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,838	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$53	N/A	$258	N/A	.	N/A	385.93	.	15% (+/-)	No
Aged	N/A	$51	N/A	$270	N/A	.	N/A	434.00	.	15% (+/-)	No
Disabled	N/A	$59	N/A	$234	N/A	.	N/A	298.51	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$263	N/A	$5,438	N/A	.	N/A	1970.70	.	15% (+/-)	No
Aged	N/A	$472	N/A	$7,558	N/A	.	N/A	1500.15	.	15% (+/-)	No
Disabled	N/A	$36	N/A	$1,795	N/A	.	N/A	4937.54	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$52	N/A	$1,596	N/A	.	N/A	2945.21	.	15% (+/-)	No
Aged	N/A	$59	N/A	$1,390	N/A	.	N/A	2239.67	.	15% (+/-)	No
Disabled	N/A	$45	N/A	$1,954	N/A	.	N/A	4232.67	.	15% (+/-)	No
All Other Services	N/A	$343	N/A	$4,221	N/A	.	N/A	1131.74	.	15% (+/-)	No
Aged	N/A	$280	N/A	$2,461	N/A	.	N/A	778.60	.	15% (+/-)	No
Disabled	N/A	$426	N/A	$7,288	N/A	.	N/A	1612.48	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	3.30	N/A	12.82	N/A	.	N/A	288.06	.	15% (+/-)	No
Aged	N/A	3.03	N/A	13.47	N/A	.	N/A	345.15	.	15% (+/-)	No
Disabled	N/A	3.78	N/A	11.67	N/A	.	N/A	208.32	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	6.17	N/A	24.02	N/A	.	N/A	289.30	.	15% (+/-)	No
Aged	N/A	11.10	N/A	34.45	N/A	.	N/A	210.47	.	15% (+/-)	No
Disabled	N/A	0.82	N/A	6.06	N/A	.	N/A	636.41	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	8.83	N/A	71.49	N/A	.	N/A	709.63	.	15% (+/-)	No
Aged	N/A	11.98	N/A	75.41	N/A	.	N/A	529.31	.	15% (+/-)	No
Disabled	N/A	5.43	N/A	64.65	N/A	.	N/A	1090.57	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	49.96	N/A	79.42	N/A	.	N/A	58.95	.	15% (+/-)	No
Aged	N/A	43.15	N/A	79.91	N/A	.	N/A	85.18	.	15% (+/-)	No
Disabled	N/A	59.71	N/A	78.56	N/A	.	N/A	31.58	.	15% (+/-)	No
Avg # IP Days per User (TOS 01)	N/A	7	N/A	6	N/A	.	N/A	-3.21	.	15% (+/-)	Yes
Aged	N/A	6	N/A	6	N/A	.	N/A	4.89	.	15% (+/-)	Yes
Disabled	N/A	7	N/A	7	N/A	.	N/A	-6.14	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	100	N/A	246	N/A	.	N/A	147.51	.	15% (+/-)	No
Aged	N/A	101	N/A	246	N/A	.	N/A	144.35	.	15% (+/-)	No
Disabled	N/A	83	N/A	248	N/A	.	N/A	198.36	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$130,310	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	489	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$266	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$150,761	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1160	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$7,690	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	144	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$16,673	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	55	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$303	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$154,440,767	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	12665	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$12,194	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	41,806	N/A	216,716	N/A	.	N/A	418.38	.	15% (+/-)	**No**
# FFS Recipients	N/A	22,710	N/A	166,064	N/A	.	N/A	631.24	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	76.63	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.92	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	84.04	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	71.09	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	73.72	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	16,238	N/A	145,348	N/A	.	N/A	795.08	.	15% (+/-)	No
MAX Aged Total	N/A	5,125	N/A	38,190	N/A	.	N/A	645.17	.	10% (+/-)	No
11: Aged, Cash	N/A	353	N/A	21,956	N/A	.	N/A	6119.83	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	3,683	N/A	4,679	N/A	.	N/A	27.04	.	10% (+/-)	No
41: Other Aged	N/A	1,089	N/A	11,555	N/A	.	N/A	961.07	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	5,633	N/A	41,102	N/A	.	N/A	629.66	.	10% (+/-)	No
12: Disabled, Cash	N/A	778	N/A	31,379	N/A	.	N/A	3933.29	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	3,930	N/A	4,764	N/A	.	N/A	21.22	.	10% (+/-)	No
42: Other Disabled	N/A	925	N/A	4,959	N/A	.	N/A	436.11	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	17,830	N/A	97,700	N/A	.	N/A	447.95	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	7,184	N/A	28,366	N/A	.	N/A	294.85	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	5,115	N/A	45,877	N/A	.	N/A	796.91	.	10% (+/-)	No
44: Other Child	N/A	4,390	N/A	8,168	N/A	.	N/A	86.06	.	10% (+/-)	No
48: Foster Care Child	N/A	1,141	N/A	15,289	N/A	.	N/A	1239.96	.	10% (+/-)	No
54: 1115 Child	N/A	1,141	N/A	15,289	N/A	.	N/A	1239.96	.	10% (+/-)	No
MAX Adult Total	N/A	13,024	N/A	39,617	N/A	.	N/A	204.18	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	5,978	N/A	17,117	N/A	.	N/A	186.33	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	2,402	N/A	13,369	N/A	.	N/A	456.58	.	10% (+/-)	No
45: Other Adult	N/A	4,644	N/A	9,131	N/A	.	N/A	96.62	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$44,548,062	N/A	$1,137,796,100	N/A	.	N/A	2454.09	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,066	N/A	$5,250	N/A	.	N/A	392.70	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,962	N/A	$6,852	N/A	.	N/A	249.28	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$996	N/A	$11,524	N/A	.	N/A	1057.32	.	15% (+/-)	No
11: Aged, Cash	N/A	$3,069	N/A	$10,306	N/A	.	N/A	235.76	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$198	N/A	$245	N/A	.	N/A	23.64	.	15% (+/-)	No
41: Other Aged	N/A	$3,020	N/A	$18,405	N/A	.	N/A	509.37	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$2,059	N/A	$11,630	N/A	.	N/A	464.77	.	15% (+/-)	No
12: Disabled, Cash	N/A	$3,947	N/A	$11,340	N/A	.	N/A	187.28	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$1,052	N/A	$489	N/A	.	N/A	-53.54	.	15% (+/-)	No
42: Other Disabled	N/A	$4,752	N/A	$24,171	N/A	.	N/A	408.61	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$477	N/A	$1,415	N/A	.	N/A	196.78	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$249	N/A	$651	N/A	.	N/A	160.89	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$631	N/A	$892	N/A	.	N/A	41.41	.	15% (+/-)	No
44: Other Child	N/A	$421	N/A	$358	N/A	.	N/A	-14.95	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$1,432	N/A	$4,967	N/A	.	N/A	246.73	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,484	N/A	$2,041	N/A	.	N/A	37.60	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,451	N/A	$1,552	N/A	.	N/A	7.01	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$564	N/A	$2,458	N/A	.	N/A	335.63	.	15% (+/-)	No
45: Other Adult	N/A	$2,001	N/A	$2,348	N/A	.	N/A	17.32	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$27,634,145	N/A	$142,321,757	N/A	.	N/A	415.02	.	15% (+/-)	No
IP: Number of Users	N/A	4,619	N/A	24,982	N/A	.	N/A	440.85	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$5,983	N/A	$5,697	N/A	.	N/A	-4.78	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	6	N/A	.	N/A	41.99	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,244	N/A	$559,582	N/A	.	N/A	17149.75	.	15% (+/-)	No
MH Aged: Number of Users	N/A	1	N/A	20	N/A	.	N/A	1900.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,244	N/A	$27,979	N/A	.	N/A	762.49	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$67,143	N/A	$2,227,410	N/A	.	N/A	3217.41	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	12	N/A	191	N/A	.	N/A	1491.67	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$5,595	N/A	$11,662	N/A	.	N/A	108.42	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$3,430	N/A	$19,741,855	N/A	.	N/A	575464.29	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	2	N/A	190	N/A	.	N/A	9400.00	.	15% (+/-)	No

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ICF/MR: Avg Medicaid Pd per User	N/A	$1,715	N/A	$103,905	N/A	.	N/A	5958.57	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$2,776,391	N/A	$318,540,832	N/A	.	N/A	11373.20	.	15% (+/-)	No
NF Number of Users	N/A	$649	N/A	$14,524	N/A	.	N/A	2137.90	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$4,278	N/A	$21,932	N/A	.	N/A	412.68	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$2,087,223	N/A	$12,443,552	N/A	.	N/A	496.18	.	15% (+/-)	No
Physician: Number of Users	N/A	6,952	N/A	56,480	N/A	.	N/A	712.43	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$300	N/A	$220	N/A	.	N/A	-26.62	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$117,218	N/A	$8,295,332	N/A	.	N/A	6976.84	.	15% (+/-)	No
Dental: Number of Users	N/A	849	N/A	28,843	N/A	.	N/A	3297.29	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$138	N/A	$288	N/A	.	N/A	108.31	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$123,355	N/A	$3,389,758	N/A	.	N/A	2647.97	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	1,779	N/A	17,813	N/A	.	N/A	901.29	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$69	N/A	$190	N/A	.	N/A	174.44	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,447,106	N/A	$39,590,949	N/A	.	N/A	2635.87	.	15% (+/-)	No
OPD Number of Users	N/A	5,575	N/A	80,012	N/A	.	N/A	1335.19	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$260	N/A	$495	N/A	.	N/A	90.63	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$2,763,556	N/A	$57,328,476	N/A	.	N/A	1974.45	.	15% (+/-)	No
Clinic: Number of Users	N/A	9,305	N/A	129,432	N/A	.	N/A	1290.99	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$297	N/A	$443	N/A	.	N/A	49.13	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$513,390	N/A	$67,567,778	N/A	.	N/A	13061.10	.	15% (+/-)	No
HH: Number of Users	N/A	294	N/A	6,771	N/A	.	N/A	2203.06	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,746	N/A	$9,979	N/A	.	N/A	471.46	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,720,814	N/A	$2,206,543	N/A	.	N/A	28.23	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	8,142	N/A	22,961	N/A	.	N/A	182.01	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$211	N/A	$96	N/A	.	N/A	-54.53	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$791,915	N/A	$139,134,528	N/A	.	N/A	17469.38	.	15% (+/-)	No
Drugs: Number of Users	N/A	3,833	N/A	116,254	N/A	.	N/A	2932.98	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$207	N/A	$1,197	N/A	.	N/A	479.28	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$1,221,243	N/A	$244,861,975	N/A	.	N/A	19950.23	.	15% (+/-)	No
Other Services: Number of Users	N/A	$1,404	N/A	$23,118	N/A	.	N/A	1546.58	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$870	N/A	$10,592	N/A	.	N/A	1117.69	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,733,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	20,820	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$371	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$128,201	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	350	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$366	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$5,675,346	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,256	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,519	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$29,529,007	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	36,598	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$807	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$29,255,501	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,179	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$24,814	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$343,774	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	1,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$258	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,765,573	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	716	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,863	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$661	N/A	$657	N/A	.	N/A	-0.65	.	15% (+/-)	Yes
Aged	N/A	$192	N/A	$362	N/A	.	N/A	88.66	.	15% (+/-)	No
Disabled	N/A	$1,379	N/A	$1,275	N/A	.	N/A	-7.57	.	15% (+/-)	Yes
Child	N/A	$241	N/A	$332	N/A	.	N/A	37.61	.	15% (+/-)	No
Adult	N/A	$1,119	N/A	$1,101	N/A	.	N/A	-1.69	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$68	N/A	$1,574	N/A	.	N/A	2208.42	.	15% (+/-)	No
Aged	N/A	$460	N/A	$7,287	N/A	.	N/A	1483.12	.	15% (+/-)	No
Disabled	N/A	$75	N/A	$1,477	N/A	.	N/A	1871.79	.	15% (+/-)	No
Child	N/A	$4	N/A	$16	N/A	.	N/A	316.52	.	15% (+/-)	No
Adult	N/A	$0	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$19	N/A	$642	N/A	.	N/A	3289.25	.	15% (+/-)	No
Aged	N/A	$59	N/A	$1,369	N/A	.	N/A	2236.35	.	15% (+/-)	No
Disabled	N/A	$55	N/A	$1,757	N/A	.	N/A	3116.30	.	15% (+/-)	No
Child	N/A	$4	N/A	$98	N/A	.	N/A	2452.02	.	15% (+/-)	No
Adult	N/A	$8	N/A	$126	N/A	.	N/A	1398.12	.	15% (+/-)	No
All Other Services	N/A	$308	N/A	$2,378	N/A	.	N/A	671.09	.	15% (+/-)	No
Aged	N/A	$285	N/A	$2,505	N/A	.	N/A	779.64	.	15% (+/-)	No
Disabled	N/A	$551	N/A	$7,121	N/A	.	N/A	1193.46	.	15% (+/-)	No
Child	N/A	$228	N/A	$970	N/A	.	N/A	325.80	.	15% (+/-)	No
Adult	N/A	$327	N/A	$804	N/A	.	N/A	146.16	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.05	N/A	11.53	N/A	.	N/A	4.33	.	15% (+/-)	Yes
Aged	N/A	3.88	N/A	13.60	N/A	.	N/A	250.26	.	15% (+/-)	No
Disabled	N/A	7.53	N/A	12.87	N/A	.	N/A	70.96	.	15% (+/-)	No
Child	N/A	3.62	N/A	4.35	N/A	.	N/A	20.09	.	15% (+/-)	No
Adult	N/A	25.72	N/A	25.84	N/A	.	N/A	0.48	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.59	N/A	6.88	N/A	.	N/A	333.34	.	15% (+/-)	No
Aged	N/A	10.89	N/A	33.20	N/A	.	N/A	204.93	.	15% (+/-)	No
Disabled	N/A	1.65	N/A	4.99	N/A	.	N/A	202.54	.	15% (+/-)	No
Child	N/A	0.07	N/A	0.15	N/A	.	N/A	120.52	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	9.17	N/A	53.64	N/A	.	N/A	485.08	.	15% (+/-)	No
Aged	N/A	11.82	N/A	75.36	N/A	.	N/A	537.30	.	15% (+/-)	No
Disabled	N/A	8.34	N/A	68.63	N/A	.	N/A	722.50	.	15% (+/-)	No

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Child	N/A	6.49	N/A	43.03	N/A	.	N/A	563.19	.	15% (+/-)	No
Adult	N/A	12.26	N/A	43.37	N/A	.	N/A	253.72	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	49.86	N/A	73.16	N/A	.	N/A	46.74	.	15% (+/-)	No
Aged	N/A	42.91	N/A	79.84	N/A	.	N/A	86.06	.	15% (+/-)	No
Disabled	N/A	57.02	N/A	80.83	N/A	.	N/A	41.76	.	15% (+/-)	No
Child	N/A	45.25	N/A	69.23	N/A	.	N/A	52.99	.	15% (+/-)	No
Adult	N/A	56.50	N/A	68.55	N/A	.	N/A	21.33	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	6	N/A	.	N/A	41.99	.	15% (+/-)	No
Aged	N/A	6	N/A	6	N/A	.	N/A	2.69	.	15% (+/-)	Yes
Disabled	N/A	15	N/A	11	N/A	.	N/A	-31.02	.	15% (+/-)	No
Child	N/A	5	N/A	7	N/A	.	N/A	34.37	.	15% (+/-)	No
Adult	N/A	2	N/A	3	N/A	.	N/A	16.75	.	15% (+/-)	No
Avg # LT Days per User	N/A	95	N/A	242	N/A	.	N/A	153.38	.	15% (+/-)	No
Aged	N/A	100	N/A	246	N/A	.	N/A	147.04	.	15% (+/-)	No
Disabled	N/A	81	N/A	231	N/A	.	N/A	186.99	.	15% (+/-)	No
Child	N/A	16	N/A	31	N/A	.	N/A	96.34	.	15% (+/-)	No
Adult	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$4,420,612	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5,597	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$790	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,131,777	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5,272	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$215	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,775,952	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,467	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$274,245	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	385	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$712	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$231,646,314	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	17,074	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$13,567	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	18,139	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	18,139	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.30	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$7,703	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	18,139	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$8,033	No	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$716	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	1.87	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$15,666	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	96.51	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.15	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	95.77	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.53	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	11.09	No	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	8.39	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	95.56	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.21	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.54	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.52	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	8.16	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	27.82	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	64.01	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	50.74	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.80	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	10.51	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	11.11	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	71.55	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	22.65	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	3.48	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	2.11	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	.	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	.	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	.	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	.	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	.	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	.	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	282,497	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	282,497	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	34.49	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,714	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	282,497	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$126	No	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$453	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$280	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$701	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	92.38	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	7.29	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	23	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	45	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.26	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	19	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	2.89	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	34.44	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	51.74	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	13.83	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.31	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	97.87	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.13	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	.	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	.	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	.	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	.	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	.	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	10,384,219	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	26.64	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	7,618,056	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	13.20	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	4.33	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$463	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	26.64	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$145	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	6,612,810	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	8.95	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	15.87	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	13.07	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	29.04	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	2.14	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	1.04	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.66	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	44.30	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	2.36	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.02	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$164	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	5.31	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	2.86	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	1.23	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	13.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	1.56	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	30.63	No	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	5.61	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	3.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	4.78	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	0.54	No	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	24.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.80	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.13	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.69	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	2.67	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	3.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$102	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$59	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$38	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$99	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$52	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$81	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$63	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$20	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$279	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$99	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$31	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$224	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$1,430	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$25	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$4,679	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$5,362	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$265	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.02	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	30.58	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$188	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	94.87	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.96	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	24.89	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	20.74	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	49.83	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	29.43	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	20.06	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	4.45	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	72.97	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	1,005,246	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.72	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	15.87	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	19.27	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	15.05	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	46.28	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	8.10	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	19.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	4.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	1.76	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	8.39	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	5.50	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.51	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	51.80	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	100.00	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	4,592,387	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	4,592,387	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.04	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$505	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	4,592,387	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$51	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	1.75	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$38	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.28	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	80.14	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	19.20	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.62	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	5.14	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	94.83	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	42.13	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	35.85	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	418,566	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$2,681,532,548	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	4.44	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	26.77	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	58.68	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	10.11	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	417,767	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	348,278	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.80	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	97.40	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	1,673	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.72	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	95.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.97	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	44.75	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	24.24	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.18	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	28.86	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.34	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	3.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	54.60	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	13.49	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	65.85	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	80,036	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	91.65	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	91.72	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	50.11	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,111	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	44.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	3.42	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	52.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	1.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.99	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	97.03	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	97.28	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	55,813	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	7,764	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	11,481	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,475	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	33,093	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	56,544	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	20,587	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	19,321	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,677	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	13,959	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	232,364	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	61,517	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	4,517	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,797	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	68,667	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	85,408	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	9,458	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	73,046	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	21,019	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	2,824	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	2,715	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	7,329	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	39,159	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	348,768	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.55	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.45	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.70	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	69.05	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	288,459	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.37	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	288,459	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	0.33	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	76.49	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	23.17	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	231,674	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	348,768	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	66.95	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	33.05	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$402,120,201	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$402,120,201	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$145	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$145	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$402,120,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	288,459	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$63,011,550	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$16,123,400	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,879,296	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$2,531,895	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$42,476,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$218	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$56	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$7	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$9	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$147	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	49,567	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	36,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	33,692	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	4,622	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	1,203	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	845	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	103	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	2,471	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	27,335	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	11,083	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	8,272	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	40	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	7,940	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	11,663	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	1,769	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	403	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	772	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	4,937	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	1,868	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	1,914	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	5,947	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	1,214	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	362	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,100	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	2,408	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	863	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,102	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$496,420,854	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$10,015	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$13,458	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$11,456	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,605	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$7,208	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$164	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$14,768	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$14,904	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$14,094	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$9,516	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,233	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$21,718	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$2,388	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$486	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$257	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$2,324	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,681	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$6,478	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,450	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,381	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$444	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$263	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,987	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,824	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,162	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$88,025,991	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	8,079	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$10,896	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$74,883	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$74,883	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$5,229,947	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	77	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$67,921	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$40,474,637	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	273	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$148,259	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$67,588,336	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	2,099	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$32,200	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$15,547,041	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	24,901	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$624	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$2,599,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	10,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$238	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$983,285	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	10,337	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$34,866,093	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	26,201	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$1,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$5,981,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	9,088	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$658	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$44,467,500	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	5,350	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$8,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$6,048,583	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	23,118	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$262	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$72,467,790	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	29,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,456	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$9,470,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$3,217	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,653,699	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	7,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$364	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,487,678	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	517	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,746	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$3,890,233	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$295,275	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	114	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,590	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$124,835	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	822	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$304,746	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	51	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,975	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$7,249,999	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	13,351	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$543	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$63,354,859	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	808	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$78,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,495,936	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,806	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,291	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$11,625,087	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	729	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$15,947	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$1,776	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,314	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$530	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$676	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$2,287	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,058	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$450	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$7	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,232	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,356	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$4,490	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$6,865	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,250	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$609	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	6.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	24.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	4.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.86	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	59.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	84.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	14.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	18.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	71.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.29	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	90.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	30.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	55.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	227	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	263	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	217	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	123	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	43	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	4.26	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$680,456	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2,424	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$281	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$4,276,938	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,929	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$617	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$86,227,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,897	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$45,455	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	79,741	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	74,277	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	69,510	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	0.78	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	4.75	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	56.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	1.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	4.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	30.82	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	4.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.95	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	51,185	N/A	.	N/A	.	.	10% (+/-)	N/A

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11: Aged, Cash	N/A	.	N/A	6,559	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	10,636	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,372	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	30,618	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	28,246	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	9,338	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	10,599	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,631	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	5,678	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	74,624	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.60	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.20	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	54.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	44.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,711,991,760	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$21,469	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$23,049	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$21,734	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,784	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$10,605	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$516	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$30,711	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$21,174	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$19,990	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$9,051	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,653	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$54,795	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$37,336,209	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	872	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$42,817	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$2,355,096	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	28	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$84,111	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$19,449	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$6,483	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$171,121,859	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,117	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$153,198	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$854,162,807	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$25,828	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$33,071	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$13,273,575	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	56,452	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$235	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$4,139,166	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	26,130	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,708,918	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	32,528	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$22,398,786	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	37,658	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$595	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$4,739,595	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	8,738	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$542	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$81,279,241	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	12,775	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$6,362	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,040,104	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	14,344	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$73	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$158,600,698	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	65,797	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,410	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$26,428,679	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$16,655	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,587	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,823,714	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	19,100	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$253	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$45,376,679	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	8,791	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,828,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,236	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,848	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$302,340	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	38	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$7,956	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$178,431	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	4,110	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$43	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$8,751	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$2,917	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$10,844,924	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	28,381	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$382	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$182,810,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,308	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$79,207	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,619,238	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,145	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$40,801,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,082	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$468	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$308	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$760	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$12,887	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$16,182	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$7,059	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,715	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$6,125	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,660	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$10,639	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	1.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	1.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	33.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	82.51	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	82.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	82.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	88.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	86.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	91.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	123	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	49	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	284	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: CT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$406,519	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1907	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,737,388	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	5588	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$311	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$293,025,570	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	12208	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$24,003	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	129,308	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	111,165	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	85.97	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	92.81	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	92.80	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	33.31	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	62.67	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	103,202	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	55,807	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	7,762	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	11,481	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,475	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	33,089	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	55,581	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	20,421	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	18,871	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,671	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	13,618	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	11,708	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	1,770	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	403	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	776	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	4,946	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	1,870	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	1,943	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	1,943	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	6,212	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	1,270	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	366	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,172	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	.	N/A	2,423	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	981	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,208,412,614	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$17,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$19,866	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$20,883	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,756	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$10,355	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$506	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$29,520	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$18,090	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$16,790	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$9,255	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,647	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$35,509	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$2,387	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$486	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$257	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$2,334	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,693	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$6,471	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,414	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,543	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$571	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$411	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,244	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,823	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,693	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$125,362,200	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	8,951	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$14,005	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$2,429,979	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	29	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$83,792	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$5,249,396	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$65,617	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$211,596,496	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,390	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$152,228	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$921,751,143	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$27,927	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$33,006	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$28,820,616	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	81,353	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$354	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$6,738,810	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	37,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$182	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$2,692,203	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	42,865	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$63	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$57,264,879	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	63,859	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$897	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$10,720,657	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	17,826	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$601	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$125,746,741	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	18,125	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$6,938	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$7,088,687	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	37,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$231,068,488	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	95,302	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,425	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$35,899,654	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$19,872	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,807	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,477,413	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	26,390	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$48,864,357	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	9,308	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,250	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$11,718,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	6,391	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,834	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$597,615	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	152	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,932	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$303,266	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	4,932	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$313,497	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,806	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$18,094,923	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	41,732	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$434	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$246,165,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	3,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$79,001	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$13,115,174	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	10,714	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,224	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$52,427,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	4,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,768	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$969	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$391	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,677	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$528	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$662	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$8,824	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$15,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,092	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$448	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,555	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,538	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$161	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$214	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$5,498	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,656	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$8,783	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,250	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$661	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	6.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	1.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	6.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	23.13	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	22.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	44.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	73.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	82.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.18	N/A	.	N/A	.	.	15% (+/-)	N/A

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Child	N/A	.	N/A	14.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	21.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	81.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	86.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	90.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	30.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	56.99	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	266	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	257	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	123	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	43	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,086,975	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	4,331	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$251	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$6,014,326	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	12,517	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$480	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$379,253,375	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	14,105	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$26,888	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	24,521	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	24,521	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	25.31	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.47	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$11,637	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	18,314	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$9,471	No	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,227	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	89.89	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	98.51	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.58	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	7.69	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	7.73	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.10	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.25	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.41	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	11.25	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	20-50	.	N/A	31.56	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	57.19	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	58.06	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	3.06	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	17.27	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	82.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	17.27	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	82.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	69.07	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	7.63	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	8.00	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	88.03	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	7.98	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	1.89	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	2.09	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	6,207	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,056	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.61	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.60	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.27	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	7.49	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	2.84	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.14	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	7.95	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	.	N/A	46.02	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	46.02	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.37	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	3.91	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.23	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	48,703	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	48,703	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	7.97	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	9.28	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,947	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	44,822	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$140	No	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$252	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$310	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$310	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	78.42	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.95	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	21.31	No	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.10	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.17	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	15	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	7.01	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	0.02	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	99.82	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	.	N/A	0.16	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.34	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	95.22	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.79	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	3,881	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$483	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	98.92	Yes	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	1.08	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	1.29	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	4.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	16.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	80.00	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	2,783,634	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	29.73	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,956,046	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	3.60	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.66	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$180	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	29.73	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$163	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	1,885,537	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	2.63	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.77	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	3.07	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	18.64	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	17.31	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	6.32	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.55	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.55	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	12.65	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	31.58	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$500	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	17.45	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	0.63	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.77	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	5.66	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	11.99	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	11.48	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	6.57	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	1.55	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	4.15	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	18.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.95	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.59	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	5.27	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	14.81	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$76	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$36	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$16	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$24	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$134	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$90	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$14	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$570	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$89	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$17	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$60	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,164	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$111	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$118	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$83	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	80.67	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.72	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.11	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	25.86	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	36.48	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	37.66	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	33.56	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	43.33	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	23.10	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	77.54	No	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	70,509	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	18.34	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	8.81	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	24.98	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	8.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	6.24	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	41.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	10.53	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	4.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	27.38	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	2.65	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	5.27	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	14.81	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$102	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	19.28	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	2.59	No	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	59.32	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	21.49	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	47.91	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	30.60	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	944,101	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	944,101	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.14	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$64	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	944,101	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$50	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.09	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$39	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	94.11	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	81.70	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	17.94	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	5.69	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	93.98	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	43.24	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.73	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	147,489	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$730,324,563	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	10.85	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	24.76	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	47.02	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	17.37	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	146,668	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	124,800	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.38	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	96.55	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	95	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	95.79	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	0.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	1.87	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	87.74	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	5.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	2.95	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	54.98	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	9.47	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	67.54	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	17,334	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	80.95	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	82.44	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	29.73	No	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,729	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	77.10	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	12.90	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	10.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.10	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	6.65	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.76	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.20	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	92.77	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	9,894	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	3,883	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	3,670	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	1,685	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	656	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	29,807	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	24,060	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	3,629	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,934	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	184	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	73,877	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	44,310	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	10,091	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	13,819	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	1,403	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,254	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	33,055	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	25,671	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	5,838	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	775	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	771	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	124,335	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	99.40	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.12	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.48	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	1.34	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	55,950	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	1,717	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	64.92	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	95,222	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.91	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	95,222	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	2.94	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	67.13	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	29.92	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	73,569	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	124,335	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	59.60	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	40.40	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$134,574,611	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$134,574,611	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.94	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.94	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$134,574,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	95,222	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$58,414,071	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$30,435,974	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$411,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,964,519	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$25,602,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$613	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$320	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$21	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$269	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	34,270	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	21,286	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	25,064	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	1,737	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	804	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	572	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	213	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	148	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	18,183	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	15,237	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,487	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	440	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	19	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	9,957	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	2,939	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	1,387	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	1,865	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	17	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	3,749	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	4,358	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	2,570	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,599	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	167	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	22	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,638	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$317,601,039	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$9,268	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$14,921	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$10,987	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$11,626	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$15,009	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$2,834	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$3,699	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$13,609	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$13,087	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$17,527	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$9,907	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$5,783	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$3,832	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$691	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$2,176	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$876	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,613	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$8,387	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,961	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,286	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$5,698	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,752	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,264	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$129,598,206	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	6,715	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$19,300	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$81,220	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$20,305	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$209,560	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$6,760	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$47,116,198	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	523	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$90,088	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$27,264,302	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	722	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$37,762	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$8,571,855	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	14,185	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$604	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$119,718	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	1,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$73	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$259,995	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	2,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$10,851,121	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	12,746	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$851	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$12,790,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	4,994	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$2,561	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$4,132,651	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	952	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,341	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,314,564	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	6,980	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$188	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$23,683,569	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	14,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$14,169,971	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$1,447	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$9,793	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,466,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	4,551	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,421	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$197,850	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	47	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,210	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$17,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	107	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$166	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$175,843	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	454	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$387	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$343,148	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	61	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,625	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,089,475	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	5,555	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$916	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$8,803,629	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,261	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,700	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$16,167,457	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,973	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,194	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$3,782	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,405	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,705	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$2,094	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$2,179	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$7,129	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,322	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$256	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$691	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$358	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,616	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,094	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,421	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$2,372	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$443	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	19.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	25.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	9.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	22.76	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	3.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	17.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.60	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	1.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	43.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	32.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	56.98	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	28.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	23.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	57.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	44.04	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	67.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	49.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	38.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	18	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	282	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	294	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	85	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	276	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	3.59	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$173,232	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	436	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$397	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$68,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	22	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$3,108	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	17,176	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	14,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	15,505	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	4.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	36.63	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	59.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.06	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	8,151	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	3,075	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	3,098	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	1,471	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	507	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	8,821	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	6,062	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,113	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,482	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	164	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	16,071	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.97	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	2.58	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.45	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	55.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	41.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	1.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$217,130,559	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$12,642	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$14,807	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$16,334	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,626	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$32,958	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,719	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$4,174	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,237	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$5,864	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$33,173	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$5,541	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$4,838	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$18,316,849	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	4,548	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,027	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$330,052	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	56	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$5,894	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$25,619,930	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	308	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$83,182	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$116,267,252	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$3,300	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$35,233	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,037,088	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	5,825	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$178	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$22,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	194	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$139,646	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	2,576	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$54	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$3,825,107	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	7,232	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$529	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$4,031,338	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	1,095	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$3,682	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$8,362,379	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,273	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$6,569	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$417,622	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	2,665	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$157	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$21,395,954	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	11,282	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,896	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$775,864	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$2,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$279	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,643,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	5,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$908	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$797,577	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	140	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,697	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$3,191	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$82	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,940	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$277	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$17,009	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$2,835	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,577,694	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,619	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$436	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$1,255,090	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	737	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,703	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$8,292,782	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	692	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$11,984	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$1,066	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$815	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,289	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$8,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$13,535	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,414	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,246	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$748	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,714	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,235	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,820	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	26.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	26.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	26.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	21.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	37.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	65.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	55.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	73.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	73.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	73.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	257	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	255	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	272	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,330	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$111	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$122,431	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	58	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$2,111	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	51,446	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	35,950	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	69.88	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	81.01	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	75.21	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	53.78	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	49.86	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	40,569	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	9,888	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	3,879	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	3,670	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	1,684	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	655	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	27,004	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	21,299	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	3,600	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,922	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	183	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	9,958	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	2,939	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	1,387	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	1,865	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	17	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	3,750	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	3,750	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	4,561	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	2,656	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,708	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	174	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	23	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$534,731,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$10,394	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$14,874	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$15,395	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,455	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$30,160	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,607	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$4,066	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$12,181	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$11,031	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$22,365	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$6,540	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$4,936	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$3,832	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$691	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$2,176	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$876	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,613	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$8,385	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$3,380	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,315	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$6,684	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,760	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,285	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$147,915,055	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	11,263	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$13,133	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$411,272	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	60	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$6,855	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$209,560	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$6,760	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$72,736,128	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	831	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$87,528	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$143,531,554	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$4,022	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$35,687	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$9,608,943	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	20,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$480	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$141,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	1,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$399,641	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	4,697	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$85	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$14,676,228	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	19,978	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$735	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$16,822,227	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	6,089	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$2,763	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$12,495,030	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	2,225	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$5,616	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,732,186	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	9,645	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$180	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$45,079,523	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	26,094	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,728	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$14,945,835	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,232	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,532	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$11,110,304	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,667	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,149	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$995,427	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	187	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,323	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$20,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	146	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$177,783	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	461	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$386	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$360,157	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	67	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,375	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,667,169	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	9,174	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$727	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$10,058,719	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,998	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,516	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$24,460,239	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,665	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,178	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$2,875	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,095	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$2,067	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$4,216	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$12,410	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$634	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$876	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$680	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,210	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,224	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$2,372	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$481	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	21.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	24.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	25.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	9.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	22.69	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	9.58	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	33.99	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	1.82	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	50.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	51.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	63.11	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: DC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	28.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	24.78	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	62.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	69.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	49.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	39.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	264	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	256	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	286	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	85	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	252	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$174,562	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	448	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$390	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$190,808	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$2,385	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	9,472	N/A	11,636	N/A	.	N/A	22.85	.	No
% Encounter Claims *	N/A	50.32	N/A	58.48	N/A	.	N/A	16.23	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	4,706	N/A	4,831	N/A	.	N/A	2.66	.	Yes
% Crossover	5-20	51.44	No	53.20	No	.	N/A	3.41	.	Yes
% Adjusted Claims	> 1%	0.28	No	2.84	Yes	.	N/A	926.58	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,898	N/A	$3,264	N/A	.	N/A	12.65	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	2,285	N/A	2,261	N/A	.	N/A	-1.05	.	Yes
% Claims with> $0 Paid	95-100	99.61	Yes	100.00	Yes	.	N/A	0.40	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$5,040	Yes	$6,064	Yes	.	N/A	20.32	.	No
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,009	N/A	$1,098	N/A	.	N/A	8.85	.	Yes
% Claims with TPL	>0 - 10	2.63	Yes	1.46	Yes	.	N/A	-44.42	.	No
Aver. TPL Paid for claims with TPL	N/A	$5,498	N/A	$8,735	N/A	.	N/A	58.88	.	No
% Claims with UB-92 Accommodation Codes	95-100	91.51	No	91.91	No	.	N/A	0.43	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	84.03	No	91.33	No	.	N/A	8.69	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.47	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	8.98	No	9.87	No	.	N/A	9.92	.	Yes
Average Covered Days (> 0 day	2-<8	5.19	Yes	5.31	Yes	.	N/A	2.30	.	Yes
% Begin Date = Admit Date	95-100	83.89	No	90.89	No	.	N/A	8.34	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.34	Yes	.	N/A	-0.66	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.41	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	10.28	Yes	7.78	Yes	.	N/A	-24.31	.	No
% Claims with PDX, where length=4	20-50	19.08	No	19.06	Yes	.	N/A	-0.10	.	Yes
% Claims with PDX, where length=5	20-50	70.63	No	73.15	No	.	N/A	3.57	.	Yes
% Claims with a procedure code	35-70	37.64	Yes	40.56	Yes	.	N/A	7.76	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.29	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	44.19	N/A	100.00	N/A	.	N/A	126.32	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	44.19	N/A	100.00	N/A	.	N/A	126.32	.	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	27.09	N/A	28.26	N/A	.	N/A	4.33	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	23.50	N/A	27.82	N/A	.	N/A	18.38	.	No
Patient Status										
% Home	75-90	75.71	Yes	70.19	No	.	N/A	-7.29	.	Yes
% Transferred	1-10	5.51	Yes	19.81	No	.	N/A	259.33	.	No
% Still a Patient	>0 - 2	0.04	Yes	0.09	Yes	.	N/A	102.12	.	No
% Died	>0 - 3	0.92	Yes	1.59	Yes	.	N/A	73.25	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,421	N/A	2,570	N/A	.	N/A	6.15	.	Yes
% Claims with> $0 Paic	N/A	99.96	N/A	100.00	N/A	.	N/A	0.04	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$781	N/A	$770	N/A	.	N/A	-1.51	.	Yes
% Claims with TPL	N/A	0.58	N/A	0.70	N/A	.	N/A	21.12	.	No
Aver. TPL Paid -claims with TPL	N/A	$435	N/A	$468	N/A	.	N/A	7.69	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	42.67	No	0.19	No	.	N/A	-99.54	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.60	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	42.59	No	0.19	N/A	.	N/A	-99.54	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.20	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.37	Yes	6.46	Yes	.	N/A	1.46	.	Yes
% Begin Date = Admit Date	95-100	99.75	Yes	99.77	Yes	.	N/A	0.01	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	0.45	No	1.01	No	.	N/A	123.26	.	No
% Claims with PDX, where length=3	5-30	9.75	Yes	9.61	Yes	.	N/A	-1.41	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	43.41	Yes	42.26	Yes	.	N/A	-2.66	.	Yes
% Claims with PDX, where length=5	20-50	46.84	Yes	48.13	Yes	.	N/A	2.76	.	Yes
% Claims with a procedure code	35-70	0.04	No	0.12	No	.	N/A	182.61	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.33	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	40,066	N/A	42,392	N/A	.	N/A	5.81	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	40,066	N/A	42,392	N/A	.	N/A	5.81	.	Yes
% Crossover	5-20	2.64	No	2.60	No	.	N/A	-1.19	.	Yes
% Adjusted Claims	> 1%	14.36	Yes	38.31	Yes	.	N/A	166.82	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$179	N/A	$1,680	N/A	.	N/A	838.71	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	39,010	N/A	41,288	N/A	.	N/A	5.84	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$99	Yes	$102	No	.	N/A	2.71	.	Yes
ICF/MR (TOS 05)	N/A	$273	N/A	$286	N/A	.	N/A	4.86	.	Yes
Aged/MH (TOS 02)	N/A	$278	N/A	$256	N/A	.	N/A	-7.64	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$294	N/A	$299	N/A	.	N/A	1.44	.	Yes
% NF (TOS 07)	75-99	84.83	Yes	86.28	Yes	.	N/A	1.71	.	Yes
% NF claims with NF Covered Days	N/A	81.84	N/A	76.74	N/A	.	N/A	-6.23	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.56	.	Yes
% ICF/MR (TOS 05)	>0-20	10.56	Yes	9.52	Yes	.	N/A	-9.83	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	91.19	N/A	90.28	N/A	.	N/A	-0.99	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	0.09	.	Yes
% Aged/MH (TOS 02)	>0-10	1.35	Yes	1.11	Yes	.	N/A	-17.22	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	96.76	N/A	86.30	N/A	.	N/A	-10.81	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	27	N/A	28	N/A	.	N/A	3.04	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	3.27	Yes	3.09	Yes	.	N/A	-5.52	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	10.75	N/A	8.48	N/A	.	N/A	-21.17	.	No
Avg days for IP Psych. < 21 claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	-1.04	.	Yes
% Claims with Leave Days	1-20	5.00	Yes	4.97	Yes	.	N/A	-0.58	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	21.45	Yes	23.84	Yes	.	N/A	11.16	.	Yes
% Claims with DX, where length=4	20-50	63.22	No	60.04	No	.	N/A	-5.04	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	15.32	No	16.12	No	.	N/A	5.18	.	Yes
Patient Status										
% Home	1-5	0.41	No	0.55	No	.	N/A	35.48	.	No
% Still a Patien	8-98	94.54	Yes	94.22	Yes	.	N/A	-0.34	.	Yes
% Died	>0-5	1.33	Yes	1.37	Yes	.	N/A	2.86	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,056	N/A	1,104	N/A	.	N/A	4.55	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$928	N/A	$1,187	N/A	.	N/A	27.98	.	No
% NF (TOS 07)	75-99	100.00	No	99.82	No	.	N/A	-0.18	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.18	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	98.77	Yes	98.64	Yes	.	N/A	-0.13	.	Yes
% Claims with DX, where length=3	5-30	28.09	Yes	27.09	Yes	.	N/A	-3.57	.	Yes
% Claims with DX, where length=4	20-50	56.18	No	54.91	No	.	N/A	-2.26	.	Yes
% Claims with DX, where length=5	20-50	15.53	No	18.00	No	.	N/A	15.88	.	No
Patient Status										
% Home	1-5	5.78	No	4.44	Yes	.	N/A	-23.16	.	No
% Still a Patien	8-98	68.09	Yes	76.18	Yes	.	N/A	11.88	.	Yes
% Died	>0-5	2.27	Yes	1.90	Yes	.	N/A	-16.30	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	2,603,501	N/A	2,851,370	N/A	.	N/A	9.52	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	28.95	N/A	31.64	N/A	.	N/A	9.30	.	Yes
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	29.80	N/A	27.42	N/A	.	N/A	-8.01	.	Yes
Total FFS Claims	N/A	1,849,773	N/A	1,167,390	N/A	.	N/A	-36.89	.	No
% Crossover	5-20	10.42	Yes	18.47	Yes	.	N/A	77.28	.	No
% Adjusted Claims	> 1%	0.29	No	0.42	No	.	N/A	46.33	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$278	N/A	$454	N/A	.	N/A	63.23	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	40.11	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$190	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	1,657,030	N/A	951,749	N/A	.	N/A	-42.56	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	52.71	N/A	10.63	N/A	.	N/A	-79.84	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.83	N/A	14.54	N/A	.	N/A	64.65	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	65.12	N/A	54.98	N/A	.	N/A	-15.58	.	No
% Other Claims with Span Bills/All Other Claims	N/A	52.72	N/A	9.73	N/A	.	N/A	-81.55	.	No
% Claims W/ Service Place 11- Office	50-90	2.45	No	3.33	No	.	N/A	35.84	.	No
% Claims W/ Service Place 12 - Home	>0-5	3.87	Yes	7.19	No	.	N/A	85.90	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	0.71	Yes	1.30	Yes	.	N/A	82.68	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.24	Yes	0.38	Yes	.	N/A	56.32	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.18	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	3.86	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	21.21	No	80.26	No	.	N/A	278.50	.	No
% Claims with TPL	>0 - 15	0.09	Yes	0.05	Yes	.	N/A	-40.70	.	No
Aver. TPL Paid -claims with TPL	N/A	$99	N/A	$106	N/A	.	N/A	7.55	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	3.56	No	3.34	No	.	N/A	-6.17	.	Yes
% claims MAX TOS 09: Dental	2-20	1.06	No	1.48	No	.	N/A	39.24	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	45.52	No	37.56	No	.	N/A	-17.48	.	No
% claims MAX TOS 11: OPD	3-25	0.65	No	2.75	No	.	N/A	320.97	.	No
% claims MAX TOS 12: Clinic	2-25	0.91	No	0.17	No	.	N/A	-81.16	.	No
% claims MAX TOS 13: HH	>0-25	2.24	Yes	1.70	Yes	.	N/A	-24.29	.	No
% claims MAX TOS 15: Lab/Xray	4-20	4.08	Yes	1.49	No	.	N/A	-63.43	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	9.61	Yes	8.89	Yes	.	N/A	-7.46	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	1.40	Yes	1.59	No	.	N/A	14.05	.	Yes
% claims MAX TOS 26: Transportation	>1	28.33	No	29.14	Yes	.	N/A	2.87	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	8.49	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	2.89	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.18	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$146	N/A	$117	N/A	.	N/A	-19.87	.	No
08: Physicians	$20-90	$67	Yes	$81	Yes	.	N/A	21.59	.	No
09: Dental	$10-60	$198	No	$195	No	.	N/A	-1.63	.	Yes
10: Other Practioner	$10-100	$25	Yes	$20	Yes	.	N/A	-17.95	.	No
11: OPD	$20-100	$194	No	$59	Yes	.	N/A	-69.59	.	No
12: Clinic	$20-100	$1,414	No	$477	No	.	N/A	-66.24	.	No
13: HH	N/A	$314	N/A	$296	N/A	.	N/A	-5.82	.	Yes
15: Lab/Xray	10-60	$24	Yes	$28	Yes	.	N/A	18.02	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$738	N/A	$532	N/A	.	N/A	-27.96	.	No
51: DME	N/A	$120	Yes	$86	N/A	.	N/A	-28.27	.	No
26: Transportation	N/A	$26	N/A	$27	N/A	.	N/A	2.27	.	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$30	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,096	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$2,287	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$1,158	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$407	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	8.12	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$91	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$490	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	52.16	No	76.40	Yes	.	N/A	46.47	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	19.81	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	18.86	Yes	24.60	Yes	.	N/A	30.42	.	No
% Claims with DX, where length=4	20-50	75.66	No	69.01	No	.	N/A	-8.79	.	Yes
% Claims with DX, where length=5	20-50	5.47	No	6.38	No	.	N/A	16.61	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	46.60	N/A	100.00	N/A	.	N/A	114.60	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	3.71	N/A	7.17	N/A	.	N/A	93.17	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	96.29	N/A	92.83	N/A	.	N/A	-3.59	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	99.93	Yes	.	N/A	-0.07	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	94.20	No	100.00	Yes	.	N/A	6.16	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	192,743	N/A	215,641	N/A	.	N/A	11.88	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.95	Yes	.	N/A	-0.05	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	5.46	N/A	5.35	N/A	.	N/A	-2.01	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.96	N/A	10.59	N/A	.	N/A	6.25	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.17	N/A	5.01	N/A	.	N/A	-3.12	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	57.67	N/A	59.39	N/A	.	N/A	2.97	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	5.66	N/A	5.11	N/A	.	N/A	-9.64	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
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1998-1999 MAX OT Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	6.03	N/A	6.11	N/A	.	N/A	1.34	.	Yes
% claims MAX TOS 12: Clinic	N/A	1.89	N/A	1.97	N/A	.	N/A	4.54	.	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	10.62	N/A	11.55	N/A	.	N/A	8.84	.	Yes
% claims MAX TOS 19: Other Services	N/A	9.13	N/A	8.57	N/A	.	N/A	-6.10	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	8.64	N/A	7.24	N/A	.	N/A	-16.17	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	2.89	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.18	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$44	N/A	$48	N/A	.	N/A	8.34	.	Yes
% Claims with DX	N/A	99.83	N/A	99.85	N/A	.	N/A	0.02	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.95	Yes	99.92	Yes	.	N/A	-0.03	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	54.75	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	14.05	Yes	12.52	Yes	.	N/A	-10.92	.	Yes
% Claims with DX, where length=4	20-50	49.50	Yes	49.51	Yes	.	N/A	0.01	.	Yes
% Claims with DX, where length=5	20-50	36.44	Yes	37.96	Yes	.	N/A	4.18	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	1,126,844	N/A	1,267,466	N/A	.	N/A	12.48	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,126,844	N/A	1,267,466	N/A	.	N/A	12.48	.	Yes
% Adjusted Claims	> 1%	0.00	No	0.05	No	.	N/A	1084.80	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$364	N/A	$198	N/A	.	N/A	-45.49	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	1,126,844	N/A	1,267,466	N/A	.	N/A	12.48	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$40	Yes	$45	Yes	.	N/A	13.38	.	Yes
% Claims with TPL	>0 - 15	0.00	No	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	0.43	N/A	1.74	N/A	.	N/A	302.75	.	No
% Drug Claims (TOS 16)	95-99	99.57	No	100.00	No	.	N/A	0.43	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.92	Yes	99.89	Yes	.	N/A	-0.03	.	Yes
% Claims with Medispan	98-100	89.44	No	96.26	No	.	N/A	7.63	.	Yes
% Claims with AHFS	98-100	99.92	Yes	99.89	Yes	.	N/A	-0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.92	Yes	99.89	Yes	.	N/A	-0.03	.	Yes
% Claims with GC3	98-100	99.92	Yes	99.89	Yes	.	N/A	-0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.10	N/A	77.70	N/A	.	N/A	-21.59	.	No
% Products (codes 4-6)	N/A	0.06	N/A	22.12	N/A	.	N/A	37899.14	.	No
% HRI (code 7)	N/A	0.71	N/A	0.04	N/A	.	N/A	-94.62	.	No
% Claims with Smart Key	98-100	99.92	Yes	99.89	Yes	.	N/A	-0.03	.	Yes
% OTC-Drug Class	N/A	6.75	N/A	6.75	N/A	.	N/A	-0.08	.	Yes
% Prescription-Drug Class	N/A	93.11	N/A	93.14	N/A	.	N/A	0.03	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	45.31	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	37.32	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	107,642	N/A	117,229	N/A	.	N/A	8.91	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$469,851,583	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	6.37	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	11.78	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	11.08	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	9.84	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.98	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.96	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	59.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	106,510	N/A	116,454	N/A	.	N/A	9.34	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	80,852	N/A	90,714	N/A	.	N/A	12.20	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	99.09	Yes	99.29	Yes	.	N/A	0.21	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	98.10	Yes	95.39	Yes	.	N/A	-2.77	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	11	N/A	11	N/A	.	N/A	0.00	.	N/A	Yes
% with County Code	>=95%	99.61	Yes	99.04	Yes	.	N/A	-0.57	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.40	Yes	1.14	Yes	.	N/A	181.19	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	41.71	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	44.55	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	9.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.05	Yes	4.04	Yes	.	N/A	-0.16	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	55.37	Yes	54.43	Yes	.	N/A	-1.69	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	7.99	Yes	7.66	Yes	.	N/A	-4.10	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	53.16	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	13,037	N/A	14,038	N/A	.	N/A	7.68	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	92.17	Yes	92.37	Yes	.	N/A	0.22	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	93.35	Yes	93.69	Yes	.	N/A	0.37	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	34.10	Yes	34.01	Yes	.	N/A	-0.26	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	303	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	62.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	1.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	35.97	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	7.26	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	5.61	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.99	Yes	99.98	Yes	.	N/A	-0.01	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	95.14	Yes	92.33	Yes	.	N/A	-2.95	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	7,806	N/A	8,530	N/A	.	N/A	9.27	.	10% (+/-)	Yes
11: Aged, Cash	N/A	2,295	N/A	2,730	N/A	.	N/A	18.95	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	2,141	N/A	2,429	N/A	.	N/A	13.45	.	10% (+/-)	No
41: Other Aged	N/A	3,370	N/A	3,371	N/A	.	N/A	0.03	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	15,168	N/A	15,555	N/A	.	N/A	2.55	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	11,077	N/A	11,166	N/A	.	N/A	0.80	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,222	N/A	1,589	N/A	.	N/A	30.03	.	10% (+/-)	No
42: Other Disabled	N/A	2,869	N/A	2,800	N/A	.	N/A	-2.41	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	51,245	N/A	55,544	N/A	.	N/A	8.39	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	13,888	N/A	38,697	N/A	.	N/A	178.64	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	21,731	N/A	7,866	N/A	.	N/A	-63.80	.	10% (+/-)	No
44: Other Child	N/A	14,884	N/A	7,174	N/A	.	N/A	-51.80	.	10% (+/-)	No
48: Foster Care Child	N/A	742	N/A	1,761	N/A	.	N/A	137.33	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	46	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	32,291	N/A	36,825	N/A	.	N/A	14.04	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	5,234	N/A	18,189	N/A	.	N/A	247.52	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	21,191	N/A	786	N/A	.	N/A	-96.29	.	10% (+/-)	No
45: Other Adult	N/A	5,866	N/A	2,383	N/A	.	N/A	-59.38	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	15,467	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	90,378	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.88	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	1.36	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.66	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	1.10	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.64	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	14,646	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	82.36	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	95,909	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	11.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	87,371	N/A	95,909	N/A	.	N/A	9.77	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	0.40	N/A	0.52	N/A	.	N/A	29.03	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	10.29	N/A	10.45	N/A	.	N/A	1.51	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	54.56	N/A	53.80	N/A	.	N/A	-1.39	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	34.74	N/A	35.23	N/A	.	N/A	1.40	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	70,573	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	90,378	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	77.80	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	22.20	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$148,479,034	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$148,479,034	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$175	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$175	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$148,479,034	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	95,909	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$108,141,260	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$8,710,945	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$6,754,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$36,908,532	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$55,766,950	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,128	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$91	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$70	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$385	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$581	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	7,465	N/A	8,051	N/A	.	N/A	7.85	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	4,118	N/A	3,291	N/A	.	N/A	-20.08	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	3,448	N/A	3,067	N/A	.	N/A	-11.04	.	15% (+/-)	Yes
MAX Aged Total	N/A	321	N/A	262	N/A	.	N/A	-18.38	.	10% (+/-)	No
11: Aged, Cash	N/A	49	N/A	29	N/A	.	N/A	-40.82	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	47	N/A	45	N/A	.	N/A	-4.26	.	10% (+/-)	Yes
41: Other Aged	N/A	225	N/A	188	N/A	.	N/A	-16.44	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	1,666	N/A	922	N/A	.	N/A	-44.66	.	10% (+/-)	No
12: Disabled, Cash	N/A	872	N/A	434	N/A	.	N/A	-50.23	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	19	N/A	19	N/A	.	N/A	0.00	.	10% (+/-)	Yes
42: Other Disabled	N/A	775	N/A	469	N/A	.	N/A	-39.48	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	3,572	N/A	3,941	N/A	.	N/A	10.33	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	705	N/A	1,701	N/A	.	N/A	141.28	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	1,182	N/A	715	N/A	.	N/A	-39.51	.	10% (+/-)	No
44: Other Child	N/A	1,540	N/A	1,122	N/A	.	N/A	-27.14	.	10% (+/-)	No
48: Foster Care Child	N/A	145	N/A	394	N/A	.	N/A	171.72	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	9	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	1,906	N/A	2,926	N/A	.	N/A	53.52	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	420	N/A	1,159	N/A	.	N/A	175.95	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	383	N/A	172	N/A	.	N/A	-55.09	.	10% (+/-)	No
45: Other Adult	N/A	1,103	N/A	1,316	N/A	.	N/A	19.31	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	279	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	273	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$52,516,356	N/A	$45,525,714	N/A	.	N/A	-13.31	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,035	N/A	$5,655	N/A	.	N/A	-19.62	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$12,753	N/A	$13,833	N/A	.	N/A	8.47	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$9,374	N/A	$11,971	N/A	.	N/A	27.71	.	15% (+/-)	No
11: Aged, Cash	N/A	$15,097	N/A	$7,699	N/A	.	N/A	-49.00	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$349	N/A	$772	N/A	.	N/A	121.36	.	15% (+/-)	No
41: Other Aged	N/A	$10,013	N/A	$15,311	N/A	.	N/A	52.92	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$25,680	N/A	$38,784	N/A	.	N/A	51.03	.	15% (+/-)	No
12: Disabled, Cash	N/A	$32,200	N/A	$21,308	N/A	.	N/A	-33.83	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$134	N/A	$868	N/A	.	N/A	548.92	.	15% (+/-)	No
42: Other Disabled	N/A	$18,971	N/A	$56,491	N/A	.	N/A	197.78	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,391	N/A	$1,170	N/A	.	N/A	-15.89	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$415	N/A	$501	N/A	.	N/A	20.75	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$651	N/A	$545	N/A	.	N/A	-16.17	.	15% (+/-)	No
44: Other Child	N/A	$2,176	N/A	$435	N/A	.	N/A	-79.99	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,840	N/A	$7,311	N/A	.	N/A	90.39	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$55	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$920	N/A	$690	N/A	.	N/A	-25.04	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$378	N/A	$326	N/A	.	N/A	-13.74	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$628	N/A	$683	N/A	.	N/A	8.69	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,228	N/A	$1,092	N/A	.	N/A	-11.12	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$310	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$3,905,849	N/A	$4,750,157	N/A	.	N/A	21.62	.	15% (+/-)	No
IP: Number of Users	N/A	627	N/A	803	N/A	.	N/A	28.07	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$6,229	N/A	$5,916	N/A	.	N/A	-5.04	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	.	N/A	-4.17	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$261,744	N/A	$110,061	N/A	.	N/A	-57.95	.	15% (+/-)	No
MH Aged: Number of Users	N/A	3	N/A	2	N/A	.	N/A	-33.33	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$87,248	N/A	$55,031	N/A	.	N/A	-36.93	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,589,586	N/A	$993,300	N/A	.	N/A	-37.51	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	56	N/A	40	N/A	.	N/A	-28.57	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$28,385	N/A	$24,833	N/A	.	N/A	-12.52	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$13,126,102	N/A	$12,179,537	N/A	.	N/A	-7.21	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	131	N/A	120	N/A	.	N/A	-8.40	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$100,199	N/A	$101,496	N/A	.	N/A	1.29	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$8,268,538	N/A	$7,524,751	N/A	.	N/A	-9.00	.	15% (+/-)	Yes
NF Number of Users	N/A	204	N/A	187	N/A	.	N/A	-8.33	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$40,532	N/A	$40,239	N/A	.	N/A	-0.72	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$875,273	N/A	$1,027,514	N/A	.	N/A	17.39	.	15% (+/-)	No

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Physician: Number of Users	N/A	2,293	N/A	1,951	N/A	.	N/A	-14.91	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$382	N/A	$527	N/A	.	N/A	37.97	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$52,325	N/A	$29,794	N/A	.	N/A	-43.06	.	15% (+/-)	No
Dental: Number of Users	N/A	185	N/A	81	N/A	.	N/A	-56.22	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$283	N/A	$368	N/A	.	N/A	30.05	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,135,183	N/A	$117,024	N/A	.	N/A	-89.69	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	1,293	N/A	360	N/A	.	N/A	-72.16	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$878	N/A	$325	N/A	.	N/A	-62.97	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$367,209	N/A	$484,984	N/A	.	N/A	32.07	.	15% (+/-)	No
OPD Number of Users	N/A	579	N/A	955	N/A	.	N/A	64.94	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$634	N/A	$508	N/A	.	N/A	-19.93	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,495,208	N/A	$26,946	N/A	.	N/A	-98.20	.	15% (+/-)	No
Clinic: Number of Users	N/A	284	N/A	104	N/A	.	N/A	-63.38	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$5,265	N/A	$259	N/A	.	N/A	-95.08	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,368,727	N/A	$319,360	N/A	.	N/A	-76.67	.	15% (+/-)	No
HH: Number of Users	N/A	217	N/A	108	N/A	.	N/A	-50.23	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$6,307	N/A	$2,957	N/A	.	N/A	-53.12	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$276,452	N/A	$143,603	N/A	.	N/A	-48.05	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	1,248	N/A	1,051	N/A	.	N/A	-15.79	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$222	N/A	$137	N/A	.	N/A	-38.32	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$2,811,764	N/A	$2,572,868	N/A	.	N/A	-8.50	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	2,257	N/A	1,509	N/A	.	N/A	-33.14	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,246	N/A	$1,705	N/A	.	N/A	36.86	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$14,376,510	N/A	$11,381,561	N/A	.	N/A	-20.83	.	15% (+/-)	No
Other Services: Number of Users	N/A	$705	N/A	$405	N/A	.	N/A	-42.55	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$20,392	N/A	$28,103	N/A	.	N/A	37.81	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$269,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	316	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$851	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$108,906	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	67	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$37,842	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,406	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$339,036	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	219	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$1,548	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$47,108	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,711	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$2,535,759	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	318	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$7,974	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$43,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,861	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$523	N/A	$590	N/A	.	N/A	12.76	.	15% (+/-)	Yes
Aged	N/A	$425	N/A	$386	N/A	.	N/A	-9.04	.	15% (+/-)	Yes
Disabled	N/A	$1,076	N/A	$2,298	N/A	.	N/A	113.57	.	15% (+/-)	No
Child	N/A	$201	N/A	$263	N/A	.	N/A	30.55	.	15% (+/-)	No
Adult	N/A	$660	N/A	$511	N/A	.	N/A	-22.61	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$3,114	N/A	$2,584	N/A	.	N/A	-17.00	.	15% (+/-)	No
Aged	N/A	$7,373	N/A	$9,089	N/A	.	N/A	23.28	.	15% (+/-)	No
Disabled	N/A	$11,725	N/A	$19,039	N/A	.	N/A	62.38	.	15% (+/-)	No
Child	N/A	$374	N/A	$221	N/A	.	N/A	-40.81	.	15% (+/-)	No
Adult	N/A	$5	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$377	N/A	$320	N/A	.	N/A	-15.16	.	15% (+/-)	No
Aged	N/A	$460	N/A	$570	N/A	.	N/A	23.94	.	15% (+/-)	No
Disabled	N/A	$1,484	N/A	$2,504	N/A	.	N/A	68.68	.	15% (+/-)	No
Child	N/A	$42	N/A	$16	N/A	.	N/A	-62.14	.	15% (+/-)	No
Adult	N/A	$21	N/A	$18	N/A	.	N/A	-16.43	.	15% (+/-)	No
All Other Services	N/A	$3,018	N/A	$2,161	N/A	.	N/A	-28.42	.	15% (+/-)	No
Aged	N/A	$1,116	N/A	$1,926	N/A	.	N/A	72.54	.	15% (+/-)	No
Disabled	N/A	$11,390	N/A	$14,943	N/A	.	N/A	31.19	.	15% (+/-)	No
Child	N/A	$773	N/A	$670	N/A	.	N/A	-13.30	.	15% (+/-)	Yes
Adult	N/A	$230	N/A	$161	N/A	.	N/A	-29.72	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	8.40	N/A	9.97	N/A	.	N/A	18.75	.	15% (+/-)	No
Aged	N/A	7.17	N/A	10.69	N/A	.	N/A	49.15	.	15% (+/-)	No
Disabled	N/A	7.62	N/A	12.80	N/A	.	N/A	67.89	.	15% (+/-)	No
Child	N/A	4.62	N/A	7.54	N/A	.	N/A	63.15	.	15% (+/-)	No
Adult	N/A	16.37	N/A	12.30	N/A	.	N/A	-24.84	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	5.26	N/A	4.33	N/A	.	N/A	-17.66	.	15% (+/-)	No
Aged	N/A	27.10	N/A	29.39	N/A	.	N/A	8.44	.	15% (+/-)	Yes
Disabled	N/A	15.61	N/A	25.60	N/A	.	N/A	64.01	.	15% (+/-)	No
Child	N/A	1.26	N/A	0.91	N/A	.	N/A	-27.49	.	15% (+/-)	No
Adult	N/A	0.05	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	7.89	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	30.23	N/A	18.74	N/A	.	N/A	-38.01	.	15% (+/-)	No
Aged	N/A	28.97	N/A	36.26	N/A	.	N/A	25.15	.	15% (+/-)	No
Disabled	N/A	65.97	N/A	65.84	N/A	.	N/A	-0.20	.	15% (+/-)	Yes
Child	N/A	22.03	N/A	12.28	N/A	.	N/A	-44.26	.	15% (+/-)	No
Adult	N/A	14.59	N/A	11.04	N/A	.	N/A	-24.32	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	47.84	N/A	35.09	N/A	.	N/A	-26.65	.	15% (+/-)	No
Aged	N/A	34.27	N/A	42.75	N/A	.	N/A	24.75	.	15% (+/-)	No

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Disabled	N/A	78.63	N/A	78.20	N/A	.	N/A	-0.55	.	15% (+/-)	Yes
Child	N/A	40.43	N/A	30.68	N/A	.	N/A	-24.11	.	15% (+/-)	No
Adult	N/A	37.09	N/A	26.76	N/A	.	N/A	-27.86	.	15% (+/-)	No
Avg # IP Days per User	N/A	7	N/A	7	N/A	.	N/A	-4.17	.	15% (+/-)	Yes
Aged	N/A	13	N/A	7	N/A	.	N/A	-45.14	.	15% (+/-)	No
Disabled	N/A	19	N/A	24	N/A	.	N/A	26.94	.	15% (+/-)	No
Child	N/A	5	N/A	4	N/A	.	N/A	-3.15	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-4.34	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	303	N/A	252	N/A	.	N/A	-16.78	.	15% (+/-)	No
Aged	N/A	319	N/A	258	N/A	.	N/A	-19.27	.	15% (+/-)	No
Disabled	N/A	333	N/A	282	N/A	.	N/A	-15.24	.	15% (+/-)	No
Child	N/A	102	N/A	41	N/A	.	N/A	-59.68	.	15% (+/-)	No
Adult	N/A	31	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	5.95	N/A	7.78	N/A	.	N/A	30.73	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$20,869	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	153	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$136	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$11,121,270	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	347	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$32,050	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	11,674	N/A	12,494	N/A	.	N/A	7.02	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	9,902	N/A	10,429	N/A	.	N/A	5.32	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	10,052	N/A	10,942	N/A	.	N/A	8.86	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	19.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	38.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	9.38	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	30.41	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	1.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.23	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	7,132	N/A	7,768	N/A	.	N/A	8.92	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	1,950	N/A	2,269	N/A	.	N/A	16.36	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	2,051	N/A	2,335	N/A	.	N/A	13.85	.	10% (+/-)	No
41: Other Aged	N/A	3,131	N/A	3,164	N/A	.	N/A	1.05	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	4,510	N/A	4,613	N/A	.	N/A	2.28	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	2,354	N/A	2,242	N/A	.	N/A	-4.76	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,068	N/A	1,391	N/A	.	N/A	30.24	.	10% (+/-)	No
42: Other Disabled	N/A	1,088	N/A	980	N/A	.	N/A	-9.93	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	11,897	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.82	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.29	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.39	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.75	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.71	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$153,148,552	N/A	$167,663,944	N/A	.	N/A	9.48	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$13,119	N/A	$13,420	N/A	.	N/A	2.29	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$15,466	N/A	$16,077	N/A	.	N/A	3.95	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$12,715	N/A	$13,025	N/A	.	N/A	2.43	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,990	N/A	$5,197	N/A	.	N/A	-13.24	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$748	N/A	$839	N/A	.	N/A	12.18	.	15% (+/-)	Yes
41: Other Aged	N/A	$24,743	N/A	$27,631	N/A	.	N/A	11.67	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$13,846	N/A	$14,384	N/A	.	N/A	3.89	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$10,217	N/A	$10,778	N/A	.	N/A	5.49	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$862	N/A	$907	N/A	.	N/A	5.28	.	15% (+/-)	Yes
42: Other Disabled	N/A	$34,442	N/A	$41,761	N/A	.	N/A	21.25	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$2,082,643	N/A	$2,134,746	N/A	.	N/A	2.50	.	15% (+/-)	Yes
IP: Number of Users	N/A	1,769	N/A	1,939	N/A	.	N/A	9.61	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,177	N/A	$1,101	N/A	.	N/A	-6.48	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	8	N/A	8	N/A	.	N/A	0.12	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,451,513	N/A	$2,623,644	N/A	.	N/A	-23.99	.	15% (+/-)	No
MH Aged: Number of Users	N/A	43	N/A	40	N/A	.	N/A	-6.98	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$80,268	N/A	$65,591	N/A	.	N/A	-18.28	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$19,576,671	N/A	$20,335,171	N/A	.	N/A	3.87	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	208	N/A	206	N/A	.	N/A	-0.96	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$94,119	N/A	$98,714	N/A	.	N/A	4.88	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$72,715,468	N/A	$76,928,774	N/A	.	N/A	5.79	.	15% (+/-)	Yes
NF Number of Users	N/A	$2,872	N/A	$2,951	N/A	.	N/A	2.75	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$25,319	N/A	$26,069	N/A	.	N/A	2.96	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$3,501,979	N/A	$4,494,461	N/A	.	N/A	28.34	.	15% (+/-)	No
Physician: Number of Users	N/A	7,881	N/A	8,645	N/A	.	N/A	9.69	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$444	N/A	$520	N/A	.	N/A	17.00	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$168	N/A	$980	N/A	.	N/A	483.33	.	15% (+/-)	No
Dental: Number of Users	N/A	1	N/A	1	N/A	.	N/A	0.00	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$168	N/A	$980	N/A	.	N/A	483.33	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$393,613	N/A	$180,679	N/A	.	N/A	-54.10	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	2,845	N/A	2,704	N/A	.	N/A	-4.96	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$138	N/A	$67	N/A	.	N/A	-51.70	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,474,866	N/A	$1,780,515	N/A	.	N/A	20.72	.	15% (+/-)	No
OPD Number of Users	N/A	4,363	N/A	4,909	N/A	.	N/A	12.51	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$338	N/A	$363	N/A	.	N/A	7.30	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,143,120	N/A	$1,017,352	N/A	.	N/A	-11.00	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	744	N/A	784	N/A	.	N/A	5.38	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$1,536	N/A	$1,298	N/A	.	N/A	-15.54	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$4,537,561	N/A	$4,289,020	N/A	.	N/A	-5.48	.	15% (+/-)	Yes
HH: Number of Users	N/A	718	N/A	655	N/A	.	N/A	-8.77	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$6,320	N/A	$6,548	N/A	.	N/A	3.61	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$354,151	N/A	$551,640	N/A	.	N/A	55.76	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	4,878	N/A	5,290	N/A	.	N/A	8.45	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$73	N/A	$104	N/A	.	N/A	43.63	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$14,371,426	N/A	$17,404,224	N/A	.	N/A	21.10	.	15% (+/-)	No
Drugs: Number of Users	N/A	7,187	N/A	7,501	N/A	.	N/A	4.37	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$2,000	N/A	$2,320	N/A	.	N/A	16.03	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$25,203,232	N/A	$27,861,525	N/A	.	N/A	10.55	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$3,037	N/A	$2,853	N/A	.	N/A	-6.06	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$8,299	N/A	$9,766	N/A	.	N/A	17.68	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,779,781	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,158	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$564	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$186,324	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	166	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,122	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$18,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,143	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$874,064	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	1,213	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$721	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$813,857	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	131	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,213	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$3,594,031	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	560	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$6,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$662,911	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	110	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,026	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$178	N/A	$171	N/A	.	N/A	-4.23	.	15% (+/-)	Yes
Aged	N/A	$151	N/A	$159	N/A	.	N/A	5.40	.	15% (+/-)	Yes
Disabled	N/A	$223	N/A	$194	N/A	.	N/A	-12.98	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$8,201	N/A	$7,995	N/A	.	N/A	-2.52	.	15% (+/-)	Yes
Aged	N/A	$9,744	N/A	$9,655	N/A	.	N/A	-0.91	.	15% (+/-)	Yes
Disabled	N/A	$5,821	N/A	$5,396	N/A	.	N/A	-7.31	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,231	N/A	$1,393	N/A	.	N/A	13.15	.	15% (+/-)	Yes
Aged	N/A	$909	N/A	$1,098	N/A	.	N/A	20.80	.	15% (+/-)	No
Disabled	N/A	$1,747	N/A	$1,910	N/A	.	N/A	9.36	.	15% (+/-)	Yes
All Other Services	N/A	$3,507	N/A	$3,861	N/A	.	N/A	10.11	.	15% (+/-)	Yes
Aged	N/A	$1,912	N/A	$2,113	N/A	.	N/A	10.51	.	15% (+/-)	Yes
Disabled	N/A	$6,051	N/A	$6,884	N/A	.	N/A	13.76	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.15	N/A	15.52	N/A	.	N/A	2.42	.	15% (+/-)	Yes
Aged	N/A	15.72	N/A	16.30	N/A	.	N/A	3.69	.	15% (+/-)	Yes
Disabled	N/A	14.35	N/A	14.46	N/A	.	N/A	0.79	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	26.68	N/A	25.55	N/A	.	N/A	-4.25	.	15% (+/-)	Yes
Aged	N/A	37.41	N/A	35.89	N/A	.	N/A	-4.06	.	15% (+/-)	Yes
Disabled	N/A	9.91	N/A	8.76	N/A	.	N/A	-11.64	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	61.56	N/A	60.04	N/A	.	N/A	-2.48	.	15% (+/-)	Yes
Aged	N/A	58.47	N/A	59.32	N/A	.	N/A	1.46	.	15% (+/-)	Yes
Disabled	N/A	66.59	N/A	61.54	N/A	.	N/A	-7.57	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	77.11	N/A	77.52	N/A	.	N/A	0.53	.	15% (+/-)	Yes
Aged	N/A	74.66	N/A	76.71	N/A	.	N/A	2.74	.	15% (+/-)	Yes
Disabled	N/A	81.13	N/A	79.47	N/A	.	N/A	-2.05	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	8	N/A	8	N/A	.	N/A	0.12	.	15% (+/-)	Yes
Aged	N/A	8	N/A	8	N/A	.	N/A	1.68	.	15% (+/-)	Yes
Disabled	N/A	9	N/A	9	N/A	.	N/A	-1.37	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	316	N/A	257	N/A	.	N/A	-18.62	.	15% (+/-)	No
Aged	N/A	315	N/A	254	N/A	.	N/A	-19.41	.	15% (+/-)	No
Disabled	N/A	320	N/A	279	N/A	.	N/A	-13.04	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$19,777	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	109	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$181	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$25,382,027	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1207	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$21,029	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	19,139	N/A	20,545	N/A	.	N/A	7.35	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	14,020	N/A	13,720	N/A	.	N/A	-2.14	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	66.78	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	83.13	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	82.57	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	36.82	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	33.70	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	13,500	N/A	14,010	N/A	.	N/A	3.78	.	15% (+/-)	Yes
MAX Aged Total	N/A	7,453	N/A	8,030	N/A	.	N/A	7.74	.	10% (+/-)	Yes
11: Aged, Cash	N/A	1,999	N/A	2,298	N/A	.	N/A	14.96	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	2,098	N/A	2,380	N/A	.	N/A	13.44	.	10% (+/-)	No
41: Other Aged	N/A	3,356	N/A	3,352	N/A	.	N/A	-0.12	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	6,176	N/A	5,535	N/A	.	N/A	-10.38	.	10% (+/-)	No
12: Disabled, Cash	N/A	3,226	N/A	2,676	N/A	.	N/A	-17.05	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,087	N/A	1,410	N/A	.	N/A	29.71	.	10% (+/-)	No
42: Other Disabled	N/A	1,863	N/A	1,449	N/A	.	N/A	-22.22	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	3,572	N/A	3,941	N/A	.	N/A	10.33	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	705	N/A	1,701	N/A	.	N/A	141.28	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	1,182	N/A	715	N/A	.	N/A	-39.51	.	10% (+/-)	No
44: Other Child	N/A	1,540	N/A	1,122	N/A	.	N/A	-27.14	.	10% (+/-)	No
48: Foster Care Child	N/A	145	N/A	394	N/A	.	N/A	171.72	.	10% (+/-)	No
54: 1115 Child	N/A	145	N/A	394	N/A	.	N/A	171.72	.	10% (+/-)	No
MAX Adult Total	N/A	1,938	N/A	3,039	N/A	.	N/A	56.81	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	427	N/A	1,240	N/A	.	N/A	190.40	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	387	N/A	173	N/A	.	N/A	-55.30	.	10% (+/-)	No
45: Other Adult	N/A	1,124	N/A	1,319	N/A	.	N/A	17.35	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	307	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$205,664,908	N/A	$213,189,658	N/A	.	N/A	3.66	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$10,746	N/A	$10,377	N/A	.	N/A	-3.44	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$14,669	N/A	$15,539	N/A	.	N/A	5.93	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$12,571	N/A	$12,990	N/A	.	N/A	3.33	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$6,213	N/A	$5,229	N/A	.	N/A	-15.85	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$739	N/A	$838	N/A	.	N/A	13.37	.	15% (+/-)	Yes
41: Other Aged	N/A	$23,755	N/A	$26,940	N/A	.	N/A	13.40	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$17,038	N/A	$18,448	N/A	.	N/A	8.28	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$16,159	N/A	$12,486	N/A	.	N/A	-22.73	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$849	N/A	$907	N/A	.	N/A	6.80	.	15% (+/-)	Yes
42: Other Disabled	N/A	$28,006	N/A	$46,529	N/A	.	N/A	66.14	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,391	N/A	$1,170	N/A	.	N/A	-15.89	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$415	N/A	$501	N/A	.	N/A	20.75	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$651	N/A	$545	N/A	.	N/A	-16.17	.	15% (+/-)	No
44: Other Child	N/A	$2,176	N/A	$435	N/A	.	N/A	-79.99	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,840	N/A	$7,311	N/A	.	N/A	90.39	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$55	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$915	N/A	$709	N/A	.	N/A	-22.52	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$381	N/A	$375	N/A	.	N/A	-1.57	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$629	N/A	$679	N/A	.	N/A	7.82	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,216	N/A	$1,089	N/A	.	N/A	-10.40	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$439	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$5,988,492	N/A	$6,884,903	N/A	.	N/A	14.97	.	15% (+/-)	Yes
IP: Number of Users	N/A	2,396	N/A	2,742	N/A	.	N/A	14.44	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$2,499	N/A	$2,511	N/A	.	N/A	0.46	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	8	N/A	8	N/A	.	N/A	-1.57	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,713,257	N/A	$2,733,705	N/A	.	N/A	-26.38	.	15% (+/-)	No
MH Aged: Number of Users	N/A	46	N/A	42	N/A	.	N/A	-8.70	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$80,723	N/A	$65,088	N/A	.	N/A	-19.37	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,589,586	N/A	$993,300	N/A	.	N/A	-37.51	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	56	N/A	40	N/A	.	N/A	-28.57	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$28,385	N/A	$24,833	N/A	.	N/A	-12.52	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$32,702,773	N/A	$32,514,708	N/A	.	N/A	-0.58	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	339	N/A	326	N/A	.	N/A	-3.83	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$96,468	N/A	$99,738	N/A	.	N/A	3.39	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$80,984,006	N/A	$84,453,525	N/A	.	N/A	4.28	.	15% (+/-)	Yes
NF Number of Users	N/A	$3,076	N/A	$3,138	N/A	.	N/A	2.02	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$26,328	N/A	$26,913	N/A	.	N/A	2.22	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$4,377,252	N/A	$5,521,975	N/A	.	N/A	26.15	.	15% (+/-)	No
Physician: Number of Users	N/A	10,174	N/A	10,596	N/A	.	N/A	4.15	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$430	N/A	$521	N/A	.	N/A	21.13	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$52,493	N/A	$30,774	N/A	.	N/A	-41.38	.	15% (+/-)	No
Dental: Number of Users	N/A	186	N/A	82	N/A	.	N/A	-55.91	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$282	N/A	$375	N/A	.	N/A	32.98	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,528,796	N/A	$297,703	N/A	.	N/A	-80.53	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	4,138	N/A	3,064	N/A	.	N/A	-25.95	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$369	N/A	$97	N/A	.	N/A	-73.70	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,842,075	N/A	$2,265,499	N/A	.	N/A	22.99	.	15% (+/-)	No
OPD Number of Users	N/A	4,942	N/A	5,864	N/A	.	N/A	18.66	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$373	N/A	$386	N/A	.	N/A	3.65	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$2,638,328	N/A	$1,044,298	N/A	.	N/A	-60.42	.	15% (+/-)	No
Clinic: Number of Users	N/A	1,028	N/A	888	N/A	.	N/A	-13.62	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$2,566	N/A	$1,176	N/A	.	N/A	-54.18	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$5,906,288	N/A	$4,608,380	N/A	.	N/A	-21.98	.	15% (+/-)	No
HH: Number of Users	N/A	935	N/A	763	N/A	.	N/A	-18.40	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$6,317	N/A	$6,040	N/A	.	N/A	-4.39	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$630,603	N/A	$695,243	N/A	.	N/A	10.25	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	6,126	N/A	6,341	N/A	.	N/A	3.51	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$103	N/A	$110	N/A	.	N/A	6.51	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$17,183,190	N/A	$19,977,092	N/A	.	N/A	16.26	.	15% (+/-)	No
Drugs: Number of Users	N/A	9,444	N/A	9,010	N/A	.	N/A	-4.60	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,819	N/A	$2,217	N/A	.	N/A	21.86	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$39,579,742	N/A	$39,243,086	N/A	.	N/A	-0.85	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$3,742	N/A	$3,258	N/A	.	N/A	-12.93	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$10,577	N/A	$12,045	N/A	.	N/A	13.88	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,048,823	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,474	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$590	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$295,230	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	233	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$56,270	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,627	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,213,100	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	1,432	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$847	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$860,965	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	141	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$6,129,790	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	878	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$6,982	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$706,663	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	119	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,938	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$313	N/A	$335	N/A	.	N/A	7.10	.	15% (+/-)	Yes
Aged	N/A	$162	N/A	$166	N/A	.	N/A	2.31	.	15% (+/-)	Yes
Disabled	N/A	$453	N/A	$545	N/A	.	N/A	20.16	.	15% (+/-)	No
Child	N/A	$201	N/A	$263	N/A	.	N/A	30.55	.	15% (+/-)	No
Adult	N/A	$649	N/A	$493	N/A	.	N/A	-24.04	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$6,217	N/A	$5,875	N/A	.	N/A	-5.51	.	15% (+/-)	Yes
Aged	N/A	$9,641	N/A	$9,636	N/A	.	N/A	-0.05	.	15% (+/-)	Yes
Disabled	N/A	$7,414	N/A	$7,668	N/A	.	N/A	3.43	.	15% (+/-)	Yes
Child	N/A	$374	N/A	$221	N/A	.	N/A	-40.81	.	15% (+/-)	No
Adult	N/A	$5	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$898	N/A	$972	N/A	.	N/A	8.30	.	15% (+/-)	Yes
Aged	N/A	$890	N/A	$1,081	N/A	.	N/A	21.49	.	15% (+/-)	No
Disabled	N/A	$1,676	N/A	$2,009	N/A	.	N/A	19.88	.	15% (+/-)	No
Child	N/A	$42	N/A	$16	N/A	.	N/A	-62.14	.	15% (+/-)	No
Adult	N/A	$26	N/A	$37	N/A	.	N/A	44.47	.	15% (+/-)	No
All Other Services	N/A	$3,316	N/A	$3,195	N/A	.	N/A	-3.67	.	15% (+/-)	Yes
Aged	N/A	$1,878	N/A	$2,107	N/A	.	N/A	12.20	.	15% (+/-)	Yes
Disabled	N/A	$7,491	N/A	$8,226	N/A	.	N/A	9.81	.	15% (+/-)	Yes
Child	N/A	$773	N/A	$670	N/A	.	N/A	-13.30	.	15% (+/-)	Yes
Adult	N/A	$230	N/A	$178	N/A	.	N/A	-22.49	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.52	N/A	13.35	N/A	.	N/A	6.61	.	15% (+/-)	Yes
Aged	N/A	15.35	N/A	16.11	N/A	.	N/A	4.98	.	15% (+/-)	Yes
Disabled	N/A	12.53	N/A	14.18	N/A	.	N/A	13.17	.	15% (+/-)	Yes
Child	N/A	4.62	N/A	7.54	N/A	.	N/A	63.15	.	15% (+/-)	No
Adult	N/A	16.15	N/A	12.04	N/A	.	N/A	-25.43	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	18.33	N/A	17.24	N/A	.	N/A	-5.97	.	15% (+/-)	Yes
Aged	N/A	36.96	N/A	35.68	N/A	.	N/A	-3.48	.	15% (+/-)	Yes
Disabled	N/A	11.45	N/A	11.56	N/A	.	N/A	1.01	.	15% (+/-)	Yes
Child	N/A	1.26	N/A	0.91	N/A	.	N/A	-27.49	.	15% (+/-)	No
Adult	N/A	0.05	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	49.34	N/A	43.85	N/A	.	N/A	-11.12	.	15% (+/-)	Yes
Aged	N/A	57.20	N/A	58.57	N/A	.	N/A	2.39	.	15% (+/-)	Yes
Disabled	N/A	66.42	N/A	62.26	N/A	.	N/A	-6.26	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: DE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	22.03	N/A	12.28	N/A	.	N/A	-44.26	.	15% (+/-)	No
Adult	N/A	15.07	N/A	12.41	N/A	.	N/A	-17.67	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	65.69	N/A	60.89	N/A	.	N/A	-7.31	.	15% (+/-)	Yes
Aged	N/A	72.92	N/A	75.60	N/A	.	N/A	3.68	.	15% (+/-)	Yes
Disabled	N/A	80.46	N/A	79.26	N/A	.	N/A	-1.49	.	15% (+/-)	Yes
Child	N/A	40.43	N/A	30.68	N/A	.	N/A	-24.11	.	15% (+/-)	No
Adult	N/A	37.41	N/A	27.74	N/A	.	N/A	-25.85	.	15% (+/-)	No
Avg # IP Days per User	N/A	8	N/A	8	N/A	.	N/A	-1.57	.	15% (+/-)	Yes
Aged	N/A	8	N/A	8	N/A	.	N/A	0.21	.	15% (+/-)	Yes
Disabled	N/A	11	N/A	11	N/A	.	N/A	5.01	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-3.15	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-6.15	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	315	N/A	257	N/A	.	N/A	-18.40	.	15% (+/-)	No
Aged	N/A	315	N/A	254	N/A	.	N/A	-19.42	.	15% (+/-)	No
Disabled	N/A	325	N/A	280	N/A	.	N/A	-13.87	.	15% (+/-)	Yes
Child	N/A	102	N/A	41	N/A	.	N/A	-59.68	.	15% (+/-)	No
Adult	N/A	31	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$40,646	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	262	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$155	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$36,503,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$23,490	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	309,809	N/A	300,107	N/A	.	N/A	-3.13	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	309,809	N/A	300,107	N/A	.	N/A	-3.13	.	Yes
% Crossover	5-20	29.47	No	29.32	No	.	N/A	-0.49	.	Yes
% Adjusted Claims	> 1%	10.27	Yes	8.81	Yes	.	N/A	-14.15	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$4,992	N/A	$4,460	N/A	.	N/A	-10.66	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	218,516	N/A	212,104	N/A	.	N/A	-2.93	.	Yes
% Claims with> $0 Paid	95-100	99.41	Yes	100.00	Yes	.	N/A	0.59	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,285	Yes	$4,287	Yes	.	N/A	0.05	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$863	N/A	$875	N/A	.	N/A	1.42	.	Yes
% Claims with TPL	>0 - 10	1.21	Yes	0.49	Yes	.	N/A	-59.22	.	No
Aver. TPL Paid for claims with TPL	N/A	$7,057	N/A	$3,799	N/A	.	N/A	-46.17	.	No
% Claims with UB-92 Accommodation Codes	95-100	98.90	Yes	99.07	Yes	.	N/A	0.18	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.35	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.04	Yes	99.68	Yes	.	N/A	0.65	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.62	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.22	Yes	5.11	Yes	.	N/A	-2.12	.	Yes
Average Covered Days (> 0 day	2-<8	5.01	Yes	4.93	Yes	.	N/A	-1.51	.	Yes
% Begin Date = Admit Date	95-100	96.58	Yes	97.19	Yes	.	N/A	0.64	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.02	Yes	99.08	Yes	.	N/A	0.06	.	Yes
% Family Planning Claims (pgm	>0-5	0.98	Yes	0.82	Yes	.	N/A	-16.25	.	No
% Claims with PDX	98-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.18	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	10.50	Yes	10.26	Yes	.	N/A	-2.34	.	Yes
% Claims with PDX, where length=4	20-50	27.28	Yes	26.67	Yes	.	N/A	-2.22	.	Yes
% Claims with PDX, where length=5	20-50	62.22	No	63.07	Yes	.	N/A	1.37	.	Yes
% Claims with a procedure code	35-70	60.50	Yes	59.71	Yes	.	N/A	-1.30	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.95	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	98.53	N/A	98.78	N/A	.	N/A	0.26	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	98.53	N/A	98.78	N/A	.	N/A	0.26	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	28.79	N/A	28.71	N/A	.	N/A	-0.26	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	6.03	N/A	5.63	N/A	.	N/A	-6.66	.	Yes
Patient Status										
% Home	75-90	38.09	No	75.94	Yes	.	N/A	99.35	.	No
% Transferred	1-10	2.89	Yes	9.50	Yes	.	N/A	228.45	.	No
% Still a Patient	>0 - 2	5.31	No	1.07	Yes	.	N/A	-79.90	.	No
% Died	>0 - 3	1.28	Yes	1.49	Yes	.	N/A	16.52	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	91,293	N/A	88,003	N/A	.	N/A	-3.60	.	Yes
% Claims with> $0 Paic	N/A	98.18	N/A	100.00	N/A	.	N/A	1.86	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$783	N/A	$767	N/A	.	N/A	-2.07	.	Yes
% Claims with TPL	N/A	0.03	N/A	0.00	N/A	.	N/A	-95.68	.	No
Aver. TPL Paid -claims with TPL	N/A	$437	N/A	$1,442	N/A	.	N/A	229.66	.	No
% Claims withUB-92 Accommodation Codes	95-100	18.60	No	64.11	No	.	N/A	244.75	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.25	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	18.59	No	99.70	N/A	.	N/A	436.28	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.03	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.26	Yes	6.00	Yes	.	N/A	-4.25	.	Yes
% Begin Date = Admit Date	95-100	62.38	No	67.17	No	.	N/A	7.67	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	52.61	No	54.57	No	.	N/A	3.74	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	96.82	Yes	6.50	Yes	.	N/A	-93.28	.	No
% Claims with PDX, where length=3	5-30	8.14	Yes	8.87	Yes	.	N/A	8.90	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	41.70	Yes	40.62	Yes	.	N/A	-2.60	.	Yes
% Claims with PDX, where length=5	20-50	50.16	No	50.51	Yes	.	N/A	0.71	.	Yes
% Claims with a procedure code	35-70	28.92	No	32.43	No	.	N/A	12.15	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.30	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	70.28	N/A	0.05	N/A	.	N/A	-99.93	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	70.28	N/A	0.05	N/A	.	N/A	-99.93	.	No
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	746,044	N/A	710,430	N/A	.	N/A	-4.77	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	746,044	N/A	710,430	N/A	.	N/A	-4.77	.	Yes
% Crossover	5-20	9.37	Yes	7.29	Yes	.	N/A	-22.22	.	No
% Adjusted Claims	> 1%	15.29	Yes	23.52	Yes	.	N/A	53.85	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,291	N/A	$2,551	N/A	.	N/A	11.35	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	676,136	N/A	658,651	N/A	.	N/A	-2.59	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$79	Yes	$85	Yes	.	N/A	8.18	.	Yes
ICF/MR (TOS 05)	N/A	$207	N/A	$220	N/A	.	N/A	5.87	.	Yes
Aged/MH (TOS 02)	N/A	$366	N/A	$367	N/A	.	N/A	0.23	.	Yes
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	93.67	Yes	93.61	Yes	.	N/A	-0.07	.	Yes
% NF claims with NF Covered Days	N/A	99.46	N/A	99.43	N/A	.	N/A	-0.03	.	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	0.48	.	Yes
% ICF/MR (TOS 05)	>0-20	6.13	Yes	6.19	Yes	.	N/A	0.95	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	0.20	.	Yes
% Aged/MH (TOS 02)	>0-10	0.20	Yes	0.20	Yes	.	N/A	2.58	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	97.83	N/A	96.78	N/A	.	N/A	-1.07	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	1.37	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	1.00	Yes	0.45	No	.	N/A	-55.03	.	No
% Claims with DX	95-100	0.00	No	0.01	No	.	N/A	49.01	.	No
% Claims with DX, where length=3	5-30	6.45	Yes	2.22	No	.	N/A	-65.56	.	No
% Claims with DX, where length=4	20-50	9.68	No	20.00	No	.	N/A	106.67	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	83.87	No	77.78	No	.	N/A	-7.26	.	Yes
Patient Status										
% Home	1-5	0.95	No	0.99	No	.	N/A	4.11	.	Yes
% Still a Patien	8-98	46.25	Yes	0.00	No	.	N/A	-99.99	.	No
% Died	>0-5	1.55	Yes	1.51	Yes	.	N/A	-3.00	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	69,908	N/A	51,779	N/A	.	N/A	-25.93	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$293	N/A	$82	N/A	.	N/A	-72.15	.	No
% NF (TOS 07)	75-99	99.20	No	99.29	No	.	N/A	0.09	.	Yes
% ICF/MR (TOS 05)	>0-20	0.15	Yes	0.00	No	.	N/A	-100.00	.	No
% Aged/MH (TOS 02)	>0-10	0.65	Yes	0.71	Yes	.	N/A	8.42	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	40.16	No	52.84	No	.	N/A	31.55	.	No
% Claims with DX, where length=3	5-30	11.44	Yes	12.38	Yes	.	N/A	8.19	.	Yes
% Claims with DX, where length=4	20-50	60.55	No	55.37	No	.	N/A	-8.55	.	Yes
% Claims with DX, where length=5	20-50	28.01	Yes	32.25	Yes	.	N/A	15.14	.	No
Patient Status										
% Home	1-5	0.36	No	0.65	No	.	N/A	81.81	.	No
% Still a Patien	8-98	52.52	Yes	25.54	Yes	.	N/A	-51.37	.	No
% Died	>0-5	0.20	Yes	0.21	Yes	.	N/A	7.42	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	38,263,655	N/A	47,605,938	N/A	.	N/A	24.42	.	No
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	28.85	N/A	23.24	N/A	.	N/A	-19.45	.	No
Total FFS Claims	N/A	38,263,655	N/A	36,541,154	N/A	.	N/A	-4.50	.	Yes
% Crossover	5-20	7.53	Yes	4.72	No	.	N/A	-37.30	.	No
% Adjusted Claims	> 1%	0.85	No	1.47	Yes	.	N/A	71.96	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$159	N/A	$155	N/A	.	N/A	-2.71	.	Yes
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	10.11	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.97	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	12.16	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$145	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$30	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	35,380,905	N/A	34,814,971	N/A	.	N/A	-1.60	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	36.47	N/A	0.28	N/A	.	N/A	-99.24	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.07	N/A	0.24	N/A	.	N/A	264.98	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	22.15	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Other Claims with Span Bills/All Other Claims	N/A	38.41	N/A	0.29	N/A	.	N/A	-99.24	.	No
% Claims W/ Service Place 11- Office	50-90	19.90	No	28.37	No	.	N/A	42.58	.	No
% Claims W/ Service Place 12 - Home	>0-5	7.38	No	14.13	No	.	N/A	91.38	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	6.49	No	9.97	No	.	N/A	53.67	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.18	Yes	0.05	Yes	.	N/A	-73.64	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.50	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	9.01	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	8.97	No	23.99	No	.	N/A	167.45	.	No
% Claims with TPL	>0 - 15	0.12	Yes	0.18	Yes	.	N/A	49.59	.	No
Aver. TPL Paid -claims with TPL	N/A	$141	N/A	$119	N/A	.	N/A	-15.18	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	22.30	Yes	18.69	Yes	.	N/A	-16.20	.	No
% claims MAX TOS 09: Dental	2-20	7.40	Yes	9.81	Yes	.	N/A	32.53	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	3.94	Yes	1.52	Yes	.	N/A	-61.53	.	No
% claims MAX TOS 11: OPD	3-25	6.26	Yes	4.29	Yes	.	N/A	-31.52	.	No
% claims MAX TOS 12: Clinic	2-25	10.37	Yes	7.49	Yes	.	N/A	-27.75	.	No
% claims MAX TOS 13: HH	>0-25	2.56	Yes	3.86	Yes	.	N/A	50.69	.	No
% claims MAX TOS 15: Lab/Xray	4-20	18.09	Yes	19.18	Yes	.	N/A	6.05	.	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	8.44	Yes	11.31	Yes	.	N/A	33.93	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	2.79	Yes	2.95	No	.	N/A	5.99	.	Yes
% claims MAX TOS 26: Transportation	>1	8.77	Yes	5.74	Yes	.	N/A	-34.51	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	5.15	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	3.11	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.08	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.70	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	5.24	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$65	N/A	$48	N/A	.	N/A	-25.21	.	No
08: Physicians	$20-90	$64	Yes	$52	Yes	.	N/A	-18.49	.	No
09: Dental	$10-60	$46	Yes	$26	Yes	.	N/A	-43.54	.	No
10: Other Practioner	$10-100	$128	No	$18	Yes	.	N/A	-85.58	.	No
11: OPD	$20-100	$148	No	$155	No	.	N/A	5.03	.	Yes
12: Clinic	$20-100	$70	Yes	$52	Yes	.	N/A	-26.21	.	No
13: HH	N/A	$160	N/A	$87	N/A	.	N/A	-45.75	.	No
15: Lab/Xray	10-60	$16	Yes	$9	No	.	N/A	-42.19	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$105	N/A	$44	N/A	.	N/A	-58.27	.	No
51: DME	N/A	$75	Yes	$47	N/A	.	N/A	-36.70	.	No
26: Transportation	N/A	$37	N/A	$35	N/A	.	N/A	-4.72	.	Yes
30: PCS	N/A	.	N/A	$187	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$26	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,133	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$929	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$461	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	10.60	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$90	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$83	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	28.09	No	63.73	Yes	.	N/A	126.87	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	61.35	No	99.95	Yes	.	N/A	62.93	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	2.43	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	7.01	Yes	7.46	Yes	.	N/A	6.35	.	Yes
% Claims with DX, where length=4	20-50	53.44	No	54.98	No	.	N/A	2.90	.	Yes
% Claims with DX, where length=5	20-50	39.55	Yes	37.56	Yes	.	N/A	-5.04	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	6.25	N/A	100.00	N/A	.	N/A	1499.69	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	99.99	N/A	100.00	N/A	.	N/A	0.01	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	25.20	N/A	45.34	N/A	.	N/A	79.90	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	49.76	N/A	54.28	N/A	.	N/A	9.08	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.55	N/A	0.38	N/A	.	N/A	-31.40	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	24.48	N/A	0.00	N/A	.	N/A	-100.00	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.95	Yes	99.96	Yes	.	N/A	0.01	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	57.42	No	100.00	Yes	.	N/A	74.15	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	95.89	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,882,750	N/A	1,726,183	N/A	.	N/A	-40.12	.	No
% Claims with> $0 Paid	>95%	100.00	N/A	98.57	Yes	.	N/A	-1.43	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.06	N/A	6.66	N/A	.	N/A	-5.72	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.82	N/A	12.87	N/A	.	N/A	-6.85	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.90	N/A	4.66	N/A	.	N/A	-20.92	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	23.18	N/A	25.19	N/A	.	N/A	8.65	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	7.35	N/A	1.90	N/A	.	N/A	-74.16	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	14.69	N/A	24.27	N/A	.	N/A	65.29	.	No
% claims MAX TOS 12: Clinic	N/A	2.11	N/A	5.56	N/A	.	N/A	162.89	.	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	7.54	N/A	6.62	N/A	.	N/A	-12.11	.	Yes
% claims MAX TOS 19: Other Services	N/A	31.45	N/A	21.63	N/A	.	N/A	-31.22	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	8.29	N/A	12.70	N/A	.	N/A	53.18	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.52	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	5.24	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.25	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$72	N/A	$88	N/A	.	N/A	22.33	.	No
% Claims with DX	N/A	36.57	N/A	53.40	N/A	.	N/A	46.02	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	44.00	No	60.90	No	.	N/A	38.41	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	20.24	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	26.33	Yes	20.70	Yes	.	N/A	-21.40	.	No
% Claims with DX, where length=4	20-50	38.67	Yes	42.60	Yes	.	N/A	10.15	.	Yes
% Claims with DX, where length=5	20-50	35.00	Yes	36.67	Yes	.	N/A	4.78	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	99.86	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	20,016,023	N/A	21,320,954	N/A	.	N/A	6.52	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	20,016,023	N/A	21,320,954	N/A	.	N/A	6.52	.	Yes
% Adjusted Claims	> 1%	2.24	Yes	2.66	Yes	.	N/A	18.70	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$54	N/A	$62	N/A	.	N/A	14.71	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	20,016,023	N/A	21,320,954	N/A	.	N/A	6.52	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$48	Yes	$55	Yes	.	N/A	15.71	.	No
% Claims with TPL	>0 - 15	0.24	Yes	0.30	Yes	.	N/A	24.23	.	No
Aver. TPL Paid for claims with TPL	N/A	$38	N/A	$42	N/A	.	N/A	11.48	.	Yes
% Family Planning Claims (program type=2)	N/A	0.26	N/A	1.04	N/A	.	N/A	295.48	.	No
% Drug Claims (TOS 16)	95-99	99.74	No	100.00	No	.	N/A	0.26	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.94	Yes	99.94	Yes	.	N/A	0.00	.	Yes
% Claims with Medispan	98-100	89.21	No	95.16	No	.	N/A	6.67	.	Yes
% Claims with AHFS	98-100	99.94	Yes	99.94	Yes	.	N/A	0.00	.	Yes
% Claims with Generic (GTC)	98-100	99.94	Yes	99.94	Yes	.	N/A	0.00	.	Yes
% Claims with GC3	98-100	99.94	Yes	99.94	Yes	.	N/A	0.00	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.15	N/A	80.05	N/A	.	N/A	-19.26	.	No
% Products (codes 4-6)	N/A	0.22	N/A	19.74	N/A	.	N/A	8755.39	.	No
% HRI (code 7)	N/A	0.57	N/A	0.14	N/A	.	N/A	-76.29	.	No
% Claims with Smart Key	98-100	99.94	Yes	99.94	Yes	.	N/A	0.00	.	Yes
% OTC-Drug Class	N/A	3.75	N/A	3.54	N/A	.	N/A	-5.85	.	Yes
% Prescription-Drug Class	N/A	96.19	N/A	96.40	N/A	.	N/A	0.22	.	Yes
% Multiple Source (Code Y	N/A	66.44	N/A	40.88	N/A	.	N/A	-38.47	.	No
% Single Source (Code N	N/A	33.50	N/A	37.22	N/A	.	N/A	11.11	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	2,120,127	N/A	2,135,116	N/A	.	N/A	0.71	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$6,458,631,244	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	9.83	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	23.47	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	20.83	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	45.87	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	2,109,912	N/A	2,104,306	N/A	.	N/A	-0.27	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	1,474,001	N/A	1,555,625	N/A	.	N/A	5.54	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.46	Yes	98.40	No	.	N/A	-1.07	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	97.13	Yes	97.02	Yes	.	N/A	-0.11	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	1,842	N/A	1,118	N/A	.	N/A	-39.31	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	98.87	Yes	100.00	Yes	.	N/A	1.15	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.32	Yes	1.58	Yes	.	N/A	19.14	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	39.26	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	33.31	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	17.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	9.25	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.39	Yes	4.43	Yes	.	N/A	0.89	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	55.09	Yes	56.28	Yes	.	N/A	2.15	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	14.09	Yes	13.42	Yes	.	N/A	-4.74	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	49.38	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	389,658	N/A	375,666	N/A	.	N/A	-3.59	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	90.41	Yes	91.15	Yes	.	N/A	0.82	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	90.46	Yes	91.26	Yes	.	N/A	0.89	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	38.67	Yes	42.09	Yes	.	N/A	8.82	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	4,790	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	45.24	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	9.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	44.78	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	6.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	6.45	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.99	Yes	99.98	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.94	Yes	99.86	Yes	.	N/A	-0.07	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	95.03	Yes	90.53	Yes	.	N/A	-4.73	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	254,308	N/A	207,495	N/A	.	N/A	-18.41	.	10% (+/-)	No
11: Aged, Cash	N/A	109,552	N/A	106,863	N/A	.	N/A	-2.45	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,798	N/A	22	N/A	.	N/A	-99.42	.	10% (+/-)	No
31: Aged, Poverty	N/A	96,475	N/A	60,836	N/A	.	N/A	-36.94	.	10% (+/-)	No
41: Other Aged	N/A	44,483	N/A	39,774	N/A	.	N/A	-10.59	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	409,051	N/A	439,308	N/A	.	N/A	7.40	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	335,050	N/A	338,167	N/A	.	N/A	0.93	.	10% (+/-)	Yes
22: Disabled, MN	N/A	7,184	N/A	14,915	N/A	.	N/A	107.61	.	10% (+/-)	No
32: Disabled, Poverty	N/A	52,118	N/A	66,252	N/A	.	N/A	27.12	.	10% (+/-)	No
42: Other Disabled	N/A	14,699	N/A	19,974	N/A	.	N/A	35.89	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	1,035,263	N/A	1,055,653	N/A	.	N/A	1.97	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	417,764	N/A	362,941	N/A	.	N/A	-13.12	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	53,908	N/A	48,015	N/A	.	N/A	-10.93	.	10% (+/-)	No
24: AFDC Child, MN	N/A	15,761	N/A	14,982	N/A	.	N/A	-4.94	.	10% (+/-)	Yes
34: Child Poverty	N/A	400,273	N/A	484,267	N/A	.	N/A	20.98	.	10% (+/-)	No
44: Other Child	N/A	114,102	N/A	103,674	N/A	.	N/A	-9.14	.	10% (+/-)	Yes
48: Foster Care Child	N/A	33,455	N/A	37,225	N/A	.	N/A	11.27	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	4,549	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	406,675	N/A	401,836	N/A	.	N/A	-1.19	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	196,255	N/A	153,645	N/A	.	N/A	-21.71	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	61,499	N/A	51,024	N/A	.	N/A	-17.03	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	29,062	N/A	33,372	N/A	.	N/A	14.83	.	10% (+/-)	No
35: Adult, Poverty	N/A	72,368	N/A	37,036	N/A	.	N/A	-48.82	.	10% (+/-)	No
45: Other Adult	N/A	47,491	N/A	49,966	N/A	.	N/A	5.21	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	76,793	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,537,472	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.48	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.06	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.57	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	4.89	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	5.24	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	25,796	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	45	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	67.48	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	1,419,920	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	53.48	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	3.26	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	52.22	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	8.62	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.16	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	4.08	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	770,937	N/A	799,546	N/A	.	N/A	3.71	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	2.34	N/A	2.28	N/A	.	N/A	-2.52	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	14.79	N/A	14.85	N/A	.	N/A	0.41	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	62.90	N/A	64.15	N/A	.	N/A	1.99	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	19.97	N/A	18.71	N/A	.	N/A	-6.27	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	460,784	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,537,472	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	28.65	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	1.98	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	28.12	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	41.25	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$724,263,678	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$693,162,138	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$13,852,140	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$17,249,400	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.26	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	1.06	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$66	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$38	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$695,375,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	759,400	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$12,894,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	40,146	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$15,994,273	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	620,374	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$501,921,976	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$137,430,609	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$23,690,963	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$58,468,805	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$282,331,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$661	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$181	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$31	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$372	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	979,568	N/A	1,001,626	N/A	.	N/A	2.25	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	817,695	N/A	762,023	N/A	.	N/A	-6.81	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	577,499	N/A	656,716	N/A	.	N/A	13.72	.	15% (+/-)	Yes
MAX Aged Total	N/A	17,562	N/A	13,045	N/A	.	N/A	-25.72	.	10% (+/-)	No
11: Aged, Cash	N/A	9,508	N/A	8,030	N/A	.	N/A	-15.54	.	10% (+/-)	No
21: Aged, MN	N/A	160	N/A	3	N/A	.	N/A	-98.13	.	10% (+/-)	No
31: Aged, Poverty	N/A	6,120	N/A	3,957	N/A	.	N/A	-35.34	.	10% (+/-)	No
41: Other Aged	N/A	1,774	N/A	1,055	N/A	.	N/A	-40.53	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	155,371	N/A	168,916	N/A	.	N/A	8.72	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	142,377	N/A	153,246	N/A	.	N/A	7.63	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,246	N/A	3,067	N/A	.	N/A	36.55	.	10% (+/-)	No
32: Disabled, Poverty	N/A	6,339	N/A	7,527	N/A	.	N/A	18.74	.	10% (+/-)	No
42: Other Disabled	N/A	4,409	N/A	5,076	N/A	.	N/A	15.13	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	550,247	N/A	566,097	N/A	.	N/A	2.88	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	183,304	N/A	166,006	N/A	.	N/A	-9.44	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	29,890	N/A	26,601	N/A	.	N/A	-11.00	.	10% (+/-)	No
24: AFDC Child, MN	N/A	14,331	N/A	13,682	N/A	.	N/A	-4.53	.	10% (+/-)	Yes
34: Child Poverty	N/A	220,900	N/A	256,701	N/A	.	N/A	16.21	.	10% (+/-)	No
44: Other Child	N/A	76,542	N/A	68,911	N/A	.	N/A	-9.97	.	10% (+/-)	Yes
48: Foster Care Child	N/A	25,280	N/A	31,118	N/A	.	N/A	23.09	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	3,078	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	251,773	N/A	253,555	N/A	.	N/A	0.71	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	94,065	N/A	72,584	N/A	.	N/A	-22.84	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	38,311	N/A	30,210	N/A	.	N/A	-21.15	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	25,909	N/A	29,978	N/A	.	N/A	15.70	.	10% (+/-)	No
35: Adult, Poverty	N/A	59,750	N/A	31,383	N/A	.	N/A	-47.48	.	10% (+/-)	No
45: Other Adult	N/A	33,738	N/A	36,906	N/A	.	N/A	9.39	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	52,494	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	4,330	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,219,676,975	N/A	$2,485,353,971	N/A	.	N/A	11.97	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,266	N/A	$2,481	N/A	.	N/A	9.50	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,715	N/A	$3,262	N/A	.	N/A	20.15	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$4,788	N/A	$5,554	N/A	.	N/A	16.00	.	15% (+/-)	No
11: Aged, Cash	N/A	$4,081	N/A	$4,801	N/A	.	N/A	17.66	.	15% (+/-)	No
21: Aged, MN	N/A	$4,149	N/A	$1,988	N/A	.	N/A	-52.08	.	15% (+/-)	No
31: Aged, Poverty	N/A	$4,438	N/A	$5,881	N/A	.	N/A	32.50	.	15% (+/-)	No
41: Other Aged	N/A	$9,844	N/A	$10,067	N/A	.	N/A	2.26	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,142	N/A	$8,704	N/A	.	N/A	6.91	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$7,962	N/A	$8,611	N/A	.	N/A	8.15	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$9,283	N/A	$7,555	N/A	.	N/A	-18.62	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$9,725	N/A	$9,687	N/A	.	N/A	-0.39	.	15% (+/-)	Yes
42: Other Disabled	N/A	$11,088	N/A	$10,768	N/A	.	N/A	-2.88	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$922	N/A	$1,017	N/A	.	N/A	10.23	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$792	N/A	$857	N/A	.	N/A	8.23	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$681	N/A	$762	N/A	.	N/A	11.90	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	$1,420	N/A	$1,377	N/A	.	N/A	-3.05	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$679	N/A	$754	N/A	.	N/A	11.11	.	15% (+/-)	Yes
44: Other Child	N/A	$1,222	N/A	$1,352	N/A	.	N/A	10.56	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$3,087	N/A	$3,202	N/A	.	N/A	3.70	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$2,494	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,433	N/A	$1,448	N/A	.	N/A	1.05	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,254	N/A	$1,481	N/A	.	N/A	18.11	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$687	N/A	$782	N/A	.	N/A	13.71	.	15% (+/-)	Yes
25: AFDC Adult, MN	N/A	$1,340	N/A	$1,417	N/A	.	N/A	5.73	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,403	N/A	$2,046	N/A	.	N/A	-14.88	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,130	N/A	$1,259	N/A	.	N/A	11.40	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$1,578	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$677,029,327	N/A	$722,600,526	N/A	.	N/A	6.73	.	15% (+/-)	Yes
IP: Number of Users	N/A	115,981	N/A	122,270	N/A	.	N/A	5.42	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,837	N/A	$5,910	N/A	.	N/A	1.24	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	.	N/A	-0.27	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$1,477,189	N/A	$1,518,954	N/A	.	N/A	2.83	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	15	N/A	15	N/A	.	N/A	0.00	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$98,479	N/A	$101,264	N/A	.	N/A	2.83	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$113,629,291	N/A	$114,807,045	N/A	.	N/A	1.04	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,509	N/A	1,448	N/A	.	N/A	-4.04	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$75,301	N/A	$79,287	N/A	.	N/A	5.29	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$104,071,196	N/A	$105,944,414	N/A	.	N/A	1.80	.	15% (+/-)	Yes
NF Number of Users	N/A	5,034	N/A	5,129	N/A	.	N/A	1.89	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,674	N/A	$20,656	N/A	.	N/A	-0.09	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$260,351,720	N/A	$273,612,021	N/A	.	N/A	5.09	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	572,966	N/A	619,874	N/A	.	N/A	8.19	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$454	N/A	$441	N/A	.	N/A	-2.86	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$31,614,121	N/A	$35,769,865	N/A	.	N/A	13.15	.	15% (+/-)	Yes
Dental: Number of Users	N/A	151,128	N/A	151,235	N/A	.	N/A	0.07	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$209	N/A	$237	N/A	.	N/A	13.07	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$62,853,757	N/A	$6,967,367	N/A	.	N/A	-88.91	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	110,712	N/A	86,281	N/A	.	N/A	-22.07	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$568	N/A	$81	N/A	.	N/A	-85.78	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$167,022,897	N/A	$185,039,354	N/A	.	N/A	10.79	.	15% (+/-)	Yes
OPD Number of Users	N/A	338,678	N/A	376,128	N/A	.	N/A	11.06	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$493	N/A	$492	N/A	.	N/A	-0.24	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$104,929,129	N/A	$92,537,916	N/A	.	N/A	-11.81	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	91,695	N/A	124,384	N/A	.	N/A	35.65	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,144	N/A	$744	N/A	.	N/A	-34.99	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$77,140,377	N/A	$100,613,487	N/A	.	N/A	30.43	.	15% (+/-)	No
HH: Number of Users	N/A	10,215	N/A	14,432	N/A	.	N/A	41.28	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$7,552	N/A	$6,972	N/A	.	N/A	-7.68	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$51,172,680	N/A	$47,895,990	N/A	.	N/A	-6.40	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	420,735	N/A	452,821	N/A	.	N/A	7.63	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$122	N/A	$106	N/A	.	N/A	-13.04	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$341,335,194	N/A	$456,488,797	N/A	.	N/A	33.74	.	15% (+/-)	No
Drugs: Number of Users	N/A	504,597	N/A	560,085	N/A	.	N/A	11.00	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$676	N/A	$815	N/A	.	N/A	20.49	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$72,856,484	N/A	$59,013,885	N/A	.	N/A	-19.00	.	15% (+/-)	No
Other Services: Number of Users	N/A	$164,359	N/A	$244,706	N/A	.	N/A	48.89	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$443	N/A	$241	N/A	.	N/A	-45.60	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$28,167,203	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	66,544	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$423	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$14,942,934	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	5,094	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,933	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$39,003,275	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	62,191	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$627	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$25,533,167	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	23,637	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,080	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$18,382,633	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2,372	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,750	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$32,791,881	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	114,572	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$286	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$54,282,941	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	3,257	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$16,667	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$39,025,776	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	43,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$891	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$13,237,285	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,720	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,867	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$691	N/A	$721	N/A	.	N/A	4.38	.	15% (+/-)	Yes
Aged	N/A	$1,093	N/A	$1,230	N/A	.	N/A	12.59	.	15% (+/-)	Yes
Disabled	N/A	$2,241	N/A	$2,235	N/A	.	N/A	-0.26	.	15% (+/-)	Yes
Child	N/A	$298	N/A	$311	N/A	.	N/A	4.49	.	15% (+/-)	Yes
Adult	N/A	$578	N/A	$602	N/A	.	N/A	4.23	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$224	N/A	$222	N/A	.	N/A	-0.82	.	15% (+/-)	Yes
Aged	N/A	$1,745	N/A	$1,907	N/A	.	N/A	9.33	.	15% (+/-)	Yes
Disabled	N/A	$1,213	N/A	$1,167	N/A	.	N/A	-3.72	.	15% (+/-)	Yes
Child	N/A	$0	N/A	$0	N/A	.	N/A	59.51	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	-35.86	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$348	N/A	$456	N/A	.	N/A	30.79	.	15% (+/-)	No
Aged	N/A	$781	N/A	$1,087	N/A	.	N/A	39.22	.	15% (+/-)	No
Disabled	N/A	$1,575	N/A	$1,982	N/A	.	N/A	25.89	.	15% (+/-)	No
Child	N/A	$82	N/A	$111	N/A	.	N/A	35.27	.	15% (+/-)	No
Adult	N/A	$147	N/A	$175	N/A	.	N/A	19.13	.	15% (+/-)	No
All Other Services	N/A	$1,001	N/A	$1,082	N/A	.	N/A	8.11	.	15% (+/-)	Yes
Aged	N/A	$1,170	N/A	$1,329	N/A	.	N/A	13.62	.	15% (+/-)	Yes
Disabled	N/A	$3,113	N/A	$3,319	N/A	.	N/A	6.64	.	15% (+/-)	Yes
Child	N/A	$541	N/A	$594	N/A	.	N/A	9.61	.	15% (+/-)	Yes
Adult	N/A	$703	N/A	$671	N/A	.	N/A	-4.59	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.84	N/A	12.21	N/A	.	N/A	3.10	.	15% (+/-)	Yes
Aged	N/A	14.77	N/A	15.88	N/A	.	N/A	7.48	.	15% (+/-)	Yes
Disabled	N/A	19.17	N/A	19.58	N/A	.	N/A	2.12	.	15% (+/-)	Yes
Child	N/A	5.50	N/A	5.84	N/A	.	N/A	6.08	.	15% (+/-)	Yes
Adult	N/A	21.15	N/A	21.33	N/A	.	N/A	0.86	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.67	N/A	0.66	N/A	.	N/A	-1.62	.	15% (+/-)	Yes
Aged	N/A	8.51	N/A	9.18	N/A	.	N/A	7.95	.	15% (+/-)	Yes
Disabled	N/A	3.25	N/A	3.18	N/A	.	N/A	-2.05	.	15% (+/-)	Yes
Child	N/A	0.00	N/A	0.00	N/A	.	N/A	191.60	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.01	N/A	.	N/A	43.43	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	18.84	N/A	1.09	N/A	.	N/A	-94.20	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	51.51	N/A	55.92	N/A	.	N/A	8.55	.	15% (+/-)	Yes
Aged	N/A	61.93	N/A	74.52	N/A	.	N/A	20.32	.	15% (+/-)	No
Disabled	N/A	71.97	N/A	75.66	N/A	.	N/A	5.13	.	15% (+/-)	Yes
Child	N/A	46.97	N/A	52.60	N/A	.	N/A	12.00	.	15% (+/-)	Yes
Adult	N/A	48.27	N/A	49.21	N/A	.	N/A	1.95	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	82.45	N/A	73.68	N/A	.	N/A	-10.64	.	15% (+/-)	Yes
Aged	N/A	73.39	N/A	75.42	N/A	.	N/A	2.77	.	15% (+/-)	Yes

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Disabled	N/A	90.81	N/A	84.48	N/A	.	N/A	-6.97	.	15% (+/-)	Yes
Child	N/A	83.12	N/A	73.84	N/A	.	N/A	-11.17	.	15% (+/-)	Yes
Adult	N/A	76.62	N/A	66.03	N/A	.	N/A	-13.82	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	7	N/A	7	N/A	.	N/A	-0.27	.	15% (+/-)	Yes
Aged	N/A	9	N/A	11	N/A	.	N/A	17.50	.	15% (+/-)	No
Disabled	N/A	14	N/A	13	N/A	.	N/A	-3.59	.	15% (+/-)	Yes
Child	N/A	6	N/A	6	N/A	.	N/A	-3.94	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	1.08	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	283	N/A	229	N/A	.	N/A	-18.93	.	15% (+/-)	No
Aged	N/A	293	N/A	222	N/A	.	N/A	-24.22	.	15% (+/-)	No
Disabled	N/A	280	N/A	232	N/A	.	N/A	-17.36	.	15% (+/-)	No
Child	N/A	187	N/A	103	N/A	.	N/A	-44.77	.	15% (+/-)	No
Adult	N/A	75	N/A	20	N/A	.	N/A	-72.98	.	15% (+/-)	No
% Enrollees with Delivery	N/A	5.82	N/A	6.00	N/A	.	N/A	3.05	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$8,298,838	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	69,822	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$119	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$805,835	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	36,977	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,370,753	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	60,950	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$105,922,956	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	10,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$10,421	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	359,407	N/A	343,280	N/A	.	N/A	-4.49	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	289,713	N/A	293,148	N/A	.	N/A	1.19	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	293,491	N/A	293,192	N/A	.	N/A	-0.10	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	4.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	5.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	69.38	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	2.66	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.51	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	17.89	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	14.19	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.16	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	218,676	N/A	176,897	N/A	.	N/A	-19.11	.	10% (+/-)	No

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11: Aged, Cash	N/A	87,227	N/A	86,237	N/A	.	N/A	-1.13	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,631	N/A	18	N/A	.	N/A	-99.50	.	10% (+/-)	No
31: Aged, Poverty	N/A	85,167	N/A	52,134	N/A	.	N/A	-38.79	.	10% (+/-)	No
41: Other Aged	N/A	42,651	N/A	38,508	N/A	.	N/A	-9.71	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	139,651	N/A	165,302	N/A	.	N/A	18.37	.	10% (+/-)	No
12: Disabled, Cash	N/A	86,704	N/A	88,577	N/A	.	N/A	2.16	.	10% (+/-)	Yes
22: Disabled, MN	N/A	4,742	N/A	11,510	N/A	.	N/A	142.72	.	10% (+/-)	No
32: Disabled, Poverty	N/A	40,367	N/A	51,631	N/A	.	N/A	27.90	.	10% (+/-)	No
42: Other Disabled	N/A	7,838	N/A	13,584	N/A	.	N/A	73.31	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	321,355	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.74	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	2.39	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	61.46	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	36.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.65	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,544,523,567	N/A	$2,717,482,436	N/A	.	N/A	6.80	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,080	N/A	$7,916	N/A	.	N/A	11.81	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$8,783	N/A	$9,270	N/A	.	N/A	5.55	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$7,584	N/A	$8,698	N/A	.	N/A	14.69	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,216	N/A	$3,169	N/A	.	N/A	-1.48	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,401	N/A	$2,343	N/A	.	N/A	-2.43	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$7,113	N/A	$10,734	N/A	.	N/A	50.91	.	15% (+/-)	No
41: Other Aged	N/A	$17,899	N/A	$18,328	N/A	.	N/A	2.39	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,322	N/A	$7,112	N/A	.	N/A	12.49	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,041	N/A	$5,371	N/A	.	N/A	6.56	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$6,980	N/A	$4,913	N/A	.	N/A	-29.62	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$6,100	N/A	$6,883	N/A	.	N/A	12.83	.	15% (+/-)	Yes
42: Other Disabled	N/A	$21,244	N/A	$21,195	N/A	.	N/A	-0.23	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$104,542,756	N/A	$104,125,122	N/A	.	N/A	-0.40	.	15% (+/-)	Yes
IP: Number of Users	N/A	73,209	N/A	73,297	N/A	.	N/A	0.12	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,428	N/A	$1,421	N/A	.	N/A	-0.52	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	1	N/A	8	N/A	.	N/A	1076.48	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$12,507,769	N/A	$12,479,389	N/A	.	N/A	-0.23	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	222	N/A	192	N/A	.	N/A	-13.51	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$56,341	N/A	$64,997	N/A	.	N/A	15.36	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$142,751,810	N/A	$154,063,071	N/A	.	N/A	7.92	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	2,058	N/A	2,056	N/A	.	N/A	-0.10	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$69,364	N/A	$74,933	N/A	.	N/A	8.03	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$1,272,201,715	N/A	$1,325,856,927	N/A	.	N/A	4.22	.	15% (+/-)	Yes
NF Number of Users	N/A	$66,025	N/A	$66,853	N/A	.	N/A	1.25	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$19,268	N/A	$19,832	N/A	.	N/A	2.93	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$23,151,177	N/A	$18,644,852	N/A	.	N/A	-19.46	.	15% (+/-)	No
Physician: Number of Users	N/A	181,001	N/A	164,082	N/A	.	N/A	-9.35	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$128	N/A	$114	N/A	.	N/A	-11.16	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$7,734,244	N/A	$8,326,004	N/A	.	N/A	7.65	.	15% (+/-)	Yes
Dental: Number of Users	N/A	29,276	N/A	27,853	N/A	.	N/A	-4.86	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$264	N/A	$299	N/A	.	N/A	13.15	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$52,557,731	N/A	$1,825,812	N/A	.	N/A	-96.53	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	78,310	N/A	49,151	N/A	.	N/A	-37.24	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$671	N/A	$37	N/A	.	N/A	-94.47	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$90,166,470	N/A	$93,649,156	N/A	.	N/A	3.86	.	15% (+/-)	Yes
OPD Number of Users	N/A	136,683	N/A	137,853	N/A	.	N/A	0.86	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$660	N/A	$679	N/A	.	N/A	2.98	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$28,877,683	N/A	$13,822,127	N/A	.	N/A	-52.14	.	15% (+/-)	No
Clinic: Number of Users	N/A	40,418	N/A	41,771	N/A	.	N/A	3.35	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$714	N/A	$331	N/A	.	N/A	-53.69	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$6,442,799	N/A	$10,249,314	N/A	.	N/A	59.08	.	15% (+/-)	No
HH: Number of Users	N/A	3,269	N/A	4,564	N/A	.	N/A	39.61	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,971	N/A	$2,246	N/A	.	N/A	13.94	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$4,582,253	N/A	$3,236,456	N/A	.	N/A	-29.37	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	72,811	N/A	50,736	N/A	.	N/A	-30.32	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$63	N/A	$64	N/A	.	N/A	1.36	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$536,729,850	N/A	$660,337,677	N/A	.	N/A	23.03	.	15% (+/-)	No
Drugs: Number of Users	N/A	259,846	N/A	266,230	N/A	.	N/A	2.46	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$2,066	N/A	$2,480	N/A	.	N/A	20.08	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$155,708,988	N/A	$123,855,523	N/A	.	N/A	-20.46	.	15% (+/-)	No
Other Services: Number of Users	N/A	$103,738	N/A	$85,050	N/A	.	N/A	-18.01	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,501	N/A	$1,456	N/A	.	N/A	-2.98	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$34,017,706	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	87,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$390	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$95,884	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$23,971	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$11,120,667	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	9,360	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,188	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$361,905	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	6,074	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$34,361,082	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	5,882	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,842	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$11,930,809	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	69,629	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$171	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$50,322,151	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	4,113	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,235	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$11,769,693	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	10,528	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,118	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$22,508,693	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	4,576	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,919	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$291	N/A	$303	N/A	.	N/A	4.28	.	15% (+/-)	Yes
Aged	N/A	$217	N/A	$233	N/A	.	N/A	7.51	.	15% (+/-)	Yes
Disabled	N/A	$402	N/A	$375	N/A	.	N/A	-6.67	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,972	N/A	$4,347	N/A	.	N/A	9.46	.	15% (+/-)	Yes
Aged	N/A	$5,388	N/A	$6,133	N/A	.	N/A	13.82	.	15% (+/-)	Yes
Disabled	N/A	$1,784	N/A	$2,465	N/A	.	N/A	38.16	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,493	N/A	$1,924	N/A	.	N/A	28.81	.	15% (+/-)	No
Aged	N/A	$1,079	N/A	$1,415	N/A	.	N/A	31.14	.	15% (+/-)	No
Disabled	N/A	$2,147	N/A	$2,473	N/A	.	N/A	15.21	.	15% (+/-)	No
All Other Services	N/A	$1,324	N/A	$1,342	N/A	.	N/A	1.38	.	15% (+/-)	Yes
Aged	N/A	$900	N/A	$918	N/A	.	N/A	1.92	.	15% (+/-)	Yes
Disabled	N/A	$1,988	N/A	$1,798	N/A	.	N/A	-9.57	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	20.37	N/A	21.35	N/A	.	N/A	4.82	.	15% (+/-)	Yes
Aged	N/A	19.17	N/A	20.46	N/A	.	N/A	6.73	.	15% (+/-)	Yes
Disabled	N/A	22.25	N/A	22.30	N/A	.	N/A	0.24	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	18.99	N/A	20.12	N/A	.	N/A	5.93	.	15% (+/-)	Yes
Aged	N/A	27.56	N/A	30.44	N/A	.	N/A	10.43	.	15% (+/-)	Yes
Disabled	N/A	5.72	N/A	9.21	N/A	.	N/A	60.95	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	72.30	N/A	77.55	N/A	.	N/A	7.27	.	15% (+/-)	Yes
Aged	N/A	70.15	N/A	80.62	N/A	.	N/A	14.91	.	15% (+/-)	Yes
Disabled	N/A	75.77	N/A	74.38	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	73.13	N/A	76.08	N/A	.	N/A	4.04	.	15% (+/-)	Yes
Aged	N/A	69.30	N/A	75.17	N/A	.	N/A	8.47	.	15% (+/-)	Yes
Disabled	N/A	79.16	N/A	77.13	N/A	.	N/A	-2.57	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	1	N/A	8	N/A	.	N/A	1076.48	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	2372.23	.	15% (+/-)	No
Disabled	N/A	1	N/A	8	N/A	.	N/A	626.69	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	299	N/A	238	N/A	.	N/A	-20.35	.	15% (+/-)	No
Aged	N/A	301	N/A	241	N/A	.	N/A	-19.96	.	15% (+/-)	No
Disabled	N/A	285	N/A	229	N/A	.	N/A	-19.72	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: FL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$355,399	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3085	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,219,199	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	8750	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$254	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,664,841	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	8942	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$298	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$176,667,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	23724	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,447	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	1,338,975	N/A	1,344,906	N/A	.	N/A	0.44	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	1,107,408	N/A	1,055,171	N/A	.	N/A	-4.72	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	78.46	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.94	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	85.75	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	75.48	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	69.92	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	870,990	N/A	949,907	N/A	.	N/A	9.06	.	15% (+/-)	Yes
MAX Aged Total	N/A	236,238	N/A	189,942	N/A	.	N/A	-19.60	.	10% (+/-)	No
11: Aged, Cash	N/A	96,735	N/A	94,267	N/A	.	N/A	-2.55	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,791	N/A	21	N/A	.	N/A	-99.45	.	10% (+/-)	No
31: Aged, Poverty	N/A	91,287	N/A	56,091	N/A	.	N/A	-38.56	.	10% (+/-)	No
41: Other Aged	N/A	44,425	N/A	39,563	N/A	.	N/A	-10.94	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	295,022	N/A	334,218	N/A	.	N/A	13.29	.	10% (+/-)	No
12: Disabled, Cash	N/A	229,081	N/A	241,823	N/A	.	N/A	5.56	.	10% (+/-)	Yes
22: Disabled, MN	N/A	6,988	N/A	14,577	N/A	.	N/A	108.60	.	10% (+/-)	No
32: Disabled, Poverty	N/A	46,706	N/A	59,158	N/A	.	N/A	26.66	.	10% (+/-)	No
42: Other Disabled	N/A	12,247	N/A	18,660	N/A	.	N/A	52.36	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	550,350	N/A	566,119	N/A	.	N/A	2.87	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	183,306	N/A	166,007	N/A	.	N/A	-9.44	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	29,890	N/A	26,602	N/A	.	N/A	-11.00	.	10% (+/-)	No
24: AFDC Child, MN	N/A	14,338	N/A	13,685	N/A	.	N/A	-4.55	.	10% (+/-)	Yes
34: Child Poverty	N/A	220,986	N/A	256,708	N/A	.	N/A	16.16	.	10% (+/-)	No
44: Other Child	N/A	76,547	N/A	68,917	N/A	.	N/A	-9.97	.	10% (+/-)	Yes
48: Foster Care Child	N/A	25,283	N/A	31,122	N/A	.	N/A	23.09	.	10% (+/-)	No
54: 1115 Child	N/A	25,283	N/A	31,122	N/A	.	N/A	23.09	.	10% (+/-)	No
MAX Adult Total	N/A	252,750	N/A	254,613	N/A	.	N/A	0.74	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	94,477	N/A	72,955	N/A	.	N/A	-22.78	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	38,429	N/A	30,305	N/A	.	N/A	-21.14	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	26,146	N/A	30,214	N/A	.	N/A	15.56	.	10% (+/-)	No

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35: Adult, Poverty	N/A	59,902	N/A	31,556	N/A	.	N/A	-47.32	.	10% (+/-)	No
45: Other Adult	N/A	33,796	N/A	36,953	N/A	.	N/A	9.34	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	52,630	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$4,764,200,542	N/A	$5,202,836,407	N/A	.	N/A	9.21	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$3,558	N/A	$3,869	N/A	.	N/A	8.73	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,302	N/A	$4,931	N/A	.	N/A	14.61	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$7,376	N/A	$8,482	N/A	.	N/A	14.99	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,301	N/A	$3,308	N/A	.	N/A	0.20	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,475	N/A	$2,292	N/A	.	N/A	-7.38	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$6,934	N/A	$10,392	N/A	.	N/A	49.88	.	15% (+/-)	No
41: Other Aged	N/A	$17,578	N/A	$18,108	N/A	.	N/A	3.01	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,280	N/A	$7,917	N/A	.	N/A	8.74	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$6,856	N/A	$7,424	N/A	.	N/A	8.28	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$7,720	N/A	$5,469	N/A	.	N/A	-29.17	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$6,592	N/A	$7,240	N/A	.	N/A	9.82	.	15% (+/-)	Yes
42: Other Disabled	N/A	$17,588	N/A	$18,359	N/A	.	N/A	4.38	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$923	N/A	$1,017	N/A	.	N/A	10.21	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$792	N/A	$857	N/A	.	N/A	8.18	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$681	N/A	$762	N/A	.	N/A	12.00	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	$1,426	N/A	$1,381	N/A	.	N/A	-3.12	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$680	N/A	$755	N/A	.	N/A	11.02	.	15% (+/-)	Yes
44: Other Child	N/A	$1,222	N/A	$1,352	N/A	.	N/A	10.58	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$3,089	N/A	$3,205	N/A	.	N/A	3.75	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$2,494	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,438	N/A	$1,453	N/A	.	N/A	1.05	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,260	N/A	$1,486	N/A	.	N/A	17.97	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$690	N/A	$786	N/A	.	N/A	13.92	.	15% (+/-)	Yes
25: AFDC Adult, MN	N/A	$1,363	N/A	$1,439	N/A	.	N/A	5.60	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,403	N/A	$2,047	N/A	.	N/A	-14.82	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,131	N/A	$1,259	N/A	.	N/A	11.34	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$1,577	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$781,572,083	N/A	$826,725,648	N/A	.	N/A	5.78	.	15% (+/-)	Yes
IP: Number of Users	N/A	189,190	N/A	195,567	N/A	.	N/A	3.37	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,131	N/A	$4,227	N/A	.	N/A	2.33	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	7	N/A	.	N/A	60.74	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$13,984,958	N/A	$13,998,343	N/A	.	N/A	0.10	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	237	N/A	207	N/A	.	N/A	-12.66	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$59,008	N/A	$67,625	N/A	.	N/A	14.60	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$256,381,101	N/A	$268,870,116	N/A	.	N/A	4.87	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	3,567	N/A	3,504	N/A	.	N/A	-1.77	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$71,876	N/A	$76,732	N/A	.	N/A	6.76	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$1,376,272,911	N/A	$1,431,801,341	N/A	.	N/A	4.03	.	15% (+/-)	Yes
NF Number of Users	N/A	$71,059	N/A	$71,982	N/A	.	N/A	1.30	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$19,368	N/A	$19,891	N/A	.	N/A	2.70	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$283,502,897	N/A	$292,256,873	N/A	.	N/A	3.09	.	15% (+/-)	Yes
Physician: Number of Users	N/A	753,967	N/A	783,956	N/A	.	N/A	3.98	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$376	N/A	$373	N/A	.	N/A	-0.86	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$39,348,365	N/A	$44,095,869	N/A	.	N/A	12.07	.	15% (+/-)	Yes
Dental: Number of Users	N/A	180,404	N/A	179,088	N/A	.	N/A	-0.73	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$218	N/A	$246	N/A	.	N/A	12.89	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$115,411,488	N/A	$8,793,179	N/A	.	N/A	-92.38	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	189,022	N/A	135,432	N/A	.	N/A	-28.35	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$611	N/A	$65	N/A	.	N/A	-89.37	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$257,189,367	N/A	$278,688,510	N/A	.	N/A	8.36	.	15% (+/-)	Yes
OPD Number of Users	N/A	475,361	N/A	513,981	N/A	.	N/A	8.12	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$541	N/A	$542	N/A	.	N/A	0.22	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$133,806,812	N/A	$106,360,043	N/A	.	N/A	-20.51	.	15% (+/-)	No
Clinic: Number of Users	N/A	132,113	N/A	166,155	N/A	.	N/A	25.77	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,013	N/A	$640	N/A	.	N/A	-36.80	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$83,583,176	N/A	$110,862,801	N/A	.	N/A	32.64	.	15% (+/-)	No
HH: Number of Users	N/A	13,484	N/A	18,996	N/A	.	N/A	40.88	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$6,199	N/A	$5,836	N/A	.	N/A	-5.85	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$55,754,933	N/A	$51,132,446	N/A	.	N/A	-8.29	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	493,546	N/A	503,557	N/A	.	N/A	2.03	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$113	N/A	$102	N/A	.	N/A	-10.11	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$878,065,044	N/A	$1,116,826,474	N/A	.	N/A	27.19	.	15% (+/-)	No
Drugs: Number of Users	N/A	764,443	N/A	826,315	N/A	.	N/A	8.09	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,149	N/A	$1,352	N/A	.	N/A	17.67	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$228,565,472	N/A	$182,869,408	N/A	.	N/A	-19.99	.	15% (+/-)	No
Other Services: Number of Users	N/A	$268,097	N/A	$329,756	N/A	.	N/A	23.00	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$853	N/A	$555	N/A	.	N/A	-34.95	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$62,184,909	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	153,660	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$405	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$15,038,818	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	5,098	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,950	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$50,123,942	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	71,551	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$701	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$25,895,072	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	29,711	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$872	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$52,743,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	8,254	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,390	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$44,722,690	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	184,201	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$104,605,092	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	7,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,193	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$50,795,469	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	54,350	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$935	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$35,745,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	7,296	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,899	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$584	N/A	$615	N/A	.	N/A	5.31	.	15% (+/-)	Yes
Aged	N/A	$282	N/A	$301	N/A	.	N/A	6.97	.	15% (+/-)	Yes
Disabled	N/A	$1,371	N/A	$1,315	N/A	.	N/A	-4.03	.	15% (+/-)	Yes
Child	N/A	$298	N/A	$311	N/A	.	N/A	4.48	.	15% (+/-)	Yes
Adult	N/A	$579	N/A	$603	N/A	.	N/A	4.11	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,230	N/A	$1,275	N/A	.	N/A	3.67	.	15% (+/-)	Yes
Aged	N/A	$5,117	N/A	$5,843	N/A	.	N/A	14.17	.	15% (+/-)	Yes
Disabled	N/A	$1,483	N/A	$1,809	N/A	.	N/A	21.99	.	15% (+/-)	No
Child	N/A	$0	N/A	$0	N/A	.	N/A	59.53	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	-29.21	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$656	N/A	$830	N/A	.	N/A	26.63	.	15% (+/-)	No
Aged	N/A	$1,057	N/A	$1,392	N/A	.	N/A	31.76	.	15% (+/-)	No
Disabled	N/A	$1,845	N/A	$2,225	N/A	.	N/A	20.57	.	15% (+/-)	No
Child	N/A	$83	N/A	$112	N/A	.	N/A	35.02	.	15% (+/-)	No
Adult	N/A	$150	N/A	$179	N/A	.	N/A	19.40	.	15% (+/-)	No
All Other Services	N/A	$1,088	N/A	$1,148	N/A	.	N/A	5.60	.	15% (+/-)	Yes
Aged	N/A	$920	N/A	$946	N/A	.	N/A	2.77	.	15% (+/-)	Yes
Disabled	N/A	$2,580	N/A	$2,567	N/A	.	N/A	-0.53	.	15% (+/-)	Yes
Child	N/A	$542	N/A	$594	N/A	.	N/A	9.60	.	15% (+/-)	Yes
Adult	N/A	$703	N/A	$671	N/A	.	N/A	-4.62	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.13	N/A	14.54	N/A	.	N/A	2.91	.	15% (+/-)	Yes
Aged	N/A	18.84	N/A	20.15	N/A	.	N/A	6.92	.	15% (+/-)	Yes
Disabled	N/A	20.63	N/A	20.93	N/A	.	N/A	1.44	.	15% (+/-)	Yes
Child	N/A	5.50	N/A	5.84	N/A	.	N/A	6.06	.	15% (+/-)	Yes
Adult	N/A	21.15	N/A	21.33	N/A	.	N/A	0.87	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	5.59	N/A	5.63	N/A	.	N/A	0.68	.	15% (+/-)	Yes
Aged	N/A	26.15	N/A	28.98	N/A	.	N/A	10.83	.	15% (+/-)	Yes
Disabled	N/A	4.42	N/A	6.16	N/A	.	N/A	39.48	.	15% (+/-)	No
Child	N/A	0.00	N/A	0.00	N/A	.	N/A	191.64	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.01	N/A	.	N/A	38.98	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	57.09	N/A	61.44	N/A	.	N/A	7.62	.	15% (+/-)	Yes
Aged	N/A	69.54	N/A	80.20	N/A	.	N/A	15.32	.	15% (+/-)	No
Disabled	N/A	73.77	N/A	75.03	N/A	.	N/A	1.70	.	15% (+/-)	Yes

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Child	N/A	46.97	N/A	52.60	N/A	.	N/A	12.00	.	15% (+/-)	Yes
Adult	N/A	48.31	N/A	49.26	N/A	.	N/A	1.97	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	79.95	N/A	74.29	N/A	.	N/A	-7.08	.	15% (+/-)	Yes
Aged	N/A	69.61	N/A	75.19	N/A	.	N/A	8.02	.	15% (+/-)	Yes
Disabled	N/A	85.30	N/A	80.85	N/A	.	N/A	-5.22	.	15% (+/-)	Yes
Child	N/A	83.12	N/A	73.84	N/A	.	N/A	-11.16	.	15% (+/-)	Yes
Adult	N/A	76.59	N/A	66.02	N/A	.	N/A	-13.80	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	7	N/A	.	N/A	60.74	.	15% (+/-)	No
Aged	N/A	1	N/A	8	N/A	.	N/A	827.76	.	15% (+/-)	No
Disabled	N/A	7	N/A	11	N/A	.	N/A	43.29	.	15% (+/-)	No
Child	N/A	6	N/A	6	N/A	.	N/A	-3.89	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	1.24	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	298	N/A	238	N/A	.	N/A	-20.23	.	15% (+/-)	No
Aged	N/A	301	N/A	241	N/A	.	N/A	-20.04	.	15% (+/-)	No
Disabled	N/A	283	N/A	230	N/A	.	N/A	-18.93	.	15% (+/-)	No
Child	N/A	187	N/A	103	N/A	.	N/A	-44.77	.	15% (+/-)	No
Adult	N/A	68	N/A	21	N/A	.	N/A	-69.00	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$8,654,237	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	72,907	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$119	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$3,025,034	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	45,727	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$66	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$4,035,594	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	69,892	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$58	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$282,590,945	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	33,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$8,339	N/A	.	N/A	.	.	15% (+/-)	N/A

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All IP Claims										
Total Number of Claims	N/A	210,692	N/A	228,380	N/A	.	N/A	8.40	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	210,692	N/A	228,380	N/A	.	N/A	8.40	.	Yes
% Crossover	5-20	27.12	No	23.87	No	.	N/A	-12.01	.	Yes
% Adjusted Claims	> 1%	2.73	Yes	4.19	Yes	.	N/A	53.74	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$4,216	N/A	$6,060	N/A	.	N/A	43.72	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	153,543	N/A	173,874	N/A	.	N/A	13.24	.	Yes
% Claims with> $0 Paid	95-100	98.95	Yes	100.00	Yes	.	N/A	1.06	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,203	Yes	$3,613	Yes	.	N/A	-14.04	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$947	N/A	$903	N/A	.	N/A	-4.66	.	Yes
% Claims with TPL	>0 - 10	2.44	Yes	1.26	Yes	.	N/A	-48.39	.	No
Aver. TPL Paid for claims with TPL	N/A	$2,269	N/A	$1,724	N/A	.	N/A	-24.00	.	No
% Claims with UB-92 Accommodation Codes	95-100	96.43	Yes	99.95	Yes	.	N/A	3.65	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	96.45	Yes	99.86	Yes	.	N/A	3.54	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.80	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.47	Yes	4.00	Yes	.	N/A	-10.46	.	Yes
Average Covered Days (> 0 day	2-<8	4.43	Yes	4.00	Yes	.	N/A	-9.64	.	Yes
% Begin Date = Admit Date	95-100	98.54	Yes	99.99	Yes	.	N/A	1.48	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.23	Yes	100.00	Yes	.	N/A	0.78	.	Yes
% Family Planning Claims (pgm	>0-5	0.77	Yes	0.02	Yes	.	N/A	-97.62	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.41	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	10.43	Yes	8.55	Yes	.	N/A	-18.08	.	No
% Claims with PDX, where length=4	20-50	18.65	No	15.07	Yes	.	N/A	-19.20	.	No
% Claims with PDX, where length=5	20-50	70.92	No	76.39	No	.	N/A	7.71	.	Yes
% Claims with a procedure code	35-70	57.88	Yes	57.08	Yes	.	N/A	-1.37	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.89	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	97.80	N/A	99.91	N/A	.	N/A	2.16	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	97.78	N/A	99.89	N/A	.	N/A	2.16	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	34.04	N/A	30.03	N/A	.	N/A	-11.77	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	19.95	N/A	31.22	N/A	.	N/A	56.48	.	No
Patient Status										
% Home	75-90	95.12	No	94.12	No	.	N/A	-1.05	.	Yes
% Transferred	1-10	2.57	Yes	5.10	Yes	.	N/A	98.39	.	No
% Still a Patient	>0 - 2	0.01	Yes	0.00	Yes	.	N/A	-87.38	.	No
% Died	>0 - 3	1.00	Yes	0.76	Yes	.	N/A	-24.26	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	57,149	N/A	54,506	N/A	.	N/A	-4.62	.	Yes
% Claims with> $0 Paic	N/A	99.66	N/A	100.00	N/A	.	N/A	0.34	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$807	N/A	$806	N/A	.	N/A	-0.06	.	Yes
% Claims with TPL	N/A	0.46	N/A	0.42	N/A	.	N/A	-9.16	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$303	N/A	$307	N/A	.	N/A	1.32	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	0.05	No	0.06	No	.	N/A	11.84	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.09	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.05	No	0.06	N/A	.	N/A	11.84	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.63	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.77	Yes	5.87	Yes	.	N/A	1.71	.	Yes
% Begin Date = Admit Date	95-100	99.99	Yes	99.97	Yes	.	N/A	-0.02	.	Yes
% Claims with IP TOS	95-100	99.93	Yes	100.00	Yes	.	N/A	0.07	.	Yes
% Claims with DX	98-100	71.72	No	70.87	No	.	N/A	-1.19	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	35.61	Yes	5.06	Yes	.	N/A	-85.78	.	No
% Claims with PDX, where length=3	5-30	9.68	Yes	10.28	Yes	.	N/A	6.19	.	Yes

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1998-1999 MAX IP Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	44.53	Yes	42.93	Yes	.	N/A	-3.59	.	Yes
% Claims with PDX, where length=5	20-50	45.79	Yes	46.79	Yes	.	N/A	2.19	.	Yes
% Claims with a procedure code	35-70	0.02	No	0.03	No	.	N/A	31.06	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.53	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	1,108,689	N/A	1,101,485	N/A	.	N/A	-0.65	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,108,636	N/A	1,101,485	N/A	.	N/A	-0.65	.	Yes
% Crossover	5-20	0.08	No	0.03	No	.	N/A	-63.68	.	No
% Adjusted Claims	> 1%	17.53	Yes	13.58	Yes	.	N/A	-22.53	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$483	N/A	$653	N/A	.	N/A	35.27	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	1,107,727	N/A	1,101,157	N/A	.	N/A	-0.59	.	Yes
% Claims with> $0 Paid	N/A	99.54	N/A	100.00	N/A	.	N/A	0.46	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$65	Yes	$70	Yes	.	N/A	8.74	.	Yes
ICF/MR (TOS 05)	N/A	$207	N/A	$217	N/A	.	N/A	5.05	.	Yes
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	97.75	Yes	97.75	Yes	.	N/A	0.00	.	Yes
% NF claims with NF Covered Days	N/A	83.58	N/A	96.53	N/A	.	N/A	15.50	.	No
Avg days for NF claims with Covered Days	N/A	9	N/A	9	N/A	.	N/A	-1.10	.	Yes
% ICF/MR (TOS 05)	>0-20	2.25	Yes	2.25	Yes	.	N/A	0.15	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	88.45	N/A	99.92	N/A	.	N/A	12.98	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	22	N/A	20	N/A	.	N/A	-9.35	.	Yes
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	0.73	No	0.73	No	.	N/A	0.11	.	Yes
% Claims with DX	95-100	52.16	No	0.00	No	.	N/A	-100.00	.	No
% Claims with DX, where length=3	5-30	80.05	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	15.73	No	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	4.22	No	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	0.35	No	0.02	No	.	N/A	-95.41	.	No
% Still a Patien	8-98	98.24	No	97.28	Yes	.	N/A	-0.98	.	Yes
% Died	>0-5	0.03	Yes	0.03	Yes	.	N/A	-21.64	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	909	N/A	328	N/A	.	N/A	-63.92	.	No
% Claims with> $0 Paic	N/A	96.81	N/A	100.00	N/A	.	N/A	3.30	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$366	N/A	$1,534	N/A	.	N/A	319.25	.	No
% NF (TOS 07)	75-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	12.10	No	0.00	No	.	N/A	-100.00	.	No
% Claims with DX, where length=3	5-30	12.73	Yes	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	52.73	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	34.55	Yes	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	1.98	Yes	1.83	Yes	.	N/A	-7.62	.	Yes
% Still a Patien	8-98	31.24	Yes	71.65	Yes	.	N/A	129.32	.	No
% Died	>0-5	0.55	Yes	1.52	Yes	.	N/A	177.13	.	No

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1998-1999 MAX OT Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	27,381,033	N/A	28,774,404	N/A	.	N/A	5.09	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	28.84	N/A	27.38	N/A	.	N/A	-5.06	.	Yes
Total FFS Claims	N/A	27,381,015	N/A	20,895,465	N/A	.	N/A	-23.69	.	No
% Crossover	5-20	11.74	Yes	15.51	Yes	.	N/A	32.13	.	No
% Adjusted Claims	> 1%	0.34	No	0.90	No	.	N/A	166.71	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$133	N/A	$113	N/A	.	N/A	-15.08	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.89	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	26.49	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$116	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	24,166,311	N/A	17,653,933	N/A	.	N/A	-26.95	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.98	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	3.26	N/A	4.91	N/A	.	N/A	50.76	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.02	N/A	5.57	N/A	.	N/A	-7.62	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS	N/A	39.86	N/A	57.82	N/A	.	N/A	45.06	.	No
% Other Claims with Span Bills/All Other Claims	N/A	2.59	N/A	3.16	N/A	.	N/A	21.96	.	No
% Claims W/ Service Place 11- Office	50-90	7.63	No	31.97	No	.	N/A	318.80	.	No
% Claims W/ Service Place 12 - Home	>0-5	1.09	Yes	5.11	No	.	N/A	367.54	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	13.86	No	4.90	Yes	.	N/A	-64.63	.	No
% Claims W/ Service Place 32 - NF	>0-5	2.23	Yes	0.03	Yes	.	N/A	-98.86	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.83	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	25.88	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	44.70	No	28.74	No	.	N/A	-35.71	.	No
% Claims with TPL	>0 - 15	0.01	Yes	0.02	Yes	.	N/A	56.89	.	No
Aver. TPL Paid -claims with TPL	N/A	$9	N/A	$9	N/A	.	N/A	7.67	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	24.34	Yes	33.97	Yes	.	N/A	39.53	.	No
% claims MAX TOS 09: Dental	2-20	9.19	Yes	8.81	Yes	.	N/A	-4.09	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	7.11	Yes	0.88	Yes	.	N/A	-87.68	.	No
% claims MAX TOS 11: OPD	3-25	11.24	Yes	21.46	Yes	.	N/A	90.86	.	No
% claims MAX TOS 12: Clinic	2-25	6.77	Yes	9.36	Yes	.	N/A	38.16	.	No
% claims MAX TOS 13: HH	>0-25	1.63	Yes	2.26	Yes	.	N/A	39.03	.	No
% claims MAX TOS 15: Lab/Xray	4-20	25.08	No	6.17	Yes	.	N/A	-75.40	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	4.11	Yes	1.06	Yes	.	N/A	-74.23	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	1.60	Yes	1.85	No	.	N/A	15.43	.	No
% claims MAX TOS 26: Transportation	>1	0.52	Yes	0.47	No	.	N/A	-8.74	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	2.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.78	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	5.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.19	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.66	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	3.73	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.99	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	20.04	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$47	N/A	$66	N/A	.	N/A	38.47	.	No
08: Physicians	$20-90	$70	Yes	$58	Yes	.	N/A	-16.54	.	No
09: Dental	$10-60	$23	Yes	$27	Yes	.	N/A	15.97	.	No
10: Other Practioner	$10-100	$59	Yes	$37	Yes	.	N/A	-38.20	.	No
11: OPD	$20-100	$91	Yes	$71	Yes	.	N/A	-22.45	.	No
12: Clinic	$20-100	$104	No	$48	Yes	.	N/A	-53.84	.	No
13: HH	N/A	$126	N/A	$149	N/A	.	N/A	18.33	.	No
15: Lab/Xray	10-60	$27	Yes	$14	Yes	.	N/A	-50.29	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$216	N/A	$409	N/A	.	N/A	89.16	.	No
51: DME	N/A	$85	Yes	$73	N/A	.	N/A	-14.19	.	Yes
26: Transportation	N/A	$135	N/A	$138	N/A	.	N/A	1.98	.	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$14	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$29	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,653	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$654	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$101	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$215	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.35	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	4.20	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$24	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$238	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	55.60	No	88.96	Yes	.	N/A	59.98	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	95.04	Yes	100.00	Yes	.	N/A	5.21	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	10.71	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	11.76	Yes	12.13	Yes	.	N/A	3.17	.	Yes
% Claims with DX, where length=4	20-50	56.08	No	53.40	No	.	N/A	-4.77	.	Yes
% Claims with DX, where length=5	20-50	32.01	Yes	34.17	Yes	.	N/A	6.75	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	24.70	N/A	100.00	N/A	.	N/A	304.84	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	24.98	N/A	66.38	N/A	.	N/A	165.73	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	68.49	N/A	13.99	N/A	.	N/A	-79.58	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	6.53	N/A	19.64	N/A	.	N/A	200.55	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	37.17	No	100.00	Yes	.	N/A	169.07	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	3,214,704	N/A	3,241,532	N/A	.	N/A	0.83	.	Yes
% Claims with> $0 Paid	>95%	99.97	N/A	99.96	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	13.54	N/A	13.35	N/A	.	N/A	-1.36	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	21.12	N/A	21.88	N/A	.	N/A	3.59	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	13.38	N/A	66.67	N/A	.	N/A	398.37	.	No
% Other Claims with Span Bills/All Other Claims	N/A	12.36	N/A	12.14	N/A	.	N/A	-1.77	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	70.84	N/A	70.93	N/A	.	N/A	0.14	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.27	N/A	2.87	N/A	.	N/A	-12.21	.	Yes

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1998-1999 MAX OT Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	12.94	N/A	12.47	N/A	.	N/A	-3.60	.	Yes
% claims MAX TOS 12: Clinic	N/A	1.12	N/A	2.22	N/A	.	N/A	98.89	.	No
% claims MAX TOS 13: HH	N/A	4.51	N/A	0.00	N/A	.	N/A	-99.99	.	No
% claims MAX TOS 15: Lab/Xray	N/A	0.12	N/A	0.16	N/A	.	N/A	36.32	.	No
% claims MAX TOS 19: Other Services	N/A	3.88	N/A	8.52	N/A	.	N/A	119.30	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	2.51	N/A	2.26	N/A	.	N/A	-9.99	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.08	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	3.73	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.99	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$37	N/A	$39	N/A	.	N/A	4.31	.	Yes
% Claims with DX	N/A	0.57	N/A	2.09	N/A	.	N/A	265.89	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	0.67	No	2.43	No	.	N/A	264.71	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	57.96	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	6.17	Yes	12.22	Yes	.	N/A	98.22	.	No
% Claims with DX, where length=4	20-50	53.78	No	48.02	Yes	.	N/A	-10.71	.	Yes
% Claims with DX, where length=5	20-50	40.05	Yes	39.76	Yes	.	N/A	-0.74	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	12,021,077	N/A	13,522,885	N/A	.	N/A	12.49	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	12,021,049	N/A	13,522,885	N/A	.	N/A	12.49	.	Yes
% Adjusted Claims	> 1%	0.45	No	0.24	No	.	N/A	-47.00	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$14	N/A	$90	N/A	.	N/A	522.74	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	12,021,049	N/A	13,522,885	N/A	.	N/A	12.49	.	Yes
% Claims with> $0 Paid	95-100	99.90	Yes	100.00	Yes	.	N/A	0.10	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$32	Yes	$37	Yes	.	N/A	13.58	.	Yes
% Claims with TPL	>0 - 15	0.02	Yes	0.08	Yes	.	N/A	246.92	.	No
Aver. TPL Paid for claims with TPL	N/A	$83	N/A	$54	N/A	.	N/A	-34.87	.	No
% Family Planning Claims (program type=2)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.99	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% Claims with Medispan	98-100	89.34	No	95.46	No	.	N/A	6.85	.	Yes
% Claims with AHFS	98-100	99.99	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.99	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% Claims with GC3	98-100	99.99	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.79	N/A	79.16	N/A	.	N/A	-20.68	.	No
% Products (codes 4-6)	N/A	0.01	N/A	20.78	N/A	.	N/A	155272.43	.	No
% HRI (code 7)	N/A	0.19	N/A	0.01	N/A	.	N/A	-96.50	.	No
% Claims with Smart Key	98-100	99.99	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% OTC-Drug Class	N/A	3.31	N/A	3.94	N/A	.	N/A	18.91	.	No
% Prescription-Drug Class	N/A	96.67	N/A	96.02	N/A	.	N/A	-0.68	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	46.72	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.04	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	1,248,447	N/A	1,330,992	N/A	.	N/A	6.61	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$3,291,494,579	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	4.16	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	21.86	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	12.82	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	61.16	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	1,230,875	N/A	1,249,063	N/A	.	N/A	1.48	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	948,805	N/A	937,235	N/A	.	N/A	-1.22	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.54	No	93.58	No	.	N/A	-5.03	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	91.09	Yes	89.95	No	.	N/A	-1.25	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	304	N/A	341	N/A	.	N/A	12.17	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.10	Yes	1.13	Yes	.	N/A	2.47	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	34.97	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	52.32	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	3.96	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	7.93	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	6.35	Yes	6.38	Yes	.	N/A	0.45	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	63.52	Yes	63.24	Yes	.	N/A	-0.45	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	10.98	Yes	11.04	Yes	.	N/A	0.59	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	48.83	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	189,794	N/A	195,687	N/A	.	N/A	3.10	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	94.10	Yes	94.21	Yes	.	N/A	0.12	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	95.20	Yes	94.69	Yes	.	N/A	-0.54	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	42.78	Yes	40.67	Yes	.	N/A	-4.93	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,886	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	44.31	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	7.95	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	47.74	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	3.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	1.54	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.80	Yes	97.73	No	.	N/A	-2.07	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.88	Yes	99.92	Yes	.	N/A	0.04	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	87.52	Yes	81.38	Yes	.	N/A	-7.01	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	99,058	N/A	111,375	N/A	.	N/A	12.43	.	10% (+/-)	No
11: Aged, Cash	N/A	40,654	N/A	38,610	N/A	.	N/A	-5.03	.	10% (+/-)	Yes
21: Aged, MN	N/A	717	N/A	3,433	N/A	.	N/A	378.80	.	10% (+/-)	No
31: Aged, Poverty	N/A	24,387	N/A	28,826	N/A	.	N/A	18.20	.	10% (+/-)	No
41: Other Aged	N/A	33,300	N/A	40,506	N/A	.	N/A	21.64	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	221,414	N/A	219,533	N/A	.	N/A	-0.85	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	182,735	N/A	182,876	N/A	.	N/A	0.08	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,271	N/A	4,131	N/A	.	N/A	225.02	.	10% (+/-)	No
32: Disabled, Poverty	N/A	13,997	N/A	15,172	N/A	.	N/A	8.39	.	10% (+/-)	Yes
42: Other Disabled	N/A	23,411	N/A	17,354	N/A	.	N/A	-25.87	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	704,449	N/A	709,892	N/A	.	N/A	0.77	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	144,186	N/A	123,730	N/A	.	N/A	-14.19	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	73	N/A	111	N/A	.	N/A	52.05	.	10% (+/-)	No
34: Child Poverty	N/A	435,528	N/A	440,132	N/A	.	N/A	1.06	.	10% (+/-)	Yes
44: Other Child	N/A	110,358	N/A	128,798	N/A	.	N/A	16.71	.	10% (+/-)	No
48: Foster Care Child	N/A	14,304	N/A	17,121	N/A	.	N/A	19.69	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	205,954	N/A	207,780	N/A	.	N/A	0.89	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	51,973	N/A	46,689	N/A	.	N/A	-10.17	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	4	N/A	1	N/A	.	N/A	-75.00	.	10% (+/-)	No
35: Adult, Poverty	N/A	95,832	N/A	102,795	N/A	.	N/A	7.27	.	10% (+/-)	Yes
45: Other Adult	N/A	58,145	N/A	58,295	N/A	.	N/A	0.26	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	930,510	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	90.19	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.92	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	5.89	No	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.18	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	66.49	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	830,489	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	3.43	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	97.79	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.73	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	17.75	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	33,754	N/A	28,516	N/A	.	N/A	-15.52	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.96	N/A	1.29	N/A	.	N/A	34.03	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	9.92	N/A	13.83	N/A	.	N/A	39.40	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	68.74	N/A	68.50	N/A	.	N/A	-0.35	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	20.37	N/A	16.38	N/A	.	N/A	-19.62	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	19,162	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	930,519	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	2.12	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	58.44	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	39.44	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$50,865,508	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$29,099,819	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$21,765,689	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.10	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.09	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	1.10	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$28,927,795	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	28,516	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$21,937,713	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	801,973	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$15,389,673	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$4,075,033	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$235,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,017,146	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$10,061,850	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$540	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$143	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$36	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$353	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	1,008,568	N/A	1,026,279	N/A	.	N/A	1.76	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	971,961	N/A	843,088	N/A	.	N/A	-13.26	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	753,682	N/A	740,363	N/A	.	N/A	-1.77	.	15% (+/-)	Yes
MAX Aged Total	N/A	4,729	N/A	5,884	N/A	.	N/A	24.42	.	10% (+/-)	No
11: Aged, Cash	N/A	2,395	N/A	2,391	N/A	.	N/A	-0.17	.	10% (+/-)	Yes
21: Aged, MN	N/A	171	N/A	558	N/A	.	N/A	226.32	.	10% (+/-)	No
31: Aged, Poverty	N/A	711	N/A	827	N/A	.	N/A	16.32	.	10% (+/-)	No
41: Other Aged	N/A	1,452	N/A	2,108	N/A	.	N/A	45.18	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	124,251	N/A	127,370	N/A	.	N/A	2.51	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	116,092	N/A	116,390	N/A	.	N/A	0.26	.	10% (+/-)	Yes
22: Disabled, MN	N/A	495	N/A	1,361	N/A	.	N/A	174.95	.	10% (+/-)	No
32: Disabled, Poverty	N/A	428	N/A	502	N/A	.	N/A	17.29	.	10% (+/-)	No
42: Other Disabled	N/A	7,236	N/A	9,117	N/A	.	N/A	26.00	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	681,193	N/A	690,318	N/A	.	N/A	1.34	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	135,654	N/A	115,838	N/A	.	N/A	-14.61	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	73	N/A	110	N/A	.	N/A	50.68	.	10% (+/-)	No
34: Child Poverty	N/A	425,262	N/A	431,522	N/A	.	N/A	1.47	.	10% (+/-)	Yes
44: Other Child	N/A	105,954	N/A	125,848	N/A	.	N/A	18.78	.	10% (+/-)	No
48: Foster Care Child	N/A	14,250	N/A	17,000	N/A	.	N/A	19.30	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	198,395	N/A	202,454	N/A	.	N/A	2.05	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	48,164	N/A	43,468	N/A	.	N/A	-9.75	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	4	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
35: Adult, Poverty	N/A	95,321	N/A	102,445	N/A	.	N/A	7.47	.	10% (+/-)	Yes
45: Other Adult	N/A	54,906	N/A	56,541	N/A	.	N/A	2.98	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	3,864	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,818,838,934	N/A	$1,884,434,702	N/A	.	N/A	3.61	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$1,803	N/A	$1,836	N/A	.	N/A	1.82	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,871	N/A	$2,235	N/A	.	N/A	19.44	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,843	N/A	$5,808	N/A	.	N/A	-0.60	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,602	N/A	$3,610	N/A	.	N/A	0.22	.	15% (+/-)	Yes
21: Aged, MN	N/A	$3,429	N/A	$3,272	N/A	.	N/A	-4.59	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$630	N/A	$594	N/A	.	N/A	-5.70	.	15% (+/-)	Yes
41: Other Aged	N/A	$12,375	N/A	$11,016	N/A	.	N/A	-10.98	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,104	N/A	$6,212	N/A	.	N/A	1.76	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$6,065	N/A	$6,295	N/A	.	N/A	3.79	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$9,036	N/A	$8,277	N/A	.	N/A	-8.40	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$746	N/A	$618	N/A	.	N/A	-17.11	.	15% (+/-)	No
42: Other Disabled	N/A	$6,850	N/A	$5,152	N/A	.	N/A	-24.80	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$895	N/A	$929	N/A	.	N/A	3.81	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$785	N/A	$887	N/A	.	N/A	13.01	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,410	N/A	$2,642	N/A	.	N/A	87.45	.	15% (+/-)	No
34: Child, Poverty	N/A	$894	N/A	$790	N/A	.	N/A	-11.66	.	15% (+/-)	Yes
44: Other Child	N/A	$926	N/A	$1,339	N/A	.	N/A	44.62	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,721	N/A	$1,689	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,134	N/A	$2,059	N/A	.	N/A	-3.51	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,312	N/A	$2,384	N/A	.	N/A	3.11	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$25,191	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,472	N/A	$2,328	N/A	.	N/A	-5.82	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,389	N/A	$1,322	N/A	.	N/A	-4.83	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$571,848,792	N/A	$576,450,080	N/A	.	N/A	0.80	.	15% (+/-)	Yes
IP: Number of Users	N/A	116,414	N/A	139,267	N/A	.	N/A	19.63	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$4,912	N/A	$4,139	N/A	.	N/A	-15.74	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per Use	N/A	5	N/A	5	N/A	.	N/A	-12.14	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$46,357,631	N/A	$46,896,104	N/A	.	N/A	1.16	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	663	N/A	613	N/A	.	N/A	-7.54	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$69,921	N/A	$76,503	N/A	.	N/A	9.41	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$58,593,612	N/A	$61,302,367	N/A	.	N/A	4.62	.	15% (+/-)	Yes
NF Number of Users	N/A	2,993	N/A	2,932	N/A	.	N/A	-2.04	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$19,577	N/A	$20,908	N/A	.	N/A	6.80	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$264,636,297	N/A	$327,497,568	N/A	.	N/A	23.75	.	15% (+/-)	No

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Physician: Number of Users	N/A	657,989	N/A	688,121	N/A	.	N/A	4.58	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$402	N/A	$476	N/A	.	N/A	18.33	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$32,800,142	N/A	$35,532,078	N/A	.	N/A	8.33	.	15% (+/-)	Yes
Dental: Number of Users	N/A	211,057	N/A	197,167	N/A	.	N/A	-6.58	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$155	N/A	$180	N/A	.	N/A	15.96	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$65,418,275	N/A	$5,098,154	N/A	.	N/A	-92.21	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	180,078	N/A	77,095	N/A	.	N/A	-57.19	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$363	N/A	$66	N/A	.	N/A	-81.80	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$159,513,593	N/A	$251,547,407	N/A	.	N/A	57.70	.	15% (+/-)	No
OPD Number of Users	N/A	366,138	N/A	422,991	N/A	.	N/A	15.53	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$436	N/A	$595	N/A	.	N/A	36.50	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$89,316,835	N/A	$63,806,457	N/A	.	N/A	-28.56	.	15% (+/-)	No
Clinic: Number of Users	N/A	173,023	N/A	310,019	N/A	.	N/A	79.18	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$516	N/A	$206	N/A	.	N/A	-60.13	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$11,951,778	N/A	$15,490,769	N/A	.	N/A	29.61	.	15% (+/-)	No
HH: Number of Users	N/A	12,231	N/A	5,675	N/A	.	N/A	-53.60	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$977	N/A	$2,730	N/A	.	N/A	179.34	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$106,740,343	N/A	$14,260,073	N/A	.	N/A	-86.64	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	469,736	N/A	152,378	N/A	.	N/A	-67.56	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$227	N/A	$94	N/A	.	N/A	-58.82	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$196,763,268	N/A	$251,228,061	N/A	.	N/A	27.68	.	15% (+/-)	No
Drugs: Number of Users	N/A	660,357	N/A	670,881	N/A	.	N/A	1.59	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$298	N/A	$374	N/A	.	N/A	25.68	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$65,493,524	N/A	$38,471,881	N/A	.	N/A	-41.26	.	15% (+/-)	No
Other Services: Number of Users	N/A	$110,657	N/A	$7,133	N/A	.	N/A	-93.55	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$592	N/A	$5,394	N/A	.	N/A	811.28	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,758,788	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	34,507	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$312	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$27,546,875	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	77,553	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$355	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,741,115	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	61,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$28	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$25,057,564	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	20,146	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,244	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$6,907,531	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	822	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,403	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$20,658,080	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	86,332	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$239	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$10,056,760	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	389	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$25,853	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$57,597,799	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	52,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,092	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$21,939,925	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,884	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,607	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$567	N/A	$562	N/A	.	N/A	-0.94	.	15% (+/-)	Yes
Aged	N/A	$769	N/A	$740	N/A	.	N/A	-3.84	.	15% (+/-)	Yes
Disabled	N/A	$1,747	N/A	$1,564	N/A	.	N/A	-10.49	.	15% (+/-)	Yes
Child	N/A	$283	N/A	$328	N/A	.	N/A	15.85	.	15% (+/-)	No
Adult	N/A	$798	N/A	$720	N/A	.	N/A	-9.72	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$104	N/A	$105	N/A	.	N/A	1.31	.	15% (+/-)	Yes
Aged	N/A	$3,247	N/A	$3,050	N/A	.	N/A	-6.05	.	15% (+/-)	Yes
Disabled	N/A	$721	N/A	$708	N/A	.	N/A	-1.73	.	15% (+/-)	Yes
Child	N/A	$0	N/A	$0	N/A	.	N/A	9.35	.	15% (+/-)	Yes
Adult	N/A	$0	N/A	$0	N/A	.	N/A	-49.88	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$195	N/A	$245	N/A	.	N/A	25.48	.	15% (+/-)	No
Aged	N/A	$676	N/A	$803	N/A	.	N/A	18.67	.	15% (+/-)	No
Disabled	N/A	$890	N/A	$1,160	N/A	.	N/A	30.30	.	15% (+/-)	No
Child	N/A	$82	N/A	$93	N/A	.	N/A	13.21	.	15% (+/-)	Yes
Adult	N/A	$135	N/A	$170	N/A	.	N/A	25.47	.	15% (+/-)	No
All Other Services	N/A	$923	N/A	$924	N/A	.	N/A	0.10	.	15% (+/-)	Yes
Aged	N/A	$1,151	N/A	$1,215	N/A	.	N/A	5.58	.	15% (+/-)	Yes
Disabled	N/A	$2,741	N/A	$2,780	N/A	.	N/A	1.42	.	15% (+/-)	Yes
Child	N/A	$527	N/A	$507	N/A	.	N/A	-3.79	.	15% (+/-)	Yes
Adult	N/A	$1,139	N/A	$1,169	N/A	.	N/A	2.62	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.54	N/A	13.57	N/A	.	N/A	17.57	.	15% (+/-)	No
Aged	N/A	15.23	N/A	12.73	N/A	.	N/A	-16.39	.	15% (+/-)	No
Disabled	N/A	14.90	N/A	14.42	N/A	.	N/A	-3.24	.	15% (+/-)	Yes
Child	N/A	6.99	N/A	9.81	N/A	.	N/A	40.43	.	15% (+/-)	No
Adult	N/A	24.99	N/A	25.83	N/A	.	N/A	3.35	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.36	N/A	0.35	N/A	.	N/A	-4.66	.	15% (+/-)	Yes
Aged	N/A	19.64	N/A	17.52	N/A	.	N/A	-10.81	.	15% (+/-)	Yes
Disabled	N/A	2.19	N/A	1.96	N/A	.	N/A	-10.10	.	15% (+/-)	Yes
Child	N/A	0.00	N/A	0.00	N/A	.	N/A	-1.32	.	15% (+/-)	Yes
Adult	N/A	0.00	N/A	0.00	N/A	.	N/A	37.19	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	17.35	N/A	4.57	N/A	.	N/A	-73.63	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	65.47	N/A	65.37	N/A	.	N/A	-0.16	.	15% (+/-)	Yes
Aged	N/A	69.13	N/A	64.46	N/A	.	N/A	-6.75	.	15% (+/-)	Yes
Disabled	N/A	79.13	N/A	79.95	N/A	.	N/A	1.03	.	15% (+/-)	Yes
Child	N/A	60.87	N/A	60.60	N/A	.	N/A	-0.44	.	15% (+/-)	Yes
Adult	N/A	72.65	N/A	72.56	N/A	.	N/A	-0.12	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	95.76	N/A	79.18	N/A	.	N/A	-17.31	.	15% (+/-)	No
Aged	N/A	87.21	N/A	68.54	N/A	.	N/A	-21.40	.	15% (+/-)	No

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Disabled	N/A	97.23	N/A	85.32	N/A	.	N/A	-12.25	.	15% (+/-)	Yes
Child	N/A	96.61	N/A	77.54	N/A	.	N/A	-19.74	.	15% (+/-)	No
Adult	N/A	92.12	N/A	81.22	N/A	.	N/A	-11.84	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	5	N/A	5	N/A	.	N/A	-12.14	.	15% (+/-)	Yes
Aged	N/A	4	N/A	9	N/A	.	N/A	111.33	.	15% (+/-)	No
Disabled	N/A	12	N/A	12	N/A	.	N/A	-5.23	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-18.43	.	15% (+/-)	No
Adult	N/A	3	N/A	3	N/A	.	N/A	-2.27	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	320	N/A	268	N/A	.	N/A	-16.23	.	15% (+/-)	No
Aged	N/A	324	N/A	238	N/A	.	N/A	-26.62	.	15% (+/-)	No
Disabled	N/A	318	N/A	281	N/A	.	N/A	-11.82	.	15% (+/-)	Yes
Child	N/A	82	N/A	52	N/A	.	N/A	-36.20	.	15% (+/-)	No
Adult	N/A	154	N/A	19	N/A	.	N/A	-87.48	.	15% (+/-)	No
% Enrollees with Delivery	N/A	7.67	N/A	10.15	N/A	.	N/A	32.37	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,525,833	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	21,467	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$71	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,379	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	30	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$79	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,826	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$59	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$62,221,306	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$17,973	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	188,553	N/A	194,268	N/A	.	N/A	3.03	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	178,497	N/A	179,032	N/A	.	N/A	0.30	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	168,075	N/A	170,690	N/A	.	N/A	1.56	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	8.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	20.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	71.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.18	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.69	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	94,004	N/A	105,123	N/A	.	N/A	11.83	.	10% (+/-)	No

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11: Aged, Cash	N/A	37,950	N/A	35,901	N/A	.	N/A	-5.40	.	10% (+/-)	Yes
21: Aged, MN	N/A	545	N/A	2,875	N/A	.	N/A	427.52	.	10% (+/-)	No
31: Aged, Poverty	N/A	23,672	N/A	27,981	N/A	.	N/A	18.20	.	10% (+/-)	No
41: Other Aged	N/A	31,837	N/A	38,366	N/A	.	N/A	20.51	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	93,814	N/A	88,219	N/A	.	N/A	-5.96	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	63,354	N/A	62,632	N/A	.	N/A	-1.14	.	10% (+/-)	Yes
22: Disabled, MN	N/A	776	N/A	2,769	N/A	.	N/A	256.83	.	10% (+/-)	No
32: Disabled, Poverty	N/A	13,563	N/A	14,656	N/A	.	N/A	8.06	.	10% (+/-)	Yes
42: Other Disabled	N/A	16,121	N/A	8,162	N/A	.	N/A	-49.37	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	182,306	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	3.02	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	53.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	43.85	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,145,147,502	N/A	$1,273,494,387	N/A	.	N/A	11.21	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$6,073	N/A	$6,555	N/A	.	N/A	7.94	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$6,415	N/A	$7,113	N/A	.	N/A	10.88	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,681	N/A	$7,532	N/A	.	N/A	12.73	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,750	N/A	$3,095	N/A	.	N/A	12.55	.	15% (+/-)	Yes
21: Aged, MN	N/A	$5,275	N/A	$5,910	N/A	.	N/A	12.04	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$958	N/A	$1,212	N/A	.	N/A	26.48	.	15% (+/-)	No
41: Other Aged	N/A	$15,647	N/A	$16,414	N/A	.	N/A	4.91	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$5,474	N/A	$5,424	N/A	.	N/A	-0.92	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$4,319	N/A	$4,801	N/A	.	N/A	11.15	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$3,933	N/A	$4,330	N/A	.	N/A	10.09	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,326	N/A	$1,332	N/A	.	N/A	0.47	.	15% (+/-)	Yes
42: Other Disabled	N/A	$13,579	N/A	$17,926	N/A	.	N/A	32.01	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$68,942,950	N/A	$64,268,549	N/A	.	N/A	-6.78	.	15% (+/-)	Yes
IP: Number of Users	N/A	44,545	N/A	43,601	N/A	.	N/A	-2.12	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,548	N/A	$1,474	N/A	.	N/A	-4.76	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	1	N/A	8	N/A	.	N/A	1160.28	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$58,000,772	N/A	$62,040,367	N/A	.	N/A	6.96	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	836	N/A	821	N/A	.	N/A	-1.79	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$69,379	N/A	$75,567	N/A	.	N/A	8.92	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$550,813,792	N/A	$611,529,413	N/A	.	N/A	11.02	.	15% (+/-)	Yes
NF Number of Users	N/A	$35,238	N/A	$36,061	N/A	.	N/A	2.34	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$15,631	N/A	$16,958	N/A	.	N/A	8.49	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$55,907,200	N/A	$60,582,919	N/A	.	N/A	8.36	.	15% (+/-)	Yes
Physician: Number of Users	N/A	160,681	N/A	161,580	N/A	.	N/A	0.56	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$348	N/A	$375	N/A	.	N/A	7.76	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$1,164,875	N/A	$1,426,424	N/A	.	N/A	22.45	.	15% (+/-)	No
Dental: Number of Users	N/A	9,468	N/A	9,315	N/A	.	N/A	-1.62	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$123	N/A	$153	N/A	.	N/A	24.46	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$4,467,006	N/A	$1,661,168	N/A	.	N/A	-62.81	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	39,931	N/A	35,953	N/A	.	N/A	-9.96	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$112	N/A	$46	N/A	.	N/A	-58.70	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$49,887,428	N/A	$57,099,322	N/A	.	N/A	14.46	.	15% (+/-)	Yes
OPD Number of Users	N/A	102,036	N/A	103,709	N/A	.	N/A	1.64	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$489	N/A	$551	N/A	.	N/A	12.61	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$24,794,264	N/A	$15,321,552	N/A	.	N/A	-38.21	.	15% (+/-)	No
Clinic: Number of Users	N/A	21,717	N/A	22,688	N/A	.	N/A	4.47	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$1,142	N/A	$675	N/A	.	N/A	-40.85	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$27,118,158	N/A	$43,747,442	N/A	.	N/A	61.32	.	15% (+/-)	No
HH: Number of Users	N/A	40,600	N/A	11,167	N/A	.	N/A	-72.50	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$668	N/A	$3,918	N/A	.	N/A	486.52	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$2,814,535	N/A	$363,199	N/A	.	N/A	-87.10	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	10,955	N/A	6,801	N/A	.	N/A	-37.92	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$257	N/A	$53	N/A	.	N/A	-79.21	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$190,626,017	N/A	$239,560,947	N/A	.	N/A	25.67	.	15% (+/-)	No
Drugs: Number of Users	N/A	139,981	N/A	141,634	N/A	.	N/A	1.18	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,362	N/A	$1,691	N/A	.	N/A	24.20	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$83,869,186	N/A	$50,087,411	N/A	.	N/A	-40.28	.	15% (+/-)	No
Other Services: Number of Users	N/A	$44,027	N/A	$44,844	N/A	.	N/A	1.86	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,905	N/A	$1,117	N/A	.	N/A	-41.37	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,612,318	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	32,101	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,771,226	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,146	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$149,443	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	5,283	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$28	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$164,458	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,045	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$157	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$12,047,567	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,912	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,691,344	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	9,536	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$282	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$19,886,188	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,668	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$11,922	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,097,684	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,722	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$814	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$15,313,935	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,949	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,857	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$366	N/A	$331	N/A	.	N/A	-9.52	.	15% (+/-)	Yes
Aged	N/A	$273	N/A	$258	N/A	.	N/A	-5.48	.	15% (+/-)	Yes
Disabled	N/A	$453	N/A	$414	N/A	.	N/A	-8.65	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,229	N/A	$3,467	N/A	.	N/A	7.38	.	15% (+/-)	Yes
Aged	N/A	$4,516	N/A	$5,134	N/A	.	N/A	13.67	.	15% (+/-)	Yes
Disabled	N/A	$1,964	N/A	$1,517	N/A	.	N/A	-22.74	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,011	N/A	$1,233	N/A	.	N/A	21.97	.	15% (+/-)	No
Aged	N/A	$895	N/A	$1,070	N/A	.	N/A	19.59	.	15% (+/-)	No
Disabled	N/A	$1,129	N/A	$1,431	N/A	.	N/A	26.75	.	15% (+/-)	No
All Other Services	N/A	$1,467	N/A	$1,524	N/A	.	N/A	3.92	.	15% (+/-)	Yes
Aged	N/A	$997	N/A	$1,070	N/A	.	N/A	7.32	.	15% (+/-)	Yes
Disabled	N/A	$1,927	N/A	$2,063	N/A	.	N/A	7.01	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	23.62	N/A	22.44	N/A	.	N/A	-5.00	.	15% (+/-)	Yes
Aged	N/A	24.19	N/A	22.97	N/A	.	N/A	-5.03	.	15% (+/-)	Yes
Disabled	N/A	23.07	N/A	21.85	N/A	.	N/A	-5.28	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	19.13	N/A	18.98	N/A	.	N/A	-0.76	.	15% (+/-)	Yes
Aged	N/A	28.04	N/A	30.61	N/A	.	N/A	9.17	.	15% (+/-)	Yes
Disabled	N/A	10.34	N/A	5.32	N/A	.	N/A	-48.58	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	74.24	N/A	72.91	N/A	.	N/A	-1.80	.	15% (+/-)	Yes
Aged	N/A	70.55	N/A	69.50	N/A	.	N/A	-1.49	.	15% (+/-)	Yes
Disabled	N/A	77.86	N/A	77.00	N/A	.	N/A	-1.11	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	91.26	N/A	87.31	N/A	.	N/A	-4.33	.	15% (+/-)	Yes
Aged	N/A	90.37	N/A	85.78	N/A	.	N/A	-5.08	.	15% (+/-)	Yes
Disabled	N/A	92.16	N/A	89.24	N/A	.	N/A	-3.16	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	1	N/A	8	N/A	.	N/A	1160.28	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	4167.28	.	15% (+/-)	No
Disabled	N/A	1	N/A	8	N/A	.	N/A	670.04	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	317	N/A	245	N/A	.	N/A	-22.45	.	15% (+/-)	No
Aged	N/A	321	N/A	242	N/A	.	N/A	-24.58	.	15% (+/-)	No
Disabled	N/A	304	N/A	268	N/A	.	N/A	-11.86	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$106,206	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	586	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$181	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$332,789	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	3142	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$167,367	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3005	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$56	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$113,505,569	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	14273	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,952	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	1,197,121	N/A	1,220,547	N/A	.	N/A	1.96	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	1,150,458	N/A	1,022,120	N/A	.	N/A	-11.16	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	83.74	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	91.30	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.86	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	80.29	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	84.87	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	921,757	N/A	911,052	N/A	.	N/A	-1.16	.	15% (+/-)	Yes
MAX Aged Total	N/A	98,733	N/A	111,007	N/A	.	N/A	12.43	.	10% (+/-)	No
11: Aged, Cash	N/A	40,345	N/A	38,292	N/A	.	N/A	-5.09	.	10% (+/-)	Yes
21: Aged, MN	N/A	716	N/A	3,433	N/A	.	N/A	379.47	.	10% (+/-)	No
31: Aged, Poverty	N/A	24,383	N/A	28,808	N/A	.	N/A	18.15	.	10% (+/-)	No
41: Other Aged	N/A	33,289	N/A	40,474	N/A	.	N/A	21.58	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	218,065	N/A	215,589	N/A	.	N/A	-1.14	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	179,446	N/A	179,022	N/A	.	N/A	-0.24	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,271	N/A	4,130	N/A	.	N/A	224.94	.	10% (+/-)	No
32: Disabled, Poverty	N/A	13,991	N/A	15,158	N/A	.	N/A	8.34	.	10% (+/-)	Yes
42: Other Disabled	N/A	23,357	N/A	17,279	N/A	.	N/A	-26.02	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	681,246	N/A	690,358	N/A	.	N/A	1.34	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	135,655	N/A	115,839	N/A	.	N/A	-14.61	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	73	N/A	110	N/A	.	N/A	50.68	.	10% (+/-)	No
34: Child Poverty	N/A	425,273	N/A	431,535	N/A	.	N/A	1.47	.	10% (+/-)	Yes
44: Other Child	N/A	105,990	N/A	125,868	N/A	.	N/A	18.75	.	10% (+/-)	No
48: Foster Care Child	N/A	14,255	N/A	17,006	N/A	.	N/A	19.30	.	10% (+/-)	No
54: 1115 Child	N/A	14,255	N/A	17,006	N/A	.	N/A	19.30	.	10% (+/-)	No
MAX Adult Total	N/A	199,077	N/A	203,110	N/A	.	N/A	2.03	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	48,460	N/A	43,712	N/A	.	N/A	-9.80	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	4	N/A	1	N/A	.	N/A	-75.00	.	10% (+/-)	No

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35: Adult, Poverty	N/A	95,524	N/A	102,668	N/A	.	N/A	7.48	.	10% (+/-)	Yes
45: Other Adult	N/A	55,089	N/A	56,729	N/A	.	N/A	2.98	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,963,986,436	N/A	$3,157,929,089	N/A	.	N/A	6.54	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,476	N/A	$2,587	N/A	.	N/A	4.50	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,576	N/A	$3,090	N/A	.	N/A	19.92	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,641	N/A	$7,441	N/A	.	N/A	12.04	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,800	N/A	$3,127	N/A	.	N/A	11.67	.	15% (+/-)	Yes
21: Aged, MN	N/A	$4,834	N/A	$5,481	N/A	.	N/A	13.39	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$949	N/A	$1,195	N/A	.	N/A	25.89	.	15% (+/-)	No
41: Other Aged	N/A	$15,504	N/A	$16,133	N/A	.	N/A	4.06	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$5,833	N/A	$5,889	N/A	.	N/A	0.96	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,448	N/A	$5,772	N/A	.	N/A	5.94	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$5,920	N/A	$5,631	N/A	.	N/A	-4.90	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,308	N/A	$1,308	N/A	.	N/A	0.02	.	15% (+/-)	Yes
42: Other Disabled	N/A	$11,494	N/A	$11,186	N/A	.	N/A	-2.69	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$896	N/A	$930	N/A	.	N/A	3.74	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$785	N/A	$887	N/A	.	N/A	13.02	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,410	N/A	$2,642	N/A	.	N/A	87.45	.	15% (+/-)	No
34: Child, Poverty	N/A	$894	N/A	$790	N/A	.	N/A	-11.67	.	15% (+/-)	Yes
44: Other Child	N/A	$935	N/A	$1,344	N/A	.	N/A	43.78	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,720	N/A	$1,689	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,139	N/A	$2,062	N/A	.	N/A	-3.56	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,325	N/A	$2,391	N/A	.	N/A	2.80	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$25,191	N/A	$14	N/A	.	N/A	-99.94	.	15% (+/-)	No
35: Adult, Poverty	N/A	$2,472	N/A	$2,328	N/A	.	N/A	-5.81	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,395	N/A	$1,329	N/A	.	N/A	-4.75	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$640,791,742	N/A	$640,718,629	N/A	.	N/A	-0.01	.	15% (+/-)	Yes
IP: Number of Users	N/A	160,959	N/A	182,868	N/A	.	N/A	13.61	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,981	N/A	$3,504	N/A	.	N/A	-11.99	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	5	N/A	.	N/A	34.64	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$104,358,403	N/A	$108,936,471	N/A	.	N/A	4.39	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,499	N/A	1,434	N/A	.	N/A	-4.34	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$69,619	N/A	$75,967	N/A	.	N/A	9.12	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$609,407,404	N/A	$672,831,780	N/A	.	N/A	10.41	.	15% (+/-)	Yes
NF Number of Users	N/A	$38,231	N/A	$38,993	N/A	.	N/A	1.99	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$15,940	N/A	$17,255	N/A	.	N/A	8.25	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$320,543,497	N/A	$388,080,487	N/A	.	N/A	21.07	.	15% (+/-)	No
Physician: Number of Users	N/A	818,670	N/A	849,701	N/A	.	N/A	3.79	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$392	N/A	$457	N/A	.	N/A	16.65	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$33,965,017	N/A	$36,958,502	N/A	.	N/A	8.81	.	15% (+/-)	Yes
Dental: Number of Users	N/A	220,525	N/A	206,482	N/A	.	N/A	-6.37	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$154	N/A	$179	N/A	.	N/A	16.21	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$69,885,281	N/A	$6,759,322	N/A	.	N/A	-90.33	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	220,009	N/A	113,048	N/A	.	N/A	-48.62	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$318	N/A	$60	N/A	.	N/A	-81.18	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$209,401,021	N/A	$308,646,729	N/A	.	N/A	47.40	.	15% (+/-)	No
OPD Number of Users	N/A	468,174	N/A	526,700	N/A	.	N/A	12.50	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$447	N/A	$586	N/A	.	N/A	31.02	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$114,111,099	N/A	$79,128,009	N/A	.	N/A	-30.66	.	15% (+/-)	No
Clinic: Number of Users	N/A	194,740	N/A	332,707	N/A	.	N/A	70.85	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$586	N/A	$238	N/A	.	N/A	-59.41	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$39,069,936	N/A	$59,238,211	N/A	.	N/A	51.62	.	15% (+/-)	No
HH: Number of Users	N/A	52,831	N/A	16,842	N/A	.	N/A	-68.12	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$740	N/A	$3,517	N/A	.	N/A	375.61	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$109,554,878	N/A	$14,623,272	N/A	.	N/A	-86.65	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	480,691	N/A	159,179	N/A	.	N/A	-66.89	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$228	N/A	$92	N/A	.	N/A	-59.69	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$387,389,285	N/A	$490,789,008	N/A	.	N/A	26.69	.	15% (+/-)	No
Drugs: Number of Users	N/A	800,338	N/A	812,515	N/A	.	N/A	1.52	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$484	N/A	$604	N/A	.	N/A	24.79	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$149,362,710	N/A	$88,559,292	N/A	.	N/A	-40.71	.	15% (+/-)	No
Other Services: Number of Users	N/A	$154,684	N/A	$51,977	N/A	.	N/A	-66.40	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$966	N/A	$1,704	N/A	.	N/A	76.45	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$15,371,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	66,608	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$231	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$30,318,101	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	79,971	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,890,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	66,881	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$28	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$25,222,022	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	21,191	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,190	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$18,955,098	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2,565	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,390	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$23,349,424	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	95,868	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$244	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$29,942,948	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,057	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,557	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$64,695,483	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	61,465	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,053	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$37,253,860	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	4,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,708	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$535	N/A	$525	N/A	.	N/A	-1.93	.	15% (+/-)	Yes
Aged	N/A	$296	N/A	$283	N/A	.	N/A	-4.45	.	15% (+/-)	Yes
Disabled	N/A	$1,190	N/A	$1,093	N/A	.	N/A	-8.15	.	15% (+/-)	Yes
Child	N/A	$283	N/A	$328	N/A	.	N/A	15.81	.	15% (+/-)	No
Adult	N/A	$799	N/A	$720	N/A	.	N/A	-9.85	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$596	N/A	$641	N/A	.	N/A	7.43	.	15% (+/-)	Yes
Aged	N/A	$4,456	N/A	$5,024	N/A	.	N/A	12.75	.	15% (+/-)	Yes
Disabled	N/A	$1,256	N/A	$1,039	N/A	.	N/A	-17.22	.	15% (+/-)	No
Child	N/A	$0	N/A	$0	N/A	.	N/A	-45.88	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	-49.87	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$324	N/A	$402	N/A	.	N/A	24.26	.	15% (+/-)	No
Aged	N/A	$885	N/A	$1,056	N/A	.	N/A	19.40	.	15% (+/-)	No
Disabled	N/A	$993	N/A	$1,271	N/A	.	N/A	27.99	.	15% (+/-)	No
Child	N/A	$83	N/A	$93	N/A	.	N/A	13.18	.	15% (+/-)	Yes
Adult	N/A	$137	N/A	$172	N/A	.	N/A	25.53	.	15% (+/-)	No
All Other Services	N/A	$1,009	N/A	$1,020	N/A	.	N/A	1.07	.	15% (+/-)	Yes
Aged	N/A	$1,004	N/A	$1,078	N/A	.	N/A	7.30	.	15% (+/-)	Yes
Disabled	N/A	$2,391	N/A	$2,486	N/A	.	N/A	3.99	.	15% (+/-)	Yes
Child	N/A	$529	N/A	$508	N/A	.	N/A	-3.86	.	15% (+/-)	Yes
Adult	N/A	$1,141	N/A	$1,170	N/A	.	N/A	2.53	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.45	N/A	14.98	N/A	.	N/A	11.43	.	15% (+/-)	Yes
Aged	N/A	23.76	N/A	22.43	N/A	.	N/A	-5.60	.	15% (+/-)	Yes
Disabled	N/A	18.41	N/A	17.46	N/A	.	N/A	-5.19	.	15% (+/-)	Yes
Child	N/A	6.99	N/A	9.81	N/A	.	N/A	40.41	.	15% (+/-)	No
Adult	N/A	24.98	N/A	25.79	N/A	.	N/A	3.24	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	3.32	N/A	3.31	N/A	.	N/A	-0.19	.	15% (+/-)	Yes
Aged	N/A	27.64	N/A	29.92	N/A	.	N/A	8.24	.	15% (+/-)	Yes
Disabled	N/A	5.69	N/A	3.34	N/A	.	N/A	-41.40	.	15% (+/-)	No
Child	N/A	0.00	N/A	0.00	N/A	.	N/A	-34.21	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.00	N/A	.	N/A	37.22	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	66.86	N/A	66.57	N/A	.	N/A	-0.43	.	15% (+/-)	Yes
Aged	N/A	70.48	N/A	69.24	N/A	.	N/A	-1.77	.	15% (+/-)	Yes
Disabled	N/A	78.58	N/A	78.74	N/A	.	N/A	0.20	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: GA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	60.87	N/A	60.60	N/A	.	N/A	-0.45	.	15% (+/-)	Yes
Adult	N/A	72.69	N/A	72.60	N/A	.	N/A	-0.12	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	95.05	N/A	80.47	N/A	.	N/A	-15.34	.	15% (+/-)	No
Aged	N/A	90.22	N/A	84.87	N/A	.	N/A	-5.93	.	15% (+/-)	Yes
Disabled	N/A	95.05	N/A	86.93	N/A	.	N/A	-8.54	.	15% (+/-)	Yes
Child	N/A	96.60	N/A	77.54	N/A	.	N/A	-19.74	.	15% (+/-)	No
Adult	N/A	92.12	N/A	81.23	N/A	.	N/A	-11.83	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	5	N/A	.	N/A	34.64	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	2430.92	.	15% (+/-)	No
Disabled	N/A	6	N/A	10	N/A	.	N/A	56.22	.	15% (+/-)	No
Child	N/A	5	N/A	4	N/A	.	N/A	-18.44	.	15% (+/-)	No
Adult	N/A	3	N/A	3	N/A	.	N/A	-2.17	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	317	N/A	247	N/A	.	N/A	-21.91	.	15% (+/-)	No
Aged	N/A	321	N/A	242	N/A	.	N/A	-24.65	.	15% (+/-)	No
Disabled	N/A	307	N/A	273	N/A	.	N/A	-11.31	.	15% (+/-)	Yes
Child	N/A	106	N/A	52	N/A	.	N/A	-50.79	.	15% (+/-)	No
Adult	N/A	154	N/A	19	N/A	.	N/A	-87.48	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,632,039	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	22,053	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$74	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$335,168	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	3,172	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$169,193	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,036	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$56	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$175,726,875	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	17,735	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,908	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	7,199	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	7,199	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.14	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	8.65	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$8,932	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	7,189	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$6,324	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$731	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.39	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$4,686	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	52.37	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.25	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	47.81	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.35	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	9.62	No	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	10.32	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.65	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.13	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.60	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.76	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	39.87	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	53.36	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	44.96	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.11	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	51.73	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	51.73	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	2.74	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	6.89	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	74.71	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	18.25	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	4.23	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	2.75	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	10	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,085	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	70.00	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.29	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	70.00	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.71	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	9.90	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.80	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	30.00	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	60.00	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	50.00	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	3.80	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	60.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	60.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	41,648	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	41,648	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.71	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,112	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	41,647	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$145	No	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$204	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	97.60	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	36.25	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	2.39	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	43.47	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	99.83	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	14.84	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	56.08	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	29.07	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	1.04	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	93.86	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.61	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	1	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,152	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	100.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	0.00	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	100.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	4,358,164	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	71.22	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,254,482	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	29.98	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	18.56	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	35.42	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	35.79	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$140	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$13	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	878,441	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	1.98	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	14.56	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	1.43	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	1.59	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	57.49	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	6.51	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	9.85	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.44	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	5.84	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	2.15	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.50	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	38.48	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	0.75	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	3.39	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	3.10	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	6.12	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	3.66	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	17.58	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	12.82	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	8.22	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	5.28	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.11	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.34	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$69	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$44	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$22	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$40	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$281	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$67	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$82	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$19	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$173	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$73	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$44	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$379	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$24	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$25	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,899	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.38	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$54	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$109	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	97.97	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	98.20	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	32.23	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	10.84	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	56.18	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	32.99	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	58.53	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	95.82	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.93	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	52.91	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	22.71	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	24.36	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	99.30	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	2.43	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	376,041	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	8.28	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	30.16	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	63.75	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	7.06	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	67.84	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	1.65	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	5.18	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	2.25	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	11.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	8.90	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	2.23	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	0.48	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.33	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	90.61	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	94.14	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	34.56	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	10.62	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	49.19	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	40.19	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	83.75	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	47.43	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	71.53	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	7.49	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	20.98	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	1,313,176	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,313,176	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.42	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$26	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	1,313,176	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$38	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.16	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$38	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	35.27	No	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	96.50	No	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	96.72	No	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	93.74	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	96.72	No	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	96.72	No	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	96.72	No	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	77.41	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	19.29	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	96.72	No	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	14.99	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	81.73	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	52.09	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	27.66	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	203,594	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$560,427,384	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	2.69	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	17.06	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	72.56	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	7.69	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	199,173	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	164,098	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	97.77	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	315	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.95	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	0.43	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	17.54	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	1.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	1.75	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	21.94	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	3.18	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	48.11	No	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	10.21	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	62.87	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	24,862	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	88.55	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	88.62	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	37.09	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	38,789	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	99.31	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	0.21	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	0.48	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	93.17	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.99	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	92.45	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	18,657	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	8,399	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,959	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	8,259	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	40	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	21,707	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	13,341	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	558	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,440	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	55	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	2,313	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	88,693	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	58,764	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	8	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	18,929	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	2,803	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,221	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	3,968	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	70,116	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	33,385	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	11	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	20,756	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	1,279	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	14,685	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	166,027	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	99.96	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.72	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	79.11	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	157,557	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	99.65	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	99.67	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	2.83	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	2.53	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.47	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	157,557	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.12	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	2.86	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	54.61	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	42.41	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	122,325	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	166,027	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.19	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.19	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	73.30	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.66	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	25.51	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$232,839,801	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$212,031,611	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$20,808,190	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	2.07	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.04	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.04	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$159	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$145	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$231,125,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	157,013	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$1,713,842	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	544	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$17,783,582	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$9,354,692	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$283,722	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,825,269	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$6,319,899	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$113	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$12	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$40	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	17,926	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	11,955	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	11,711	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	2,067	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	1,167	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	95	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	801	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	4	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	9,703	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	8,041	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	144	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,480	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	14	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	24	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	2,740	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	1,539	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	7	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	872	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	298	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	24	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	3,416	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	1,297	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	10	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	1,550	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	7	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	552	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	3,569	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$95,877,583	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$5,349	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$8,020	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$3,913	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,007	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$12,359	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$4,235	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$3,030	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,734	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,689	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$12,532	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$14,185	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$6,274	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	$1,206	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$550	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$4,077	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$451	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$59	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,332	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$733	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$550	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$30,215,821	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	2,269	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$13,317	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	18	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,416	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$7,854	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$322,974	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$40,372	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$14,617,045	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	466	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$31,367	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$10,044,762	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	10,504	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$956	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$74,084	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	757	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$550,399	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	2,279	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$242	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$5,399,402	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	5,476	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$986	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,959,985	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	3,053	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$642	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$1,294,048	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	513	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,523	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$2,104,770	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	8,336	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$16,603,669	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	10,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,641	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$8,490,650	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,435	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,914	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$758,167	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	1,122	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$676	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$57,996	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	67	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$866	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$21,183	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	83	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$255	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$45,384	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	294	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$154	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$63,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,726	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,143,923	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,577	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$879	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$1,686	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$919	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$470	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$315	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$835	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,276	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$926	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$597	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,579	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$13	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,902	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,144	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,204	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$76	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	12.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	2.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	4.79	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	3.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	1.28	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	56.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	85.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	2.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	64.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	80.26	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	90.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	15.26	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	21.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	18	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	76	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	1.84	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$44,478	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	246	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$181	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$213,649	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	590	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$362	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	24,234	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	22,701	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	21,020	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	6.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.28	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	79.19	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	6.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	7.74	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.31	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	16,399	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	7,175	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,864	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,325	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	35	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	7,810	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	3,925	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	383	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	3,461	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	41	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	22,914	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.89	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.53	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	67.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	31.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.84	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$206,156,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$8,507	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$9,081	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$9,215	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,002	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$26,271	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$9,979	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$9,543	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,047	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$5,643	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$13,688	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$7,816	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$14,397	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$5,226,472	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	515	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$10,148	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	30	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$5,305,391	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	132	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$40,192	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$125,244,619	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$3,511	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$35,672	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$7,692,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	20,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$53,574	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	713	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$75	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$445,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	4,266	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$104	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$5,313,829	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	7,287	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$729	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,715,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	3,670	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$468	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$1,302,879	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,111	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$813,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	12,051	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$30,900,872	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	21,347	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,448	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$18,203,964	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$11,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,244,095	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,561	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$486	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$398,594	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	225	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,447	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	16	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$90	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$47,790	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	586	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$82	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$66,821	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	149	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$448	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,172,049	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	7,141	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$304	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$216	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$168	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$316	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$5,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$7,000	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,017	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,275	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$963	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,933	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,629	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,780	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	2.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	1.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	3.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	14.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	19.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	88.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	88.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	88.18	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	89.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	87.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	91.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	30	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	33	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	27	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	110	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	109	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	117	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$30,824	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	151	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$204	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$30,758	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	273	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$113	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	42,160	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	34,656	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	82.20	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	92.50	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	93.22	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	17.33	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	22.50	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	32,731	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	18,466	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	8,342	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,959	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	8,126	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	39	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	17,513	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	11,966	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	527	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	4,941	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	55	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	24	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	2,741	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	1,539	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	7	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	872	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	298	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	298	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	3,440	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	1,304	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	10	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	1,558	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	8	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	560	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$302,034,388	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$7,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$8,715	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,621	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,863	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$25,596	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$9,412	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$8,875	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,981	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,018	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$13,372	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$9,724	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$12,329	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	$1,206	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$550	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$4,077	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$120	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$451	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,332	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$733	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$542	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$35,442,293	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	2,784	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$12,731	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,416	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$7,854	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$5,628,365	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	140	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$40,203	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$139,861,664	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$3,977	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$35,168	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$17,737,334	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	30,816	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$576	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$127,658	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	1,470	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$87	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$995,600	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	6,545	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$10,713,231	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	12,763	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$839	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$3,675,790	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	6,723	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$547	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$2,596,927	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,624	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$2,918,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	20,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$143	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$47,504,541	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	31,463	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,510	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$26,694,614	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$15,636	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,002,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,683	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$544	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$456,590	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	292	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,564	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$22,630	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	99	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$229	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$93,174	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	880	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$130,169	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	166	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$784	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,315,972	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	10,718	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$496	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$841	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,623	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$470	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$313	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,452	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$6,357	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,607	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,127	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$922	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$13	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,745	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,015	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$76	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	6.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	2.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	9.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	18.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	74.63	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	86.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	86.63	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: HI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	2.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.79	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	87.10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	91.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	15.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	21.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	25	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	106	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	108	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	95	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$75,302	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	397	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$244,407	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	863	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	46,577	N/A	42,581	N/A	.	N/A	-8.58	.	Yes
% Encounter Claims *	N/A	8.92	N/A	5.08	N/A	.	N/A	-43.00	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	42,422	N/A	40,416	N/A	.	N/A	-4.73	.	Yes
% Crossover	5-20	30.21	No	30.07	No	.	N/A	-0.46	.	Yes
% Adjusted Claims	> 1%	3.94	Yes	3.28	Yes	.	N/A	-16.71	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$5,773	N/A	$5,136	N/A	.	N/A	-11.02	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	29,607	N/A	28,263	N/A	.	N/A	-4.54	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,259	Yes	$3,959	Yes	.	N/A	-7.05	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$859	N/A	$1,004	N/A	.	N/A	16.88	.	No
% Claims with TPL	>0 - 10	3.90	Yes	3.91	Yes	.	N/A	0.40	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$2,169	N/A	$2,329	N/A	.	N/A	7.39	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.88	Yes	99.78	Yes	.	N/A	-0.10	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	98.61	Yes	99.89	Yes	.	N/A	1.30	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.09	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.96	Yes	3.96	Yes	.	N/A	-20.29	.	No
Average Covered Days (> 0 day	2-<8	4.96	Yes	3.95	Yes	.	N/A	-20.48	.	No
% Begin Date = Admit Date	95-100	98.57	Yes	99.71	Yes	.	N/A	1.16	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.77	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	7.54	Yes	7.48	Yes	.	N/A	-0.74	.	Yes
% Claims with PDX, where length=4	20-50	23.92	Yes	23.70	Yes	.	N/A	-0.92	.	Yes
% Claims with PDX, where length=5	20-50	68.54	No	68.81	Yes	.	N/A	0.40	.	Yes
% Claims with a procedure code	35-70	55.81	Yes	55.56	Yes	.	N/A	-0.44	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.01	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.87	N/A	99.78	N/A	.	N/A	-0.09	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.87	N/A	99.78	N/A	.	N/A	-0.09	.	Yes
% Claims with DRG	>=90	.	N/A	99.46	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	19.93	N/A	20.45	N/A	.	N/A	2.59	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	23.77	N/A	24.76	N/A	.	N/A	4.17	.	Yes
Patient Status										
% Home	75-90	43.75	No	82.74	Yes	.	N/A	89.10	.	No
% Transferred	1-10	5.49	Yes	14.27	No	.	N/A	160.21	.	No
% Still a Patient	>0 - 2	2.09	No	2.08	No	.	N/A	-0.82	.	Yes
% Died	>0 - 3	0.99	Yes	0.89	Yes	.	N/A	-9.59	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	12,815	N/A	12,153	N/A	.	N/A	-5.17	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$821	N/A	$822	N/A	.	N/A	0.18	.	Yes
% Claims with TPL	N/A	0.84	N/A	0.87	N/A	.	N/A	3.49	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$391	N/A	$382	N/A	.	N/A	-2.22	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	16.61	No	0.11	No	.	N/A	-99.36	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.31	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	33.53	No	49.27	N/A	.	N/A	46.94	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	1.02	No	.	N/A	.	.	N/A
Average LOS	2-<8	6.10	Yes	5.73	Yes	.	N/A	-6.04	.	Yes
% Begin Date = Admit Date	95-100	99.98	Yes	99.98	Yes	.	N/A	0.00	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	57.58	No	49.55	No	.	N/A	-13.94	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.27	No	1.04	No	.	N/A	-68.14	.	No
% Claims with PDX, where length=3	5-30	13.00	Yes	12.49	Yes	.	N/A	-3.91	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	42.31	Yes	41.70	Yes	.	N/A	-1.45	.	Yes
% Claims with PDX, where length=5	20-50	44.69	Yes	45.82	Yes	.	N/A	2.51	.	Yes
% Claims with a procedure code	35-70	0.06	No	0.04	No	.	N/A	-34.10	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	3.60	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	0.02	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	223,930	N/A	221,639	N/A	.	N/A	-1.02	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	223,930	N/A	221,639	N/A	.	N/A	-1.02	.	Yes
% Crossover	5-20	0.79	No	0.65	No	.	N/A	-18.08	.	No
% Adjusted Claims	> 1%	52.65	Yes	54.79	Yes	.	N/A	4.06	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$1,944	N/A	$2,193	N/A	.	N/A	12.82	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	222,159	N/A	220,203	N/A	.	N/A	-0.88	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$57	Yes	$63	Yes	.	N/A	10.36	.	Yes
ICF/MR (TOS 05)	N/A	$232	N/A	$240	N/A	.	N/A	3.21	.	Yes
Aged/MH (TOS 02)	N/A	$285	N/A	$474	N/A	.	N/A	66.48	.	No
IP Psych. < 21 (TOS 04)	N/A	$135	N/A	$142	N/A	.	N/A	5.18	.	Yes
% NF (TOS 07)	75-99	86.11	Yes	85.81	Yes	.	N/A	-0.35	.	Yes
% NF claims with NF Covered Days	N/A	98.60	N/A	97.92	N/A	.	N/A	-0.69	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.19	.	Yes
% ICF/MR (TOS 05)	>0-20	11.75	Yes	11.91	Yes	.	N/A	1.36	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	99.95	N/A	99.95	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	-0.07	.	Yes
% Aged/MH (TOS 02)	>0-10	0.00	Yes	0.01	Yes	.	N/A	370.81	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	30	N/A	15	N/A	.	N/A	-49.33	.	No
% IP Psych. < 21 (TOS 04)	>0-5	2.13	Yes	2.26	Yes	.	N/A	6.15	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	27	N/A	27	N/A	.	N/A	1.01	.	Yes
% Claims with Leave Days	1-20	6.45	Yes	6.80	Yes	.	N/A	5.46	.	Yes
% Claims with DX	95-100	2.28	No	4.92	No	.	N/A	115.45	.	No
% Claims with DX, where length=3	5-30	12.21	Yes	10.48	Yes	.	N/A	-14.21	.	Yes
% Claims with DX, where length=4	20-50	41.29	Yes	38.17	Yes	.	N/A	-7.55	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	46.48	Yes	51.35	No	.	N/A	10.49	.	Yes
Patient Status										
% Home	1-5	0.26	No	0.19	No	.	N/A	-29.70	.	No
% Still a Patien	8-98	98.08	No	99.46	No	.	N/A	1.41	.	Yes
% Died	>0-5	0.74	Yes	0.04	Yes	.	N/A	-95.00	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,771	N/A	1,436	N/A	.	N/A	-18.92	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,270	N/A	$1,309	N/A	.	N/A	3.04	.	Yes
% NF (TOS 07)	75-99	94.24	Yes	94.08	Yes	.	N/A	-0.17	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	3.33	Yes	5.85	Yes	.	N/A	75.59	.	No
% IP Psych. < 21 (TOS 04)	>0-5	2.43	Yes	0.07	Yes	.	N/A	-97.13	.	No
% Claims with DX	95-100	23.77	No	29.67	No	.	N/A	24.79	.	No
% Claims with DX, where length=3	5-30	13.54	Yes	14.32	Yes	.	N/A	5.76	.	Yes
% Claims with DX, where length=4	20-50	53.21	No	45.07	Yes	.	N/A	-15.29	.	No
% Claims with DX, where length=5	20-50	33.25	Yes	40.61	Yes	.	N/A	22.12	.	No
Patient Status										
% Home	1-5	4.57	Yes	5.78	No	.	N/A	26.37	.	No
% Still a Patien	8-98	60.08	Yes	85.79	Yes	.	N/A	42.80	.	No
% Died	>0-5	1.30	Yes	0.77	Yes	.	N/A	-41.02	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	9,703,630	N/A	8,947,604	N/A	.	N/A	-7.79	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	3.70	N/A	5.88	N/A	.	N/A	59.08	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	54.95	N/A	36.38	N/A	.	N/A	-33.79	.	No
Total FFS Claims	N/A	9,345,033	N/A	5,166,377	N/A	.	N/A	-44.72	.	No
% Crossover	5-20	10.42	Yes	21.85	No	.	N/A	109.75	.	No
% Adjusted Claims	> 1%	1.93	Yes	6.18	Yes	.	N/A	220.90	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$155	N/A	$109	N/A	.	N/A	-29.34	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	6.30	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	26.39	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	5.96	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$128	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$29	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$2	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	8,371,666	N/A	4,037,655	N/A	.	N/A	-51.77	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.98	Yes	.	N/A	-0.02	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	67.58	N/A	15.32	N/A	.	N/A	-77.32	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	16.62	N/A	19.70	N/A	.	N/A	18.52	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	92.72	N/A	95.38	N/A	.	N/A	2.86	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	68.80	N/A	9.46	N/A	.	N/A	-86.25	.	No
% Claims W/ Service Place 11- Office	50-90	15.79	No	39.75	No	.	N/A	151.80	.	No
% Claims W/ Service Place 12 - Home	>0-5	3.56	Yes	11.77	No	.	N/A	230.96	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	1.75	Yes	4.24	Yes	.	N/A	142.22	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.50	Yes	1.17	Yes	.	N/A	133.27	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.24	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	25.89	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	2.11	Yes	10.53	No	.	N/A	398.68	.	No
% Claims with TPL	>0 - 15	0.33	Yes	0.86	Yes	.	N/A	155.63	.	No
Aver. TPL Paid -claims with TPL	N/A	$66	N/A	$72	N/A	.	N/A	9.27	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	25.02	Yes	21.82	Yes	.	N/A	-12.76	.	Yes
% claims MAX TOS 09: Dental	2-20	10.06	Yes	11.68	Yes	.	N/A	16.11	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	8.75	No	2.87	Yes	.	N/A	-67.19	.	No
% claims MAX TOS 11: OPD	3-25	8.04	Yes	22.13	Yes	.	N/A	175.21	.	No
% claims MAX TOS 12: Clinic	2-25	3.87	Yes	7.23	Yes	.	N/A	86.92	.	No
% claims MAX TOS 13: HH	>0-25	3.53	Yes	4.19	Yes	.	N/A	18.59	.	No
% claims MAX TOS 15: Lab/Xray	4-20	18.78	Yes	10.43	Yes	.	N/A	-44.45	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	6.33	Yes	6.42	Yes	.	N/A	1.43	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	8.47	No	9.04	Yes	.	N/A	6.68	.	Yes
% claims MAX TOS 26: Transportation	>1	0.41	No	0.29	No	.	N/A	-28.24	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.89	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.22	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.23	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.31	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.01	Yes	.	N/A	54.19	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$54	N/A	$86	N/A	.	N/A	58.45	.	No
08: Physicians	$20-90	$61	Yes	$51	Yes	.	N/A	-16.32	.	No
09: Dental	$10-60	$57	Yes	$36	Yes	.	N/A	-37.89	.	No
10: Other Practioner	$10-100	$44	Yes	$31	Yes	.	N/A	-28.52	.	No
11: OPD	$20-100	$132	No	$53	Yes	.	N/A	-59.69	.	No
12: Clinic	$20-100	$165	No	$158	No	.	N/A	-4.79	.	Yes
13: HH	N/A	$377	N/A	$262	N/A	.	N/A	-30.60	.	No
15: Lab/Xray	10-60	$35	Yes	$19	Yes	.	N/A	-46.82	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$552	N/A	$95	N/A	.	N/A	-82.86	.	No
51: DME	N/A	$88	Yes	$58	N/A	.	N/A	-34.17	.	No
26: Transportation	N/A	$70	N/A	$60	N/A	.	N/A	-14.78	.	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$174	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$305	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$20	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,476	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$58	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$186	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	1.14	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.23	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.69	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	4.26	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$23	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$117	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$553	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	29.82	No	81.80	Yes	.	N/A	174.29	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	95.86	Yes	96.20	Yes	.	N/A	0.36	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	33.23	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	6.32	Yes	6.04	Yes	.	N/A	-4.40	.	Yes
% Claims with DX, where length=4	20-50	60.75	No	58.57	No	.	N/A	-3.60	.	Yes
% Claims with DX, where length=5	20-50	32.93	Yes	35.39	Yes	.	N/A	7.48	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	79.55	N/A	100.00	N/A	.	N/A	25.71	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	99.96	N/A	100.00	N/A	.	N/A	0.04	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	33.43	N/A	61.86	N/A	.	N/A	85.02	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	58.32	N/A	28.65	N/A	.	N/A	-50.88	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	8.25	N/A	9.49	N/A	.	N/A	15.09	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	48.36	No	100.00	Yes	.	N/A	106.78	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.80	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	973,367	N/A	1,128,722	N/A	.	N/A	15.96	.	No
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	3.71	N/A	4.24	N/A	.	N/A	14.47	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	18.83	N/A	17.93	N/A	.	N/A	-4.76	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	10.80	N/A	11.78	N/A	.	N/A	9.09	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.75	N/A	2.65	N/A	.	N/A	-3.52	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	50.56	N/A	50.46	N/A	.	N/A	-0.21	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	8.70	N/A	7.00	N/A	.	N/A	-19.57	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	5.74	N/A	10.03	N/A	.	N/A	74.61	.	No
% claims MAX TOS 12: Clinic	N/A	4.95	N/A	5.95	N/A	.	N/A	20.16	.	No
% claims MAX TOS 13: HH	N/A	0.46	N/A	0.67	N/A	.	N/A	45.72	.	No
% claims MAX TOS 15: Lab/Xray	N/A	18.36	N/A	14.88	N/A	.	N/A	-18.91	.	No
% claims MAX TOS 19: Other Services	N/A	0.80	N/A	2.38	N/A	.	N/A	197.89	.	No
% claims MAX TOS 51: DME	N/A	8.14	N/A	6.14	N/A	.	N/A	-24.55	.	No
% claims MAX TOS 26: Transportation	N/A	2.20	N/A	2.18	N/A	.	N/A	-0.68	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.20	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.23	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$30	N/A	$27	N/A	.	N/A	-10.68	.	Yes
% Claims with DX	N/A	80.07	N/A	72.69	N/A	.	N/A	-9.22	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	78.55	No	70.18	No	.	N/A	-10.66	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	0.97	No	0.67	No	.	N/A	-30.93	.	No
% Claims with DX, where length=4	20-50	54.35	No	52.69	No	.	N/A	-3.05	.	Yes
% Claims with DX, where length=5	20-50	44.68	Yes	46.63	Yes	.	N/A	4.38	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.11	N/A	47.13	N/A	.	N/A	44561.20	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.41	Yes	97.19	No	.	N/A	-1.24	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	39.09	N/A	83.81	N/A	.	N/A	114.42	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	60.91	N/A	16.18	N/A	.	N/A	-73.43	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.01	N/A	.	N/A	57.96	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	4,494,733	N/A	4,686,154	N/A	.	N/A	4.26	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	4,494,733	N/A	4,686,154	N/A	.	N/A	4.26	.	Yes
% Adjusted Claims	> 1%	2.03	Yes	2.59	Yes	.	N/A	27.48	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$55	N/A	$44	N/A	.	N/A	-20.09	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	4,494,733	N/A	4,686,154	N/A	.	N/A	4.26	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$34	Yes	$38	Yes	.	N/A	9.43	.	Yes
% Claims with TPL	>0 - 15	0.91	Yes	1.09	Yes	.	N/A	19.94	.	No
Aver. TPL Paid for claims with TPL	N/A	$28	N/A	$35	N/A	.	N/A	27.06	.	No
% Family Planning Claims (program type=2)	N/A	1.03	N/A	0.96	N/A	.	N/A	-6.67	.	Yes
% Drug Claims (TOS 16)	95-99	98.96	Yes	100.00	No	.	N/A	1.05	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.01	Yes	0.00	No	.	N/A	-100.00	.	No
% Drug Claims with Quantity	>98	.	N/A	99.85	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.98	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% Claims with Medispan	98-100	88.05	No	94.74	No	.	N/A	7.60	.	Yes
% Claims with AHFS	98-100	99.98	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% Claims with Generic (GTC)	98-100	99.98	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% Claims with GC3	98-100	99.98	Yes	99.99	Yes	.	N/A	0.01	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.97	N/A	79.96	N/A	.	N/A	-20.01	.	No
% Products (codes 4-6)	N/A	0.01	N/A	20.00	N/A	.	N/A	288947.64	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	-21.14	.	No
% Claims with Smart Key	98-100	99.98	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% OTC-Drug Class	N/A	6.87	N/A	6.66	N/A	.	N/A	-3.12	.	Yes
% Prescription-Drug Class	N/A	93.10	N/A	93.33	N/A	.	N/A	0.24	.	Yes
% Multiple Source (Code Y	N/A	73.24	N/A	50.01	N/A	.	N/A	-31.72	.	No
% Single Source (Code N	N/A	26.74	N/A	28.65	N/A	.	N/A	7.14	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	333,144	N/A	315,004	N/A	.	N/A	-5.45	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,360,566,111	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	4.90	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	15.15	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	8.66	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	52.75	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.25	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.37	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	17.92	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	331,948	N/A	313,720	N/A	.	N/A	-5.49	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	252,750	N/A	227,467	N/A	.	N/A	-10.00	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	99.64	Yes	99.57	Yes	.	N/A	-0.07	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	98.89	Yes	98.90	Yes	.	N/A	0.01	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	432	N/A	436	N/A	.	N/A	0.93	.	N/A	Yes
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.90	Yes	2.07	Yes	.	N/A	9.43	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	84.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	8.50	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.60	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	3.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.05	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.13	Yes	4.35	Yes	.	N/A	5.45	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	53.68	Yes	53.86	Yes	.	N/A	0.34	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	12.57	Yes	13.35	Yes	.	N/A	6.18	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	47.41	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	62,742	N/A	64,155	N/A	.	N/A	2.25	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	95.53	Yes	95.81	Yes	.	N/A	0.30	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	94.69	Yes	96.04	Yes	.	N/A	1.43	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	43.91	Yes	46.10	Yes	.	N/A	4.99	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,387	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	58.33	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	12.83	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	28.84	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	10.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	96.26	No	100.00	Yes	.	N/A	3.88	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.43	Yes	99.18	Yes	.	N/A	-0.24	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	91.50	Yes	89.02	Yes	.	N/A	-2.70	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	40,092	N/A	38,654	N/A	.	N/A	-3.59	.	10% (+/-)	Yes
11: Aged, Cash	N/A	7,842	N/A	7,443	N/A	.	N/A	-5.09	.	10% (+/-)	Yes
21: Aged, MN	N/A	4,018	N/A	3,457	N/A	.	N/A	-13.96	.	10% (+/-)	No
31: Aged, Poverty	N/A	5,143	N/A	5,397	N/A	.	N/A	4.94	.	10% (+/-)	Yes
41: Other Aged	N/A	23,089	N/A	22,357	N/A	.	N/A	-3.17	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	55,615	N/A	57,898	N/A	.	N/A	4.11	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	40,345	N/A	40,462	N/A	.	N/A	0.29	.	10% (+/-)	Yes
22: Disabled, MN	N/A	3,646	N/A	3,836	N/A	.	N/A	5.21	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	4,270	N/A	5,526	N/A	.	N/A	29.41	.	10% (+/-)	No
42: Other Disabled	N/A	7,354	N/A	8,074	N/A	.	N/A	9.79	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	158,966	N/A	153,437	N/A	.	N/A	-3.48	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	75,429	N/A	58,461	N/A	.	N/A	-22.50	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	4,674	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	978	N/A	927	N/A	.	N/A	-5.21	.	10% (+/-)	Yes
34: Child Poverty	N/A	55,518	N/A	61,059	N/A	.	N/A	9.98	.	10% (+/-)	Yes
44: Other Child	N/A	10,754	N/A	19,355	N/A	.	N/A	79.98	.	10% (+/-)	No
48: Foster Care Child	N/A	16,287	N/A	8,961	N/A	.	N/A	-44.98	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	77,239	N/A	63,731	N/A	.	N/A	-17.49	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	50,693	N/A	35,254	N/A	.	N/A	-30.46	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	4,084	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	3,181	N/A	3,062	N/A	.	N/A	-3.74	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	12,609	N/A	10,741	N/A	.	N/A	-14.81	.	10% (+/-)	No
45: Other Adult	N/A	10,756	N/A	10,590	N/A	.	N/A	-1.54	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	226,351	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	96.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.03	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.86	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.11	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	16.69	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	76,544	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	6,349	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	81.73	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	256,417	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	35.20	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	99.99	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	32.32	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.11	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	27.86	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	247,864	N/A	256,413	N/A	.	N/A	3.45	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	0.36	N/A	0.22	N/A	.	N/A	-38.26	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	17.40	N/A	17.92	N/A	.	N/A	3.01	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	56.72	N/A	58.67	N/A	.	N/A	3.45	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	25.52	N/A	23.19	N/A	.	N/A	-9.14	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	178,794	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	226,351	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	37.66	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.08	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	20.77	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	20.10	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	21.27	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$132,963,869	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$67,847,571	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$64,111,696	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,004,602	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.52	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.96	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.04	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.90	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$62	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$30	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$80,980,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	90,264	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$51,982,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	166,149	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$816	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$55,029,810	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$13,039,456	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$2,085,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$11,760,289	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$28,144,104	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$610	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$23	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$312	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	37,558	N/A	159,374	N/A	.	N/A	324.34	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	14,568	N/A	134,037	N/A	.	N/A	820.08	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	21,810	N/A	106,914	N/A	.	N/A	390.22	.	15% (+/-)	No
MAX Aged Total	N/A	1,891	N/A	1,532	N/A	.	N/A	-18.98	.	10% (+/-)	No
11: Aged, Cash	N/A	809	N/A	664	N/A	.	N/A	-17.92	.	10% (+/-)	No
21: Aged, MN	N/A	100	N/A	70	N/A	.	N/A	-30.00	.	10% (+/-)	No
31: Aged, Poverty	N/A	107	N/A	103	N/A	.	N/A	-3.74	.	10% (+/-)	Yes
41: Other Aged	N/A	875	N/A	695	N/A	.	N/A	-20.57	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	3,414	N/A	30,677	N/A	.	N/A	798.56	.	10% (+/-)	No
12: Disabled, Cash	N/A	2,419	N/A	26,545	N/A	.	N/A	997.35	.	10% (+/-)	No
22: Disabled, MN	N/A	632	N/A	1,064	N/A	.	N/A	68.35	.	10% (+/-)	No
32: Disabled, Poverty	N/A	63	N/A	93	N/A	.	N/A	47.62	.	10% (+/-)	No
42: Other Disabled	N/A	300	N/A	2,975	N/A	.	N/A	891.67	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	18,386	N/A	90,445	N/A	.	N/A	391.92	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	7,171	N/A	29,609	N/A	.	N/A	312.90	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	2,340	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	456	N/A	859	N/A	.	N/A	88.38	.	10% (+/-)	No
34: Child Poverty	N/A	7,508	N/A	38,192	N/A	.	N/A	408.68	.	10% (+/-)	No
44: Other Child	N/A	1,324	N/A	11,120	N/A	.	N/A	739.88	.	10% (+/-)	No
48: Foster Care Child	N/A	1,927	N/A	8,325	N/A	.	N/A	332.02	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	13,853	N/A	36,720	N/A	.	N/A	165.07	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	7,177	N/A	18,956	N/A	.	N/A	164.12	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	2,169	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	1,421	N/A	2,729	N/A	.	N/A	92.05	.	10% (+/-)	No
35: Adult, Poverty	N/A	2,883	N/A	6,824	N/A	.	N/A	136.70	.	10% (+/-)	No
45: Other Adult	N/A	2,372	N/A	6,042	N/A	.	N/A	154.72	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,366	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$118,386,658	N/A	$495,092,680	N/A	.	N/A	318.20	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$3,152	N/A	$3,106	N/A	.	N/A	-1.45	.	15% (+/-)	Yes

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$8,126	N/A	$3,694	N/A	.	N/A	-54.55	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$7,624	N/A	$7,671	N/A	.	N/A	0.61	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$6,164	N/A	$6,123	N/A	.	N/A	-0.67	.	15% (+/-)	Yes
21: Aged, MN	N/A	$4,580	N/A	$3,360	N/A	.	N/A	-26.65	.	15% (+/-)	No
31: Aged, Poverty	N/A	$255	N/A	$274	N/A	.	N/A	7.53	.	15% (+/-)	Yes
41: Other Aged	N/A	$10,223	N/A	$10,680	N/A	.	N/A	4.47	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$27,163	N/A	$10,421	N/A	.	N/A	-61.64	.	15% (+/-)	No
12: Disabled, Cash	N/A	$29,176	N/A	$8,799	N/A	.	N/A	-69.84	.	15% (+/-)	No
22: Disabled, MN	N/A	$8,345	N/A	$9,441	N/A	.	N/A	13.13	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$463	N/A	$718	N/A	.	N/A	55.01	.	15% (+/-)	No
42: Other Disabled	N/A	$56,180	N/A	$25,545	N/A	.	N/A	-54.53	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$266	N/A	$1,165	N/A	.	N/A	337.28	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$152	N/A	$866	N/A	.	N/A	469.36	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	$754	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,545	N/A	$1,504	N/A	.	N/A	-2.69	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$126	N/A	$631	N/A	.	N/A	402.24	.	15% (+/-)	No
44: Other Child	N/A	$111	N/A	$2,149	N/A	.	N/A	1831.67	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,045	N/A	$3,449	N/A	.	N/A	229.95	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$457	N/A	$1,587	N/A	.	N/A	247.00	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$194	N/A	$1,514	N/A	.	N/A	680.95	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,211	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$2,097	N/A	$2,544	N/A	.	N/A	21.33	.	15% (+/-)	No
35: Adult, Poverty	N/A	$478	N/A	$1,901	N/A	.	N/A	297.55	.	15% (+/-)	No
45: Other Adult	N/A	$247	N/A	$1,165	N/A	.	N/A	371.06	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$12,951,616	N/A	$94,056,764	N/A	.	N/A	626.22	.	15% (+/-)	No
IP: Number of Users	N/A	1,992	N/A	18,003	N/A	.	N/A	803.77	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$6,502	N/A	$5,225	N/A	.	N/A	-19.65	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	5	N/A	.	N/A	-22.25	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$5,539	N/A	$178,091	N/A	.	N/A	3115.22	.	15% (+/-)	No
MH Aged: Number of Users	N/A	1	N/A	1	N/A	.	N/A	0.00	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$5,539	N/A	$178,091	N/A	.	N/A	3115.22	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$493,626	N/A	$17,489,000	N/A	.	N/A	3442.97	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	34	N/A	730	N/A	.	N/A	2047.06	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$14,518	N/A	$23,958	N/A	.	N/A	65.01	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$77,727,769	N/A	$86,132,269	N/A	.	N/A	10.81	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	914	N/A	1,040	N/A	.	N/A	13.79	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$85,041	N/A	$82,819	N/A	.	N/A	-2.61	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$7,807,886	N/A	$20,020,086	N/A	.	N/A	156.41	.	15% (+/-)	No
NF Number of Users	N/A	531	N/A	1,007	N/A	.	N/A	89.64	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$14,704	N/A	$19,881	N/A	.	N/A	35.21	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$3,255,427	N/A	$37,868,135	N/A	.	N/A	1063.23	.	15% (+/-)	No

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State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	7,525	N/A	97,186	N/A	.	N/A	1191.51	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$433	N/A	$390	N/A	.	N/A	-9.93	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$497,006	N/A	$8,485,991	N/A	.	N/A	1607.42	.	15% (+/-)	No
Dental: Number of Users	N/A	2,818	N/A	44,850	N/A	.	N/A	1491.55	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$176	N/A	$189	N/A	.	N/A	7.28	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$504,524	N/A	$2,672,491	N/A	.	N/A	429.71	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	3,029	N/A	31,918	N/A	.	N/A	953.75	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$167	N/A	$84	N/A	.	N/A	-49.73	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$2,068,605	N/A	$40,462,253	N/A	.	N/A	1856.02	.	15% (+/-)	No
OPD Number of Users	N/A	3,451	N/A	65,186	N/A	.	N/A	1788.90	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$599	N/A	$621	N/A	.	N/A	3.55	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$532,467	N/A	$37,391,542	N/A	.	N/A	6922.32	.	15% (+/-)	No
Clinic: Number of Users	N/A	1,834	N/A	57,373	N/A	.	N/A	3028.30	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$290	N/A	$652	N/A	.	N/A	124.48	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,524,001	N/A	$18,533,166	N/A	.	N/A	1116.09	.	15% (+/-)	No
HH: Number of Users	N/A	479	N/A	6,513	N/A	.	N/A	1259.71	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$3,182	N/A	$2,846	N/A	.	N/A	-10.56	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,593,605	N/A	$6,602,017	N/A	.	N/A	314.28	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	6,213	N/A	64,782	N/A	.	N/A	942.68	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$256	N/A	$102	N/A	.	N/A	-60.27	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$4,566,859	N/A	$65,268,377	N/A	.	N/A	1329.17	.	15% (+/-)	No
Drugs: Number of Users	N/A	6,862	N/A	101,823	N/A	.	N/A	1383.87	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$666	N/A	$641	N/A	.	N/A	-3.69	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$2,280,017	N/A	$10,574,319	N/A	.	N/A	363.78	.	15% (+/-)	No
Other Services: Number of Users	N/A	$774	N/A	$7,321	N/A	.	N/A	845.87	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,946	N/A	$1,444	N/A	.	N/A	-50.97	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$608,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,350	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$182	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$5,993,436	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,373	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,777	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,090,527	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	720	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,515	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$110,200	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,102	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$12,586,663	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	32,656	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$385	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$28,316,180	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	2,141	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$13,226	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$513,788	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$35,374	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	29	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,220	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$345	N/A	$590	N/A	.	N/A	71.14	.	15% (+/-)	No
Aged	N/A	$1,192	N/A	$1,030	N/A	.	N/A	-13.58	.	15% (+/-)	Yes
Disabled	N/A	$1,808	N/A	$1,709	N/A	.	N/A	-5.47	.	15% (+/-)	Yes
Child	N/A	$81	N/A	$211	N/A	.	N/A	159.22	.	15% (+/-)	No
Adult	N/A	$219	N/A	$571	N/A	.	N/A	161.22	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$2,291	N/A	$777	N/A	.	N/A	-66.08	.	15% (+/-)	No
Aged	N/A	$4,086	N/A	$4,227	N/A	.	N/A	3.45	.	15% (+/-)	Yes
Disabled	N/A	$22,805	N/A	$3,334	N/A	.	N/A	-85.38	.	15% (+/-)	No
Child	N/A	$24	N/A	$166	N/A	.	N/A	590.17	.	15% (+/-)	No
Adult	N/A	$1	N/A	$1	N/A	.	N/A	23.05	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$122	N/A	$410	N/A	.	N/A	236.80	.	15% (+/-)	No
Aged	N/A	$830	N/A	$897	N/A	.	N/A	8.06	.	15% (+/-)	Yes
Disabled	N/A	$734	N/A	$1,477	N/A	.	N/A	101.11	.	15% (+/-)	No
Child	N/A	$12	N/A	$128	N/A	.	N/A	1001.71	.	15% (+/-)	No
Adult	N/A	$20	N/A	$190	N/A	.	N/A	855.17	.	15% (+/-)	No
All Other Services	N/A	$393	N/A	$1,330	N/A	.	N/A	238.39	.	15% (+/-)	No
Aged	N/A	$1,514	N/A	$1,516	N/A	.	N/A	0.12	.	15% (+/-)	Yes
Disabled	N/A	$1,809	N/A	$3,901	N/A	.	N/A	115.61	.	15% (+/-)	No
Child	N/A	$149	N/A	$660	N/A	.	N/A	343.02	.	15% (+/-)	No
Adult	N/A	$215	N/A	$825	N/A	.	N/A	283.27	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	5.30	N/A	11.30	N/A	.	N/A	112.98	.	15% (+/-)	No
Aged	N/A	14.12	N/A	12.66	N/A	.	N/A	-10.31	.	15% (+/-)	Yes
Disabled	N/A	14.70	N/A	14.40	N/A	.	N/A	-2.10	.	15% (+/-)	Yes
Child	N/A	2.49	N/A	8.29	N/A	.	N/A	232.80	.	15% (+/-)	No
Adult	N/A	5.52	N/A	16.05	N/A	.	N/A	190.71	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	3.92	N/A	1.74	N/A	.	N/A	-55.64	.	15% (+/-)	No
Aged	N/A	26.18	N/A	23.83	N/A	.	N/A	-8.98	.	15% (+/-)	Yes
Disabled	N/A	27.59	N/A	5.84	N/A	.	N/A	-78.84	.	15% (+/-)	No
Child	N/A	0.17	N/A	0.67	N/A	.	N/A	286.24	.	15% (+/-)	No
Adult	N/A	0.02	N/A	0.02	N/A	.	N/A	-11.97	.	15% (+/-)	Yes
% with ratio of LT days/enroll days > 1	N/A	13.60	N/A	0.04	N/A	.	N/A	-99.73	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	18.27	N/A	63.89	N/A	.	N/A	249.69	.	15% (+/-)	No
Aged	N/A	66.10	N/A	63.84	N/A	.	N/A	-3.43	.	15% (+/-)	Yes
Disabled	N/A	47.42	N/A	81.82	N/A	.	N/A	72.53	.	15% (+/-)	No
Child	N/A	10.97	N/A	58.19	N/A	.	N/A	430.44	.	15% (+/-)	No
Adult	N/A	14.26	N/A	62.95	N/A	.	N/A	341.31	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	37.44	N/A	81.07	N/A	.	N/A	116.57	.	15% (+/-)	No
Aged	N/A	66.31	N/A	64.62	N/A	.	N/A	-2.55	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	63.68	N/A	90.22	N/A	.	N/A	41.69	.	15% (+/-)	No
Child	N/A	30.89	N/A	79.61	N/A	.	N/A	157.71	.	15% (+/-)	No
Adult	N/A	35.73	N/A	77.72	N/A	.	N/A	117.49	.	15% (+/-)	No
Avg # IP Days per User	N/A	7	N/A	5	N/A	.	N/A	-22.25	.	15% (+/-)	No
Aged	N/A	9	N/A	9	N/A	.	N/A	6.56	.	15% (+/-)	Yes
Disabled	N/A	11	N/A	10	N/A	.	N/A	-10.50	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-34.02	.	15% (+/-)	No
Adult	N/A	3	N/A	3	N/A	.	N/A	-7.12	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	335	N/A	252	N/A	.	N/A	-24.87	.	15% (+/-)	No
Aged	N/A	304	N/A	266	N/A	.	N/A	-12.26	.	15% (+/-)	Yes
Disabled	N/A	356	N/A	276	N/A	.	N/A	-22.29	.	15% (+/-)	No
Child	N/A	228	N/A	172	N/A	.	N/A	-24.43	.	15% (+/-)	No
Adult	N/A	33	N/A	9	N/A	.	N/A	-71.14	.	15% (+/-)	No
% Enrollees with Delivery	N/A	1.94	N/A	6.47	N/A	.	N/A	233.55	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,613,161	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	11,627	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$139	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,667,176	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	11,386	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$234	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,755,893	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	7,371	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$374	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Type 6)	N/A	.	N/A	$35,840,964	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,005	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$11,927	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	46,526	N/A	64,082	N/A	.	N/A	37.73	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	40,998	N/A	56,958	N/A	.	N/A	38.93	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	38,159	N/A	55,582	N/A	.	N/A	45.66	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	1.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	7.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	43.68	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	5.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	7.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	2.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	1.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	9.28	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	20.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.18	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	37,307	N/A	37,122	N/A	.	N/A	-0.50	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	6,677	N/A	6,779	N/A	.	N/A	1.53	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,874	N/A	3,387	N/A	.	N/A	-12.57	.	10% (+/-)	No
31: Aged, Poverty	N/A	4,975	N/A	5,294	N/A	.	N/A	6.41	.	10% (+/-)	Yes
41: Other Aged	N/A	21,781	N/A	21,662	N/A	.	N/A	-0.55	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	9,080	N/A	26,665	N/A	.	N/A	193.67	.	10% (+/-)	No
12: Disabled, Cash	N/A	1,517	N/A	13,393	N/A	.	N/A	782.86	.	10% (+/-)	No
22: Disabled, MN	N/A	2,121	N/A	2,757	N/A	.	N/A	29.99	.	10% (+/-)	No
32: Disabled, Poverty	N/A	3,923	N/A	5,432	N/A	.	N/A	38.47	.	10% (+/-)	No
42: Other Disabled	N/A	1,519	N/A	5,083	N/A	.	N/A	234.63	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	59,765	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.67	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.99	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	47.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$500,030,954	N/A	$677,331,707	N/A	.	N/A	35.46	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$10,747	N/A	$10,570	N/A	.	N/A	-1.65	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$12,196	N/A	$11,892	N/A	.	N/A	-2.50	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,258	N/A	$11,159	N/A	.	N/A	8.79	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$4,907	N/A	$5,045	N/A	.	N/A	2.80	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,294	N/A	$2,448	N/A	.	N/A	6.71	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$531	N/A	$422	N/A	.	N/A	-20.42	.	15% (+/-)	No
41: Other Aged	N/A	$15,536	N/A	$17,058	N/A	.	N/A	9.80	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$12,894	N/A	$9,838	N/A	.	N/A	-23.70	.	15% (+/-)	No
12: Disabled, Cash	N/A	$6,327	N/A	$5,162	N/A	.	N/A	-18.42	.	15% (+/-)	No
22: Disabled, MN	N/A	$4,846	N/A	$5,211	N/A	.	N/A	7.54	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$652	N/A	$689	N/A	.	N/A	5.60	.	15% (+/-)	Yes
42: Other Disabled	N/A	$62,305	N/A	$34,448	N/A	.	N/A	-44.71	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$9,244,566	N/A	$14,755,389	N/A	.	N/A	59.61	.	15% (+/-)	No
IP: Number of Users	N/A	7,710	N/A	10,263	N/A	.	N/A	33.11	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,199	N/A	$1,438	N/A	.	N/A	19.91	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	3	N/A	7	N/A	.	N/A	161.91	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$68,233	N/A	$137,109	N/A	.	N/A	100.94	.	15% (+/-)	No
MH Aged: Number of Users	N/A	13	N/A	76	N/A	.	N/A	484.62	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$5,249	N/A	$1,804	N/A	.	N/A	-65.63	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$2,292	N/A	$52,129	N/A	.	N/A	2174.39	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	3	N/A	2	N/A	.	N/A	-33.33	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$764	N/A	$26,065	N/A	.	N/A	3311.58	.	15% (+/-)	No

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State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$94,515,679	N/A	$99,791,974	N/A	.	N/A	5.58	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,240	N/A	1,260	N/A	.	N/A	1.61	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$76,222	N/A	$79,200	N/A	.	N/A	3.91	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$282,140,183	N/A	$326,315,203	N/A	.	N/A	15.66	.	15% (+/-)	No
NF Number of Users	N/A	$19,076	N/A	$19,880	N/A	.	N/A	4.21	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$14,790	N/A	$16,414	N/A	.	N/A	10.98	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$8,623,684	N/A	$10,560,550	N/A	.	N/A	22.46	.	15% (+/-)	No
Physician: Number of Users	N/A	26,528	N/A	40,669	N/A	.	N/A	53.31	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$325	N/A	$260	N/A	.	N/A	-20.12	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$1,809,002	N/A	$3,436,483	N/A	.	N/A	89.97	.	15% (+/-)	No
Dental: Number of Users	N/A	9,249	N/A	16,839	N/A	.	N/A	82.06	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$196	N/A	$204	N/A	.	N/A	4.34	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,850,833	N/A	$1,429,363	N/A	.	N/A	-22.77	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	17,554	N/A	23,485	N/A	.	N/A	33.79	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$105	N/A	$61	N/A	.	N/A	-42.28	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$7,447,684	N/A	$14,974,752	N/A	.	N/A	101.07	.	15% (+/-)	No
OPD Number of Users	N/A	17,393	N/A	27,985	N/A	.	N/A	60.90	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$428	N/A	$535	N/A	.	N/A	24.96	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$767,879	N/A	$2,342,502	N/A	.	N/A	205.06	.	15% (+/-)	No
Clinic: Number of Users	N/A	4,629	N/A	11,122	N/A	.	N/A	140.27	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$166	N/A	$211	N/A	.	N/A	26.97	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$15,174,341	N/A	$25,457,365	N/A	.	N/A	67.77	.	15% (+/-)	No
HH: Number of Users	N/A	6,176	N/A	9,249	N/A	.	N/A	49.76	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,457	N/A	$2,752	N/A	.	N/A	12.03	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,884,258	N/A	$1,302,902	N/A	.	N/A	-30.85	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	19,433	N/A	29,417	N/A	.	N/A	51.38	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$97	N/A	$44	N/A	.	N/A	-54.32	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$55,016,143	N/A	$99,337,377	N/A	.	N/A	80.56	.	15% (+/-)	No
Drugs: Number of Users	N/A	35,412	N/A	50,276	N/A	.	N/A	41.97	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,554	N/A	$1,976	N/A	.	N/A	27.18	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$12,448,237	N/A	$14,459,079	N/A	.	N/A	16.15	.	15% (+/-)	No
Other Services: Number of Users	N/A	$7,608	N/A	$7,752	N/A	.	N/A	1.89	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,636	N/A	$1,865	N/A	.	N/A	14.00	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$645,786	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	5,275	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,294,587	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,003	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$67,687	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	503	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$135	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$67,720	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,575	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$43	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$8,921,273	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	24,507	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$364	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$44,748,397	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,054	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$21,786	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$65,582	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	229	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$286	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,005,180	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	412	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,440	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$199	N/A	$230	N/A	.	N/A	15.88	.	15% (+/-)	No
Aged	N/A	$180	N/A	$174	N/A	.	N/A	-3.37	.	15% (+/-)	Yes
Disabled	N/A	$271	N/A	$305	N/A	.	N/A	12.79	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$8,097	N/A	$6,652	N/A	.	N/A	-17.84	.	15% (+/-)	No
Aged	N/A	$7,573	N/A	$8,209	N/A	.	N/A	8.40	.	15% (+/-)	Yes
Disabled	N/A	$10,373	N/A	$4,558	N/A	.	N/A	-56.06	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,182	N/A	$1,550	N/A	.	N/A	31.09	.	15% (+/-)	No
Aged	N/A	$1,236	N/A	$1,416	N/A	.	N/A	14.60	.	15% (+/-)	Yes
Disabled	N/A	$972	N/A	$1,745	N/A	.	N/A	79.54	.	15% (+/-)	No
All Other Services	N/A	$1,268	N/A	$2,137	N/A	.	N/A	68.47	.	15% (+/-)	No
Aged	N/A	$1,268	N/A	$1,359	N/A	.	N/A	7.17	.	15% (+/-)	Yes
Disabled	N/A	$1,275	N/A	$3,230	N/A	.	N/A	153.28	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.57	N/A	16.02	N/A	.	N/A	-3.35	.	15% (+/-)	Yes
Aged	N/A	16.81	N/A	15.92	N/A	.	N/A	-5.35	.	15% (+/-)	Yes
Disabled	N/A	15.65	N/A	16.16	N/A	.	N/A	3.23	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	43.58	N/A	33.07	N/A	.	N/A	-24.13	.	15% (+/-)	No
Aged	N/A	50.52	N/A	49.83	N/A	.	N/A	-1.37	.	15% (+/-)	Yes
Disabled	N/A	15.73	N/A	10.08	N/A	.	N/A	-35.90	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	76.11	N/A	78.46	N/A	.	N/A	3.08	.	15% (+/-)	Yes
Aged	N/A	82.35	N/A	81.95	N/A	.	N/A	-0.48	.	15% (+/-)	Yes
Disabled	N/A	51.00	N/A	73.74	N/A	.	N/A	44.59	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	77.49	N/A	80.95	N/A	.	N/A	4.47	.	15% (+/-)	Yes
Aged	N/A	79.22	N/A	78.64	N/A	.	N/A	-0.74	.	15% (+/-)	Yes
Disabled	N/A	70.69	N/A	84.25	N/A	.	N/A	19.18	.	15% (+/-)	No
Avg # IP Days per User (TOS 01)	N/A	3	N/A	7	N/A	.	N/A	161.91	.	15% (+/-)	No
Aged	N/A	3	N/A	7	N/A	.	N/A	146.79	.	15% (+/-)	No
Disabled	N/A	3	N/A	8	N/A	.	N/A	177.73	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	313	N/A	266	N/A	.	N/A	-14.87	.	15% (+/-)	Yes
Aged	N/A	311	N/A	264	N/A	.	N/A	-15.21	.	15% (+/-)	No
Disabled	N/A	331	N/A	282	N/A	.	N/A	-14.92	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: IA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$253,303	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1287	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$417,215	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	4879	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$86	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$99,088	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	881	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Type 6)	N/A	.	N/A	$59,286,883	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	6733	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$8,805	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	84,084	N/A	223,456	N/A	.	N/A	165.75	.	15% (+/-)	**No**
# FFS Recipients	N/A	55,566	N/A	190,995	N/A	.	N/A	243.73	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	85.47	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	89.92	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.62	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	82.48	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	81.71	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	59,968	N/A	162,495	N/A	.	N/A	170.97	.	15% (+/-)	No
MAX Aged Total	N/A	39,198	N/A	38,654	N/A	.	N/A	-1.39	.	10% (+/-)	Yes
11: Aged, Cash	N/A	7,486	N/A	7,443	N/A	.	N/A	-0.57	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,974	N/A	3,457	N/A	.	N/A	-13.01	.	10% (+/-)	No
31: Aged, Poverty	N/A	5,082	N/A	5,397	N/A	.	N/A	6.20	.	10% (+/-)	Yes
41: Other Aged	N/A	22,656	N/A	22,357	N/A	.	N/A	-1.32	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	12,494	N/A	57,342	N/A	.	N/A	358.96	.	10% (+/-)	No
12: Disabled, Cash	N/A	3,936	N/A	39,938	N/A	.	N/A	914.68	.	10% (+/-)	No
22: Disabled, MN	N/A	2,753	N/A	3,821	N/A	.	N/A	38.79	.	10% (+/-)	No
32: Disabled, Poverty	N/A	3,986	N/A	5,525	N/A	.	N/A	38.61	.	10% (+/-)	No
42: Other Disabled	N/A	1,819	N/A	8,058	N/A	.	N/A	342.99	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	18,388	N/A	90,455	N/A	.	N/A	391.92	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	7,171	N/A	29,611	N/A	.	N/A	312.93	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	2,340	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	456	N/A	861	N/A	.	N/A	88.82	.	10% (+/-)	No
34: Child Poverty	N/A	7,508	N/A	38,193	N/A	.	N/A	408.70	.	10% (+/-)	No
44: Other Child	N/A	1,324	N/A	11,123	N/A	.	N/A	740.11	.	10% (+/-)	No
48: Foster Care Child	N/A	1,929	N/A	8,327	N/A	.	N/A	331.67	.	10% (+/-)	No
54: 1115 Child	N/A	1,929	N/A	8,327	N/A	.	N/A	331.67	.	10% (+/-)	No
MAX Adult Total	N/A	13,990	N/A	37,005	N/A	.	N/A	164.51	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	7,212	N/A	19,032	N/A	.	N/A	163.89	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	2,176	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	1,513	N/A	2,872	N/A	.	N/A	89.82	.	10% (+/-)	No

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35: Adult, Poverty	N/A	2,887	N/A	6,857	N/A	.	N/A	137.51	.	10% (+/-)	No
45: Other Adult	N/A	2,378	N/A	6,068	N/A	.	N/A	155.17	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$618,417,612	N/A	$1,172,424,387	N/A	.	N/A	89.58	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$7,355	N/A	$5,247	N/A	.	N/A	-28.66	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$11,129	N/A	$6,139	N/A	.	N/A	-44.84	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,130	N/A	$11,021	N/A	.	N/A	8.79	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,043	N/A	$5,141	N/A	.	N/A	1.94	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,351	N/A	$2,466	N/A	.	N/A	4.89	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$525	N/A	$419	N/A	.	N/A	-20.08	.	15% (+/-)	No
41: Other Aged	N/A	$15,331	N/A	$16,860	N/A	.	N/A	9.98	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$16,793	N/A	$10,150	N/A	.	N/A	-39.56	.	15% (+/-)	No
12: Disabled, Cash	N/A	$20,369	N/A	$7,579	N/A	.	N/A	-62.79	.	15% (+/-)	No
22: Disabled, MN	N/A	$5,649	N/A	$6,389	N/A	.	N/A	13.10	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$649	N/A	$689	N/A	.	N/A	6.16	.	15% (+/-)	Yes
42: Other Disabled	N/A	$61,295	N/A	$31,161	N/A	.	N/A	-49.16	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$266	N/A	$1,166	N/A	.	N/A	337.52	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$152	N/A	$866	N/A	.	N/A	469.32	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	$754	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,545	N/A	$1,500	N/A	.	N/A	-2.91	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$126	N/A	$631	N/A	.	N/A	402.32	.	15% (+/-)	No
44: Other Child	N/A	$111	N/A	$2,150	N/A	.	N/A	1832.57	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,044	N/A	$3,452	N/A	.	N/A	230.60	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$473	N/A	$1,594	N/A	.	N/A	237.10	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$195	N/A	$1,518	N/A	.	N/A	679.54	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,211	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$2,144	N/A	$2,550	N/A	.	N/A	18.94	.	15% (+/-)	No
35: Adult, Poverty	N/A	$478	N/A	$1,899	N/A	.	N/A	297.45	.	15% (+/-)	No
45: Other Adult	N/A	$247	N/A	$1,171	N/A	.	N/A	374.49	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$22,196,182	N/A	$108,812,153	N/A	.	N/A	390.23	.	15% (+/-)	No
IP: Number of Users	N/A	9,702	N/A	28,266	N/A	.	N/A	191.34	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$2,288	N/A	$3,850	N/A	.	N/A	68.27	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	6	N/A	.	N/A	66.05	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$73,772	N/A	$315,200	N/A	.	N/A	327.26	.	15% (+/-)	No
MH Aged: Number of Users	N/A	14	N/A	77	N/A	.	N/A	450.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$5,269	N/A	$4,094	N/A	.	N/A	-22.32	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$495,918	N/A	$17,541,129	N/A	.	N/A	3437.10	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	37	N/A	732	N/A	.	N/A	1878.38	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,403	N/A	$23,963	N/A	.	N/A	78.79	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$172,243,448	N/A	$185,924,243	N/A	.	N/A	7.94	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	2,154	N/A	2,300	N/A	.	N/A	6.78	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$79,964	N/A	$80,837	N/A	.	N/A	1.09	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$289,948,069	N/A	$346,335,289	N/A	.	N/A	19.45	.	15% (+/-)	No
NF Number of Users	N/A	$19,607	N/A	$20,887	N/A	.	N/A	6.53	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$14,788	N/A	$16,581	N/A	.	N/A	12.13	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$11,879,111	N/A	$48,428,685	N/A	.	N/A	307.68	.	15% (+/-)	No
Physician: Number of Users	N/A	34,053	N/A	137,855	N/A	.	N/A	304.82	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$349	N/A	$351	N/A	.	N/A	0.71	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,306,008	N/A	$11,922,474	N/A	.	N/A	417.02	.	15% (+/-)	No
Dental: Number of Users	N/A	12,067	N/A	61,689	N/A	.	N/A	411.22	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$191	N/A	$193	N/A	.	N/A	1.13	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$2,355,357	N/A	$4,101,854	N/A	.	N/A	74.15	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	20,583	N/A	55,403	N/A	.	N/A	169.17	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$114	N/A	$74	N/A	.	N/A	-35.30	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$9,516,289	N/A	$55,437,005	N/A	.	N/A	482.55	.	15% (+/-)	No
OPD Number of Users	N/A	20,844	N/A	93,171	N/A	.	N/A	346.99	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$457	N/A	$595	N/A	.	N/A	30.33	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,300,346	N/A	$39,734,044	N/A	.	N/A	2955.65	.	15% (+/-)	No
Clinic: Number of Users	N/A	6,463	N/A	68,495	N/A	.	N/A	959.80	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$201	N/A	$580	N/A	.	N/A	188.32	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$16,698,342	N/A	$43,990,531	N/A	.	N/A	163.44	.	15% (+/-)	No
HH: Number of Users	N/A	6,655	N/A	15,762	N/A	.	N/A	136.84	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,509	N/A	$2,791	N/A	.	N/A	11.23	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$3,477,863	N/A	$7,904,919	N/A	.	N/A	127.29	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	25,646	N/A	94,199	N/A	.	N/A	267.30	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$136	N/A	$84	N/A	.	N/A	-38.12	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$59,583,002	N/A	$164,605,754	N/A	.	N/A	176.26	.	15% (+/-)	No
Drugs: Number of Users	N/A	42,274	N/A	152,099	N/A	.	N/A	259.79	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,409	N/A	$1,082	N/A	.	N/A	-23.22	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$14,728,254	N/A	$25,033,398	N/A	.	N/A	69.97	.	15% (+/-)	No
Other Services: Number of Users	N/A	$8,382	N/A	$15,073	N/A	.	N/A	79.83	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,757	N/A	$1,661	N/A	.	N/A	-5.48	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,254,426	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	8,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$145	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$13,288,023	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	7,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,802	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,158,214	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,223	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$947	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$177,920	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,677	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$66	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$21,507,936	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	57,163	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$73,064,577	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	4,195	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$17,417	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$579,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,335	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,040,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	441	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,360	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$264	N/A	$487	N/A	.	N/A	84.47	.	15% (+/-)	No
Aged	N/A	$229	N/A	$208	N/A	.	N/A	-9.15	.	15% (+/-)	Yes
Disabled	N/A	$691	N/A	$1,056	N/A	.	N/A	52.90	.	15% (+/-)	No
Child	N/A	$81	N/A	$211	N/A	.	N/A	159.23	.	15% (+/-)	No
Adult	N/A	$221	N/A	$571	N/A	.	N/A	158.18	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$5,504	N/A	$2,462	N/A	.	N/A	-55.27	.	15% (+/-)	No
Aged	N/A	$7,405	N/A	$8,052	N/A	.	N/A	8.73	.	15% (+/-)	Yes
Disabled	N/A	$13,770	N/A	$3,903	N/A	.	N/A	-71.65	.	15% (+/-)	No
Child	N/A	$24	N/A	$166	N/A	.	N/A	590.56	.	15% (+/-)	No
Adult	N/A	$1	N/A	$1	N/A	.	N/A	27.11	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$709	N/A	$737	N/A	.	N/A	3.95	.	15% (+/-)	Yes
Aged	N/A	$1,216	N/A	$1,396	N/A	.	N/A	14.76	.	15% (+/-)	Yes
Disabled	N/A	$907	N/A	$1,602	N/A	.	N/A	76.57	.	15% (+/-)	No
Child	N/A	$12	N/A	$128	N/A	.	N/A	1002.59	.	15% (+/-)	No
Adult	N/A	$26	N/A	$195	N/A	.	N/A	640.15	.	15% (+/-)	No
All Other Services	N/A	$877	N/A	$1,561	N/A	.	N/A	77.94	.	15% (+/-)	No
Aged	N/A	$1,280	N/A	$1,366	N/A	.	N/A	6.66	.	15% (+/-)	Yes
Disabled	N/A	$1,421	N/A	$3,589	N/A	.	N/A	152.54	.	15% (+/-)	No
Child	N/A	$149	N/A	$660	N/A	.	N/A	343.29	.	15% (+/-)	No
Adult	N/A	$222	N/A	$828	N/A	.	N/A	273.04	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.54	N/A	12.65	N/A	.	N/A	9.63	.	15% (+/-)	Yes
Aged	N/A	16.68	N/A	15.79	N/A	.	N/A	-5.38	.	15% (+/-)	Yes
Disabled	N/A	15.39	N/A	15.21	N/A	.	N/A	-1.15	.	15% (+/-)	Yes
Child	N/A	2.49	N/A	8.29	N/A	.	N/A	232.84	.	15% (+/-)	No
Adult	N/A	5.58	N/A	16.05	N/A	.	N/A	187.58	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	25.87	N/A	10.72	N/A	.	N/A	-58.55	.	15% (+/-)	No
Aged	N/A	49.35	N/A	48.80	N/A	.	N/A	-1.11	.	15% (+/-)	Yes
Disabled	N/A	18.97	N/A	7.81	N/A	.	N/A	-58.82	.	15% (+/-)	No
Child	N/A	0.17	N/A	0.67	N/A	.	N/A	286.87	.	15% (+/-)	No
Adult	N/A	0.02	N/A	0.02	N/A	.	N/A	0.82	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	50.28	N/A	68.07	N/A	.	N/A	35.39	.	15% (+/-)	No
Aged	N/A	81.57	N/A	81.24	N/A	.	N/A	-0.41	.	15% (+/-)	Yes
Disabled	N/A	50.02	N/A	78.06	N/A	.	N/A	56.05	.	15% (+/-)	No

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Child	N/A	10.97	N/A	58.19	N/A	.	N/A	430.51	.	15% (+/-)	No
Adult	N/A	14.54	N/A	62.96	N/A	.	N/A	333.02	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	59.60	N/A	81.04	N/A	.	N/A	35.98	.	15% (+/-)	No
Aged	N/A	78.60	N/A	78.08	N/A	.	N/A	-0.66	.	15% (+/-)	Yes
Disabled	N/A	68.78	N/A	87.45	N/A	.	N/A	27.15	.	15% (+/-)	No
Child	N/A	30.90	N/A	79.61	N/A	.	N/A	157.69	.	15% (+/-)	No
Adult	N/A	35.94	N/A	77.69	N/A	.	N/A	116.16	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	6	N/A	.	N/A	66.05	.	15% (+/-)	No
Aged	N/A	3	N/A	7	N/A	.	N/A	129.39	.	15% (+/-)	No
Disabled	N/A	5	N/A	9	N/A	.	N/A	78.51	.	15% (+/-)	No
Child	N/A	5	N/A	4	N/A	.	N/A	-34.01	.	15% (+/-)	No
Adult	N/A	3	N/A	3	N/A	.	N/A	-5.98	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	314	N/A	264	N/A	.	N/A	-15.81	.	15% (+/-)	No
Aged	N/A	311	N/A	264	N/A	.	N/A	-15.14	.	15% (+/-)	No
Disabled	N/A	341	N/A	280	N/A	.	N/A	-17.98	.	15% (+/-)	No
Child	N/A	228	N/A	172	N/A	.	N/A	-24.46	.	15% (+/-)	No
Adult	N/A	33	N/A	8	N/A	.	N/A	-74.74	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,866,464	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	12,914	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$145	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$3,084,391	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	16,265	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,854,981	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	8,252	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$346	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Type 6)	N/A	.	N/A	$95,127,847	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9,738	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,769	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	22,267	N/A	21,765	N/A	.	N/A	-2.25	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	22,267	N/A	21,765	N/A	.	N/A	-2.25	.	Yes
% Crossover	5-20	18.19	Yes	18.82	Yes	.	N/A	3.49	.	Yes
% Adjusted Claims	> 1%	1.77	Yes	0.71	No	.	N/A	-59.85	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$6,162	N/A	$8,073	N/A	.	N/A	31.00	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	18,217	N/A	17,668	N/A	.	N/A	-3.01	.	Yes
% Claims with> $0 Paid	95-100	98.01	Yes	100.00	Yes	.	N/A	2.03	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,081	Yes	$4,117	Yes	.	N/A	0.88	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,024	N/A	$983	N/A	.	N/A	-3.96	.	Yes
% Claims with TPL	>0 - 10	4.00	Yes	1.94	Yes	.	N/A	-51.63	.	No
Aver. TPL Paid for claims with TPL	N/A	$4,226	N/A	$2,157	N/A	.	N/A	-48.95	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.08	Yes	99.41	Yes	.	N/A	0.33	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.22	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	98.96	Yes	99.22	Yes	.	N/A	0.26	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.31	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.46	Yes	3.17	Yes	.	N/A	-8.47	.	Yes
Average Covered Days (> 0 day	2-<8	4.00	Yes	4.20	Yes	.	N/A	5.01	.	Yes
% Begin Date = Admit Date	95-100	99.11	Yes	99.23	Yes	.	N/A	0.13	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.98	Yes	.	N/A	-0.02	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	99.99	Yes	99.98	Yes	.	N/A	-0.01	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.37	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	7.69	Yes	7.52	Yes	.	N/A	-2.18	.	Yes
% Claims with PDX, where length=4	20-50	19.47	No	20.10	Yes	.	N/A	3.24	.	Yes
% Claims with PDX, where length=5	20-50	72.84	No	72.38	No	.	N/A	-0.63	.	Yes
% Claims with a procedure code	35-70	60.82	Yes	62.15	Yes	.	N/A	2.19	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.92	N/A	100.00	N/A	.	N/A	0.08	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	36.53	N/A	34.01	N/A	.	N/A	-6.90	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	19.98	N/A	21.35	N/A	.	N/A	6.90	.	Yes
Patient Status										
% Home	75-90	93.50	No	91.40	No	.	N/A	-2.24	.	Yes
% Transferred	1-10	2.65	Yes	7.02	Yes	.	N/A	164.92	.	No
% Still a Patient	>0 - 2	0.98	Yes	0.83	Yes	.	N/A	-15.33	.	No
% Died	>0 - 3	0.61	Yes	0.74	Yes	.	N/A	19.68	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	4,050	N/A	4,097	N/A	.	N/A	1.16	.	Yes
% Claims with> $0 Paic	N/A	99.88	N/A	100.00	N/A	.	N/A	0.12	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$802	N/A	$760	N/A	.	N/A	-5.21	.	Yes
% Claims with TPL	N/A	1.09	N/A	0.88	N/A	.	N/A	-19.12	.	No
Aver. TPL Paid -claims with TPL	N/A	$1,121	N/A	$513	N/A	.	N/A	-54.24	.	No
% Claims withUB-92 Accommodation Codes	95-100	2.44	No	0.15	No	.	N/A	-94.01	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	52.25	No	0.15	N/A	.	N/A	-99.72	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.33	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.01	Yes	5.39	Yes	.	N/A	7.71	.	Yes
% Begin Date = Admit Date	95-100	98.79	Yes	99.10	Yes	.	N/A	0.31	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	99.98	Yes	100.00	Yes	.	N/A	0.02	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	93.11	Yes	5.83	Yes	.	N/A	-93.74	.	No
% Claims with PDX, where length=3	5-30	9.53	Yes	8.93	Yes	.	N/A	-6.29	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	38.95	Yes	39.79	Yes	.	N/A	2.15	.	Yes
% Claims with PDX, where length=5	20-50	51.52	No	51.28	Yes	.	N/A	-0.46	.	Yes
% Claims with a procedure code	35-70	25.38	No	47.69	Yes	.	N/A	87.90	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.26	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	1.36	N/A	0.05	N/A	.	N/A	-96.24	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	1.36	N/A	0.05	N/A	.	N/A	-96.24	.	No
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	71,850	N/A	90,564	N/A	.	N/A	26.05	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	71,850	N/A	90,564	N/A	.	N/A	26.05	.	No
% Crossover	5-20	5.63	Yes	4.42	No	.	N/A	-21.53	.	No
% Adjusted Claims	> 1%	6.25	Yes	5.44	Yes	.	N/A	-13.00	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$2,608	N/A	$1,831	N/A	.	N/A	-29.80	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	67,807	N/A	86,565	N/A	.	N/A	27.66	.	No
% Claims with> $0 Paid	N/A	99.99	N/A	100.00	N/A	.	N/A	0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$84	Yes	$91	Yes	.	N/A	7.16	.	Yes
ICF/MR (TOS 05)	N/A	$226	N/A	$226	N/A	.	N/A	0.13	.	Yes
Aged/MH (TOS 02)	N/A	$451	N/A	$535	N/A	.	N/A	18.76	.	No
IP Psych. < 21 (TOS 04)	N/A	$444	N/A	$462	N/A	.	N/A	3.91	.	Yes
% NF (TOS 07)	75-99	78.34	Yes	76.33	Yes	.	N/A	-2.56	.	Yes
% NF claims with NF Covered Days	N/A	42.82	N/A	99.97	N/A	.	N/A	133.46	.	No
Avg days for NF claims with Covered Days	N/A	21	N/A	17	N/A	.	N/A	-21.90	.	No
% ICF/MR (TOS 05)	>0-20	20.71	No	21.44	No	.	N/A	3.54	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	37.94	N/A	94.98	N/A	.	N/A	150.33	.	No
Avg days for ICF/MR claims with Covered Days	N/A	15	N/A	12	N/A	.	N/A	-16.93	.	No
% Aged/MH (TOS 02)	>0-10	0.41	Yes	1.01	Yes	.	N/A	149.18	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	7	N/A	8	N/A	.	N/A	12.72	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.55	Yes	1.21	Yes	.	N/A	120.50	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	13	N/A	10	N/A	.	N/A	-17.98	.	No
% Claims with Leave Days	1-20	58.34	No	1.10	Yes	.	N/A	-98.11	.	No
% Claims with DX	95-100	99.93	Yes	100.00	Yes	.	N/A	0.07	.	Yes
% Claims with DX, where length=3	5-30	27.85	Yes	26.77	Yes	.	N/A	-3.87	.	Yes
% Claims with DX, where length=4	20-50	56.25	No	52.92	No	.	N/A	-5.92	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	15.90	No	20.31	Yes	.	N/A	27.72	.	No
Patient Status										
% Home	1-5	2.28	Yes	2.15	Yes	.	N/A	-5.85	.	Yes
% Still a Patien	8-98	94.97	Yes	94.61	Yes	.	N/A	-0.38	.	Yes
% Died	>0-5	0.89	Yes	0.70	Yes	.	N/A	-21.80	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	4,043	N/A	3,999	N/A	.	N/A	-1.09	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$718	N/A	$544	N/A	.	N/A	-24.21	.	No
% NF (TOS 07)	75-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	99.95	Yes	100.00	Yes	.	N/A	0.05	.	Yes
% Claims with DX, where length=3	5-30	14.50	Yes	12.20	Yes	.	N/A	-15.85	.	No
% Claims with DX, where length=4	20-50	56.52	No	51.89	No	.	N/A	-8.20	.	Yes
% Claims with DX, where length=5	20-50	28.98	Yes	35.91	Yes	.	N/A	23.92	.	No
Patient Status										
% Home	1-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	0.00	No	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	2,745,051	N/A	4,223,484	N/A	.	N/A	53.86	.	No
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	13.08	N/A	8.58	N/A	.	N/A	-34.41	.	No
Total FFS Claims	N/A	2,745,051	N/A	3,861,024	N/A	.	N/A	40.65	.	No
% Crossover	5-20	8.45	Yes	6.53	Yes	.	N/A	-22.76	.	No
% Adjusted Claims	> 1%	0.93	No	0.57	No	.	N/A	-38.31	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$98	N/A	$72	N/A	.	N/A	-26.15	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	8.58	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$4	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	2,513,106	N/A	3,609,020	N/A	.	N/A	43.61	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.87	Yes	.	N/A	-0.13	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	28.74	N/A	8.10	N/A	.	N/A	-71.82	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.58	N/A	0.00	N/A	.	N/A	-99.99	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	13.09	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Other Claims with Span Bills/All Other Claims	N/A	29.88	N/A	8.83	N/A	.	N/A	-70.44	.	No
% Claims W/ Service Place 11- Office	50-90	39.65	No	43.68	No	.	N/A	10.16	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	12.24	No	15.50	No	.	N/A	26.69	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.80	Yes	2.78	Yes	.	N/A	-0.89	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	2.90	Yes	0.01	Yes	.	N/A	-99.71	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.69	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	13.61	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	7.61	No	17.73	No	.	N/A	132.89	.	No
% Claims with TPL	>0 - 15	0.28	Yes	0.41	Yes	.	N/A	50.47	.	No
Aver. TPL Paid -claims with TPL	N/A	$60	N/A	$46	N/A	.	N/A	-21.92	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.55	Yes	14.63	Yes	.	N/A	-16.64	.	No
% claims MAX TOS 09: Dental	2-20	7.03	Yes	8.95	Yes	.	N/A	27.34	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	3.44	Yes	1.03	Yes	.	N/A	-69.92	.	No
% claims MAX TOS 11: OPD	3-25	4.43	Yes	7.18	Yes	.	N/A	62.12	.	No
% claims MAX TOS 12: Clinic	2-25	2.30	Yes	1.83	No	.	N/A	-20.62	.	No
% claims MAX TOS 13: HH	>0-25	1.01	Yes	1.15	Yes	.	N/A	14.01	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	25.47	No	7.61	Yes	.	N/A	-70.11	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	18.61	Yes	18.04	Yes	.	N/A	-3.04	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.30	Yes	4.56	Yes	.	N/A	38.39	.	No
% claims MAX TOS 26: Transportation	>1	8.29	Yes	8.75	Yes	.	N/A	5.60	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	6.39	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.45	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	1.67	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.69	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.05	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.99	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.35	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	13.18	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.32	Yes	0.26	Yes	.	N/A	-18.41	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$68	N/A	$56	N/A	.	N/A	-17.63	.	No
08: Physicians	$20-90	$78	Yes	$66	Yes	.	N/A	-15.23	.	No
09: Dental	$10-60	$67	No	$40	Yes	.	N/A	-39.87	.	No
10: Other Practioner	$10-100	$68	Yes	$63	Yes	.	N/A	-6.73	.	Yes
11: OPD	$20-100	$124	No	$65	Yes	.	N/A	-47.47	.	No
12: Clinic	$20-100	$86	Yes	$106	No	.	N/A	23.58	.	No
13: HH	N/A	$153	N/A	$95	N/A	.	N/A	-38.36	.	No
15: Lab/Xray	10-60	$57	Yes	$17	Yes	.	N/A	-69.41	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$123	N/A	$55	N/A	.	N/A	-55.47	.	No
51: DME	N/A	$90	Yes	$40	N/A	.	N/A	-55.21	.	No
26: Transportation	N/A	$35	N/A	$24	N/A	.	N/A	-30.79	.	No
30: PCS	N/A	.	N/A	$113	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$113	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$329	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$233	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.24	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.82	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.20	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	2.67	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$72	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$146	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	85.43	Yes	100.00	Yes	.	N/A	17.06	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	17.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	12.55	Yes	15.24	Yes	.	N/A	21.39	.	No
% Claims with DX, where length=4	20-50	61.55	No	61.05	No	.	N/A	-0.82	.	Yes
% Claims with DX, where length=5	20-50	25.90	Yes	23.72	Yes	.	N/A	-8.42	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	23.17	N/A	100.00	N/A	.	N/A	331.59	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	9.27	N/A	100.00	N/A	.	N/A	978.33	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.44	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	19.87	N/A	30.25	N/A	.	N/A	52.26	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	53.65	N/A	18.11	N/A	.	N/A	-66.24	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.01	N/A	.	N/A	252.41	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	26.48	N/A	51.62	N/A	.	N/A	94.94	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	27.01	No	100.00	Yes	.	N/A	270.23	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	231,945	N/A	252,004	N/A	.	N/A	8.65	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	97.02	Yes	.	N/A	-2.98	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	10.42	N/A	9.74	N/A	.	N/A	-6.54	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.96	N/A	19.56	N/A	.	N/A	-2.03	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	9.21	N/A	8.49	N/A	.	N/A	-7.83	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	54.93	N/A	53.26	N/A	.	N/A	-3.04	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	5.91	N/A	4.32	N/A	.	N/A	-26.96	.	No

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1998-1999 MAX OT Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	11.27	N/A	11.30	N/A	.	N/A	0.29	.	Yes
% claims MAX TOS 12: Clinic	N/A	4.09	N/A	7.01	N/A	.	N/A	71.39	.	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	9.80	N/A	10.97	N/A	.	N/A	12.00	.	Yes
% claims MAX TOS 19: Other Services	N/A	11.02	N/A	9.60	N/A	.	N/A	-12.85	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	0.68	N/A	1.38	N/A	.	N/A	101.78	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.08	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	1.41	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.35	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	13.18	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$36	N/A	$38	N/A	.	N/A	5.35	.	Yes
% Claims with DX	N/A	89.00	N/A	76.38	N/A	.	N/A	-14.19	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	91.35	Yes	80.72	No	.	N/A	-11.64	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	42.75	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	10.86	Yes	10.44	Yes	.	N/A	-3.86	.	Yes
% Claims with DX, where length=4	20-50	49.29	Yes	48.13	Yes	.	N/A	-2.35	.	Yes
% Claims with DX, where length=5	20-50	39.85	Yes	41.43	Yes	.	N/A	3.96	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	1,442,440	N/A	1,610,247	N/A	.	N/A	11.63	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,442,440	N/A	1,610,247	N/A	.	N/A	11.63	.	Yes
% Adjusted Claims	> 1%	0.06	No	0.09	No	.	N/A	54.76	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$104	N/A	$55	N/A	.	N/A	-47.11	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	1,442,440	N/A	1,610,247	N/A	.	N/A	11.63	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$41	Yes	$44	Yes	.	N/A	7.95	.	Yes
% Claims with TPL	>0 - 15	0.05	Yes	0.18	Yes	.	N/A	258.93	.	No
Aver. TPL Paid for claims with TPL	N/A	$96	N/A	$59	N/A	.	N/A	-37.96	.	No
% Family Planning Claims (program type=2)	N/A	0.18	N/A	0.64	N/A	.	N/A	246.83	.	No
% Drug Claims (TOS 16)	95-99	99.82	No	100.00	No	.	N/A	0.18	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.88	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.89	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.92	Yes	99.77	Yes	.	N/A	-0.15	.	Yes
% Claims with Medispan	98-100	90.14	No	95.48	No	.	N/A	5.92	.	Yes
% Claims with AHFS	98-100	99.92	Yes	99.77	Yes	.	N/A	-0.15	.	Yes
% Claims with Generic (GTC)	98-100	99.92	Yes	99.77	Yes	.	N/A	-0.15	.	Yes
% Claims with GC3	98-100	99.92	Yes	99.77	Yes	.	N/A	-0.15	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.41	N/A	77.43	N/A	.	N/A	-22.11	.	No
% Products (codes 4-6)	N/A	0.00	N/A	22.33	N/A	.	N/A	1788977.82	.	No
% HRI (code 7)	N/A	0.41	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Claims with Smart Key	98-100	99.92	Yes	99.77	Yes	.	N/A	-0.15	.	Yes
% OTC-Drug Class	N/A	2.20	N/A	2.00	N/A	.	N/A	-9.01	.	Yes
% Prescription-Drug Class	N/A	97.62	N/A	97.76	N/A	.	N/A	0.15	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	45.74	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.60	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	177,531	N/A	134,691	N/A	.	N/A	-24.13	.	10% (+/-)	No
Total Medicaid Amount Paid	N/A	.	N/A	$519,574,778	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	13.79	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	52.44	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	2.73	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	31.04	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	124,954	N/A	134,065	N/A	.	N/A	7.29	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	83,079	N/A	93,220	N/A	.	N/A	12.21	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	67.35	No	99.46	Yes	.	N/A	47.67	.	15% (+/-)	No
% Records with Valid SSN Format	>=90%	96.39	Yes	97.42	Yes	.	N/A	1.07	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	41	N/A	25	N/A	.	N/A	-39.02	.	N/A	No
% with County Code	>=95%	98.39	Yes	98.38	Yes	.	N/A	-0.02	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	99.96	Yes	.	N/A	-0.03	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.94	Yes	0.00	No	.	N/A	-100.00	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	82.65	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	0.66	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	2.55	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	13.70	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	6.67	Yes	6.14	Yes	.	N/A	-8.01	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	64.72	Yes	65.53	Yes	.	N/A	1.25	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	8.66	Yes	8.18	Yes	.	N/A	-5.44	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	42.97	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	18,122	N/A	18,889	N/A	.	N/A	4.23	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	96.74	Yes	97.78	Yes	.	N/A	1.08	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	94.51	Yes	97.87	Yes	.	N/A	3.55	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	34.58	Yes	35.36	Yes	.	N/A	2.24	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	168	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	27.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	51.19	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	20.83	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	2.38	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	21.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	95.61	No	100.00	Yes	.	N/A	4.59	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.86	Yes	99.94	Yes	.	N/A	0.08	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	87.96	Yes	86.99	Yes	.	N/A	-1.10	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	11,241	N/A	10,888	N/A	.	N/A	-3.14	.	10% (+/-)	Yes
11: Aged, Cash	N/A	2,370	N/A	2,223	N/A	.	N/A	-6.20	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,557	N/A	1,334	N/A	.	N/A	-14.32	.	10% (+/-)	No
41: Other Aged	N/A	7,314	N/A	7,331	N/A	.	N/A	0.23	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	21,481	N/A	23,094	N/A	.	N/A	7.51	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	8,251	N/A	20,897	N/A	.	N/A	153.27	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,040	N/A	1,138	N/A	.	N/A	9.42	.	10% (+/-)	Yes
42: Other Disabled	N/A	12,190	N/A	1,059	N/A	.	N/A	-91.31	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	71,459	N/A	79,702	N/A	.	N/A	11.54	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	1,934	N/A	1,508	N/A	.	N/A	-22.03	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	2	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	51,985	N/A	59,097	N/A	.	N/A	13.68	.	10% (+/-)	No
44: Other Child	N/A	15,582	N/A	17,209	N/A	.	N/A	10.44	.	10% (+/-)	No
48: Foster Care Child	N/A	1,956	N/A	1,888	N/A	.	N/A	-3.48	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	20,484	N/A	20,381	N/A	.	N/A	-0.50	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	809	N/A	378	N/A	.	N/A	-53.28	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	9	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	9,152	N/A	8,938	N/A	.	N/A	-2.34	.	10% (+/-)	Yes
45: Other Adult	N/A	10,514	N/A	11,065	N/A	.	N/A	5.24	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	92,060	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.47	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.21	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	4.32	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	27.96	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	3,810	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	33.58	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	45,025	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	21.76	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	0	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	92,060	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	34.38	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	65.62	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$1,442,796	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,442,796	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.98	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.98	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$1,442,796	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	45,025	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	106,832	N/A	115,176	N/A	.	N/A	7.81	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	91,490	N/A	94,444	N/A	.	N/A	3.23	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	67,769	N/A	77,101	N/A	.	N/A	13.77	.	15% (+/-)	Yes
MAX Aged Total	N/A	617	N/A	232	N/A	.	N/A	-62.40	.	10% (+/-)	No
11: Aged, Cash	N/A	192	N/A	77	N/A	.	N/A	-59.90	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	39	N/A	7	N/A	.	N/A	-82.05	.	10% (+/-)	No
41: Other Aged	N/A	386	N/A	148	N/A	.	N/A	-61.66	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	14,053	N/A	14,929	N/A	.	N/A	6.23	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	5,561	N/A	14,002	N/A	.	N/A	151.79	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	13	N/A	9	N/A	.	N/A	-30.77	.	10% (+/-)	No
42: Other Disabled	N/A	8,479	N/A	918	N/A	.	N/A	-89.17	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	71,457	N/A	79,701	N/A	.	N/A	11.54	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	1,934	N/A	1,508	N/A	.	N/A	-22.03	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	2	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	51,983	N/A	59,096	N/A	.	N/A	13.68	.	10% (+/-)	No
44: Other Child	N/A	15,582	N/A	17,209	N/A	.	N/A	10.44	.	10% (+/-)	No
48: Foster Care Child	N/A	1,956	N/A	1,888	N/A	.	N/A	-3.48	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	20,416	N/A	20,314	N/A	.	N/A	-0.50	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	803	N/A	376	N/A	.	N/A	-53.18	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	9	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	9,139	N/A	8,924	N/A	.	N/A	-2.35	.	10% (+/-)	Yes
45: Other Adult	N/A	10,465	N/A	11,014	N/A	.	N/A	5.25	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	168	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$245,177,631	N/A	$294,067,070	N/A	.	N/A	19.94	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$2,295	N/A	$2,553	N/A	.	N/A	11.25	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,680	N/A	$3,114	N/A	.	N/A	16.19	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$7,886	N/A	$8,392	N/A	.	N/A	6.43	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,900	N/A	$6,850	N/A	.	N/A	16.09	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$505	N/A	$54	N/A	.	N/A	-89.33	.	15% (+/-)	No
41: Other Aged	N/A	$9,619	N/A	$9,589	N/A	.	N/A	-0.31	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$9,547	N/A	$11,390	N/A	.	N/A	19.30	.	15% (+/-)	No
12: Disabled, Cash	N/A	$8,962	N/A	$11,464	N/A	.	N/A	27.91	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$2,092	N/A	$3	N/A	.	N/A	-99.86	.	15% (+/-)	No
42: Other Disabled	N/A	$9,942	N/A	$10,380	N/A	.	N/A	4.41	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$853	N/A	$951	N/A	.	N/A	11.47	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$752	N/A	$908	N/A	.	N/A	20.75	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$648	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$836	N/A	$930	N/A	.	N/A	11.33	.	15% (+/-)	Yes
44: Other Child	N/A	$807	N/A	$901	N/A	.	N/A	11.70	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$1,777	N/A	$2,075	N/A	.	N/A	16.79	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,202	N/A	$2,279	N/A	.	N/A	3.48	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,276	N/A	$2,196	N/A	.	N/A	-3.50	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$1,027	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,443	N/A	$2,498	N/A	.	N/A	2.25	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,987	N/A	$2,104	N/A	.	N/A	5.88	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$69,218,842	N/A	$70,734,763	N/A	.	N/A	2.19	.	15% (+/-)	Yes
IP: Number of Users	N/A	13,908	N/A	14,280	N/A	.	N/A	2.67	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,977	N/A	$4,953	N/A	.	N/A	-0.47	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	5	N/A	5	N/A	.	N/A	2.60	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$854,337	N/A	$3,586,687	N/A	.	N/A	319.82	.	15% (+/-)	No
MH Aged: Number of Users	N/A	220	N/A	547	N/A	.	N/A	148.64	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,883	N/A	$6,557	N/A	.	N/A	68.85	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$2,036,426	N/A	$5,057,374	N/A	.	N/A	148.35	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	202	N/A	543	N/A	.	N/A	168.81	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$10,081	N/A	$9,314	N/A	.	N/A	-7.61	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$24,388,714	N/A	$25,280,314	N/A	.	N/A	3.66	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	317	N/A	336	N/A	.	N/A	5.99	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$76,936	N/A	$75,239	N/A	.	N/A	-2.21	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$6,844,112	N/A	$6,537,572	N/A	.	N/A	-4.48	.	15% (+/-)	Yes
NF Number of Users	N/A	323	N/A	310	N/A	.	N/A	-4.02	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$21,189	N/A	$21,089	N/A	.	N/A	-0.47	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$28,589,576	N/A	$34,285,633	N/A	.	N/A	19.92	.	15% (+/-)	No

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Physician: Number of Users	N/A	69,376	N/A	75,905	N/A	.	N/A	9.41	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$412	N/A	$452	N/A	.	N/A	9.61	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$8,314,179	N/A	$10,797,628	N/A	.	N/A	29.87	.	15% (+/-)	No
Dental: Number of Users	N/A	27,673	N/A	30,081	N/A	.	N/A	8.70	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$300	N/A	$359	N/A	.	N/A	19.47	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$4,686,203	N/A	$2,197,029	N/A	.	N/A	-53.12	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	20,809	N/A	18,168	N/A	.	N/A	-12.69	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$225	N/A	$121	N/A	.	N/A	-46.30	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$11,175,457	N/A	$16,021,886	N/A	.	N/A	43.37	.	15% (+/-)	No
OPD Number of Users	N/A	29,794	N/A	40,521	N/A	.	N/A	36.00	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$375	N/A	$395	N/A	.	N/A	5.41	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$3,881,790	N/A	$6,734,884	N/A	.	N/A	73.50	.	15% (+/-)	No
Clinic: Number of Users	N/A	12,601	N/A	17,566	N/A	.	N/A	39.40	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$308	N/A	$383	N/A	.	N/A	24.46	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$2,415,010	N/A	$2,549,035	N/A	.	N/A	5.55	.	15% (+/-)	Yes
HH: Number of Users	N/A	1,389	N/A	1,413	N/A	.	N/A	1.73	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,739	N/A	$1,804	N/A	.	N/A	3.76	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$20,402,903	N/A	$4,571,519	N/A	.	N/A	-77.59	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	44,051	N/A	40,124	N/A	.	N/A	-8.91	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$463	N/A	$114	N/A	.	N/A	-75.40	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$18,799,925	N/A	$35,929,706	N/A	.	N/A	91.12	.	15% (+/-)	No
Drugs: Number of Users	N/A	55,592	N/A	69,328	N/A	.	N/A	24.71	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$338	N/A	$518	N/A	.	N/A	53.25	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$24,690,834	N/A	$19,223,087	N/A	.	N/A	-22.14	.	15% (+/-)	No
Other Services: Number of Users	N/A	$18,404	N/A	$5,291	N/A	.	N/A	-71.25	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,342	N/A	$3,633	N/A	.	N/A	170.81	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,579,467	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	6,138	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$746	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$9,328,349	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,006	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$9,273	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,040,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,126	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,293	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,753,873	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$708	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,354,048	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,575	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$658	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$241,293	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	45	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,362	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,413,077	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	34,276	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$911,274	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	43	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$21,192	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$17,446,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,463	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,061	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$648	N/A	$614	N/A	.	N/A	-5.21	.	15% (+/-)	Yes
Aged	N/A	$1,258	N/A	$1,277	N/A	.	N/A	1.53	.	15% (+/-)	Yes
Disabled	N/A	$1,793	N/A	$1,880	N/A	.	N/A	4.84	.	15% (+/-)	Yes
Child	N/A	$327	N/A	$304	N/A	.	N/A	-7.01	.	15% (+/-)	Yes
Adult	N/A	$973	N/A	$894	N/A	.	N/A	-8.11	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$319	N/A	$351	N/A	.	N/A	9.98	.	15% (+/-)	Yes
Aged	N/A	$2,975	N/A	$3,775	N/A	.	N/A	26.88	.	15% (+/-)	No
Disabled	N/A	$2,188	N/A	$2,405	N/A	.	N/A	9.93	.	15% (+/-)	Yes
Child	N/A	$18	N/A	$38	N/A	.	N/A	110.27	.	15% (+/-)	No
Adult	N/A	$12	N/A	$30	N/A	.	N/A	163.73	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$176	N/A	$312	N/A	.	N/A	77.27	.	15% (+/-)	No
Aged	N/A	$809	N/A	$825	N/A	.	N/A	2.04	.	15% (+/-)	Yes
Disabled	N/A	$885	N/A	$1,687	N/A	.	N/A	90.48	.	15% (+/-)	No
Child	N/A	$45	N/A	$79	N/A	.	N/A	76.48	.	15% (+/-)	No
Adult	N/A	$130	N/A	$209	N/A	.	N/A	61.35	.	15% (+/-)	No
All Other Services	N/A	$1,149	N/A	$1,276	N/A	.	N/A	11.03	.	15% (+/-)	Yes
Aged	N/A	$2,844	N/A	$2,515	N/A	.	N/A	-11.56	.	15% (+/-)	Yes
Disabled	N/A	$4,676	N/A	$5,418	N/A	.	N/A	15.88	.	15% (+/-)	No
Child	N/A	$463	N/A	$529	N/A	.	N/A	14.43	.	15% (+/-)	Yes
Adult	N/A	$1,079	N/A	$1,145	N/A	.	N/A	6.12	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.02	N/A	12.40	N/A	.	N/A	-4.76	.	15% (+/-)	Yes
Aged	N/A	15.24	N/A	13.79	N/A	.	N/A	-9.46	.	15% (+/-)	Yes
Disabled	N/A	14.60	N/A	13.00	N/A	.	N/A	-10.96	.	15% (+/-)	Yes
Child	N/A	7.87	N/A	8.09	N/A	.	N/A	2.83	.	15% (+/-)	Yes
Adult	N/A	30.04	N/A	28.84	N/A	.	N/A	-3.99	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.98	N/A	1.48	N/A	.	N/A	50.12	.	15% (+/-)	No
Aged	N/A	13.13	N/A	18.97	N/A	.	N/A	44.47	.	15% (+/-)	No
Disabled	N/A	5.61	N/A	7.85	N/A	.	N/A	39.83	.	15% (+/-)	No
Child	N/A	0.16	N/A	0.44	N/A	.	N/A	166.67	.	15% (+/-)	No
Adult	N/A	0.31	N/A	0.67	N/A	.	N/A	115.14	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	5.99	N/A	0.88	N/A	.	N/A	-85.29	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	52.04	N/A	60.19	N/A	.	N/A	15.67	.	15% (+/-)	No
Aged	N/A	64.34	N/A	75.00	N/A	.	N/A	16.56	.	15% (+/-)	No
Disabled	N/A	72.28	N/A	79.66	N/A	.	N/A	10.20	.	15% (+/-)	Yes
Child	N/A	47.43	N/A	55.66	N/A	.	N/A	17.35	.	15% (+/-)	No
Adult	N/A	54.13	N/A	63.52	N/A	.	N/A	17.34	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	84.52	N/A	80.00	N/A	.	N/A	-5.35	.	15% (+/-)	Yes
Aged	N/A	75.20	N/A	77.16	N/A	.	N/A	2.60	.	15% (+/-)	Yes

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Disabled	N/A	91.01	N/A	89.60	N/A	.	N/A	-1.55	.	15% (+/-)	Yes
Child	N/A	83.67	N/A	78.09	N/A	.	N/A	-6.67	.	15% (+/-)	Yes
Adult	N/A	83.34	N/A	80.46	N/A	.	N/A	-3.46	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	5	N/A	5	N/A	.	N/A	2.60	.	15% (+/-)	Yes
Aged	N/A	7	N/A	15	N/A	.	N/A	112.45	.	15% (+/-)	No
Disabled	N/A	11	N/A	11	N/A	.	N/A	1.80	.	15% (+/-)	Yes
Child	N/A	5	N/A	5	N/A	.	N/A	1.38	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	6.64	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	172	N/A	109	N/A	.	N/A	-37.02	.	15% (+/-)	No
Aged	N/A	236	N/A	219	N/A	.	N/A	-7.17	.	15% (+/-)	Yes
Disabled	N/A	197	N/A	143	N/A	.	N/A	-27.61	.	15% (+/-)	No
Child	N/A	49	N/A	18	N/A	.	N/A	-62.21	.	15% (+/-)	No
Adult	N/A	11	N/A	10	N/A	.	N/A	-17.13	.	15% (+/-)	No
% Enrollees with Delivery	N/A	9.07	N/A	9.31	N/A	.	N/A	2.73	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$577,868	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5,487	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,648,948	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	8,273	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$920,335	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,784	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,092,913	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,379	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$793	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$5,289,848	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	367	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$14,414	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	18,122	N/A	18,889	N/A	.	N/A	4.23	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	16,964	N/A	17,566	N/A	.	N/A	3.55	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	15,311	N/A	16,119	N/A	.	N/A	5.28	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	36.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	12.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	51.39	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.60	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	10,624	N/A	10,656	N/A	.	N/A	0.30	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	2,178	N/A	2,146	N/A	.	N/A	-1.47	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,518	N/A	1,327	N/A	.	N/A	-12.58	.	10% (+/-)	No
41: Other Aged	N/A	6,928	N/A	7,183	N/A	.	N/A	3.68	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	7,428	N/A	8,165	N/A	.	N/A	9.92	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	2,690	N/A	6,895	N/A	.	N/A	156.32	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,027	N/A	1,129	N/A	.	N/A	9.93	.	10% (+/-)	Yes
42: Other Disabled	N/A	3,711	N/A	141	N/A	.	N/A	-96.20	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	17,496	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.15	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.18	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	46.95	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	51.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$195,743,424	N/A	$223,529,999	N/A	.	N/A	14.20	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$10,801	N/A	$11,834	N/A	.	N/A	9.56	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$11,539	N/A	$12,725	N/A	.	N/A	10.28	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$11,434	N/A	$12,222	N/A	.	N/A	6.89	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$4,192	N/A	$5,161	N/A	.	N/A	23.11	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$1,447	N/A	$727	N/A	.	N/A	-49.74	.	15% (+/-)	No
41: Other Aged	N/A	$15,899	N/A	$16,455	N/A	.	N/A	3.50	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$9,974	N/A	$11,381	N/A	.	N/A	14.11	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$8,558	N/A	$13,065	N/A	.	N/A	52.66	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$1,142	N/A	$968	N/A	.	N/A	-15.22	.	15% (+/-)	No
42: Other Disabled	N/A	$13,444	N/A	$12,419	N/A	.	N/A	-7.63	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$4,922,983	N/A	$4,934,810	N/A	.	N/A	0.24	.	15% (+/-)	Yes
IP: Number of Users	N/A	3,393	N/A	3,496	N/A	.	N/A	3.04	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,451	N/A	$1,412	N/A	.	N/A	-2.71	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	1	N/A	7	N/A	.	N/A	981.39	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$40,634	N/A	$229,389	N/A	.	N/A	464.52	.	15% (+/-)	No
MH Aged: Number of Users	N/A	9	N/A	34	N/A	.	N/A	277.78	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$4,515	N/A	$6,747	N/A	.	N/A	49.43	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$8,878	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$2,959	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$22,715,183	N/A	$23,356,161	N/A	.	N/A	2.82	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	273	N/A	309	N/A	.	N/A	13.19	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$83,206	N/A	$75,586	N/A	.	N/A	-9.16	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$91,830,044	N/A	$94,848,243	N/A	.	N/A	3.29	.	15% (+/-)	Yes
NF Number of Users	N/A	$4,508	N/A	$4,471	N/A	.	N/A	-0.82	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,370	N/A	$21,214	N/A	.	N/A	4.14	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$3,417,020	N/A	$3,819,967	N/A	.	N/A	11.79	.	15% (+/-)	Yes
Physician: Number of Users	N/A	14,014	N/A	14,346	N/A	.	N/A	2.37	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$244	N/A	$266	N/A	.	N/A	9.21	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$1,688,322	N/A	$2,006,620	N/A	.	N/A	18.85	.	15% (+/-)	No
Dental: Number of Users	N/A	4,397	N/A	4,440	N/A	.	N/A	0.98	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$384	N/A	$452	N/A	.	N/A	17.70	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$621,679	N/A	$429,344	N/A	.	N/A	-30.94	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	6,574	N/A	6,227	N/A	.	N/A	-5.28	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$95	N/A	$69	N/A	.	N/A	-27.09	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$3,645,314	N/A	$4,328,942	N/A	.	N/A	18.75	.	15% (+/-)	No
OPD Number of Users	N/A	8,041	N/A	8,608	N/A	.	N/A	7.05	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$453	N/A	$503	N/A	.	N/A	10.93	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,027,413	N/A	$1,171,037	N/A	.	N/A	13.98	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	3,760	N/A	4,209	N/A	.	N/A	11.94	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$273	N/A	$278	N/A	.	N/A	1.82	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$919,269	N/A	$1,143,200	N/A	.	N/A	24.36	.	15% (+/-)	No
HH: Number of Users	N/A	399	N/A	378	N/A	.	N/A	-5.26	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$2,304	N/A	$3,024	N/A	.	N/A	31.27	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$10,849,840	N/A	$492,365	N/A	.	N/A	-95.46	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	8,708	N/A	8,520	N/A	.	N/A	-2.16	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$1,246	N/A	$58	N/A	.	N/A	-95.36	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$20,100,604	N/A	$35,093,395	N/A	.	N/A	74.59	.	15% (+/-)	No
Drugs: Number of Users	N/A	13,222	N/A	14,828	N/A	.	N/A	12.15	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,520	N/A	$2,367	N/A	.	N/A	55.68	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$25,714,126	N/A	$17,516,437	N/A	.	N/A	-31.88	.	15% (+/-)	No
Other Services: Number of Users	N/A	$6,889	N/A	$4,330	N/A	.	N/A	-37.15	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,733	N/A	$4,045	N/A	.	N/A	8.38	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,164,030	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,790	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$835	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$16,767,276	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,159	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$7,766	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,864,526	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,402	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,330	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$350,947	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	906	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$387	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$214,564	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	975	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$220	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$310,817	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	66	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,709	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,211,599	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	4,550	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$266	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$1,997,087	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	82	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$24,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,608,188	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	1,964	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,874	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$272	N/A	$261	N/A	.	N/A	-3.83	.	15% (+/-)	Yes
Aged	N/A	$232	N/A	$189	N/A	.	N/A	-18.48	.	15% (+/-)	No
Disabled	N/A	$327	N/A	$342	N/A	.	N/A	4.65	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$6,323	N/A	$6,270	N/A	.	N/A	-0.83	.	15% (+/-)	Yes
Aged	N/A	$8,293	N/A	$8,434	N/A	.	N/A	1.71	.	15% (+/-)	Yes
Disabled	N/A	$3,565	N/A	$3,498	N/A	.	N/A	-1.88	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,109	N/A	$1,858	N/A	.	N/A	67.50	.	15% (+/-)	No
Aged	N/A	$973	N/A	$1,591	N/A	.	N/A	63.55	.	15% (+/-)	No
Disabled	N/A	$1,306	N/A	$2,213	N/A	.	N/A	69.37	.	15% (+/-)	No
All Other Services	N/A	$3,096	N/A	$3,444	N/A	.	N/A	11.25	.	15% (+/-)	Yes
Aged	N/A	$1,937	N/A	$2,008	N/A	.	N/A	3.67	.	15% (+/-)	Yes
Disabled	N/A	$4,771	N/A	$5,327	N/A	.	N/A	11.66	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	18.72	N/A	18.51	N/A	.	N/A	-1.15	.	15% (+/-)	Yes
Aged	N/A	19.00	N/A	18.33	N/A	.	N/A	-3.56	.	15% (+/-)	Yes
Disabled	N/A	18.34	N/A	18.64	N/A	.	N/A	1.66	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	26.37	N/A	25.32	N/A	.	N/A	-4.00	.	15% (+/-)	Yes
Aged	N/A	39.75	N/A	39.02	N/A	.	N/A	-1.83	.	15% (+/-)	Yes
Disabled	N/A	7.49	N/A	7.62	N/A	.	N/A	1.77	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	72.96	N/A	78.50	N/A	.	N/A	7.59	.	15% (+/-)	Yes
Aged	N/A	72.68	N/A	78.94	N/A	.	N/A	8.62	.	15% (+/-)	Yes
Disabled	N/A	73.28	N/A	77.86	N/A	.	N/A	6.25	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	88.80	N/A	87.18	N/A	.	N/A	-1.83	.	15% (+/-)	Yes
Aged	N/A	86.54	N/A	83.79	N/A	.	N/A	-3.17	.	15% (+/-)	Yes
Disabled	N/A	92.02	N/A	91.55	N/A	.	N/A	-0.51	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	1	N/A	7	N/A	.	N/A	981.39	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	1546.49	.	15% (+/-)	No
Disabled	N/A	1	N/A	7	N/A	.	N/A	631.63	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	240	N/A	239	N/A	.	N/A	-0.24	.	15% (+/-)	Yes
Aged	N/A	237	N/A	237	N/A	.	N/A	-0.12	.	15% (+/-)	Yes
Disabled	N/A	257	N/A	253	N/A	.	N/A	-1.43	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$51,787	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	279	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$223,160	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1902	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$117	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$43,202	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	411	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$130,032	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	131	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$993	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$8,726,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	942	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,264	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	124,954	N/A	134,065	N/A	.	N/A	7.29	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	108,454	N/A	112,010	N/A	.	N/A	3.28	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	83.55	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	92.67	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	91.77	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	79.93	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	83.49	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	83,079	N/A	93,220	N/A	.	N/A	12.21	.	15% (+/-)	Yes
MAX Aged Total	N/A	11,241	N/A	10,888	N/A	.	N/A	-3.14	.	10% (+/-)	Yes
11: Aged, Cash	N/A	2,370	N/A	2,223	N/A	.	N/A	-6.20	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,557	N/A	1,334	N/A	.	N/A	-14.32	.	10% (+/-)	No
41: Other Aged	N/A	7,314	N/A	7,331	N/A	.	N/A	0.23	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	21,481	N/A	23,094	N/A	.	N/A	7.51	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	8,251	N/A	20,897	N/A	.	N/A	153.27	.	10% (+/-)	No
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	1,040	N/A	1,138	N/A	.	N/A	9.42	.	10% (+/-)	Yes
42: Other Disabled	N/A	12,190	N/A	1,059	N/A	.	N/A	-91.31	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	71,459	N/A	79,702	N/A	.	N/A	11.54	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	1,934	N/A	1,508	N/A	.	N/A	-22.03	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	2	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	51,985	N/A	59,097	N/A	.	N/A	13.68	.	10% (+/-)	No
44: Other Child	N/A	15,582	N/A	17,209	N/A	.	N/A	10.44	.	10% (+/-)	No
48: Foster Care Child	N/A	1,956	N/A	1,888	N/A	.	N/A	-3.48	.	10% (+/-)	Yes
54: 1115 Child	N/A	1,956	N/A	1,888	N/A	.	N/A	-3.48	.	10% (+/-)	Yes
MAX Adult Total	N/A	20,484	N/A	20,381	N/A	.	N/A	-0.50	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	809	N/A	378	N/A	.	N/A	-53.28	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	9	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	9,152	N/A	8,938	N/A	.	N/A	-2.34	.	10% (+/-)	Yes
45: Other Adult	N/A	10,514	N/A	11,065	N/A	.	N/A	5.24	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$440,921,055	N/A	$517,597,069	N/A	.	N/A	17.39	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$3,529	N/A	$3,861	N/A	.	N/A	9.41	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,066	N/A	$4,621	N/A	.	N/A	13.66	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$11,239	N/A	$12,141	N/A	.	N/A	8.02	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$4,331	N/A	$5,220	N/A	.	N/A	20.53	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$1,423	N/A	$724	N/A	.	N/A	-49.16	.	15% (+/-)	No
41: Other Aged	N/A	$15,568	N/A	$16,317	N/A	.	N/A	4.81	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$9,695	N/A	$11,387	N/A	.	N/A	17.45	.	15% (+/-)	No
12: Disabled, Cash	N/A	$8,830	N/A	$11,992	N/A	.	N/A	35.80	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$1,154	N/A	$961	N/A	.	N/A	-16.75	.	15% (+/-)	No
42: Other Disabled	N/A	$11,008	N/A	$10,652	N/A	.	N/A	-3.24	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$853	N/A	$951	N/A	.	N/A	11.48	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$752	N/A	$908	N/A	.	N/A	20.75	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$648	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$836	N/A	$930	N/A	.	N/A	11.33	.	15% (+/-)	Yes
44: Other Child	N/A	$807	N/A	$901	N/A	.	N/A	11.70	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$1,777	N/A	$2,075	N/A	.	N/A	16.79	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,204	N/A	$2,289	N/A	.	N/A	3.88	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,288	N/A	$2,227	N/A	.	N/A	-2.65	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$1,027	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,442	N/A	$2,497	N/A	.	N/A	2.25	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,991	N/A	$2,124	N/A	.	N/A	6.67	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$74,141,825	N/A	$75,669,573	N/A	.	N/A	2.06	.	15% (+/-)	Yes
IP: Number of Users	N/A	17,301	N/A	17,776	N/A	.	N/A	2.75	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,285	N/A	$4,257	N/A	.	N/A	-0.67	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	5	N/A	.	N/A	31.47	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$894,971	N/A	$3,816,076	N/A	.	N/A	326.39	.	15% (+/-)	No
MH Aged: Number of Users	N/A	229	N/A	581	N/A	.	N/A	153.71	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,908	N/A	$6,568	N/A	.	N/A	68.06	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$2,036,426	N/A	$5,066,252	N/A	.	N/A	148.78	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	202	N/A	546	N/A	.	N/A	170.30	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$10,081	N/A	$9,279	N/A	.	N/A	-7.96	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$47,103,897	N/A	$48,636,475	N/A	.	N/A	3.25	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	590	N/A	645	N/A	.	N/A	9.32	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$79,837	N/A	$75,405	N/A	.	N/A	-5.55	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$98,674,156	N/A	$101,385,815	N/A	.	N/A	2.75	.	15% (+/-)	Yes
NF Number of Users	N/A	$4,831	N/A	$4,781	N/A	.	N/A	-1.03	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,425	N/A	$21,206	N/A	.	N/A	3.82	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$32,006,596	N/A	$38,105,600	N/A	.	N/A	19.06	.	15% (+/-)	No
Physician: Number of Users	N/A	83,390	N/A	90,251	N/A	.	N/A	8.23	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$384	N/A	$422	N/A	.	N/A	10.00	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$10,002,501	N/A	$12,804,248	N/A	.	N/A	28.01	.	15% (+/-)	No
Dental: Number of Users	N/A	32,070	N/A	34,521	N/A	.	N/A	7.64	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$312	N/A	$371	N/A	.	N/A	18.92	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$5,307,882	N/A	$2,626,373	N/A	.	N/A	-50.52	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	27,383	N/A	24,395	N/A	.	N/A	-10.91	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$194	N/A	$108	N/A	.	N/A	-44.46	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$14,820,771	N/A	$20,350,828	N/A	.	N/A	37.31	.	15% (+/-)	No
OPD Number of Users	N/A	37,835	N/A	49,129	N/A	.	N/A	29.85	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$392	N/A	$414	N/A	.	N/A	5.75	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$4,909,203	N/A	$7,905,921	N/A	.	N/A	61.04	.	15% (+/-)	No
Clinic: Number of Users	N/A	16,361	N/A	21,775	N/A	.	N/A	33.09	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$300	N/A	$363	N/A	.	N/A	21.00	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$3,334,279	N/A	$3,692,235	N/A	.	N/A	10.74	.	15% (+/-)	Yes
HH: Number of Users	N/A	1,788	N/A	1,791	N/A	.	N/A	0.17	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,865	N/A	$2,062	N/A	.	N/A	10.55	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$31,252,743	N/A	$5,063,884	N/A	.	N/A	-83.80	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	52,759	N/A	48,644	N/A	.	N/A	-7.80	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$592	N/A	$104	N/A	.	N/A	-82.43	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$38,900,529	N/A	$71,023,101	N/A	.	N/A	82.58	.	15% (+/-)	No
Drugs: Number of Users	N/A	68,814	N/A	84,156	N/A	.	N/A	22.29	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$565	N/A	$844	N/A	.	N/A	49.29	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$50,404,960	N/A	$36,739,524	N/A	.	N/A	-27.11	.	15% (+/-)	No
Other Services: Number of Users	N/A	$25,293	N/A	$9,621	N/A	.	N/A	-61.96	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,993	N/A	$3,819	N/A	.	N/A	91.62	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,743,497	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,928	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$780	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$26,095,625	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3,165	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$8,245	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$5,905,417	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,528	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,304	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,104,820	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,382	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$622	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,568,612	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	4,550	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$565	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$552,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	111	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,974	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,624,676	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	38,826	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$171	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,908,361	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	125	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$23,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$25,054,504	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	10,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$593	N/A	$564	N/A	.	N/A	-4.88	.	15% (+/-)	Yes
Aged	N/A	$288	N/A	$212	N/A	.	N/A	-26.36	.	15% (+/-)	No
Disabled	N/A	$1,286	N/A	$1,336	N/A	.	N/A	3.90	.	15% (+/-)	Yes
Child	N/A	$327	N/A	$304	N/A	.	N/A	-7.01	.	15% (+/-)	Yes
Adult	N/A	$971	N/A	$897	N/A	.	N/A	-7.61	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,190	N/A	$1,185	N/A	.	N/A	-0.41	.	15% (+/-)	Yes
Aged	N/A	$8,001	N/A	$8,335	N/A	.	N/A	4.18	.	15% (+/-)	Yes
Disabled	N/A	$2,664	N/A	$2,792	N/A	.	N/A	4.78	.	15% (+/-)	Yes
Child	N/A	$18	N/A	$38	N/A	.	N/A	110.28	.	15% (+/-)	No
Adult	N/A	$12	N/A	$30	N/A	.	N/A	164.76	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$311	N/A	$530	N/A	.	N/A	70.17	.	15% (+/-)	No
Aged	N/A	$964	N/A	$1,575	N/A	.	N/A	63.38	.	15% (+/-)	No
Disabled	N/A	$1,031	N/A	$1,873	N/A	.	N/A	81.63	.	15% (+/-)	No
Child	N/A	$45	N/A	$79	N/A	.	N/A	76.48	.	15% (+/-)	No
Adult	N/A	$132	N/A	$212	N/A	.	N/A	60.42	.	15% (+/-)	No
All Other Services	N/A	$1,431	N/A	$1,581	N/A	.	N/A	10.47	.	15% (+/-)	Yes
Aged	N/A	$1,986	N/A	$2,019	N/A	.	N/A	1.62	.	15% (+/-)	Yes
Disabled	N/A	$4,709	N/A	$5,386	N/A	.	N/A	14.38	.	15% (+/-)	Yes
Child	N/A	$463	N/A	$529	N/A	.	N/A	14.43	.	15% (+/-)	Yes
Adult	N/A	$1,080	N/A	$1,150	N/A	.	N/A	6.44	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.85	N/A	13.26	N/A	.	N/A	-4.24	.	15% (+/-)	Yes
Aged	N/A	18.80	N/A	18.23	N/A	.	N/A	-3.01	.	15% (+/-)	Yes
Disabled	N/A	15.89	N/A	15.00	N/A	.	N/A	-5.65	.	15% (+/-)	Yes
Child	N/A	7.87	N/A	8.09	N/A	.	N/A	2.84	.	15% (+/-)	Yes
Adult	N/A	29.99	N/A	28.84	N/A	.	N/A	-3.85	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	4.67	N/A	4.84	N/A	.	N/A	3.64	.	15% (+/-)	Yes
Aged	N/A	38.29	N/A	38.59	N/A	.	N/A	0.80	.	15% (+/-)	Yes
Disabled	N/A	6.26	N/A	7.77	N/A	.	N/A	24.07	.	15% (+/-)	No
Child	N/A	0.16	N/A	0.44	N/A	.	N/A	166.67	.	15% (+/-)	No
Adult	N/A	0.31	N/A	0.68	N/A	.	N/A	118.29	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	55.07	N/A	62.77	N/A	.	N/A	13.98	.	15% (+/-)	Yes
Aged	N/A	72.22	N/A	78.86	N/A	.	N/A	9.19	.	15% (+/-)	Yes
Disabled	N/A	72.63	N/A	79.02	N/A	.	N/A	8.80	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: ID

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	47.43	N/A	55.66	N/A	.	N/A	17.35	.	15% (+/-)	No
Adult	N/A	54.23	N/A	63.60	N/A	.	N/A	17.28	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	85.14	N/A	81.01	N/A	.	N/A	-4.86	.	15% (+/-)	Yes
Aged	N/A	85.92	N/A	83.65	N/A	.	N/A	-2.64	.	15% (+/-)	Yes
Disabled	N/A	91.36	N/A	90.29	N/A	.	N/A	-1.17	.	15% (+/-)	Yes
Child	N/A	83.67	N/A	78.09	N/A	.	N/A	-6.67	.	15% (+/-)	Yes
Adult	N/A	83.37	N/A	80.50	N/A	.	N/A	-3.44	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	5	N/A	.	N/A	31.47	.	15% (+/-)	No
Aged	N/A	1	N/A	7	N/A	.	N/A	883.11	.	15% (+/-)	No
Disabled	N/A	7	N/A	9	N/A	.	N/A	32.46	.	15% (+/-)	No
Child	N/A	5	N/A	5	N/A	.	N/A	1.38	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	6.79	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	228	N/A	205	N/A	.	N/A	-9.97	.	15% (+/-)	Yes
Aged	N/A	237	N/A	237	N/A	.	N/A	-0.19	.	15% (+/-)	Yes
Disabled	N/A	222	N/A	181	N/A	.	N/A	-18.40	.	15% (+/-)	No
Child	N/A	49	N/A	18	N/A	.	N/A	-62.21	.	15% (+/-)	No
Adult	N/A	11	N/A	9	N/A	.	N/A	-17.70	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$629,655	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5,766	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$109	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,872,108	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	10,175	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$184	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$963,537	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,195	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,222,945	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,510	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$810	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$14,016,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,309	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$10,708	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	317,259	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.25	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	316,455	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	11.23	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	38.63	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$5,237	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	280,922	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$5,569	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,127	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	4.84	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,087	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	88.45	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	88.43	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.87	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	3.89	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.94	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	88.47	No	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.83	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	89.79	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.04	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.06	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	25.36	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	65.48	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	58.15	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.87	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	88.63	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	20.28	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	5.79	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	74.87	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	12.38	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.15	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.18	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	35,533	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$821	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	5.33	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$551	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.91	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.88	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.64	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.40	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	6.07	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.75	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	40.44	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	48.81	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	46.50	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.23	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.96	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.96	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	890,400	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	890,400	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	4.08	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$349	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	890,398	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$83	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$111	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$1,946	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$517	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	89.56	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	96.16	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	9.89	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	95.80	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	24	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.55	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	59.02	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	14	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.05	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	96.47	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	20.35	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	51.76	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	27.89	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	2	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$485	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	0.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	100.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	100.00	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	20,749,495	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.44	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.91	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	9.27	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	18,544,370	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	11.37	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.00	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$58	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	8.57	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.83	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$108	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$89	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	16,435,253	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	11.31	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	3.27	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	75.05	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	12.27	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	41.29	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	10.49	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	7.12	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	1.41	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	5.64	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	20.84	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	8.12	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.20	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$207	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	28.24	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	0.03	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.71	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	13.46	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	5.08	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.40	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	11.36	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	7.30	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.06	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	7.68	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	7.56	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	5.74	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	3.46	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.11	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.57	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	4.96	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$96	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$63	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$68	No	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$32	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$117	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$85	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$411	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$27	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$241	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$186	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$347	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$122	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$85	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,773	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$38	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$131	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$244	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.64	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.33	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
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1998-1999 MAX OT Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	7.90	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$171	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$84	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$207	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	87.74	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	94.56	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	15.86	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	9.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	59.07	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	31.93	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	97.66	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	48.22	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	27.36	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	6.03	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	18.38	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	96.83	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	2,109,117	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	17.69	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	19.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	17.50	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	54.59	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	6.71	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	12.66	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	2.89	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	13.33	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	5.38	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	4.19	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$39	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	95.81	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	84.13	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	15.54	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	43.10	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	41.36	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	70.47	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	19,946,184	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	1.73	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	19,600,689	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$111	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	19,600,689	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$38	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.20	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$78	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	1.35	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.88	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.20	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.88	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.88	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.88	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.69	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.16	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.88	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	17.14	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	82.74	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	51.50	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	28.48	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	1,729,208	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$6,311,623,365	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	17.41	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	68.34	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	3.82	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	5.22	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	5.19	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	1,712,826	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	1,372,773	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.45	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	96.58	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	17,329	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	98.18	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.37	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	37.33	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	43.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.17	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	16.38	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.51	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.66	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	59.39	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	9.22	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	60.82	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	217,700	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	86.98	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	88.44	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	37.39	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,698	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	48.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	4.49	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	46.94	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.32	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	5.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.95	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.85	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	88.56	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	119,439	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	22,199	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	68,982	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	26,956	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	1,302	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	289,042	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	152,236	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	100,768	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	30,748	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	5,290	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	937,286	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	327,504	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	10,383	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	4,810	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	491,349	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	12,001	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	91,239	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	367,058	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	131,661	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	10,156	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	148,937	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	63,363	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	12,941	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,370,779	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	95.83	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.76	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.40	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.29	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	335,705	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	30,595	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	1,050	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	14.86	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	254,533	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	89.76	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	11.95	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.21	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.07	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	254,533	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.13	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	0.57	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	73.41	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	25.88	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	164,662	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,370,779	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	10.64	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	1.41	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	87.95	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$202,497,133	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$187,335,513	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$15,161,620	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.97	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.98	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.86	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$102	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$186,607,209	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	228,463	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$15,889,924	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	26,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$126,001,130	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$65,951,094	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,838,271	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$7,847,401	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$50,364,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$552	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$289	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$34	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$220	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	1,267,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	1,018,867	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	980,111	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	13,798	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	6,682	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	5,754	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	378	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	984	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	179,856	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	133,375	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	42,222	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	403	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	3,856	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	769,338	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	216,641	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	8,955	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	4,695	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	437,713	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	10,618	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	90,716	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	304,118	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	89,845	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	9,050	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	135,620	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	60,507	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	9,096	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	3,682	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$3,585,436,407	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,830	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,519	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$7,628	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,977	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$8,207	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$772	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$18,090	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,156	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,001	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$16,930	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$832	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$23,532	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,180	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$930	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$568	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,231	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$933	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,312	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,892	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,862	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,912	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$789	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,668	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,322	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$2,260	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$1,397,078,536	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	145,056	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$9,631	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$124,116	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$124,116	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$23,147,222	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2,019	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$11,465	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$118,754,560	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,896	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$41,006	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$426,638,323	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	13,171	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$32,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$273,042,741	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	735,296	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$371	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$309,365	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	3,134	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$2,985,301	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	73,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$41	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$237,447,735	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	560,051	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$424	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$64,208,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	152,256	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$422	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$25,648,851	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	11,733	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,186	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$46,490,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	464,796	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$401,257,874	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	771,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$520	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$103,462,097	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$68,669	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,507	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$49,602,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	87,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$566	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$35,417,999	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	6,115	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$61,660,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	431,057	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$143	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$93,037,694	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	31,763	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,929	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$44,672,558	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	71,507	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$625	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$7,432,197	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,078	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,894	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$50,071,308	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	49,594	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$1,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$932,746	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	128	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,287	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$91,426,057	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	86,030	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$461,015	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	139	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,317	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$1,103	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,179	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,025	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$474	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$871	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$449	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$317	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$889	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,446	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$962	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,550	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,941	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$556	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$790	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	11.45	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	22.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20.34	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	3.18	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	60.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	56.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	63.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	77.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	72.28	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	85.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	76.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	74.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	230	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	241	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	256	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	52	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	5.28	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$22,392,349	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	78,697	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$285	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$14,842,856	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	67,283	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$221	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$16,938,863	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	47,260	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$358	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$104,831,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	12,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$8,208	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	217,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	170,351	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	185,784	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	3.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	22.59	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	39.61	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	1.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	6.68	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	3.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	16.60	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	7.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	2.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.73	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	105,398	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	15,499	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	63,165	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	26,416	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	318	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	107,927	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	17,807	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	58,413	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	30,276	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,431	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	202,008	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	2.06	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	7.47	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	90.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	53.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	44.87	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.84	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,382,308,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$10,966	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$13,985	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$10,644	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,871	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$15,712	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,314	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$11,630	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,564	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,565	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$17,735	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,128	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$17,777	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$120,247,074	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	37,521	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,205	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$2,734,046	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$182,270	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$7,853	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$1,963	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$141,041,581	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	4,455	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$31,659	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,379,362,041	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$68,142	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$20,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$37,171,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	122,176	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$304	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$14,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	293	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$50	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,802,711	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	47,495	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$38	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$46,868,183	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	75,418	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$621	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$6,161,933	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	18,096	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$341	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$677,307	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	670	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$4,145,474	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	80,900	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$51	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$339,557,126	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	149,794	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$190,852,218	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$46,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,149	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$26,503,140	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	52,224	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$507	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$24,677,812	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	5,244	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,706	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$25,375	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	127	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$200	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$19,639,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	6,894	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,849	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$442,881	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,327	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$11,864,735	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,592	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$12,240,830	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	17,023	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$719	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,621,652	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	367	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,143	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$11,009,067	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,930	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,233	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,500,293	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	923	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,709	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$553	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$412	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$686	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$7,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,196	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$6,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,563	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,864	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,838	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$765	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,908	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	17.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	15.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	33.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.79	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20.47	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	68.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	70.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	67.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	68.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	64.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	71.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	274	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	265	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	296	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$501,745	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2687	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$187	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$965,254	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	9499	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$102	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$625,148	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3349	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$187	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$163,476,071	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	25837	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,327	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	1,484,363	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	1,189,218	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	80.12	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	79.92	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	84.02	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	79.22	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	78.78	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	1,165,895	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	119,196	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	22,181	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	68,919	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	26,794	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	1,302	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	287,783	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	151,182	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	100,635	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	30,679	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	5,287	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	769,421	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	216,643	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	8,955	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	4,698	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	437,745	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	10,618	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	90,762	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	90,762	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	307,962	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	90,113	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	9,073	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	138,837	N/A	.	N/A	.	.	10% (+/-)	N/A

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State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	60,667	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	9,272	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$5,967,744,486	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$4,020	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$5,018	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$10,295	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,902	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$15,086	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,307	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,512	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,309	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,950	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$17,397	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,124	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$21,974	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,181	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$930	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$568	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,233	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$934	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,312	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,898	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,876	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,926	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$789	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,683	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,321	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$2,423	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$1,517,325,610	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	182,577	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$8,311	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$2,858,162	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	16	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$178,635	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$23,155,075	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2,023	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$11,446	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$259,796,141	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	7,351	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$35,342	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,806,000,364	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$81,313	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$22,210	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$310,214,730	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	857,472	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$362	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$324,069	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	3,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,788,012	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	120,919	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$40	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$284,315,918	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	635,469	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$447	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$70,370,824	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	170,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$413	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$26,326,158	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	12,403	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,123	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$50,636,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	545,696	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$93	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$740,815,000	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	921,170	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$804	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$294,314,315	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$114,671	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,567	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$76,105,897	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	139,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$544	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$60,095,811	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	11,359	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,291	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$61,685,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	431,184	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$143	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$112,676,922	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	38,657	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,915	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$45,115,439	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	74,834	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$603	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$19,296,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3,662	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,270	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$62,312,138	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	66,617	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$935	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$3,554,398	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	495	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,181	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$102,435,124	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	94,960	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,961,308	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,788	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$1,022	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$732	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,773	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$474	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$868	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$7,480	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,004	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$499	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$856	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,929	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$557	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$794	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	12.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	15.97	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	21.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20.29	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	6.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	43.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	62.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	70.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	72.80	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: IL

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	56.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	63.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	75.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	65.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	80.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	76.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	73.97	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	265	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	264	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	280	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	55	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$22,894,094	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	81,384	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$281	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$15,808,110	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	76,782	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$206	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$17,564,011	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	50,609	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$347	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$268,307,498	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	38,609	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,949	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	125,116	N/A	127,461	N/A	.	N/A	1.87	.	Yes
% Encounter Claims *	N/A	8.03	N/A	8.96	N/A	.	N/A	11.66	.	Yes
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	115,075	N/A	116,039	N/A	.	N/A	0.84	.	Yes
% Crossover	5-20	24.66	No	24.54	No	.	N/A	-0.48	.	Yes
% Adjusted Claims	> 1%	4.79	Yes	1.51	Yes	.	N/A	-68.44	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$4,365	N/A	$5,355	N/A	.	N/A	22.69	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	86,698	N/A	87,561	N/A	.	N/A	1.00	.	Yes
% Claims with> $0 Paid	95-100	96.34	Yes	100.00	Yes	.	N/A	3.79	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,223	Yes	$3,848	Yes	.	N/A	-8.87	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$977	N/A	$927	N/A	.	N/A	-5.15	.	Yes
% Claims with TPL	>0 - 10	3.41	Yes	2.06	Yes	.	N/A	-39.61	.	No
Aver. TPL Paid for claims with TPL	N/A	$3,842	N/A	$1,452	N/A	.	N/A	-62.22	.	No
% Claims with UB-92 Accommodation Codes	95-100	97.27	Yes	99.32	Yes	.	N/A	2.11	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	96.81	Yes	97.51	Yes	.	N/A	0.72	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.86	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.36	Yes	4.20	Yes	.	N/A	-3.69	.	Yes
Average Covered Days (> 0 day	2-<8	4.32	Yes	4.07	Yes	.	N/A	-5.67	.	Yes
% Begin Date = Admit Date	95-100	99.62	Yes	99.59	Yes	.	N/A	-0.03	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.92	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	9.17	Yes	7.51	Yes	.	N/A	-18.19	.	No
% Claims with PDX, where length=4	15-75	26.25	Yes	20.27	Yes	.	N/A	-22.78	.	No
% Claims with PDX, where length=5	25-70	64.58	No	72.23	No	.	N/A	11.84	.	Yes
% Claims with a procedure code	35-70	58.23	Yes	54.03	Yes	.	N/A	-7.22	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.91	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	96.76	N/A	99.93	N/A	.	N/A	3.28	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	96.76	N/A	99.93	N/A	.	N/A	3.28	.	Yes
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	22.56	N/A	22.77	N/A	.	N/A	0.91	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	25.30	N/A	25.53	N/A	.	N/A	0.94	.	Yes
Patient Status										
% Home	75-90	92.47	No	88.73	Yes	.	N/A	-4.05	.	Yes
% Transferred	1-10	3.22	Yes	10.12	No	.	N/A	214.76	.	No
% Still a Patient	>0 - 2	1.79	Yes	0.15	Yes	.	N/A	-91.75	.	No
% Died	>0 - 3	1.07	Yes	1.00	Yes	.	N/A	-6.32	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	28,377	N/A	28,478	N/A	.	N/A	0.36	.	Yes
% Claims with> $0 Paic	N/A	99.79	N/A	100.00	N/A	.	N/A	0.21	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$870	N/A	$883	N/A	.	N/A	1.47	.	Yes
% Claims with TPL	N/A	47.24	N/A	0.00	N/A	.	N/A	-99.99	.	No
Aver. TPL Paid -claims with TPL	N/A	$6,438	N/A	$4,445	N/A	.	N/A	-30.96	.	No
% Claims withUB-92 Accommodation Codes	95-100	99.59	Yes	99.68	Yes	.	N/A	0.08	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.54	Yes	99.40	N/A	.	N/A	-0.15	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	12.36	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.98	Yes	6.17	Yes	.	N/A	-11.58	.	Yes
% Begin Date = Admit Date	95-100	98.71	Yes	98.98	Yes	.	N/A	0.27	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	98.56	Yes	6.56	Yes	.	N/A	-93.35	.	No
% Claims with PDX, where length=	5-30	11.08	Yes	10.03	Yes	.	N/A	-9.45	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	42.77	Yes	39.80	Yes	.	N/A	-6.95	.	Yes
% Claims with PDX, where length=5	25-70	46.15	Yes	50.17	Yes	.	N/A	8.71	.	Yes
% Claims with a procedure code	35-70	23.17	No	43.96	Yes	.	N/A	89.74	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.24	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.51	N/A	99.83	N/A	.	N/A	0.32	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.51	N/A	99.83	N/A	.	N/A	0.32	.	Yes
% Claims with DRG	>=90	.	N/A	0.03	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	638,418	N/A	583,251	N/A	.	N/A	-8.64	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	638,418	N/A	583,251	N/A	.	N/A	-8.64	.	Yes
% Crossover	5-20	5.24	Yes	4.05	No	.	N/A	-22.70	.	No
% Adjusted Claims	> 1%	42.12	Yes	69.51	Yes	.	N/A	65.03	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$1,001	N/A	$1,636	N/A	.	N/A	63.47	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	604,974	N/A	559,633	N/A	.	N/A	-7.49	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$66	Yes	$73	Yes	.	N/A	9.77	.	Yes
ICF/MR (TOS 05)	N/A	$155	N/A	$155	N/A	.	N/A	-0.11	.	Yes
Aged/MH (TOS 02)	N/A	$213	N/A	$205	N/A	.	N/A	-3.65	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$331	N/A	$325	N/A	.	N/A	-1.72	.	Yes
% NF (TOS 07)	75-99	83.85	Yes	83.28	Yes	.	N/A	-0.68	.	Yes
% NF claims with NF Covered Days	N/A	75.87	N/A	81.11	N/A	.	N/A	6.91	.	Yes
Avg days for NF claims with Covered Days	N/A	27	N/A	27	N/A	.	N/A	0.04	.	Yes
% ICF/MR (TOS 05)	>0-20	15.32	Yes	15.95	Yes	.	N/A	4.14	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	78.18	N/A	75.55	N/A	.	N/A	-3.36	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	27	N/A	27	N/A	.	N/A	-3.23	.	Yes
% Aged/MH (TOS 02)	>0-10	0.12	Yes	0.11	Yes	.	N/A	-11.71	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	97.57	N/A	100.00	N/A	.	N/A	2.49	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	29	N/A	30	N/A	.	N/A	2.03	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.70	Yes	0.66	Yes	.	N/A	-6.85	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	99.37	N/A	99.10	N/A	.	N/A	-0.27	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	15	N/A	16	N/A	.	N/A	8.56	.	Yes
% Claims with Leave Days	1-20	6.49	Yes	6.82	Yes	.	N/A	4.97	.	Yes
% Claims with DX	95-100	93.91	No	93.72	No	.	N/A	-0.20	.	Yes
% Claims with DX, where length=3	5-30	27.48	Yes	27.97	Yes	.	N/A	1.77	.	Yes
% Claims with DX, where length=4	15-75	56.12	No	54.90	Yes	.	N/A	-2.18	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	16.40	No	17.13	No	.	N/A	4.48	.	Yes
Patient Status										
% Home	1-5	0.64	No	0.52	No	.	N/A	-18.09	.	No
% Still a Patien	8-98	98.52	No	98.39	No	.	N/A	-0.13	.	Yes
% Died	>0-5	0.56	Yes	0.66	Yes	.	N/A	17.07	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	33,444	N/A	23,618	N/A	.	N/A	-29.38	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$631	N/A	$619	N/A	.	N/A	-1.97	.	Yes
% NF (TOS 07)	75-99	99.54	No	99.48	No	.	N/A	-0.06	.	Yes
% ICF/MR (TOS 05)	>0-20	0.06	Yes	0.00	Yes	.	N/A	-92.92	.	No
% Aged/MH (TOS 02)	>0-10	0.39	Yes	0.51	Yes	.	N/A	30.79	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.01	Yes	0.00	No	.	N/A	-100.00	.	No
% Claims with DX	95-100	99.98	Yes	100.00	Yes	.	N/A	0.02	.	Yes
% Claims with DX, where length=3	5-30	15.13	Yes	15.91	Yes	.	N/A	5.16	.	Yes
% Claims with DX, where length=4	15-75	58.49	No	55.54	Yes	.	N/A	-5.04	.	Yes
% Claims with DX, where length=5	25-70	26.38	Yes	28.55	Yes	.	N/A	8.22	.	Yes
Patient Status										
% Home	1-5	2.37	Yes	2.65	Yes	.	N/A	11.78	.	Yes
% Still a Patien	8-98	74.81	Yes	72.84	Yes	.	N/A	-2.63	.	Yes
% Died	>0-5	1.19	Yes	1.59	Yes	.	N/A	33.78	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	15,914,693	N/A	18,965,076	N/A	.	N/A	19.17	.	No
% Encounter Claims (Claim Type=3) *	N/A	5.49	N/A	4.58	N/A	.	N/A	-16.50	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	22.73	N/A	19.99	N/A	.	N/A	-12.02	.	Yes
Total FFS Claims	N/A	15,040,871	N/A	14,303,834	N/A	.	N/A	-4.90	.	Yes
% Crossover	5-20	16.94	Yes	15.84	Yes	.	N/A	-6.50	.	Yes
% Adjusted Claims	> 1%	0.46	No	4.42	Yes	.	N/A	864.85	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$170	N/A	$86	N/A	.	N/A	-49.67	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	7.22	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	13.74	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$115	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	12,492,535	N/A	12,037,995	N/A	.	N/A	-3.64	.	Yes
% Claims with> $0 Paid	>95%	99.86	Yes	100.00	Yes	.	N/A	0.14	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	30.74	N/A	1.86	N/A	.	N/A	-93.95	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.14	N/A	0.03	N/A	.	N/A	-81.75	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	31.89	N/A	2.27	N/A	.	N/A	-92.88	.	No
% Claims W/ Service Place 11- Office	50-90	27.68	No	36.31	No	.	N/A	31.19	.	No
% Claims W/ Service Place 12 - Home	>0-5	7.81	No	13.70	No	.	N/A	75.41	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.04	Yes	4.59	Yes	.	N/A	13.45	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.41	Yes	0.76	Yes	.	N/A	-45.61	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.90	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	18.11	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	7.86	No	1.08	Yes	.	N/A	-86.20	.	No
% Claims with TPL	>0 - 15	0.90	Yes	1.39	Yes	.	N/A	53.76	.	No
Aver. TPL Paid -claims with TPL	N/A	$27	N/A	$29	N/A	.	N/A	7.43	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	19.21	Yes	20.01	Yes	.	N/A	4.15	.	Yes
% claims MAX TOS 09: Dental	2-20	9.75	Yes	11.53	Yes	.	N/A	18.27	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	19.01	No	7.19	Yes	.	N/A	-62.20	.	No
% claims MAX TOS 11: OPD	3-25	2.69	No	13.87	Yes	.	N/A	415.52	.	No
% claims MAX TOS 12: Clinic	2-25	2.89	Yes	2.74	Yes	.	N/A	-5.15	.	Yes
% claims MAX TOS 13: HH	>0-25	2.41	Yes	4.47	Yes	.	N/A	85.74	.	No
% claims MAX TOS 15: Lab/Xray	4-20	14.56	Yes	8.36	Yes	.	N/A	-42.57	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	7.63	Yes	3.26	Yes	.	N/A	-57.23	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.95	Yes	3.07	Yes	.	N/A	-22.26	.	No
% claims MAX TOS 26: Transportation	>1	7.81	Yes	6.41	Yes	.	N/A	-18.00	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	11.71	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.71	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.25	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	4.55	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$53	N/A	$58	N/A	.	N/A	11.11	.	Yes
08: Physicians	$20-90	$54	Yes	$48	Yes	.	N/A	-10.35	.	Yes
09: Dental	$10-60	$43	Yes	$55	Yes	.	N/A	29.85	.	No
10: Other Practioner	$10-100	$77	Yes	$43	Yes	.	N/A	-44.25	.	No
11: OPD	$20-100	$67	Yes	$48	Yes	.	N/A	-28.72	.	No
12: Clinic	$20-100	$55	Yes	$53	Yes	.	N/A	-3.49	.	Yes
13: HH	N/A	$83	N/A	$87	N/A	.	N/A	5.07	.	Yes
15: Lab/Xray	10-60	$20	Yes	$20	Yes	.	N/A	-1.20	.	Yes
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$83	N/A	$148	N/A	.	N/A	79.07	.	No
51: DME	N/A	$100	Yes	$96	N/A	.	N/A	-4.01	.	Yes
26: Transportation	N/A	$29	N/A	$30	N/A	.	N/A	2.69	.	Yes
30: PCS	N/A	.	N/A	$111	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$42	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$38	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$80	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,067	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$94	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$435	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.41	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.78	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	3.72	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$47	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$200	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	63.33	Yes	88.06	Yes	.	N/A	39.04	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.79	Yes	100.00	Yes	.	N/A	0.21	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	31.98	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	5.92	Yes	6.12	Yes	.	N/A	3.30	.	Yes
% Claims with DX, where length=4	40-70	56.99	No	56.02	Yes	.	N/A	-1.70	.	Yes
% Claims with DX, where length=5	20-55	37.09	Yes	37.86	Yes	.	N/A	2.07	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	34.17	N/A	100.00	N/A	.	N/A	192.65	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	99.92	N/A	99.93	N/A	.	N/A	0.01	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.07	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	49.44	N/A	49.82	N/A	.	N/A	0.78	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	50.56	N/A	50.18	N/A	.	N/A	-0.76	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,548,336	N/A	2,265,839	N/A	.	N/A	-11.09	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.36	N/A	5.23	N/A	.	N/A	-28.89	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	7.93	N/A	12.82	N/A	.	N/A	61.66	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	85.11	N/A	57.14	N/A	.	N/A	-32.86	.	No
% Other Claims with Span Bills/All Other Claims	N/A	4.83	N/A	4.56	N/A	.	N/A	-5.62	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	36.43	N/A	42.45	N/A	.	N/A	16.52	.	No
% claims MAX TOS 10: Other Practioner	N/A	12.23	N/A	13.33	N/A	.	N/A	9.01	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	19.23	N/A	8.17	N/A	.	N/A	-57.53	.	No
% claims MAX TOS 12: Clinic	N/A	4.48	N/A	6.06	N/A	.	N/A	35.44	.	No
% claims MAX TOS 13: HH	N/A	2.41	N/A	0.00	N/A	.	N/A	-99.99	.	No
% claims MAX TOS 15: Lab/Xray	N/A	12.14	N/A	13.77	N/A	.	N/A	13.39	.	Yes
% claims MAX TOS 19: Other Services	N/A	9.54	N/A	10.93	N/A	.	N/A	14.57	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% claims MAX TOS 26: Transportation	N/A	3.31	N/A	3.98	N/A	.	N/A	20.52	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$50	N/A	$29	N/A	.	N/A	-41.16	.	No
% Claims with DX	N/A	99.54	N/A	99.76	N/A	.	N/A	0.22	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.92	Yes	100.00	Yes	.	N/A	0.08	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	51.32	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	12.14	Yes	13.15	Yes	.	N/A	8.31	.	Yes
% Claims with DX, where length=4	40-70	48.52	Yes	45.63	Yes	.	N/A	-5.97	.	Yes
% Claims with DX, where length=5	20-55	39.34	Yes	41.23	Yes	.	N/A	4.80	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	98.68	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	7.77	N/A	100.00	N/A	.	N/A	1187.40	.	No
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.03	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	100.00	N/A	.	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	9,576,517	N/A	10,733,044	N/A	.	N/A	12.08	.	Yes
% Encounter Claims *	N/A	2.81	N/A	4.43	N/A	.	N/A	57.57	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	9,306,992	N/A	10,257,054	N/A	.	N/A	10.21	.	Yes
% Adjusted Claims	> 1%	1.60	Yes	1.24	Yes	.	N/A	-22.40	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$11	N/A	$41	N/A	.	N/A	264.65	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	9,306,992	N/A	10,257,054	N/A	.	N/A	10.21	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$36	Yes	$40	Yes	.	N/A	12.50	.	Yes
% Claims with TPL	>0 - 15	0.52	Yes	0.76	Yes	.	N/A	45.21	.	No
Aver. TPL Paid for claims with TPL	N/A	$37	N/A	$39	N/A	.	N/A	4.17	.	Yes
% Family Planning Claims (program type=2)	N/A	0.47	N/A	0.56	N/A	.	N/A	20.96	.	No
% Drug Claims (TOS 16)	95-99	99.45	No	97.92	Yes	.	N/A	-1.55	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.08	Yes	2.08	Yes	.	N/A	2543.40	.	No
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.69	Yes	99.75	Yes	.	N/A	0.06	.	Yes
% Claims with Medispan	98-100	89.48	No	95.25	No	.	N/A	6.45	.	Yes
% Claims with AHFS	98-100	99.69	Yes	99.75	Yes	.	N/A	0.06	.	Yes
% Claims with Generic (GTC)	98-100	99.69	Yes	99.75	Yes	.	N/A	0.06	.	Yes
% Claims with GC3	98-100	99.69	Yes	99.75	Yes	.	N/A	0.06	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	98.86	N/A	77.43	N/A	.	N/A	-21.68	.	No
% Products (codes 4-6)	N/A	0.13	N/A	22.25	N/A	.	N/A	17310.99	.	No
% HRI (code 7)	N/A	0.71	N/A	0.06	N/A	.	N/A	-91.73	.	No
% Claims with Smart Key	98-100	99.69	Yes	99.75	Yes	.	N/A	0.06	.	Yes
% OTC-Drug Class	N/A	15.57	N/A	15.21	N/A	.	N/A	-2.29	.	Yes
% Prescription-Drug Class	N/A	84.13	N/A	84.54	N/A	.	N/A	0.49	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	51.00	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	30.35	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	632,287	N/A	696,978	N/A	.	N/A	10.23	.	10% (+/-)	No
Total Medicaid Amount Paid	N/A	.	N/A	$2,766,417,686	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	10.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	26.82	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	9.68	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	37.28	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	15.89	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	627,398	N/A	694,508	N/A	.	N/A	10.70	.	10% (+/-)	No
Total PYE (Person Years of Enrollment)	N/A	457,106	N/A	545,094	N/A	.	N/A	19.25	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	99.16	Yes	99.61	Yes	.	N/A	0.45	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	97.85	Yes	97.86	Yes	.	N/A	0.00	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	266	N/A	439	N/A	.	N/A	65.04	.	N/A	No
% with County Code	>=95%	100.00	Yes	99.97	Yes	.	N/A	-0.03	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.99	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	2.12	Yes	2.09	Yes	.	N/A	-1.20	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	69.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	23.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.07	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	5.04	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.90	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	5.44	Yes	5.23	Yes	.	N/A	-3.87	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	61.52	Yes	62.26	Yes	.	N/A	1.21	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	11.50	Yes	10.79	Yes	.	N/A	-6.12	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	56.09	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	110,303	N/A	116,613	N/A	.	N/A	5.72	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	95.67	Yes	95.76	Yes	.	N/A	0.09	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	95.68	Yes	95.78	Yes	.	N/A	0.10	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	42.89	Yes	43.30	Yes	.	N/A	0.96	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,935	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	29.25	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	42.07	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	28.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	2.07	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	35.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.93	Yes	99.92	Yes	.	N/A	-0.01	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.98	Yes	99.98	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	91.01	Yes	85.09	Yes	.	N/A	-6.50	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	71,835	N/A	74,563	N/A	.	N/A	3.80	.	10% (+/-)	Yes
11: Aged, Cash	N/A	17,558	N/A	17,867	N/A	.	N/A	1.76	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	6,355	N/A	8,204	N/A	.	N/A	29.10	.	10% (+/-)	No
41: Other Aged	N/A	47,922	N/A	48,492	N/A	.	N/A	1.19	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	95,640	N/A	102,908	N/A	.	N/A	7.60	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	62,144	N/A	66,155	N/A	.	N/A	6.45	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	6,941	N/A	8,163	N/A	.	N/A	17.61	.	10% (+/-)	No
42: Other Disabled	N/A	26,555	N/A	28,590	N/A	.	N/A	7.66	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	358,232	N/A	404,170	N/A	.	N/A	12.82	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	104,005	N/A	117,287	N/A	.	N/A	12.77	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	191,001	N/A	215,691	N/A	.	N/A	12.93	.	10% (+/-)	No
44: Other Child	N/A	52,806	N/A	60,432	N/A	.	N/A	14.44	.	10% (+/-)	No
48: Foster Care Child	N/A	10,420	N/A	10,760	N/A	.	N/A	3.26	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	101,691	N/A	112,832	N/A	.	N/A	10.96	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	59,990	N/A	66,768	N/A	.	N/A	11.30	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	19,693	N/A	19,580	N/A	.	N/A	-0.57	.	10% (+/-)	Yes
45: Other Adult	N/A	22,008	N/A	26,484	N/A	.	N/A	20.34	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	542,546	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	94.79	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.66	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.34	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	2.20	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	13.12	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	110,944	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	30,663	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	56.82	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	394,626	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	34.38	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	69.42	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.13	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.21	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	101,325	N/A	135,692	N/A	.	N/A	33.92	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.01	N/A	0.01	N/A	.	N/A	-14.66	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	3.96	N/A	3.48	N/A	.	N/A	-12.09	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	78.10	N/A	78.35	N/A	.	N/A	0.31	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	17.92	N/A	18.16	N/A	.	N/A	1.32	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	100,122	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	542,546	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	20.05	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	39.46	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	40.49	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$143,856,149	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$136,708,688	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$7,147,461	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.04	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$40	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$132,190,300	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	135,692	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$11,665,849	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	258,934	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$76,401,406	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$22,941,091	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$3,506,990	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$3,116,152	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$46,837,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$563	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$169	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$26	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$23	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$345	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	415,898	N/A	442,354	N/A	.	N/A	6.36	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	367,875	N/A	344,338	N/A	.	N/A	-6.40	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	280,419	N/A	325,932	N/A	.	N/A	16.23	.	15% (+/-)	No
MAX Aged Total	N/A	3,094	N/A	3,135	N/A	.	N/A	1.33	.	10% (+/-)	Yes
11: Aged, Cash	N/A	1,858	N/A	1,920	N/A	.	N/A	3.34	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	73	N/A	80	N/A	.	N/A	9.59	.	10% (+/-)	Yes
41: Other Aged	N/A	1,163	N/A	1,135	N/A	.	N/A	-2.41	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	50,672	N/A	53,697	N/A	.	N/A	5.97	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	40,529	N/A	42,257	N/A	.	N/A	4.26	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	87	N/A	70	N/A	.	N/A	-19.54	.	10% (+/-)	No
42: Other Disabled	N/A	10,056	N/A	11,370	N/A	.	N/A	13.07	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	279,062	N/A	297,820	N/A	.	N/A	6.72	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	75,111	N/A	79,126	N/A	.	N/A	5.35	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	154,119	N/A	165,591	N/A	.	N/A	7.44	.	10% (+/-)	Yes
44: Other Child	N/A	40,183	N/A	43,195	N/A	.	N/A	7.50	.	10% (+/-)	Yes
48: Foster Care Child	N/A	9,649	N/A	9,908	N/A	.	N/A	2.68	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	83,070	N/A	87,702	N/A	.	N/A	5.58	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	47,367	N/A	50,370	N/A	.	N/A	6.34	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	17,168	N/A	16,859	N/A	.	N/A	-1.80	.	10% (+/-)	Yes
45: Other Adult	N/A	18,535	N/A	20,473	N/A	.	N/A	10.46	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,851	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,063,139,804	N/A	$1,133,021,873	N/A	.	N/A	6.57	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,556	N/A	$2,561	N/A	.	N/A	0.20	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,890	N/A	$3,290	N/A	.	N/A	13.86	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$10,306	N/A	$10,324	N/A	.	N/A	0.18	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$10,514	N/A	$10,537	N/A	.	N/A	0.22	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$417	N/A	$143	N/A	.	N/A	-65.61	.	15% (+/-)	No
41: Other Aged	N/A	$10,594	N/A	$10,682	N/A	.	N/A	0.83	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$11,353	N/A	$11,210	N/A	.	N/A	-1.26	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$11,818	N/A	$12,042	N/A	.	N/A	1.89	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$400	N/A	$273	N/A	.	N/A	-31.79	.	15% (+/-)	No
42: Other Disabled	N/A	$9,577	N/A	$8,188	N/A	.	N/A	-14.50	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,170	N/A	$1,190	N/A	.	N/A	1.75	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$731	N/A	$764	N/A	.	N/A	4.54	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$965	N/A	$1,056	N/A	.	N/A	9.38	.	15% (+/-)	Yes
44: Other Child	N/A	$2,291	N/A	$1,961	N/A	.	N/A	-14.42	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$3,179	N/A	$3,476	N/A	.	N/A	9.35	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,560	N/A	$1,645	N/A	.	N/A	5.49	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,563	N/A	$1,739	N/A	.	N/A	11.22	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$1,207	N/A	$1,205	N/A	.	N/A	-0.18	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,877	N/A	$1,778	N/A	.	N/A	-5.28	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$305,667,391	N/A	$298,543,876	N/A	.	N/A	-2.33	.	15% (+/-)	Yes
IP: Number of Users	N/A	55,633	N/A	59,722	N/A	.	N/A	7.35	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,494	N/A	$4,999	N/A	.	N/A	-9.02	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	5	N/A	.	N/A	-6.28	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$837,618	N/A	$228,369	N/A	.	N/A	-72.74	.	15% (+/-)	No
MH Aged: Number of Users	N/A	17	N/A	7	N/A	.	N/A	-58.82	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$49,272	N/A	$32,624	N/A	.	N/A	-33.79	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$16,213,835	N/A	$15,261,837	N/A	.	N/A	-5.87	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	1,738	N/A	1,509	N/A	.	N/A	-13.18	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$9,329	N/A	$10,114	N/A	.	N/A	8.41	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$113,850,663	N/A	$99,079,291	N/A	.	N/A	-12.97	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,999	N/A	1,801	N/A	.	N/A	-9.90	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$56,954	N/A	$55,013	N/A	.	N/A	-3.41	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$62,690,566	N/A	$62,980,304	N/A	.	N/A	0.46	.	15% (+/-)	Yes
NF Number of Users	N/A	2,985	N/A	2,871	N/A	.	N/A	-3.82	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$21,002	N/A	$21,937	N/A	.	N/A	4.45	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$82,135,676	N/A	$105,703,491	N/A	.	N/A	28.69	.	15% (+/-)	No

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Physician: Number of Users	N/A	226,131	N/A	279,047	N/A	.	N/A	23.40	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$363	N/A	$379	N/A	.	N/A	4.29	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$26,020,190	N/A	$49,503,658	N/A	.	N/A	90.25	.	15% (+/-)	No
Dental: Number of Users	N/A	75,995	N/A	108,665	N/A	.	N/A	42.99	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$342	N/A	$456	N/A	.	N/A	33.05	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$76,958,690	N/A	$29,018,154	N/A	.	N/A	-62.29	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	103,582	N/A	94,545	N/A	.	N/A	-8.72	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$743	N/A	$307	N/A	.	N/A	-58.69	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$42,509,347	N/A	$71,861,054	N/A	.	N/A	69.05	.	15% (+/-)	No
OPD Number of Users	N/A	140,330	N/A	173,865	N/A	.	N/A	23.90	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$303	N/A	$413	N/A	.	N/A	36.44	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$12,174,227	N/A	$15,066,173	N/A	.	N/A	23.75	.	15% (+/-)	No
Clinic: Number of Users	N/A	51,068	N/A	62,390	N/A	.	N/A	22.17	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$238	N/A	$241	N/A	.	N/A	1.30	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$27,308,967	N/A	$28,282,394	N/A	.	N/A	3.56	.	15% (+/-)	Yes
HH: Number of Users	N/A	5,737	N/A	5,689	N/A	.	N/A	-0.84	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$4,760	N/A	$4,971	N/A	.	N/A	4.44	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$23,434,613	N/A	$18,091,723	N/A	.	N/A	-22.80	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	154,418	N/A	160,361	N/A	.	N/A	3.85	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$152	N/A	$113	N/A	.	N/A	-25.66	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$126,660,798	N/A	$163,080,924	N/A	.	N/A	28.75	.	15% (+/-)	No
Drugs: Number of Users	N/A	220,274	N/A	266,681	N/A	.	N/A	21.07	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$575	N/A	$612	N/A	.	N/A	6.35	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$31,236,209	N/A	$31,619,807	N/A	.	N/A	1.23	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$26,233	N/A	$19,897	N/A	.	N/A	-24.15	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,191	N/A	$1,589	N/A	.	N/A	33.46	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,435,198	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	33,943	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$307	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$236,385	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	70	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$501,982	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,593	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$140	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$50,814,514	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	20,999	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,420	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,989,649	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	30,498	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,739,008	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	324	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,367	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$28,853,754	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	75,921	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$380	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$14,974,026	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	917	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$16,329	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$29,062,231	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	14,900	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,950	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,470,211	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	166	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,857	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$735	N/A	$675	N/A	.	N/A	-8.17	.	15% (+/-)	Yes
Aged	N/A	$2,000	N/A	$1,970	N/A	.	N/A	-1.53	.	15% (+/-)	Yes
Disabled	N/A	$2,957	N/A	$2,593	N/A	.	N/A	-12.31	.	15% (+/-)	Yes
Child	N/A	$358	N/A	$338	N/A	.	N/A	-5.81	.	15% (+/-)	Yes
Adult	N/A	$597	N/A	$600	N/A	.	N/A	0.39	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$465	N/A	$401	N/A	.	N/A	-13.77	.	15% (+/-)	Yes
Aged	N/A	$5,265	N/A	$4,898	N/A	.	N/A	-6.98	.	15% (+/-)	Yes
Disabled	N/A	$2,946	N/A	$2,592	N/A	.	N/A	-12.00	.	15% (+/-)	Yes
Child	N/A	$100	N/A	$77	N/A	.	N/A	-23.19	.	15% (+/-)	No
Adult	N/A	$1	N/A	$1	N/A	.	N/A	-11.38	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$305	N/A	$369	N/A	.	N/A	21.05	.	15% (+/-)	No
Aged	N/A	$1,254	N/A	$1,448	N/A	.	N/A	15.49	.	15% (+/-)	No
Disabled	N/A	$1,673	N/A	$1,866	N/A	.	N/A	11.56	.	15% (+/-)	Yes
Child	N/A	$102	N/A	$143	N/A	.	N/A	40.98	.	15% (+/-)	No
Adult	N/A	$116	N/A	$179	N/A	.	N/A	53.57	.	15% (+/-)	No
All Other Services	N/A	$1,048	N/A	$1,116	N/A	.	N/A	6.48	.	15% (+/-)	Yes
Aged	N/A	$1,786	N/A	$2,009	N/A	.	N/A	12.47	.	15% (+/-)	Yes
Disabled	N/A	$3,773	N/A	$4,159	N/A	.	N/A	10.22	.	15% (+/-)	Yes
Child	N/A	$608	N/A	$632	N/A	.	N/A	3.91	.	15% (+/-)	Yes
Adult	N/A	$837	N/A	$866	N/A	.	N/A	3.43	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.38	N/A	13.50	N/A	.	N/A	0.93	.	15% (+/-)	Yes
Aged	N/A	19.23	N/A	18.92	N/A	.	N/A	-1.64	.	15% (+/-)	Yes
Disabled	N/A	23.05	N/A	21.57	N/A	.	N/A	-6.38	.	15% (+/-)	Yes
Child	N/A	9.38	N/A	9.57	N/A	.	N/A	1.99	.	15% (+/-)	Yes
Adult	N/A	20.69	N/A	21.72	N/A	.	N/A	5.02	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.61	N/A	1.39	N/A	.	N/A	-13.74	.	15% (+/-)	Yes
Aged	N/A	23.88	N/A	21.31	N/A	.	N/A	-10.79	.	15% (+/-)	Yes
Disabled	N/A	8.32	N/A	7.41	N/A	.	N/A	-10.94	.	15% (+/-)	Yes
Child	N/A	0.62	N/A	0.50	N/A	.	N/A	-18.72	.	15% (+/-)	No
Adult	N/A	0.05	N/A	0.03	N/A	.	N/A	-47.90	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	7.64	N/A	0.11	N/A	.	N/A	-98.51	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	52.96	N/A	60.29	N/A	.	N/A	13.83	.	15% (+/-)	Yes
Aged	N/A	75.73	N/A	74.70	N/A	.	N/A	-1.35	.	15% (+/-)	Yes
Disabled	N/A	77.86	N/A	76.22	N/A	.	N/A	-2.10	.	15% (+/-)	Yes
Child	N/A	49.44	N/A	58.30	N/A	.	N/A	17.92	.	15% (+/-)	No
Adult	N/A	48.78	N/A	56.78	N/A	.	N/A	16.39	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	87.74	N/A	74.31	N/A	.	N/A	-15.30	.	15% (+/-)	No
Aged	N/A	82.55	N/A	77.61	N/A	.	N/A	-5.98	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	90.08	N/A	84.49	N/A	.	N/A	-6.20	.	15% (+/-)	Yes
Child	N/A	88.02	N/A	73.85	N/A	.	N/A	-16.10	.	15% (+/-)	No
Adult	N/A	85.57	N/A	69.56	N/A	.	N/A	-18.72	.	15% (+/-)	No
Avg # IP Days per User	N/A	6	N/A	5	N/A	.	N/A	-6.28	.	15% (+/-)	Yes
Aged	N/A	12	N/A	11	N/A	.	N/A	-9.92	.	15% (+/-)	Yes
Disabled	N/A	12	N/A	12	N/A	.	N/A	-3.42	.	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	.	N/A	-4.89	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-1.35	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	244	N/A	210	N/A	.	N/A	-14.08	.	15% (+/-)	Yes
Aged	N/A	311	N/A	265	N/A	.	N/A	-14.60	.	15% (+/-)	Yes
Disabled	N/A	297	N/A	255	N/A	.	N/A	-14.11	.	15% (+/-)	Yes
Child	N/A	92	N/A	67	N/A	.	N/A	-26.96	.	15% (+/-)	No
Adult	N/A	15	N/A	35	N/A	.	N/A	134.90	.	15% (+/-)	No
% Enrollees with Delivery	N/A	8.93	N/A	8.83	N/A	.	N/A	-1.11	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$3,993,530	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	24,254	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$165	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,231,757	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	10,488	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,669,631	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	13,671	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$268	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$44,077,168	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,976	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$22,306	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	110,175	N/A	116,462	N/A	.	N/A	5.71	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	103,972	N/A	99,750	N/A	.	N/A	-4.06	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	92,116	N/A	98,093	N/A	.	N/A	6.49	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	2.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	6.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	48.29	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	12.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	1.60	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	24.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.19	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.98	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	68,727	N/A	71,412	N/A	.	N/A	3.91	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	15,686	N/A	15,931	N/A	.	N/A	1.56	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	6,282	N/A	8,124	N/A	.	N/A	29.32	.	10% (+/-)	No
41: Other Aged	N/A	46,759	N/A	47,357	N/A	.	N/A	1.28	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	40,953	N/A	44,484	N/A	.	N/A	8.62	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	17,624	N/A	19,199	N/A	.	N/A	8.94	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	6,846	N/A	8,086	N/A	.	N/A	18.11	.	10% (+/-)	No
42: Other Disabled	N/A	16,483	N/A	17,199	N/A	.	N/A	4.34	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	107,842	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.48	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.36	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	50.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	47.59	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,336,545,442	N/A	$1,398,326,286	N/A	.	N/A	4.62	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$12,131	N/A	$12,007	N/A	.	N/A	-1.03	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$12,855	N/A	$14,018	N/A	.	N/A	9.05	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$12,358	N/A	$12,519	N/A	.	N/A	1.30	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$9,442	N/A	$9,604	N/A	.	N/A	1.72	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$568	N/A	$249	N/A	.	N/A	-56.21	.	15% (+/-)	No
41: Other Aged	N/A	$14,920	N/A	$15,604	N/A	.	N/A	4.59	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$11,850	N/A	$11,296	N/A	.	N/A	-4.67	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$9,629	N/A	$10,107	N/A	.	N/A	4.96	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$680	N/A	$394	N/A	.	N/A	-42.06	.	15% (+/-)	No
42: Other Disabled	N/A	$18,863	N/A	$17,749	N/A	.	N/A	-5.91	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$41,939,833	N/A	$40,054,341	N/A	.	N/A	-4.50	.	15% (+/-)	Yes
IP: Number of Users	N/A	22,958	N/A	23,358	N/A	.	N/A	1.74	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,827	N/A	$1,715	N/A	.	N/A	-6.13	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	9	N/A	8	N/A	.	N/A	-3.07	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,720,645	N/A	$3,529,341	N/A	.	N/A	-5.14	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	179	N/A	167	N/A	.	N/A	-6.70	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$20,786	N/A	$21,134	N/A	.	N/A	1.67	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$261,260	N/A	$131,797	N/A	.	N/A	-49.55	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	12	N/A	6	N/A	.	N/A	-50.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$21,772	N/A	$21,966	N/A	.	N/A	0.89	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$200,711,645	N/A	$184,103,567	N/A	.	N/A	-8.27	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	3,981	N/A	3,779	N/A	.	N/A	-5.07	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$50,417	N/A	$48,718	N/A	.	N/A	-3.37	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$652,708,765	N/A	$697,630,629	N/A	.	N/A	6.88	.	15% (+/-)	Yes
NF Number of Users	N/A	$37,601	N/A	$37,274	N/A	.	N/A	-0.87	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,359	N/A	$18,716	N/A	.	N/A	7.82	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$19,286,420	N/A	$20,723,926	N/A	.	N/A	7.45	.	15% (+/-)	Yes
Physician: Number of Users	N/A	73,449	N/A	76,088	N/A	.	N/A	3.59	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$263	N/A	$272	N/A	.	N/A	3.73	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$5,367,900	N/A	$10,963,268	N/A	.	N/A	104.24	.	15% (+/-)	No
Dental: Number of Users	N/A	21,566	N/A	25,097	N/A	.	N/A	16.37	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$249	N/A	$437	N/A	.	N/A	75.50	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$54,039,190	N/A	$10,453,018	N/A	.	N/A	-80.66	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	55,377	N/A	51,846	N/A	.	N/A	-6.38	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$976	N/A	$202	N/A	.	N/A	-79.34	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$29,129,608	N/A	$32,126,170	N/A	.	N/A	10.29	.	15% (+/-)	Yes
OPD Number of Users	N/A	48,642	N/A	52,041	N/A	.	N/A	6.99	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$599	N/A	$617	N/A	.	N/A	3.08	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$2,867,749	N/A	$3,711,137	N/A	.	N/A	29.41	.	15% (+/-)	No
Clinic: Number of Users	N/A	20,994	N/A	24,616	N/A	.	N/A	17.25	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$137	N/A	$151	N/A	.	N/A	10.37	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$18,557,090	N/A	$18,013,526	N/A	.	N/A	-2.93	.	15% (+/-)	Yes
HH: Number of Users	N/A	2,528	N/A	2,473	N/A	.	N/A	-2.18	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$7,341	N/A	$7,284	N/A	.	N/A	-0.77	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$3,339,218	N/A	$3,175,151	N/A	.	N/A	-4.91	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	55,285	N/A	56,212	N/A	.	N/A	1.68	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$60	N/A	$56	N/A	.	N/A	-6.48	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$198,686,102	N/A	$235,533,028	N/A	.	N/A	18.55	.	15% (+/-)	No
Drugs: Number of Users	N/A	85,525	N/A	88,037	N/A	.	N/A	2.94	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$2,323	N/A	$2,675	N/A	.	N/A	15.16	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$32,001,761	N/A	$33,617,310	N/A	.	N/A	5.05	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$35,253	N/A	$33,114	N/A	.	N/A	-6.07	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$908	N/A	$1,015	N/A	.	N/A	11.83	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$14,175,287	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	35,836	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$396	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$85,452	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	85	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,005	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$125,566	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	278	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$452	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$33,404,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	8,295	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,027	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$316,878	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	9,384	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$34	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$5,035,744	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	908	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,546	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$14,657,492	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	31,745	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$462	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$16,803,890	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	727	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$23,114	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$18,352,493	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,419	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,563,708	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	243	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,435	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$381	N/A	$344	N/A	.	N/A	-9.65	.	15% (+/-)	Yes
Aged	N/A	$279	N/A	$266	N/A	.	N/A	-4.35	.	15% (+/-)	Yes
Disabled	N/A	$543	N/A	$465	N/A	.	N/A	-14.41	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$7,782	N/A	$7,602	N/A	.	N/A	-2.31	.	15% (+/-)	Yes
Aged	N/A	$9,020	N/A	$9,248	N/A	.	N/A	2.52	.	15% (+/-)	Yes
Disabled	N/A	$5,797	N/A	$5,056	N/A	.	N/A	-12.77	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,803	N/A	$2,022	N/A	.	N/A	12.15	.	15% (+/-)	Yes
Aged	N/A	$1,695	N/A	$1,895	N/A	.	N/A	11.82	.	15% (+/-)	Yes
Disabled	N/A	$1,998	N/A	$2,240	N/A	.	N/A	12.10	.	15% (+/-)	Yes
All Other Services	N/A	$2,163	N/A	$2,038	N/A	.	N/A	-5.78	.	15% (+/-)	Yes
Aged	N/A	$1,365	N/A	$1,110	N/A	.	N/A	-18.67	.	15% (+/-)	No
Disabled	N/A	$3,507	N/A	$3,535	N/A	.	N/A	0.81	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	20.84	N/A	20.06	N/A	.	N/A	-3.75	.	15% (+/-)	Yes
Aged	N/A	19.98	N/A	19.23	N/A	.	N/A	-3.73	.	15% (+/-)	Yes
Disabled	N/A	22.28	N/A	21.40	N/A	.	N/A	-3.96	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	37.71	N/A	35.26	N/A	.	N/A	-6.50	.	15% (+/-)	Yes
Aged	N/A	51.12	N/A	48.64	N/A	.	N/A	-4.84	.	15% (+/-)	Yes
Disabled	N/A	15.65	N/A	14.21	N/A	.	N/A	-9.20	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	77.63	N/A	75.59	N/A	.	N/A	-2.62	.	15% (+/-)	Yes
Aged	N/A	81.28	N/A	79.23	N/A	.	N/A	-2.53	.	15% (+/-)	Yes
Disabled	N/A	71.70	N/A	69.88	N/A	.	N/A	-2.54	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	92.18	N/A	80.63	N/A	.	N/A	-12.53	.	15% (+/-)	Yes
Aged	N/A	91.21	N/A	78.89	N/A	.	N/A	-13.51	.	15% (+/-)	Yes
Disabled	N/A	93.86	N/A	83.52	N/A	.	N/A	-11.02	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	9	N/A	8	N/A	.	N/A	-3.07	.	15% (+/-)	Yes
Aged	N/A	8	N/A	8	N/A	.	N/A	0.11	.	15% (+/-)	Yes
Disabled	N/A	9	N/A	9	N/A	.	N/A	-7.48	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	315	N/A	261	N/A	.	N/A	-17.12	.	15% (+/-)	No
Aged	N/A	312	N/A	255	N/A	.	N/A	-18.04	.	15% (+/-)	No
Disabled	N/A	330	N/A	289	N/A	.	N/A	-12.34	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$351,532	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1673	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$173,038	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1738	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$176,868	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1260	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$140	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$45,211,587	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2932	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$15,420	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	526,073	N/A	558,816	N/A	.	N/A	6.22	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	471,847	N/A	444,088	N/A	.	N/A	-5.88	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	79.47	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.97	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	85.71	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	77.22	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	74.63	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	372,535	N/A	424,024	N/A	.	N/A	13.82	.	15% (+/-)	Yes
MAX Aged Total	N/A	71,821	N/A	74,547	N/A	.	N/A	3.80	.	10% (+/-)	Yes
11: Aged, Cash	N/A	17,544	N/A	17,851	N/A	.	N/A	1.75	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	6,355	N/A	8,204	N/A	.	N/A	29.10	.	10% (+/-)	No
41: Other Aged	N/A	47,922	N/A	48,492	N/A	.	N/A	1.19	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	91,625	N/A	98,181	N/A	.	N/A	7.16	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	58,153	N/A	61,456	N/A	.	N/A	5.68	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	6,933	N/A	8,156	N/A	.	N/A	17.64	.	10% (+/-)	No
42: Other Disabled	N/A	26,539	N/A	28,569	N/A	.	N/A	7.65	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	279,094	N/A	297,859	N/A	.	N/A	6.72	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	75,111	N/A	79,128	N/A	.	N/A	5.35	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	154,134	N/A	165,605	N/A	.	N/A	7.44	.	10% (+/-)	Yes
44: Other Child	N/A	40,184	N/A	43,199	N/A	.	N/A	7.50	.	10% (+/-)	Yes
48: Foster Care Child	N/A	9,665	N/A	9,927	N/A	.	N/A	2.71	.	10% (+/-)	Yes
54: 1115 Child	N/A	9,665	N/A	9,927	N/A	.	N/A	2.71	.	10% (+/-)	Yes
MAX Adult Total	N/A	83,533	N/A	88,195	N/A	.	N/A	5.58	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	47,644	N/A	50,657	N/A	.	N/A	6.32	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	17,254	N/A	16,959	N/A	.	N/A	-1.71	.	10% (+/-)	Yes
45: Other Adult	N/A	18,635	N/A	20,579	N/A	.	N/A	10.43	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,399,685,246	N/A	$2,531,348,159	N/A	.	N/A	5.49	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$4,562	N/A	$4,530	N/A	.	N/A	-0.69	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$5,086	N/A	$5,700	N/A	.	N/A	12.08	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$12,270	N/A	$12,427	N/A	.	N/A	1.28	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$9,556	N/A	$9,705	N/A	.	N/A	1.56	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$567	N/A	$248	N/A	.	N/A	-56.26	.	15% (+/-)	No
41: Other Aged	N/A	$14,815	N/A	$15,489	N/A	.	N/A	4.55	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$11,575	N/A	$11,249	N/A	.	N/A	-2.82	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$11,154	N/A	$11,437	N/A	.	N/A	2.53	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$676	N/A	$393	N/A	.	N/A	-41.91	.	15% (+/-)	No
42: Other Disabled	N/A	$15,344	N/A	$13,944	N/A	.	N/A	-9.13	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,171	N/A	$1,191	N/A	.	N/A	1.77	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$731	N/A	$764	N/A	.	N/A	4.54	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$966	N/A	$1,056	N/A	.	N/A	9.38	.	15% (+/-)	Yes
44: Other Child	N/A	$2,294	N/A	$1,965	N/A	.	N/A	-14.34	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$3,193	N/A	$3,488	N/A	.	N/A	9.25	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,570	N/A	$1,651	N/A	.	N/A	5.17	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,577	N/A	$1,746	N/A	.	N/A	10.70	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$1,206	N/A	$1,206	N/A	.	N/A	0.03	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,889	N/A	$1,784	N/A	.	N/A	-5.54	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$347,607,224	N/A	$338,598,217	N/A	.	N/A	-2.59	.	15% (+/-)	Yes
IP: Number of Users	N/A	78,591	N/A	83,080	N/A	.	N/A	5.71	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,423	N/A	$4,076	N/A	.	N/A	-7.85	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	6	N/A	.	N/A	-5.55	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$4,558,263	N/A	$3,757,710	N/A	.	N/A	-17.56	.	15% (+/-)	No
MH Aged: Number of Users	N/A	196	N/A	174	N/A	.	N/A	-11.22	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$23,256	N/A	$21,596	N/A	.	N/A	-7.14	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$16,475,095	N/A	$15,393,634	N/A	.	N/A	-6.56	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	1,750	N/A	1,515	N/A	.	N/A	-13.43	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$9,414	N/A	$10,161	N/A	.	N/A	7.93	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$314,562,308	N/A	$283,182,858	N/A	.	N/A	-9.98	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	5,980	N/A	5,580	N/A	.	N/A	-6.69	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$52,602	N/A	$50,750	N/A	.	N/A	-3.52	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$715,399,331	N/A	$760,610,933	N/A	.	N/A	6.32	.	15% (+/-)	Yes
NF Number of Users	N/A	$40,586	N/A	$40,145	N/A	.	N/A	-1.09	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,627	N/A	$18,947	N/A	.	N/A	7.49	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$101,422,096	N/A	$126,427,417	N/A	.	N/A	24.65	.	15% (+/-)	No
Physician: Number of Users	N/A	299,580	N/A	355,135	N/A	.	N/A	18.54	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$339	N/A	$356	N/A	.	N/A	5.15	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$31,388,090	N/A	$60,466,926	N/A	.	N/A	92.64	.	15% (+/-)	No
Dental: Number of Users	N/A	97,561	N/A	133,762	N/A	.	N/A	37.11	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$322	N/A	$452	N/A	.	N/A	40.51	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$130,997,880	N/A	$39,471,172	N/A	.	N/A	-69.87	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	158,959	N/A	146,391	N/A	.	N/A	-7.91	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$824	N/A	$270	N/A	.	N/A	-67.28	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$71,638,955	N/A	$103,987,224	N/A	.	N/A	45.15	.	15% (+/-)	No
OPD Number of Users	N/A	188,972	N/A	225,906	N/A	.	N/A	19.54	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$379	N/A	$460	N/A	.	N/A	21.42	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$15,041,976	N/A	$18,777,310	N/A	.	N/A	24.83	.	15% (+/-)	No
Clinic: Number of Users	N/A	72,062	N/A	87,006	N/A	.	N/A	20.74	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$209	N/A	$216	N/A	.	N/A	3.39	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$45,866,057	N/A	$46,295,920	N/A	.	N/A	0.94	.	15% (+/-)	Yes
HH: Number of Users	N/A	8,265	N/A	8,162	N/A	.	N/A	-1.25	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$5,549	N/A	$5,672	N/A	.	N/A	2.21	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$26,773,831	N/A	$21,266,874	N/A	.	N/A	-20.57	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	209,703	N/A	216,573	N/A	.	N/A	3.28	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$128	N/A	$98	N/A	.	N/A	-23.09	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$325,346,900	N/A	$398,613,952	N/A	.	N/A	22.52	.	15% (+/-)	No
Drugs: Number of Users	N/A	305,799	N/A	354,718	N/A	.	N/A	16.00	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,064	N/A	$1,124	N/A	.	N/A	5.62	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$63,237,970	N/A	$65,237,117	N/A	.	N/A	3.16	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$61,486	N/A	$53,011	N/A	.	N/A	-13.78	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,028	N/A	$1,231	N/A	.	N/A	19.65	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$24,610,485	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	69,779	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$353	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$321,837	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	155	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,076	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$627,548	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,871	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$84,218,779	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	29,294	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,875	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$6,306,527	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	39,882	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$6,774,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,232	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,499	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$43,511,246	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	107,666	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$404	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$31,777,916	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$19,330	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$47,414,724	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	20,319	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,334	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$3,033,919	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	409	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,418	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$661	N/A	$606	N/A	.	N/A	-8.30	.	15% (+/-)	Yes
Aged	N/A	$353	N/A	$338	N/A	.	N/A	-4.15	.	15% (+/-)	Yes
Disabled	N/A	$1,878	N/A	$1,629	N/A	.	N/A	-13.27	.	15% (+/-)	Yes
Child	N/A	$359	N/A	$338	N/A	.	N/A	-5.73	.	15% (+/-)	Yes
Adult	N/A	$600	N/A	$599	N/A	.	N/A	-0.23	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,998	N/A	$1,902	N/A	.	N/A	-4.79	.	15% (+/-)	Yes
Aged	N/A	$8,858	N/A	$9,065	N/A	.	N/A	2.33	.	15% (+/-)	Yes
Disabled	N/A	$4,220	N/A	$3,709	N/A	.	N/A	-12.12	.	15% (+/-)	Yes
Child	N/A	$100	N/A	$77	N/A	.	N/A	-23.17	.	15% (+/-)	No
Adult	N/A	$1	N/A	$1	N/A	.	N/A	-15.81	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$618	N/A	$713	N/A	.	N/A	15.34	.	15% (+/-)	No
Aged	N/A	$1,676	N/A	$1,876	N/A	.	N/A	11.96	.	15% (+/-)	Yes
Disabled	N/A	$1,818	N/A	$2,035	N/A	.	N/A	11.95	.	15% (+/-)	Yes
Child	N/A	$102	N/A	$144	N/A	.	N/A	40.95	.	15% (+/-)	No
Adult	N/A	$119	N/A	$183	N/A	.	N/A	52.99	.	15% (+/-)	No
All Other Services	N/A	$1,282	N/A	$1,308	N/A	.	N/A	2.07	.	15% (+/-)	Yes
Aged	N/A	$1,383	N/A	$1,148	N/A	.	N/A	-17.00	.	15% (+/-)	No
Disabled	N/A	$3,654	N/A	$3,876	N/A	.	N/A	6.08	.	15% (+/-)	Yes
Child	N/A	$609	N/A	$633	N/A	.	N/A	3.90	.	15% (+/-)	Yes
Adult	N/A	$841	N/A	$868	N/A	.	N/A	3.21	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.94	N/A	14.87	N/A	.	N/A	-0.48	.	15% (+/-)	Yes
Aged	N/A	19.94	N/A	19.22	N/A	.	N/A	-3.64	.	15% (+/-)	Yes
Disabled	N/A	22.70	N/A	21.49	N/A	.	N/A	-5.33	.	15% (+/-)	Yes
Child	N/A	9.38	N/A	9.57	N/A	.	N/A	2.00	.	15% (+/-)	Yes
Adult	N/A	20.68	N/A	21.70	N/A	.	N/A	4.93	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	9.17	N/A	8.45	N/A	.	N/A	-7.89	.	15% (+/-)	Yes
Aged	N/A	49.94	N/A	47.49	N/A	.	N/A	-4.91	.	15% (+/-)	Yes
Disabled	N/A	11.60	N/A	10.49	N/A	.	N/A	-9.53	.	15% (+/-)	Yes
Child	N/A	0.62	N/A	0.50	N/A	.	N/A	-18.71	.	15% (+/-)	No
Adult	N/A	0.05	N/A	0.02	N/A	.	N/A	-49.18	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	58.13	N/A	63.48	N/A	.	N/A	9.20	.	15% (+/-)	Yes
Aged	N/A	81.04	N/A	79.04	N/A	.	N/A	-2.47	.	15% (+/-)	Yes
Disabled	N/A	75.11	N/A	73.35	N/A	.	N/A	-2.34	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: IN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	49.44	N/A	58.30	N/A	.	N/A	17.92	.	15% (+/-)	No
Adult	N/A	48.83	N/A	56.84	N/A	.	N/A	16.40	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	88.67	N/A	75.63	N/A	.	N/A	-14.70	.	15% (+/-)	Yes
Aged	N/A	90.84	N/A	78.83	N/A	.	N/A	-13.22	.	15% (+/-)	Yes
Disabled	N/A	91.77	N/A	84.05	N/A	.	N/A	-8.41	.	15% (+/-)	Yes
Child	N/A	88.02	N/A	73.85	N/A	.	N/A	-16.10	.	15% (+/-)	No
Adult	N/A	85.58	N/A	69.59	N/A	.	N/A	-18.69	.	15% (+/-)	No
Avg # IP Days per User	N/A	6	N/A	6	N/A	.	N/A	-5.55	.	15% (+/-)	Yes
Aged	N/A	8	N/A	8	N/A	.	N/A	-0.53	.	15% (+/-)	Yes
Disabled	N/A	11	N/A	10	N/A	.	N/A	-5.30	.	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	.	N/A	-4.65	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-1.64	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	305	N/A	254	N/A	.	N/A	-16.64	.	15% (+/-)	No
Aged	N/A	312	N/A	256	N/A	.	N/A	-17.97	.	15% (+/-)	No
Disabled	N/A	317	N/A	276	N/A	.	N/A	-12.88	.	15% (+/-)	Yes
Child	N/A	92	N/A	67	N/A	.	N/A	-26.99	.	15% (+/-)	No
Adult	N/A	19	N/A	35	N/A	.	N/A	85.64	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$4,345,062	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	25,927	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$168	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,404,795	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	12,226	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,846,499	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	14,931	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$258	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$89,288,755	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$18,192	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	43,030	N/A	45,924	N/A	.	N/A	6.73	.	Yes
% Encounter Claims *	N/A	3.62	N/A	6.93	N/A	.	N/A	91.37	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	41,472	N/A	42,742	N/A	.	N/A	3.06	.	Yes
% Crossover	5-20	25.73	No	23.42	No	.	N/A	-8.97	.	Yes
% Adjusted Claims	> 1%	22.95	Yes	5.76	Yes	.	N/A	-74.89	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$5,130	N/A	$6,557	N/A	.	N/A	27.80	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	30,802	N/A	32,732	N/A	.	N/A	6.27	.	Yes
% Claims with> $0 Paid	95-100	97.70	Yes	100.00	Yes	.	N/A	2.35	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,129	Yes	$3,648	Yes	.	N/A	-11.65	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$923	N/A	$921	N/A	.	N/A	-0.17	.	Yes
% Claims with TPL	>0 - 10	4.45	Yes	2.47	Yes	.	N/A	-44.43	.	No
Aver. TPL Paid for claims with TPL	N/A	$7,264	N/A	$1,693	N/A	.	N/A	-76.70	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.68	Yes	100.00	Yes	.	N/A	0.32	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.22	Yes	99.64	Yes	.	N/A	0.42	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.72	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.52	Yes	3.95	Yes	.	N/A	-12.60	.	Yes
Average Covered Days (> 0 day	2-<8	4.48	Yes	3.96	Yes	.	N/A	-11.60	.	Yes
% Begin Date = Admit Date	95-100	99.88	Yes	99.95	Yes	.	N/A	0.08	.	Yes
% IP Claims (MAX TOS 01)	95-100	98.30	Yes	100.00	Yes	.	N/A	1.73	.	Yes
% Family Planning Claims (pgm	>0-5	1.70	Yes	1.67	Yes	.	N/A	-1.95	.	Yes
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.52	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.76	Yes	6.84	Yes	.	N/A	1.20	.	Yes
% Claims with PDX, where length=4	15-75	19.93	No	19.41	Yes	.	N/A	-2.65	.	Yes
% Claims with PDX, where length=5	25-70	73.30	No	73.75	No	.	N/A	0.61	.	Yes
% Claims with a procedure code	35-70	60.48	Yes	57.78	Yes	.	N/A	-4.47	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.96	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.98	N/A	100.00	N/A	.	N/A	0.02	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.98	N/A	100.00	N/A	.	N/A	0.02	.	Yes
% Claims with DRG	>=90	.	N/A	99.58	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	24.51	N/A	24.38	N/A	.	N/A	-0.54	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	24.32	N/A	25.58	N/A	.	N/A	5.17	.	Yes
Patient Status										
% Home	75-90	91.02	No	90.06	No	.	N/A	-1.05	.	Yes
% Transferred	1-10	3.73	Yes	8.94	Yes	.	N/A	139.43	.	No
% Still a Patient	>0 - 2	0.20	Yes	0.07	Yes	.	N/A	-64.52	.	No
% Died	>0 - 3	1.04	Yes	0.88	Yes	.	N/A	-15.86	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	10,670	N/A	10,010	N/A	.	N/A	-6.19	.	Yes
% Claims with> $0 Paic	N/A	70.31	N/A	100.00	N/A	.	N/A	42.23	.	No
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,007	N/A	$962	N/A	.	N/A	-4.48	.	Yes
% Claims with TPL	N/A	2.84	N/A	2.25	N/A	.	N/A	-20.85	.	No
Aver. TPL Paid -claims with TPL	N/A	$700	N/A	$1,660	N/A	.	N/A	137.07	.	No
% Claims withUB-92 Accommodation Codes	95-100	92.97	No	99.88	Yes	.	N/A	7.43	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.18	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	93.23	No	99.84	N/A	.	N/A	7.09	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.39	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.54	Yes	6.17	Yes	.	N/A	-5.63	.	Yes
% Begin Date = Admit Date	95-100	99.74	Yes	99.74	Yes	.	N/A	0.00	.	Yes
% Claims with IP TOS	95-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	96.70	Yes	5.98	Yes	.	N/A	-93.82	.	No
% Claims with PDX, where length=3	5-30	10.19	Yes	9.75	Yes	.	N/A	-4.29	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	40.76	Yes	38.88	Yes	.	N/A	-4.61	.	Yes
% Claims with PDX, where length=5	25-70	49.05	Yes	51.37	Yes	.	N/A	4.72	.	Yes
% Claims with a procedure code	35-70	44.53	Yes	44.10	Yes	.	N/A	-0.97	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.19	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.92	N/A	99.98	N/A	.	N/A	0.06	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.07	N/A	99.50	N/A	.	N/A	0.43	.	Yes
% Claims with DRG	>=90	.	N/A	99.23	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	329,489	N/A	380,391	N/A	.	N/A	15.45	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	329,489	N/A	380,391	N/A	.	N/A	15.45	.	No
% Crossover	5-20	0.64	No	0.29	No	.	N/A	-55.44	.	No
% Adjusted Claims	> 1%	7.29	Yes	5.09	Yes	.	N/A	-30.15	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$1,425	N/A	$917	N/A	.	N/A	-35.68	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	327,378	N/A	379,305	N/A	.	N/A	15.86	.	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$60	Yes	$65	Yes	.	N/A	7.72	.	Yes
ICF/MR (TOS 05)	N/A	$190	N/A	$213	N/A	.	N/A	12.05	.	Yes
Aged/MH (TOS 02)	N/A	$53	N/A	$54	N/A	.	N/A	1.94	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$51	N/A	$62	N/A	.	N/A	22.15	.	No
% NF (TOS 07)	75-99	89.14	Yes	90.19	Yes	.	N/A	1.18	.	Yes
% NF claims with NF Covered Days	N/A	98.60	N/A	98.60	N/A	.	N/A	0.01	.	Yes
Avg days for NF claims with Covered Days	N/A	12	N/A	12	N/A	.	N/A	-2.22	.	Yes
% ICF/MR (TOS 05)	>0-20	10.07	Yes	7.77	Yes	.	N/A	-22.88	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	93.94	N/A	93.42	N/A	.	N/A	-0.56	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	11	N/A	11	N/A	.	N/A	-2.69	.	Yes
% Aged/MH (TOS 02)	>0-10	0.78	Yes	2.01	Yes	.	N/A	156.54	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	10	N/A	10	N/A	.	N/A	0.09	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.01	Yes	0.03	Yes	.	N/A	435.12	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	9	N/A	6	N/A	.	N/A	-30.76	.	No
% Claims with Leave Days	1-20	1.86	Yes	1.77	Yes	.	N/A	-4.86	.	Yes
% Claims with DX	95-100	99.36	Yes	99.34	Yes	.	N/A	-0.02	.	Yes
% Claims with DX, where length=3	5-30	17.15	Yes	16.38	Yes	.	N/A	-4.48	.	Yes
% Claims with DX, where length=4	15-75	55.28	No	56.06	Yes	.	N/A	1.41	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	27.57	Yes	27.56	Yes	.	N/A	-0.05	.	Yes
Patient Status										
% Home	1-5	0.05	No	0.05	No	.	N/A	-3.45	.	Yes
% Still a Patien	8-98	99.56	No	99.64	No	.	N/A	0.08	.	Yes
% Died	>0-5	0.21	Yes	0.19	Yes	.	N/A	-9.41	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,111	N/A	1,086	N/A	.	N/A	-48.56	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$40,902	N/A	$6,592	N/A	.	N/A	-83.88	.	No
% NF (TOS 07)	75-99	54.05	No	2.49	No	.	N/A	-95.40	.	No
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	7.82	Yes	11.51	No	.	N/A	47.26	.	No
% IP Psych. < 21 (TOS 04)	>0-5	38.13	No	86.00	No	.	N/A	125.53	.	No
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	12.93	Yes	9.02	Yes	.	N/A	-30.22	.	No
% Claims with DX, where length=4	15-75	38.89	Yes	20.35	Yes	.	N/A	-47.68	.	No
% Claims with DX, where length=5	25-70	48.18	Yes	70.63	No	.	N/A	46.60	.	No
Patient Status										
% Home	1-5	17.53	No	20.17	No	.	N/A	15.05	.	No
% Still a Patien	8-98	68.02	Yes	78.36	Yes	.	N/A	15.19	.	No
% Died	>0-5	1.28	Yes	0.09	Yes	.	N/A	-92.80	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	5,456,868	N/A	5,875,268	N/A	.	N/A	7.67	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	2.60	N/A	3.14	N/A	.	N/A	21.01	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	15.71	N/A	17.68	N/A	.	N/A	12.55	.	Yes
Total FFS Claims	N/A	5,315,157	N/A	4,651,950	N/A	.	N/A	-12.48	.	Yes
% Crossover	5-20	8.16	Yes	9.82	Yes	.	N/A	20.37	.	No
% Adjusted Claims	> 1%	15.21	Yes	5.26	Yes	.	N/A	-65.41	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$164	N/A	$129	N/A	.	N/A	-21.66	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	4.04	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	14.22	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$100	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$2	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	4,881,657	N/A	4,195,241	N/A	.	N/A	-14.06	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	35.24	N/A	19.47	N/A	.	N/A	-44.76	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.14	N/A	1.09	N/A	.	N/A	-4.27	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS	N/A	16.90	N/A	20.51	N/A	.	N/A	21.38	.	No
% Other Claims with Span Bills/All Other Claims	N/A	36.50	N/A	21.92	N/A	.	N/A	-39.94	.	No
% Claims W/ Service Place 11- Office	50-90	25.13	No	31.38	No	.	N/A	24.86	.	No
% Claims W/ Service Place 12 - Home	>0-5	14.33	No	18.70	No	.	N/A	30.48	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.74	Yes	4.54	Yes	.	N/A	21.25	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.37	Yes	0.37	Yes	.	N/A	-0.78	.	Yes
% Claims W/ Service Place 23 - ER	1-10	.	N/A	5.46	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	11.28	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	3.88	Yes	10.54	No	.	N/A	171.78	.	No
% Claims with TPL	>0 - 15	0.35	Yes	0.50	Yes	.	N/A	41.63	.	No
Aver. TPL Paid -claims with TPL	N/A	$59	N/A	$45	N/A	.	N/A	-23.36	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	15.83	Yes	21.77	Yes	.	N/A	37.49	.	No
% claims MAX TOS 09: Dental	2-20	6.02	Yes	6.75	Yes	.	N/A	12.29	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.79	Yes	1.44	Yes	.	N/A	-61.99	.	No
% claims MAX TOS 11: OPD	3-25	2.98	No	11.63	Yes	.	N/A	290.09	.	No
% claims MAX TOS 12: Clinic	2-25	13.35	Yes	13.35	Yes	.	N/A	0.00	.	Yes
% claims MAX TOS 13: HH	>0-25	2.41	Yes	2.27	Yes	.	N/A	-5.84	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	16.68	Yes	5.23	Yes	.	N/A	-68.62	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	15.96	Yes	3.17	Yes	.	N/A	-80.14	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.30	Yes	3.20	Yes	.	N/A	-3.09	.	Yes
% claims MAX TOS 26: Transportation	>1	2.17	Yes	2.51	Yes	.	N/A	15.59	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.22	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	8.53	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	5.18	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.13	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	3.64	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	7.91	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.97	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	4.37	No	0.83	Yes	.	N/A	-81.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$88	N/A	$111	N/A	.	N/A	25.93	.	No
08: Physicians	$20-90	$56	Yes	$52	Yes	.	N/A	-8.19	.	Yes
09: Dental	$10-60	$38	Yes	$36	Yes	.	N/A	-6.09	.	Yes
10: Other Practioner	$10-100	$41	Yes	$41	Yes	.	N/A	-0.88	.	Yes
11: OPD	$20-100	$59	Yes	$28	Yes	.	N/A	-51.83	.	No
12: Clinic	$20-100	$44	Yes	$38	Yes	.	N/A	-12.69	.	Yes
13: HH	N/A	$138	N/A	$168	N/A	.	N/A	21.83	.	No
15: Lab/Xray	10-60	$17	Yes	$16	Yes	.	N/A	-5.07	.	Yes
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$377	N/A	$142	N/A	.	N/A	-62.45	.	No
51: DME	N/A	$80	Yes	$64	N/A	.	N/A	-19.56	.	No
26: Transportation	N/A	$49	N/A	$55	N/A	.	N/A	11.86	.	Yes
30: PCS	N/A	.	N/A	$298	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$21	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,305	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$753	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$508	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.48	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	2.21	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.43	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	14.51	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$54	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$70	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$420	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	73.61	Yes	92.42	Yes	.	N/A	25.54	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	8.79	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	23.19	Yes	24.55	Yes	.	N/A	5.86	.	Yes
% Claims with DX, where length=4	40-70	42.34	Yes	40.49	Yes	.	N/A	-4.38	.	Yes
% Claims with DX, where length=5	20-55	34.47	Yes	34.96	Yes	.	N/A	1.44	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.04	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	53.32	N/A	52.52	N/A	.	N/A	-1.49	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	46.63	N/A	47.48	N/A	.	N/A	1.80	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.05	N/A	0.00	N/A	.	N/A	-100.00	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	433,500	N/A	456,709	N/A	.	N/A	5.35	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	3.27	N/A	3.11	N/A	.	N/A	-4.91	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.37	N/A	0.33	N/A	.	N/A	-11.96	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	19.58	N/A	21.86	N/A	.	N/A	11.66	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.52	N/A	3.34	N/A	.	N/A	-5.22	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	52.92	N/A	52.32	N/A	.	N/A	-1.14	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.68	N/A	3.89	N/A	.	N/A	5.64	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	11.06	N/A	11.46	N/A	.	N/A	3.59	.	Yes
% claims MAX TOS 12: Clinic	N/A	8.60	N/A	11.37	N/A	.	N/A	32.18	.	No
% claims MAX TOS 13: HH	N/A	0.58	N/A	0.61	N/A	.	N/A	4.96	.	Yes
% claims MAX TOS 15: Lab/Xray	N/A	9.71	N/A	10.29	N/A	.	N/A	5.93	.	Yes
% claims MAX TOS 19: Other Services	N/A	7.34	N/A	8.06	N/A	.	N/A	9.84	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	2.19	N/A	1.70	N/A	.	N/A	-22.25	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$21,335	N/A	$28	N/A	.	N/A	-99.87	.	No
% Claims with DX	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	8.30	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	10.37	Yes	10.46	Yes	.	N/A	0.90	.	Yes
% Claims with DX, where length=4	40-70	45.80	Yes	45.90	Yes	.	N/A	0.22	.	Yes
% Claims with DX, where length=5	20-55	43.83	Yes	43.64	Yes	.	N/A	-0.44	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.06	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	100.00	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	3,175,020	N/A	3,482,055	N/A	.	N/A	9.67	.	Yes
% Encounter Claims *	N/A	0.56	N/A	1.20	N/A	.	N/A	114.87	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	3,157,354	N/A	3,440,426	N/A	.	N/A	8.97	.	Yes
% Adjusted Claims	> 1%	1.10	Yes	1.30	Yes	.	N/A	18.42	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$60	N/A	$53	N/A	.	N/A	-11.88	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	3,157,354	N/A	3,440,426	N/A	.	N/A	8.97	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$39	Yes	$43	Yes	.	N/A	10.87	.	Yes
% Claims with TPL	>0 - 15	2.12	Yes	2.96	Yes	.	N/A	39.37	.	No
Aver. TPL Paid for claims with TPL	N/A	$38	N/A	$39	N/A	.	N/A	4.01	.	Yes
% Family Planning Claims (program type=2)	N/A	0.66	N/A	0.67	N/A	.	N/A	2.26	.	Yes
% Drug Claims (TOS 16)	95-99	99.34	No	100.00	No	.	N/A	0.66	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.82	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.89	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.88	Yes	99.82	Yes	.	N/A	-0.05	.	Yes
% Claims with Medispan	98-100	88.34	No	94.80	No	.	N/A	7.32	.	Yes
% Claims with AHFS	98-100	99.88	Yes	99.82	Yes	.	N/A	-0.05	.	Yes
% Claims with Generic (GTC)	98-100	99.88	Yes	99.82	Yes	.	N/A	-0.05	.	Yes
% Claims with GC3	98-100	99.88	Yes	99.82	Yes	.	N/A	-0.05	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.08	N/A	79.52	N/A	.	N/A	-19.75	.	No
% Products (codes 4-6)	N/A	0.08	N/A	20.27	N/A	.	N/A	24757.82	.	No
% HRI (code 7)	N/A	0.63	N/A	0.01	N/A	.	N/A	-98.33	.	No
% Claims with Smart Key	98-100	99.88	Yes	99.82	Yes	.	N/A	-0.05	.	Yes
% OTC-Drug Class	N/A	9.26	N/A	8.83	N/A	.	N/A	-4.67	.	Yes
% Prescription-Drug Class	N/A	90.53	N/A	91.00	N/A	.	N/A	0.51	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	43.19	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	35.10	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	253,169	N/A	260,006	N/A	.	N/A	2.70	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,124,153,936	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	9.13	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	31.23	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	6.32	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	42.21	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.27	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.29	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	10.55	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	249,715	N/A	256,690	N/A	.	N/A	2.79	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	175,364	N/A	188,181	N/A	.	N/A	7.31	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.50	No	98.60	No	.	N/A	0.10	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	98.18	Yes	97.49	Yes	.	N/A	-0.71	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	48	N/A	38	N/A	.	N/A	-20.83	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	2.03	Yes	2.20	Yes	.	N/A	8.37	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	67.93	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	18.10	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	1.36	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	9.65	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.86	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	5.14	Yes	5.38	Yes	.	N/A	4.61	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	58.63	Yes	60.11	Yes	.	N/A	2.52	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	12.93	Yes	12.69	Yes	.	N/A	-1.85	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	48.77	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	50,639	N/A	51,714	N/A	.	N/A	2.12	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	97.04	Yes	97.12	Yes	.	N/A	0.07	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	97.56	Yes	97.75	Yes	.	N/A	0.19	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	43.84	Yes	44.62	Yes	.	N/A	1.77	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,508	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	56.83	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	25.60	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	17.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.07	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	17.77	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.70	Yes	99.93	Yes	.	N/A	0.24	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.97	Yes	99.95	Yes	.	N/A	-0.02	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	88.10	Yes	80.35	Yes	.	N/A	-8.79	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	30,103	N/A	30,137	N/A	.	N/A	0.11	.	10% (+/-)	Yes
11: Aged, Cash	N/A	5,306	N/A	5,083	N/A	.	N/A	-4.20	.	10% (+/-)	Yes
21: Aged, MN	N/A	21,681	N/A	21,514	N/A	.	N/A	-0.77	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	3,005	N/A	3,356	N/A	.	N/A	11.68	.	10% (+/-)	No
41: Other Aged	N/A	111	N/A	184	N/A	.	N/A	65.77	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	48,140	N/A	49,493	N/A	.	N/A	2.81	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	34,388	N/A	34,741	N/A	.	N/A	1.03	.	10% (+/-)	Yes
22: Disabled, MN	N/A	9,790	N/A	10,102	N/A	.	N/A	3.19	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	2,758	N/A	3,324	N/A	.	N/A	20.52	.	10% (+/-)	No
42: Other Disabled	N/A	1,204	N/A	1,326	N/A	.	N/A	10.13	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	130,673	N/A	139,324	N/A	.	N/A	6.62	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	26,925	N/A	25,490	N/A	.	N/A	-5.33	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	2,932	N/A	2,316	N/A	.	N/A	-21.01	.	10% (+/-)	No
34: Child Poverty	N/A	77,859	N/A	90,988	N/A	.	N/A	16.86	.	10% (+/-)	No
44: Other Child	N/A	17,937	N/A	15,194	N/A	.	N/A	-15.29	.	10% (+/-)	No
48: Foster Care Child	N/A	5,020	N/A	5,336	N/A	.	N/A	6.29	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	40,796	N/A	37,736	N/A	.	N/A	-7.50	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	17,578	N/A	16,363	N/A	.	N/A	-6.91	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	306	N/A	477	N/A	.	N/A	55.88	.	10% (+/-)	No
35: Adult, Poverty	N/A	12,113	N/A	12,166	N/A	.	N/A	0.44	.	10% (+/-)	Yes
45: Other Adult	N/A	10,799	N/A	8,730	N/A	.	N/A	-19.16	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	187,447	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	97.13	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.05	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.82	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.94	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	31,844	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	77.25	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	198,298	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	28.09	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	77.12	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	17.90	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	47.87	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	40,338	N/A	55,706	N/A	.	N/A	38.10	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	10.48	N/A	11.33	N/A	.	N/A	8.15	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees -Disabled	N/A	6.44	N/A	7.41	N/A	.	N/A	14.96	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	66.19	N/A	64.17	N/A	.	N/A	-3.06	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	16.89	N/A	17.09	N/A	.	N/A	1.22	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	28,208	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	187,447	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	15.28	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	49.50	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	35.23	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$24,437,684	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$22,850,218	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,587,466	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.71	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.67	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.73	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$17	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$67	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$22,892,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	55,706	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$1,544,851	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	142,592	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$174,490,108	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$14,109,059	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$73,939,457	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$20,694,905	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$65,746,687	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$3,132	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$253	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,327	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$372	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$1,180	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	164,886	N/A	158,526	N/A	.	N/A	-3.86	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	147,395	N/A	130,329	N/A	.	N/A	-11.58	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	105,546	N/A	109,609	N/A	.	N/A	3.85	.	15% (+/-)	Yes
MAX Aged Total	N/A	658	N/A	581	N/A	.	N/A	-11.70	.	10% (+/-)	No
11: Aged, Cash	N/A	226	N/A	211	N/A	.	N/A	-6.64	.	10% (+/-)	Yes
21: Aged, MN	N/A	400	N/A	320	N/A	.	N/A	-20.00	.	10% (+/-)	No
31: Aged, Poverty	N/A	32	N/A	25	N/A	.	N/A	-21.88	.	10% (+/-)	No
41: Other Aged	N/A	0	N/A	25	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	26,406	N/A	26,295	N/A	.	N/A	-0.42	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	24,020	N/A	23,790	N/A	.	N/A	-0.96	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,037	N/A	2,135	N/A	.	N/A	4.81	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	22	N/A	18	N/A	.	N/A	-18.18	.	10% (+/-)	No
42: Other Disabled	N/A	327	N/A	352	N/A	.	N/A	7.65	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	103,947	N/A	103,540	N/A	.	N/A	-0.39	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	19,921	N/A	18,632	N/A	.	N/A	-6.47	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	2,680	N/A	1,902	N/A	.	N/A	-29.03	.	10% (+/-)	No
34: Child Poverty	N/A	61,499	N/A	66,202	N/A	.	N/A	7.65	.	10% (+/-)	Yes
44: Other Child	N/A	15,024	N/A	11,908	N/A	.	N/A	-20.74	.	10% (+/-)	No
48: Foster Care Child	N/A	4,823	N/A	4,896	N/A	.	N/A	1.51	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	33,874	N/A	28,110	N/A	.	N/A	-17.02	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	14,438	N/A	12,330	N/A	.	N/A	-14.60	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	290	N/A	419	N/A	.	N/A	44.48	.	10% (+/-)	No
35: Adult, Poverty	N/A	10,219	N/A	9,028	N/A	.	N/A	-11.65	.	10% (+/-)	No
45: Other Adult	N/A	8,927	N/A	6,333	N/A	.	N/A	-29.06	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,342	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$440,429,794	N/A	$414,843,813	N/A	.	N/A	-5.81	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,671	N/A	$2,617	N/A	.	N/A	-2.03	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,988	N/A	$3,183	N/A	.	N/A	6.52	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$43,776	N/A	$8,073	N/A	.	N/A	-81.56	.	15% (+/-)	No
11: Aged, Cash	N/A	$18,275	N/A	$6,206	N/A	.	N/A	-66.04	.	15% (+/-)	No
21: Aged, MN	N/A	$59,175	N/A	$10,377	N/A	.	N/A	-82.46	.	15% (+/-)	No
31: Aged, Poverty	N/A	$31,393	N/A	$201	N/A	.	N/A	-99.36	.	15% (+/-)	No
41: Other Aged	N/A	.	N/A	$2,206	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$9,775	N/A	$9,466	N/A	.	N/A	-3.15	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$9,269	N/A	$9,198	N/A	.	N/A	-0.76	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$14,469	N/A	$11,836	N/A	.	N/A	-18.20	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$43,400	N/A	$727	N/A	.	N/A	-98.32	.	15% (+/-)	No
42: Other Disabled	N/A	$15,416	N/A	$13,649	N/A	.	N/A	-11.46	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,027	N/A	$1,129	N/A	.	N/A	9.95	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$755	N/A	$900	N/A	.	N/A	19.21	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$5,696	N/A	$8,338	N/A	.	N/A	46.39	.	15% (+/-)	No
34: Child, Poverty	N/A	$751	N/A	$723	N/A	.	N/A	-3.79	.	15% (+/-)	Yes
44: Other Child	N/A	$1,439	N/A	$2,158	N/A	.	N/A	50.04	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,790	N/A	$2,192	N/A	.	N/A	22.44	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,381	N/A	$1,577	N/A	.	N/A	14.22	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,308	N/A	$1,498	N/A	.	N/A	14.50	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$880	N/A	$462	N/A	.	N/A	-47.52	.	15% (+/-)	No
35: Adult, Poverty	N/A	$1,927	N/A	$1,947	N/A	.	N/A	1.02	.	15% (+/-)	Yes
45: Other Adult	N/A	$889	N/A	$1,279	N/A	.	N/A	43.80	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$101,344,815	N/A	$101,533,086	N/A	.	N/A	0.19	.	15% (+/-)	Yes
IP: Number of Users	N/A	19,506	N/A	22,343	N/A	.	N/A	14.54	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,196	N/A	$4,544	N/A	.	N/A	-12.54	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	6	N/A	5	N/A	.	N/A	-15.97	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$156,786	N/A	$232,694	N/A	.	N/A	48.42	.	15% (+/-)	No
MH Aged: Number of Users	N/A	11	N/A	10	N/A	.	N/A	-9.09	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$14,253	N/A	$23,269	N/A	.	N/A	63.26	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$4,768,034	N/A	$5,230,767	N/A	.	N/A	9.70	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	228	N/A	232	N/A	.	N/A	1.75	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$20,912	N/A	$22,546	N/A	.	N/A	7.81	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$23,275,102	N/A	$20,474,583	N/A	.	N/A	-12.03	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	387	N/A	266	N/A	.	N/A	-31.27	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$60,142	N/A	$76,972	N/A	.	N/A	27.98	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$12,033,568	N/A	$12,298,392	N/A	.	N/A	2.20	.	15% (+/-)	Yes
NF Number of Users	N/A	852	N/A	763	N/A	.	N/A	-10.45	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$14,124	N/A	$16,118	N/A	.	N/A	14.12	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$60,289,453	N/A	$40,592,458	N/A	.	N/A	-32.67	.	15% (+/-)	No

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Physician: Number of Users	N/A	89,142	N/A	98,849	N/A	.	N/A	10.89	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$676	N/A	$411	N/A	.	N/A	-39.28	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$6,904,223	N/A	$7,633,866	N/A	.	N/A	10.57	.	15% (+/-)	Yes
Dental: Number of Users	N/A	26,768	N/A	28,985	N/A	.	N/A	8.28	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$258	N/A	$263	N/A	.	N/A	2.11	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$5,623,080	N/A	$2,079,499	N/A	.	N/A	-63.02	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	31,620	N/A	20,917	N/A	.	N/A	-33.85	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$178	N/A	$99	N/A	.	N/A	-44.10	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$10,719,909	N/A	$11,700,923	N/A	.	N/A	9.15	.	15% (+/-)	Yes
OPD Number of Users	N/A	37,344	N/A	58,466	N/A	.	N/A	56.56	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$287	N/A	$200	N/A	.	N/A	-30.28	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$18,966,191	N/A	$15,029,047	N/A	.	N/A	-20.76	.	15% (+/-)	No
Clinic: Number of Users	N/A	47,566	N/A	50,794	N/A	.	N/A	6.79	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$399	N/A	$296	N/A	.	N/A	-25.79	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$5,105,749	N/A	$5,320,723	N/A	.	N/A	4.21	.	15% (+/-)	Yes
HH: Number of Users	N/A	2,853	N/A	2,557	N/A	.	N/A	-10.38	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,790	N/A	$2,081	N/A	.	N/A	16.27	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$10,262,220	N/A	$2,962,336	N/A	.	N/A	-71.13	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	75,101	N/A	43,828	N/A	.	N/A	-41.64	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$137	N/A	$68	N/A	.	N/A	-50.54	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$43,899,268	N/A	$52,777,048	N/A	.	N/A	20.22	.	15% (+/-)	No
Drugs: Number of Users	N/A	95,828	N/A	97,020	N/A	.	N/A	1.24	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$458	N/A	$544	N/A	.	N/A	18.75	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$92,715,291	N/A	$15,322,001	N/A	.	N/A	-83.47	.	15% (+/-)	No
Other Services: Number of Users	N/A	$18,846	N/A	$12,612	N/A	.	N/A	-33.08	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$4,920	N/A	$1,215	N/A	.	N/A	-75.31	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,981,716	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	7,938	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$29,859,188	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	4,820	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,195	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,289,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,683	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,165	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$107,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$91,133	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	664	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$994,721	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	174	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,717	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,780,646	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	25,644	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$264	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$42,666,340	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	1,984	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$21,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$21,556,774	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,882	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$11,197,119	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,524	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$615	N/A	$640	N/A	.	N/A	4.21	.	15% (+/-)	Yes
Aged	N/A	$793	N/A	$1,112	N/A	.	N/A	40.22	.	15% (+/-)	No
Disabled	N/A	$2,141	N/A	$1,976	N/A	.	N/A	-7.69	.	15% (+/-)	Yes
Child	N/A	$257	N/A	$279	N/A	.	N/A	8.44	.	15% (+/-)	Yes
Adult	N/A	$519	N/A	$714	N/A	.	N/A	37.56	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$244	N/A	$241	N/A	.	N/A	-1.15	.	15% (+/-)	Yes
Aged	N/A	$4,141	N/A	$4,129	N/A	.	N/A	-0.27	.	15% (+/-)	Yes
Disabled	N/A	$1,264	N/A	$1,180	N/A	.	N/A	-6.63	.	15% (+/-)	Yes
Child	N/A	$40	N/A	$46	N/A	.	N/A	16.20	.	15% (+/-)	No
Adult	N/A	$0	N/A	$1	N/A	.	N/A	640.20	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$266	N/A	$333	N/A	.	N/A	25.05	.	15% (+/-)	No
Aged	N/A	$767	N/A	$894	N/A	.	N/A	16.58	.	15% (+/-)	No
Disabled	N/A	$1,117	N/A	$1,337	N/A	.	N/A	19.68	.	15% (+/-)	No
Child	N/A	$97	N/A	$124	N/A	.	N/A	28.80	.	15% (+/-)	No
Adult	N/A	$114	N/A	$150	N/A	.	N/A	31.91	.	15% (+/-)	No
All Other Services	N/A	$1,534	N/A	$1,402	N/A	.	N/A	-8.58	.	15% (+/-)	Yes
Aged	N/A	$38,074	N/A	$1,937	N/A	.	N/A	-94.91	.	15% (+/-)	No
Disabled	N/A	$5,245	N/A	$4,973	N/A	.	N/A	-5.19	.	15% (+/-)	Yes
Child	N/A	$632	N/A	$680	N/A	.	N/A	7.58	.	15% (+/-)	Yes
Adult	N/A	$699	N/A	$713	N/A	.	N/A	1.88	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.83	N/A	14.09	N/A	.	N/A	19.14	.	15% (+/-)	No
Aged	N/A	10.64	N/A	16.52	N/A	.	N/A	55.32	.	15% (+/-)	No
Disabled	N/A	16.45	N/A	17.42	N/A	.	N/A	5.85	.	15% (+/-)	Yes
Child	N/A	8.36	N/A	9.91	N/A	.	N/A	18.63	.	15% (+/-)	No
Adult	N/A	18.91	N/A	26.34	N/A	.	N/A	39.28	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.89	N/A	0.80	N/A	.	N/A	-9.93	.	15% (+/-)	Yes
Aged	N/A	27.20	N/A	26.51	N/A	.	N/A	-2.56	.	15% (+/-)	Yes
Disabled	N/A	4.14	N/A	3.48	N/A	.	N/A	-15.86	.	15% (+/-)	No
Child	N/A	0.18	N/A	0.18	N/A	.	N/A	0.92	.	15% (+/-)	Yes
Adult	N/A	0.01	N/A	0.02	N/A	.	N/A	321.77	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	12.66	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	58.12	N/A	61.20	N/A	.	N/A	5.31	.	15% (+/-)	Yes
Aged	N/A	71.12	N/A	71.08	N/A	.	N/A	-0.06	.	15% (+/-)	Yes
Disabled	N/A	78.60	N/A	79.10	N/A	.	N/A	0.64	.	15% (+/-)	Yes
Child	N/A	53.58	N/A	57.18	N/A	.	N/A	6.72	.	15% (+/-)	Yes
Adult	N/A	55.82	N/A	59.05	N/A	.	N/A	5.79	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	88.20	N/A	79.35	N/A	.	N/A	-10.04	.	15% (+/-)	Yes
Aged	N/A	69.91	N/A	69.71	N/A	.	N/A	-0.29	.	15% (+/-)	Yes

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Disabled	N/A	95.15	N/A	88.58	N/A	.	N/A	-6.90	.	15% (+/-)	Yes
Child	N/A	88.13	N/A	78.74	N/A	.	N/A	-10.66	.	15% (+/-)	Yes
Adult	N/A	83.38	N/A	73.17	N/A	.	N/A	-12.25	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	5	N/A	.	N/A	-15.97	.	15% (+/-)	No
Aged	N/A	12	N/A	10	N/A	.	N/A	-17.30	.	15% (+/-)	No
Disabled	N/A	13	N/A	11	N/A	.	N/A	-14.21	.	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	.	N/A	-12.73	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-14.05	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	253	N/A	204	N/A	.	N/A	-19.15	.	15% (+/-)	No
Aged	N/A	307	N/A	224	N/A	.	N/A	-27.03	.	15% (+/-)	No
Disabled	N/A	282	N/A	240	N/A	.	N/A	-14.70	.	15% (+/-)	Yes
Child	N/A	37	N/A	23	N/A	.	N/A	-38.71	.	15% (+/-)	No
Adult	N/A	0	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	7.66	N/A	9.05	N/A	.	N/A	18.13	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$2,804,191	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	10,294	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$272	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$4,399,420	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	21,717	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$203	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,081,357	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,003	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$180	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$16,168	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$415	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$76,975,633	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$16,326	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	44,491	N/A	42,458	N/A	.	N/A	-4.57	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	38,919	N/A	37,198	N/A	.	N/A	-4.42	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	36,742	N/A	36,091	N/A	.	N/A	-1.77	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	8.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	7.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	52.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	3.25	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	26.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.34	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.26	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	25,218	N/A	23,243	N/A	.	N/A	-7.83	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	4,534	N/A	4,106	N/A	.	N/A	-9.44	.	10% (+/-)	Yes
21: Aged, MN	N/A	18,104	N/A	16,399	N/A	.	N/A	-9.42	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	2,483	N/A	2,608	N/A	.	N/A	5.03	.	10% (+/-)	Yes
41: Other Aged	N/A	97	N/A	130	N/A	.	N/A	34.02	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	19,135	N/A	19,072	N/A	.	N/A	-0.33	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	9,197	N/A	9,088	N/A	.	N/A	-1.19	.	10% (+/-)	Yes
22: Disabled, MN	N/A	6,738	N/A	6,371	N/A	.	N/A	-5.45	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	2,399	N/A	2,771	N/A	.	N/A	15.51	.	10% (+/-)	No
42: Other Disabled	N/A	801	N/A	842	N/A	.	N/A	5.12	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	39,189	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.56	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	2.92	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.51	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	49.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	49.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.50	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$8,611,983,224	N/A	$505,676,911	N/A	.	N/A	-94.13	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$193,567	N/A	$11,910	N/A	.	N/A	-93.85	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$221,280	N/A	$13,594	N/A	.	N/A	-93.86	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$158,280	N/A	$11,780	N/A	.	N/A	-92.56	.	15% (+/-)	No
11: Aged, Cash	N/A	$237,066	N/A	$7,944	N/A	.	N/A	-96.65	.	15% (+/-)	No
21: Aged, MN	N/A	$145,895	N/A	$14,568	N/A	.	N/A	-90.01	.	15% (+/-)	No
31: Aged, Poverty	N/A	$100,445	N/A	$452	N/A	.	N/A	-99.55	.	15% (+/-)	No
41: Other Aged	N/A	$267,690	N/A	$8,405	N/A	.	N/A	-96.86	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$241,005	N/A	$12,094	N/A	.	N/A	-94.98	.	15% (+/-)	No
12: Disabled, Cash	N/A	$259,574	N/A	$9,083	N/A	.	N/A	-96.50	.	15% (+/-)	No
22: Disabled, MN	N/A	$254,548	N/A	$21,232	N/A	.	N/A	-91.66	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$143,822	N/A	$1,002	N/A	.	N/A	-99.30	.	15% (+/-)	No
42: Other Disabled	N/A	$204,939	N/A	$11,954	N/A	.	N/A	-94.17	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$11,696,487	N/A	$12,380,553	N/A	.	N/A	5.85	.	15% (+/-)	Yes
IP: Number of Users	N/A	5,715	N/A	6,826	N/A	.	N/A	19.44	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$2,047	N/A	$1,814	N/A	.	N/A	-11.38	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	10	N/A	8	N/A	.	N/A	-20.49	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,801,621	N/A	$3,977,439	N/A	.	N/A	4.62	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	234	N/A	240	N/A	.	N/A	2.56	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$16,246	N/A	$16,573	N/A	.	N/A	2.01	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$50,886	N/A	$106,990	N/A	.	N/A	110.25	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	4	N/A	4	N/A	.	N/A	0.00	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$12,722	N/A	$26,748	N/A	.	N/A	110.25	.	15% (+/-)	No

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$38,026,767	N/A	$34,938,209	N/A	.	N/A	-8.12	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	815	N/A	527	N/A	.	N/A	-35.34	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$46,659	N/A	$66,296	N/A	.	N/A	42.09	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$233,600,659	N/A	$193,995,607	N/A	.	N/A	-16.95	.	15% (+/-)	No
NF Number of Users	N/A	$13,594	N/A	$12,289	N/A	.	N/A	-9.60	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,184	N/A	$15,786	N/A	.	N/A	-8.14	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$5,588,915,431	N/A	$6,296,302	N/A	.	N/A	-99.89	.	15% (+/-)	No
Physician: Number of Users	N/A	26,132	N/A	24,673	N/A	.	N/A	-5.58	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$213,872	N/A	$255	N/A	.	N/A	-99.88	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$364,482	N/A	$126,941	N/A	.	N/A	-65.17	.	15% (+/-)	No
Dental: Number of Users	N/A	423	N/A	408	N/A	.	N/A	-3.55	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$862	N/A	$311	N/A	.	N/A	-63.89	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$171,508,504	N/A	$377,913	N/A	.	N/A	-99.78	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	7,289	N/A	6,644	N/A	.	N/A	-8.85	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$23,530	N/A	$57	N/A	.	N/A	-99.76	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,179,700,660	N/A	$2,610,216	N/A	.	N/A	-99.78	.	15% (+/-)	No
OPD Number of Users	N/A	12,758	N/A	12,961	N/A	.	N/A	1.59	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$92,468	N/A	$201	N/A	.	N/A	-99.78	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$419,080,037	N/A	$4,137,620	N/A	.	N/A	-99.01	.	15% (+/-)	No
Clinic: Number of Users	N/A	8,209	N/A	9,179	N/A	.	N/A	11.82	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$51,051	N/A	$451	N/A	.	N/A	-99.12	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$7,644,744	N/A	$9,315,287	N/A	.	N/A	21.85	.	15% (+/-)	No
HH: Number of Users	N/A	1,983	N/A	1,953	N/A	.	N/A	-1.51	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$3,855	N/A	$4,770	N/A	.	N/A	23.72	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$115,359,040	N/A	$413,774	N/A	.	N/A	-99.64	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	14,020	N/A	13,383	N/A	.	N/A	-4.54	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$8,228	N/A	$31	N/A	.	N/A	-99.62	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$64,805,926	N/A	$74,008,072	N/A	.	N/A	14.20	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	34,632	N/A	33,160	N/A	.	N/A	-4.25	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,871	N/A	$2,232	N/A	.	N/A	19.27	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$456,018,729	N/A	$2,587,607	N/A	.	N/A	-99.43	.	15% (+/-)	No
Other Services: Number of Users	N/A	$12,978	N/A	$5,118	N/A	.	N/A	-60.56	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$35,138	N/A	$506	N/A	.	N/A	-98.56	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,479,245	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	5,432	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$456	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$59,666,140	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	9,453	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$9,370,052	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	8,653	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$6,869	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	101	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$29,211	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	355	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$82	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,298,740	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	607	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,787	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$967,954	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	5,137	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$188	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$57,035,052	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,247	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$25,383	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$3,374,085	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	1,869	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$25,156,826	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,615	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$263	N/A	$292	N/A	.	N/A	10.92	.	15% (+/-)	Yes
Aged	N/A	$174	N/A	$202	N/A	.	N/A	15.92	.	15% (+/-)	No
Disabled	N/A	$378	N/A	$397	N/A	.	N/A	4.94	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$6,192	N/A	$5,488	N/A	.	N/A	-11.36	.	15% (+/-)	Yes
Aged	N/A	$8,456	N/A	$7,825	N/A	.	N/A	-7.46	.	15% (+/-)	Yes
Disabled	N/A	$3,246	N/A	$2,665	N/A	.	N/A	-17.91	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,457	N/A	$1,743	N/A	.	N/A	19.67	.	15% (+/-)	No
Aged	N/A	$1,342	N/A	$1,587	N/A	.	N/A	18.25	.	15% (+/-)	No
Disabled	N/A	$1,613	N/A	$1,938	N/A	.	N/A	20.12	.	15% (+/-)	No
All Other Services	N/A	$185,653	N/A	$4,387	N/A	.	N/A	-97.64	.	15% (+/-)	No
Aged	N/A	$148,307	N/A	$2,165	N/A	.	N/A	-98.54	.	15% (+/-)	No
Disabled	N/A	$235,762	N/A	$7,095	N/A	.	N/A	-96.99	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.85	N/A	16.08	N/A	.	N/A	25.16	.	15% (+/-)	No
Aged	N/A	11.97	N/A	14.97	N/A	.	N/A	25.03	.	15% (+/-)	No
Disabled	N/A	13.97	N/A	17.36	N/A	.	N/A	24.28	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	32.43	N/A	30.63	N/A	.	N/A	-5.54	.	15% (+/-)	Yes
Aged	N/A	49.66	N/A	48.97	N/A	.	N/A	-1.39	.	15% (+/-)	Yes
Disabled	N/A	9.95	N/A	8.49	N/A	.	N/A	-14.64	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	77.84	N/A	78.10	N/A	.	N/A	0.33	.	15% (+/-)	Yes
Aged	N/A	80.87	N/A	81.19	N/A	.	N/A	0.39	.	15% (+/-)	Yes
Disabled	N/A	73.92	N/A	74.39	N/A	.	N/A	0.64	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	75.15	N/A	74.65	N/A	.	N/A	-0.67	.	15% (+/-)	Yes
Aged	N/A	69.23	N/A	67.82	N/A	.	N/A	-2.04	.	15% (+/-)	Yes
Disabled	N/A	82.91	N/A	82.93	N/A	.	N/A	0.03	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	10	N/A	8	N/A	.	N/A	-20.49	.	15% (+/-)	No
Aged	N/A	11	N/A	9	N/A	.	N/A	-19.96	.	15% (+/-)	No
Disabled	N/A	10	N/A	8	N/A	.	N/A	-20.93	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	312	N/A	247	N/A	.	N/A	-20.89	.	15% (+/-)	No
Aged	N/A	311	N/A	244	N/A	.	N/A	-21.61	.	15% (+/-)	No
Disabled	N/A	323	N/A	272	N/A	.	N/A	-15.83	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$138,515	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	740	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$187	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$446,740	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5322	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$84	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$57,907	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	619	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,752	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$393	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$141,694,275	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9820	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$14,429	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	209,377	N/A	200,984	N/A	.	N/A	-4.01	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	186,314	N/A	167,527	N/A	.	N/A	-10.08	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	83.35	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	88.76	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	88.78	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	81.24	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	77.82	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	142,288	N/A	145,701	N/A	.	N/A	2.40	.	15% (+/-)	Yes
MAX Aged Total	N/A	25,876	N/A	23,824	N/A	.	N/A	-7.93	.	10% (+/-)	Yes
11: Aged, Cash	N/A	4,760	N/A	4,317	N/A	.	N/A	-9.31	.	10% (+/-)	Yes
21: Aged, MN	N/A	18,504	N/A	16,719	N/A	.	N/A	-9.65	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	2,515	N/A	2,633	N/A	.	N/A	4.69	.	10% (+/-)	Yes
41: Other Aged	N/A	97	N/A	155	N/A	.	N/A	59.79	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	45,541	N/A	45,367	N/A	.	N/A	-0.38	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	33,217	N/A	32,878	N/A	.	N/A	-1.02	.	10% (+/-)	Yes
22: Disabled, MN	N/A	8,775	N/A	8,506	N/A	.	N/A	-3.07	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	2,421	N/A	2,789	N/A	.	N/A	15.20	.	10% (+/-)	No
42: Other Disabled	N/A	1,128	N/A	1,194	N/A	.	N/A	5.85	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	103,973	N/A	103,579	N/A	.	N/A	-0.38	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	19,921	N/A	18,633	N/A	.	N/A	-6.47	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	2,698	N/A	1,933	N/A	.	N/A	-28.35	.	10% (+/-)	No
34: Child Poverty	N/A	61,502	N/A	66,204	N/A	.	N/A	7.65	.	10% (+/-)	Yes
44: Other Child	N/A	15,028	N/A	11,912	N/A	.	N/A	-20.73	.	10% (+/-)	No
48: Foster Care Child	N/A	4,824	N/A	4,897	N/A	.	N/A	1.51	.	10% (+/-)	Yes
54: 1115 Child	N/A	4,824	N/A	4,897	N/A	.	N/A	1.51	.	10% (+/-)	Yes
MAX Adult Total	N/A	33,984	N/A	28,214	N/A	.	N/A	-16.98	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	14,494	N/A	12,378	N/A	.	N/A	-14.60	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	290	N/A	421	N/A	.	N/A	45.17	.	10% (+/-)	No

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35: Adult, Poverty	N/A	10,249	N/A	9,058	N/A	.	N/A	-11.62	.	10% (+/-)	No
45: Other Adult	N/A	8,951	N/A	6,357	N/A	.	N/A	-28.98	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$9,052,413,018	N/A	$920,520,724	N/A	.	N/A	-89.83	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$43,235	N/A	$4,580	N/A	.	N/A	-89.41	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$48,587	N/A	$5,495	N/A	.	N/A	-88.69	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$155,368	N/A	$11,689	N/A	.	N/A	-92.48	.	15% (+/-)	No
11: Aged, Cash	N/A	$226,678	N/A	$7,859	N/A	.	N/A	-96.53	.	15% (+/-)	No
21: Aged, MN	N/A	$144,020	N/A	$14,488	N/A	.	N/A	-89.94	.	15% (+/-)	No
31: Aged, Poverty	N/A	$99,566	N/A	$450	N/A	.	N/A	-99.55	.	15% (+/-)	No
41: Other Aged	N/A	$267,690	N/A	$7,405	N/A	.	N/A	-97.23	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$106,931	N/A	$10,571	N/A	.	N/A	-90.11	.	15% (+/-)	No
12: Disabled, Cash	N/A	$78,572	N/A	$9,167	N/A	.	N/A	-88.33	.	15% (+/-)	No
22: Disabled, MN	N/A	$198,817	N/A	$18,874	N/A	.	N/A	-90.51	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$142,909	N/A	$1,000	N/A	.	N/A	-99.30	.	15% (+/-)	No
42: Other Disabled	N/A	$149,998	N/A	$12,454	N/A	.	N/A	-91.70	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,048	N/A	$1,138	N/A	.	N/A	8.51	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$755	N/A	$900	N/A	.	N/A	19.20	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$6,245	N/A	$8,647	N/A	.	N/A	38.45	.	15% (+/-)	No
34: Child, Poverty	N/A	$756	N/A	$723	N/A	.	N/A	-4.43	.	15% (+/-)	Yes
44: Other Child	N/A	$1,460	N/A	$2,161	N/A	.	N/A	48.04	.	15% (+/-)	No
48: Foster Care Child	N/A	$1,796	N/A	$2,196	N/A	.	N/A	22.27	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,570	N/A	$1,582	N/A	.	N/A	0.75	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,540	N/A	$1,508	N/A	.	N/A	-2.04	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$880	N/A	$460	N/A	.	N/A	-47.77	.	15% (+/-)	No
35: Adult, Poverty	N/A	$2,198	N/A	$1,946	N/A	.	N/A	-11.47	.	15% (+/-)	Yes
45: Other Adult	N/A	$923	N/A	$1,281	N/A	.	N/A	38.80	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$113,041,302	N/A	$113,913,639	N/A	.	N/A	0.77	.	15% (+/-)	Yes
IP: Number of Users	N/A	25,221	N/A	29,169	N/A	.	N/A	15.65	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$4,482	N/A	$3,905	N/A	.	N/A	-12.87	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	6	N/A	.	N/A	-17.16	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,958,407	N/A	$4,210,133	N/A	.	N/A	6.36	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	245	N/A	250	N/A	.	N/A	2.04	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$16,157	N/A	$16,841	N/A	.	N/A	4.23	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$4,818,920	N/A	$5,337,757	N/A	.	N/A	10.77	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	232	N/A	236	N/A	.	N/A	1.72	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$20,771	N/A	$22,618	N/A	.	N/A	8.89	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$61,301,869	N/A	$55,412,792	N/A	.	N/A	-9.61	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,202	N/A	793	N/A	.	N/A	-34.03	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$51,000	N/A	$69,877	N/A	.	N/A	37.01	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$245,634,227	N/A	$206,293,999	N/A	.	N/A	-16.02	.	15% (+/-)	No
NF Number of Users	N/A	$14,446	N/A	$13,052	N/A	.	N/A	-9.65	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,004	N/A	$15,806	N/A	.	N/A	-7.05	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$5,649,204,884	N/A	$46,888,760	N/A	.	N/A	-99.17	.	15% (+/-)	No
Physician: Number of Users	N/A	115,274	N/A	123,522	N/A	.	N/A	7.16	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$49,007	N/A	$380	N/A	.	N/A	-99.23	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$7,268,705	N/A	$7,760,807	N/A	.	N/A	6.77	.	15% (+/-)	Yes
Dental: Number of Users	N/A	27,191	N/A	29,393	N/A	.	N/A	8.10	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$267	N/A	$264	N/A	.	N/A	-1.23	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$177,131,584	N/A	$2,457,412	N/A	.	N/A	-98.61	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	38,909	N/A	27,561	N/A	.	N/A	-29.17	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$4,552	N/A	$89	N/A	.	N/A	-98.04	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$1,190,420,569	N/A	$14,311,139	N/A	.	N/A	-98.80	.	15% (+/-)	No
OPD Number of Users	N/A	50,102	N/A	71,427	N/A	.	N/A	42.56	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$23,760	N/A	$200	N/A	.	N/A	-99.16	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$438,046,228	N/A	$19,166,667	N/A	.	N/A	-95.62	.	15% (+/-)	No
Clinic: Number of Users	N/A	55,775	N/A	59,973	N/A	.	N/A	7.53	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$7,854	N/A	$320	N/A	.	N/A	-95.93	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$12,750,493	N/A	$14,636,010	N/A	.	N/A	14.79	.	15% (+/-)	Yes
HH: Number of Users	N/A	4,836	N/A	4,510	N/A	.	N/A	-6.74	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$2,637	N/A	$3,245	N/A	.	N/A	23.09	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$125,621,260	N/A	$3,376,110	N/A	.	N/A	-97.31	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	89,121	N/A	57,211	N/A	.	N/A	-35.81	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$1,410	N/A	$59	N/A	.	N/A	-95.81	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$108,705,194	N/A	$126,785,120	N/A	.	N/A	16.63	.	15% (+/-)	No
Drugs: Number of Users	N/A	130,460	N/A	130,180	N/A	.	N/A	-0.21	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$833	N/A	$974	N/A	.	N/A	16.88	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$548,734,020	N/A	$17,909,608	N/A	.	N/A	-96.74	.	15% (+/-)	No
Other Services: Number of Users	N/A	$31,824	N/A	$17,730	N/A	.	N/A	-44.29	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$17,243	N/A	$1,010	N/A	.	N/A	-94.14	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$5,460,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	13,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$408	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$89,525,328	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	14,273	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$13,660,030	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	12,336	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$113,918	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,673	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$120,344	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,019	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$118	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$3,293,461	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	781	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,217	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$7,748,600	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	30,781	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$99,701,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	4,231	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$23,564	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$24,930,859	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	10,751	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,319	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$36,353,945	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,434	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,586	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$540	N/A	$567	N/A	.	N/A	4.98	.	15% (+/-)	Yes
Aged	N/A	$190	N/A	$224	N/A	.	N/A	18.00	.	15% (+/-)	No
Disabled	N/A	$1,400	N/A	$1,312	N/A	.	N/A	-6.28	.	15% (+/-)	Yes
Child	N/A	$257	N/A	$279	N/A	.	N/A	8.46	.	15% (+/-)	Yes
Adult	N/A	$519	N/A	$715	N/A	.	N/A	37.73	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$1,508	N/A	$1,350	N/A	.	N/A	-10.49	.	15% (+/-)	Yes
Aged	N/A	$8,347	N/A	$7,735	N/A	.	N/A	-7.33	.	15% (+/-)	Yes
Disabled	N/A	$2,097	N/A	$1,804	N/A	.	N/A	-13.95	.	15% (+/-)	Yes
Child	N/A	$41	N/A	$49	N/A	.	N/A	20.55	.	15% (+/-)	No
Adult	N/A	$0	N/A	$1	N/A	.	N/A	639.87	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$519	N/A	$631	N/A	.	N/A	21.50	.	15% (+/-)	No
Aged	N/A	$1,328	N/A	$1,570	N/A	.	N/A	18.28	.	15% (+/-)	No
Disabled	N/A	$1,326	N/A	$1,590	N/A	.	N/A	19.91	.	15% (+/-)	No
Child	N/A	$97	N/A	$125	N/A	.	N/A	28.92	.	15% (+/-)	No
Adult	N/A	$115	N/A	$153	N/A	.	N/A	33.26	.	15% (+/-)	No
All Other Services	N/A	$40,658	N/A	$2,033	N/A	.	N/A	-95.00	.	15% (+/-)	No
Aged	N/A	$145,504	N/A	$2,159	N/A	.	N/A	-98.52	.	15% (+/-)	No
Disabled	N/A	$102,102	N/A	$5,865	N/A	.	N/A	-94.26	.	15% (+/-)	No
Child	N/A	$652	N/A	$685	N/A	.	N/A	5.03	.	15% (+/-)	Yes
Adult	N/A	$888	N/A	$713	N/A	.	N/A	-19.63	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.05	N/A	14.51	N/A	.	N/A	20.48	.	15% (+/-)	No
Aged	N/A	11.94	N/A	15.01	N/A	.	N/A	25.70	.	15% (+/-)	No
Disabled	N/A	15.41	N/A	17.39	N/A	.	N/A	12.87	.	15% (+/-)	Yes
Child	N/A	8.36	N/A	9.91	N/A	.	N/A	18.63	.	15% (+/-)	No
Adult	N/A	18.91	N/A	26.35	N/A	.	N/A	39.37	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	7.59	N/A	7.10	N/A	.	N/A	-6.43	.	15% (+/-)	Yes
Aged	N/A	49.09	N/A	48.42	N/A	.	N/A	-1.36	.	15% (+/-)	Yes
Disabled	N/A	6.58	N/A	5.59	N/A	.	N/A	-15.07	.	15% (+/-)	No
Child	N/A	0.18	N/A	0.19	N/A	.	N/A	2.48	.	15% (+/-)	Yes
Adult	N/A	0.01	N/A	0.02	N/A	.	N/A	321.58	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	62.31	N/A	64.77	N/A	.	N/A	3.95	.	15% (+/-)	Yes
Aged	N/A	80.62	N/A	80.94	N/A	.	N/A	0.40	.	15% (+/-)	Yes
Disabled	N/A	76.63	N/A	77.12	N/A	.	N/A	0.64	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: KS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	53.58	N/A	57.19	N/A	.	N/A	6.72	.	15% (+/-)	Yes
Adult	N/A	55.87	N/A	59.11	N/A	.	N/A	5.80	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	85.43	N/A	78.35	N/A	.	N/A	-8.28	.	15% (+/-)	Yes
Aged	N/A	69.25	N/A	67.87	N/A	.	N/A	-1.99	.	15% (+/-)	Yes
Disabled	N/A	90.00	N/A	86.21	N/A	.	N/A	-4.22	.	15% (+/-)	Yes
Child	N/A	88.13	N/A	78.74	N/A	.	N/A	-10.66	.	15% (+/-)	Yes
Adult	N/A	83.37	N/A	73.19	N/A	.	N/A	-12.21	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	7	N/A	6	N/A	.	N/A	-17.16	.	15% (+/-)	No
Aged	N/A	11	N/A	9	N/A	.	N/A	-19.83	.	15% (+/-)	No
Disabled	N/A	12	N/A	10	N/A	.	N/A	-17.37	.	15% (+/-)	No
Child	N/A	4	N/A	4	N/A	.	N/A	-12.69	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-13.95	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	307	N/A	243	N/A	.	N/A	-20.72	.	15% (+/-)	No
Aged	N/A	311	N/A	243	N/A	.	N/A	-21.68	.	15% (+/-)	No
Disabled	N/A	308	N/A	261	N/A	.	N/A	-15.41	.	15% (+/-)	No
Child	N/A	39	N/A	26	N/A	.	N/A	-31.59	.	15% (+/-)	No
Adult	N/A	0	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$2,942,706	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	11,034	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$267	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$4,846,160	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	27,039	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$179	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,139,264	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,622	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$18,920	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	46	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$411	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$218,669,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	14,535	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$15,044	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	106,535	N/A	103,940	N/A	.	N/A	-2.44	.	Yes
% Encounter Claims *	N/A	2.00	N/A	3.93	N/A	.	N/A	96.71	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	104,406	N/A	99,854	N/A	.	N/A	-4.36	.	Yes
% Crossover	5-20	32.93	No	33.25	No	.	N/A	0.98	.	Yes
% Adjusted Claims	> 1%	34.86	Yes	47.28	Yes	.	N/A	35.61	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,753	N/A	$2,765	N/A	.	N/A	0.45	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	70,026	N/A	66,650	N/A	.	N/A	-4.82	.	Yes
% Claims with> $0 Paid	95-100	99.17	Yes	100.00	Yes	.	N/A	0.84	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$2,993	Yes	$2,948	Yes	.	N/A	-1.51	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$754	N/A	$768	N/A	.	N/A	1.94	.	Yes
% Claims with TPL	>0 - 10	1.93	Yes	0.78	Yes	.	N/A	-59.50	.	No
Aver. TPL Paid for claims with TPL	N/A	$2,613	N/A	$1,705	N/A	.	N/A	-34.77	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.97	Yes	100.00	Yes	.	N/A	0.03	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.37	Yes	99.50	Yes	.	N/A	0.13	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.08	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.94	Yes	3.82	Yes	.	N/A	-3.03	.	Yes
Average Covered Days (> 0 day	2-<8	3.96	Yes	3.84	Yes	.	N/A	-3.18	.	Yes
% Begin Date = Admit Date	95-100	97.46	Yes	98.15	Yes	.	N/A	0.71	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.94	Yes	98.33	Yes	.	N/A	-1.61	.	Yes
% Family Planning Claims (pgm	>0-5	0.06	Yes	0.05	Yes	.	N/A	-18.00	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.97	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	11.07	Yes	10.62	Yes	.	N/A	-4.04	.	Yes
% Claims with PDX, where length=4	15-75	30.68	Yes	30.77	Yes	.	N/A	0.28	.	Yes
% Claims with PDX, where length=5	25-70	58.25	No	58.61	Yes	.	N/A	0.62	.	Yes
% Claims with a procedure code	35-70	49.59	Yes	47.86	Yes	.	N/A	-3.49	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.02	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.98	N/A	99.90	N/A	.	N/A	-0.07	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.97	N/A	99.90	N/A	.	N/A	-0.07	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	19.40	N/A	19.32	N/A	.	N/A	-0.39	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	2.56	N/A	2.32	N/A	.	N/A	-9.26	.	Yes
Patient Status										
% Home	75-90	89.34	Yes	88.30	Yes	.	N/A	-1.17	.	Yes
% Transferred	1-10	3.89	Yes	8.79	Yes	.	N/A	125.74	.	No
% Still a Patient	>0 - 2	2.90	No	2.10	No	.	N/A	-27.47	.	No
% Died	>0 - 3	0.85	Yes	0.80	Yes	.	N/A	-6.04	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	34,380	N/A	33,204	N/A	.	N/A	-3.42	.	Yes
% Claims with> $0 Paic	N/A	99.97	N/A	100.00	N/A	.	N/A	0.03	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$959	N/A	$937	N/A	.	N/A	-2.32	.	Yes
% Claims with TPL	N/A	0.51	N/A	0.51	N/A	.	N/A	-0.01	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$579	N/A	$526	N/A	.	N/A	-9.17	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	4.62	No	3.82	No	.	N/A	-17.49	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	54.87	No	3.81	N/A	.	N/A	-93.06	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.41	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.67	Yes	5.47	Yes	.	N/A	-3.38	.	Yes
% Begin Date = Admit Date	95-100	99.36	Yes	99.39	Yes	.	N/A	0.03	.	Yes
% Claims with IP TOS	95-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with DX	98-100	99.99	Yes	99.99	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	98.60	Yes	6.11	Yes	.	N/A	-93.80	.	No
% Claims with PDX, where length=3	5-30	10.17	Yes	10.66	Yes	.	N/A	4.84	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	42.94	Yes	41.62	Yes	.	N/A	-3.06	.	Yes
% Claims with PDX, where length=5	25-70	46.89	Yes	47.71	Yes	.	N/A	1.75	.	Yes
% Claims with a procedure code	35-70	45.48	Yes	44.12	Yes	.	N/A	-2.99	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.41	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.01	N/A	0.01	N/A	.	N/A	6.73	.	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	99.98	N/A	99.96	N/A	.	N/A	-0.02	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.01	N/A	0.01	N/A	.	N/A	6.73	.	Yes
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.98	N/A	99.95	N/A	.	N/A	-0.04	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	307,670	N/A	306,619	N/A	.	N/A	-0.34	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	307,669	N/A	306,619	N/A	.	N/A	-0.34	.	Yes
% Crossover	5-20	10.14	Yes	10.17	Yes	.	N/A	0.27	.	Yes
% Adjusted Claims	> 1%	10.81	Yes	17.94	Yes	.	N/A	65.96	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,347	N/A	$2,179	N/A	.	N/A	-7.18	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	276,456	N/A	275,429	N/A	.	N/A	-0.37	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$76	Yes	$79	Yes	.	N/A	4.34	.	Yes
ICF/MR (TOS 05)	N/A	$191	N/A	$213	N/A	.	N/A	11.70	.	Yes
Aged/MH (TOS 02)	N/A	$303	N/A	$351	N/A	.	N/A	15.61	.	No
IP Psych. < 21 (TOS 04)	N/A	$368	N/A	$355	N/A	.	N/A	-3.47	.	Yes
% NF (TOS 07)	75-99	90.39	Yes	90.84	Yes	.	N/A	0.49	.	Yes
% NF claims with NF Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for NF claims with Covered Days	N/A	25	N/A	25	N/A	.	N/A	-0.38	.	Yes
% ICF/MR (TOS 05)	>0-20	6.52	Yes	6.02	Yes	.	N/A	-7.57	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	23	N/A	24	N/A	.	N/A	3.81	.	Yes
% Aged/MH (TOS 02)	>0-10	0.04	Yes	0.02	Yes	.	N/A	-35.76	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	22	N/A	22	N/A	.	N/A	0.37	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	3.06	Yes	3.11	Yes	.	N/A	1.93	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	14	N/A	14	N/A	.	N/A	-0.97	.	Yes
% Claims with Leave Days	1-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	23.25	Yes	20.82	Yes	.	N/A	-10.44	.	Yes
% Claims with DX, where length=4	15-75	58.08	No	58.98	Yes	.	N/A	1.55	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	18.67	No	20.20	No	.	N/A	8.18	.	Yes
Patient Status										
% Home	1-5	1.65	Yes	1.31	Yes	.	N/A	-20.37	.	No
% Still a Patien	8-98	96.43	Yes	96.33	Yes	.	N/A	-0.11	.	Yes
% Died	>0-5	1.07	Yes	1.11	Yes	.	N/A	3.83	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	31,213	N/A	31,190	N/A	.	N/A	-0.07	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$621	N/A	$510	N/A	.	N/A	-17.92	.	No
% NF (TOS 07)	75-99	96.99	Yes	95.34	Yes	.	N/A	-1.70	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	2.93	Yes	4.58	Yes	.	N/A	56.57	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.08	Yes	0.08	Yes	.	N/A	-7.62	.	Yes
% Claims with DX	95-100	54.02	No	92.84	No	.	N/A	71.86	.	No
% Claims with DX, where length=3	5-30	16.53	Yes	16.67	Yes	.	N/A	0.82	.	Yes
% Claims with DX, where length=4	15-75	57.19	No	52.76	Yes	.	N/A	-7.75	.	Yes
% Claims with DX, where length=5	25-70	26.25	Yes	30.56	Yes	.	N/A	16.44	.	No
Patient Status										
% Home	1-5	2.58	Yes	2.17	Yes	.	N/A	-15.61	.	No
% Still a Patien	8-98	84.84	Yes	85.70	Yes	.	N/A	1.02	.	Yes
% Died	>0-5	1.62	Yes	1.54	Yes	.	N/A	-5.27	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	18,575,544	N/A	21,405,644	N/A	.	N/A	15.24	.	No
% Encounter Claims (Claim Type=3) *	N/A	10.87	N/A	4.97	N/A	.	N/A	-54.34	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	10.23	N/A	28.80	N/A	.	N/A	181.66	.	No
Total FFS Claims	N/A	16,555,471	N/A	14,177,535	N/A	.	N/A	-14.36	.	Yes
% Crossover	5-20	9.85	Yes	11.64	Yes	.	N/A	18.22	.	No
% Adjusted Claims	> 1%	12.35	Yes	2.02	Yes	.	N/A	-83.67	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$139	N/A	$150	N/A	.	N/A	7.93	.	Yes
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	9.57	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	20.73	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$229	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$5	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	14,925,343	N/A	12,527,151	N/A	.	N/A	-16.07	.	No
% Claims with> $0 Paid	>95%	99.66	Yes	100.00	Yes	.	N/A	0.34	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	18.32	N/A	5.93	N/A	.	N/A	-67.63	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.80	N/A	12.46	N/A	.	N/A	15.40	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	92.44	N/A	78.51	N/A	.	N/A	-15.08	.	No
% Other Claims with Span Bills/All Other Claims	N/A	17.59	N/A	2.03	N/A	.	N/A	-88.44	.	No
% Claims W/ Service Place 11- Office	50-90	8.32	No	26.06	No	.	N/A	213.40	.	No
% Claims W/ Service Place 12 - Home	>0-5	5.42	No	14.95	No	.	N/A	175.80	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	1.51	Yes	4.06	Yes	.	N/A	167.90	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.08	Yes	0.11	Yes	.	N/A	33.53	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.46	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	22.10	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	7.97	No	18.81	No	.	N/A	135.95	.	No
% Claims with TPL	>0 - 15	0.76	Yes	0.22	Yes	.	N/A	-71.41	.	No
Aver. TPL Paid -claims with TPL	N/A	$71	N/A	$57	N/A	.	N/A	-19.64	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.76	Yes	19.07	Yes	.	N/A	7.39	.	Yes
% claims MAX TOS 09: Dental	2-20	5.88	Yes	6.13	Yes	.	N/A	4.11	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.56	Yes	2.31	Yes	.	N/A	-35.09	.	No
% claims MAX TOS 11: OPD	3-25	8.95	Yes	19.28	Yes	.	N/A	115.28	.	No
% claims MAX TOS 12: Clinic	2-25	8.84	Yes	9.78	Yes	.	N/A	10.65	.	Yes
% claims MAX TOS 13: HH	>0-25	1.94	Yes	2.47	Yes	.	N/A	27.52	.	No
% claims MAX TOS 15: Lab/Xray	4-20	18.00	Yes	8.33	Yes	.	N/A	-53.70	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	18.80	Yes	20.06	Yes	.	N/A	6.72	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.62	Yes	1.84	No	.	N/A	-48.98	.	No
% claims MAX TOS 26: Transportation	>1	9.31	Yes	4.42	Yes	.	N/A	-52.52	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.61	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.01	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.43	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	2.48	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.99	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.58	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$79	N/A	$68	N/A	.	N/A	-13.80	.	Yes
08: Physicians	$20-90	$54	Yes	$53	Yes	.	N/A	-3.32	.	Yes
09: Dental	$10-60	$33	Yes	$33	Yes	.	N/A	1.18	.	Yes
10: Other Practioner	$10-100	$33	Yes	$55	Yes	.	N/A	65.68	.	No
11: OPD	$20-100	$116	No	$83	Yes	.	N/A	-28.38	.	No
12: Clinic	$20-100	$66	Yes	$68	Yes	.	N/A	2.70	.	Yes
13: HH	N/A	$251	N/A	$217	N/A	.	N/A	-13.61	.	Yes
15: Lab/Xray	10-60	$29	Yes	$22	Yes	.	N/A	-22.10	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$62	N/A	$74	N/A	.	N/A	19.61	.	No
51: DME	N/A	$94	Yes	$78	N/A	.	N/A	-16.47	.	No
26: Transportation	N/A	$29	N/A	$41	N/A	.	N/A	39.54	.	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$203	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$19	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,289	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$121	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$79	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$69	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.23	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.53	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	15.97	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$194	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$43	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$108	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	74.00	Yes	89.43	Yes	.	N/A	20.85	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.97	Yes	99.95	Yes	.	N/A	-0.02	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	8.38	Yes	8.34	Yes	.	N/A	-0.50	.	Yes
% Claims with DX, where length=4	40-70	53.36	No	51.74	Yes	.	N/A	-3.03	.	Yes
% Claims with DX, where length=5	20-55	38.26	Yes	39.92	Yes	.	N/A	4.34	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	56.35	N/A	100.00	N/A	.	N/A	77.47	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	49.27	N/A	100.00	N/A	.	N/A	102.96	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	87.28	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	44.60	N/A	58.46	N/A	.	N/A	31.07	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	25.75	N/A	9.04	N/A	.	N/A	-64.87	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	29.65	N/A	32.50	N/A	.	N/A	9.59	.	Yes
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.81	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,630,128	N/A	1,650,384	N/A	.	N/A	1.24	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	12.75	N/A	12.29	N/A	.	N/A	-3.62	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.00	N/A	11.12	N/A	.	N/A	11.21	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	17.27	N/A	31.16	N/A	.	N/A	80.46	.	No
% Other Claims with Span Bills/All Other Claims	N/A	12.92	N/A	12.45	N/A	.	N/A	-3.59	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	62.25	N/A	62.32	N/A	.	N/A	0.11	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.46	N/A	3.39	N/A	.	N/A	-1.96	.	Yes

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	12.90	N/A	12.75	N/A	.	N/A	-1.17	.	Yes
% claims MAX TOS 12: Clinic	N/A	5.63	N/A	7.85	N/A	.	N/A	39.45	.	No
% claims MAX TOS 13: HH	N/A	4.84	N/A	0.04	N/A	.	N/A	-99.27	.	No
% claims MAX TOS 15: Lab/Xray	N/A	0.40	N/A	0.43	N/A	.	N/A	8.38	.	Yes
% claims MAX TOS 19: Other Services	N/A	4.16	N/A	8.76	N/A	.	N/A	110.42	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	4.32	N/A	3.96	N/A	.	N/A	-8.33	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$40	N/A	$41	N/A	.	N/A	3.34	.	Yes
% Claims with DX	N/A	70.38	N/A	71.18	N/A	.	N/A	1.14	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	70.58	No	71.29	No	.	N/A	1.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	11.73	Yes	11.43	Yes	.	N/A	-2.61	.	Yes
% Claims with DX, where length=4	40-70	49.23	Yes	48.65	Yes	.	N/A	-1.16	.	Yes
% Claims with DX, where length=5	20-55	38.60	Yes	39.90	Yes	.	N/A	3.37	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	9,704,987	N/A	11,789,968	N/A	.	N/A	21.48	.	No
% Encounter Claims *	N/A	0.00	N/A	13.61	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	9,704,987	N/A	10,185,235	N/A	.	N/A	4.95	.	Yes
% Adjusted Claims	> 1%	1.58	Yes	1.97	Yes	.	N/A	24.88	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$34	N/A	$39	N/A	.	N/A	14.37	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	9,704,987	N/A	10,185,235	N/A	.	N/A	4.95	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$33	Yes	$38	Yes	.	N/A	13.78	.	Yes
% Claims with TPL	>0 - 15	0.54	Yes	0.64	Yes	.	N/A	18.86	.	No
Aver. TPL Paid for claims with TPL	N/A	$36	N/A	$37	N/A	.	N/A	4.51	.	Yes
% Family Planning Claims (program type=2)	N/A	0.49	N/A	0.46	N/A	.	N/A	-4.76	.	Yes
% Drug Claims (TOS 16)	95-99	99.51	No	100.00	No	.	N/A	0.49	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.94	Yes	99.98	Yes	.	N/A	0.04	.	Yes
% Claims with Medispan	98-100	87.89	No	94.38	No	.	N/A	7.39	.	Yes
% Claims with AHFS	98-100	99.94	Yes	99.98	Yes	.	N/A	0.04	.	Yes
% Claims with Generic (GTC)	98-100	99.94	Yes	99.98	Yes	.	N/A	0.04	.	Yes
% Claims with GC3	98-100	99.94	Yes	99.98	Yes	.	N/A	0.04	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.89	N/A	79.79	N/A	.	N/A	-20.12	.	No
% Products (codes 4-6)	N/A	0.04	N/A	20.16	N/A	.	N/A	57506.72	.	No
% HRI (code 7)	N/A	0.02	N/A	0.02	N/A	.	N/A	32.76	.	No
% Claims with Smart Key	98-100	99.94	Yes	99.98	Yes	.	N/A	0.04	.	Yes
% OTC-Drug Class	N/A	12.61	N/A	12.22	N/A	.	N/A	-3.14	.	Yes
% Prescription-Drug Class	N/A	87.32	N/A	87.76	N/A	.	N/A	0.50	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	50.37	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	29.69	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	676,095	N/A	696,726	N/A	.	N/A	3.05	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$2,646,519,169	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	3.09	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	5.34	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	11.84	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	54.97	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.76	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	23.98	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	666,107	N/A	687,437	N/A	.	N/A	3.20	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	524,318	N/A	534,307	N/A	.	N/A	1.91	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.87	No	98.63	No	.	N/A	-0.24	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	94.85	Yes	97.01	Yes	.	N/A	2.28	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	0	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	99.58	Yes	99.90	Yes	.	N/A	0.33	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.07	No	0.15	Yes	.	N/A	100.99	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	81.80	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	12.66	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.91	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	4.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.32	Yes	3.85	Yes	.	N/A	-10.94	.	10% (+/-)	No
% Age 0-20 Years	49-74%	51.59	Yes	52.95	Yes	.	N/A	2.63	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	13.65	Yes	13.48	Yes	.	N/A	-1.25	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	55.44	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	135,436	N/A	140,341	N/A	.	N/A	3.62	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	94.70	Yes	94.81	Yes	.	N/A	0.12	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	95.32	Yes	95.70	Yes	.	N/A	0.40	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	35.34	Yes	35.90	Yes	.	N/A	1.58	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	68,345	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	97.99	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	0.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	1.86	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.11	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	12.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.26	Yes	99.49	Yes	.	N/A	0.24	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.53	Yes	99.85	Yes	.	N/A	0.32	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.07	Yes	84.65	Yes	.	N/A	-6.01	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	70,218	N/A	71,757	N/A	.	N/A	2.19	.	10% (+/-)	Yes
11: Aged, Cash	N/A	25,202	N/A	24,553	N/A	.	N/A	-2.58	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,671	N/A	3,103	N/A	.	N/A	-15.47	.	10% (+/-)	No
31: Aged, Poverty	N/A	17,365	N/A	19,821	N/A	.	N/A	14.14	.	10% (+/-)	No
41: Other Aged	N/A	23,980	N/A	24,280	N/A	.	N/A	1.25	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	191,641	N/A	197,913	N/A	.	N/A	3.27	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	170,905	N/A	174,425	N/A	.	N/A	2.06	.	10% (+/-)	Yes
22: Disabled, MN	N/A	3,130	N/A	3,137	N/A	.	N/A	0.22	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	11,937	N/A	14,062	N/A	.	N/A	17.80	.	10% (+/-)	No
42: Other Disabled	N/A	5,669	N/A	6,289	N/A	.	N/A	10.94	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	297,394	N/A	316,913	N/A	.	N/A	6.56	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	89,813	N/A	75,738	N/A	.	N/A	-15.67	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	29,849	N/A	30,078	N/A	.	N/A	0.77	.	10% (+/-)	Yes
34: Child Poverty	N/A	143,832	N/A	181,949	N/A	.	N/A	26.50	.	10% (+/-)	No
44: Other Child	N/A	26,036	N/A	21,135	N/A	.	N/A	-18.82	.	10% (+/-)	No
48: Foster Care Child	N/A	7,864	N/A	8,013	N/A	.	N/A	1.89	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	106,840	N/A	100,854	N/A	.	N/A	-5.60	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	42,213	N/A	34,916	N/A	.	N/A	-17.29	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	19,354	N/A	21,948	N/A	.	N/A	13.40	.	10% (+/-)	No
35: Adult, Poverty	N/A	30,217	N/A	30,899	N/A	.	N/A	2.26	.	10% (+/-)	Yes
45: Other Adult	N/A	15,056	N/A	13,091	N/A	.	N/A	-13.05	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	520,526	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	94.50	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	5.50	No	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	5.38	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	89,842	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	7,988	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	90.63	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	623,030	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	32.19	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	37.04	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	85.69	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	18.22	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	52.93	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.02	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	241,142	N/A	615,129	N/A	.	N/A	155.09	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	4.68	N/A	7.38	N/A	.	N/A	57.83	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	28.20	N/A	29.02	N/A	.	N/A	2.89	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	49.49	N/A	48.93	N/A	.	N/A	-1.14	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	17.63	N/A	14.67	N/A	.	N/A	-16.76	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	418,599	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	520,526	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	16.28	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	7.08	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	27.44	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	11.22	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	20.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	17.98	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$457,105,326	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$435,951,145	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$21,154,181	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.13	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.07	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.05	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$85	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$246	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$5	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$437,248,319	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	200,525	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$19,835,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	414,604	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$21,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	7,901	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$171,910,211	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$15,393,966	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$43,986,211	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$19,745,051	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$92,784,983	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$857	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$219	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$463	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	320,528	N/A	372,146	N/A	.	N/A	16.10	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	288,774	N/A	326,220	N/A	.	N/A	12.97	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	238,826	N/A	276,272	N/A	.	N/A	15.68	.	15% (+/-)	No
MAX Aged Total	N/A	2,763	N/A	2,654	N/A	.	N/A	-3.94	.	10% (+/-)	Yes
11: Aged, Cash	N/A	408	N/A	444	N/A	.	N/A	8.82	.	10% (+/-)	Yes
21: Aged, MN	N/A	316	N/A	248	N/A	.	N/A	-21.52	.	10% (+/-)	No
31: Aged, Poverty	N/A	554	N/A	541	N/A	.	N/A	-2.35	.	10% (+/-)	Yes
41: Other Aged	N/A	1,485	N/A	1,421	N/A	.	N/A	-4.31	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	75,951	N/A	89,535	N/A	.	N/A	17.89	.	10% (+/-)	No
12: Disabled, Cash	N/A	73,312	N/A	86,514	N/A	.	N/A	18.01	.	10% (+/-)	No
22: Disabled, MN	N/A	1,392	N/A	1,622	N/A	.	N/A	16.52	.	10% (+/-)	No
32: Disabled, Poverty	N/A	207	N/A	220	N/A	.	N/A	6.28	.	10% (+/-)	Yes
42: Other Disabled	N/A	1,040	N/A	1,179	N/A	.	N/A	13.37	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	178,013	N/A	210,111	N/A	.	N/A	18.03	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	51,458	N/A	49,904	N/A	.	N/A	-3.02	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	18,722	N/A	21,051	N/A	.	N/A	12.44	.	10% (+/-)	No
34: Child Poverty	N/A	86,306	N/A	119,929	N/A	.	N/A	38.96	.	10% (+/-)	No
44: Other Child	N/A	14,496	N/A	13,611	N/A	.	N/A	-6.11	.	10% (+/-)	Yes
48: Foster Care Child	N/A	7,031	N/A	5,616	N/A	.	N/A	-20.13	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	63,789	N/A	69,846	N/A	.	N/A	9.50	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	24,648	N/A	23,899	N/A	.	N/A	-3.04	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	12,339	N/A	16,204	N/A	.	N/A	31.32	.	10% (+/-)	No
35: Adult, Poverty	N/A	18,483	N/A	21,132	N/A	.	N/A	14.33	.	10% (+/-)	No
45: Other Adult	N/A	8,319	N/A	8,611	N/A	.	N/A	3.51	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	51,057	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$904,305,684	N/A	$1,087,934,891	N/A	.	N/A	20.31	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$2,821	N/A	$2,923	N/A	.	N/A	3.62	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,132	N/A	$3,335	N/A	.	N/A	6.50	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,855	N/A	$6,206	N/A	.	N/A	6.00	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,695	N/A	$4,841	N/A	.	N/A	31.01	.	15% (+/-)	No
21: Aged, MN	N/A	$4,086	N/A	$3,694	N/A	.	N/A	-9.59	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$346	N/A	$413	N/A	.	N/A	19.13	.	15% (+/-)	No
41: Other Aged	N/A	$8,879	N/A	$9,277	N/A	.	N/A	4.47	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,873	N/A	$7,137	N/A	.	N/A	3.84	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$6,618	N/A	$6,919	N/A	.	N/A	4.56	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$9,206	N/A	$8,542	N/A	.	N/A	-7.21	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$303	N/A	$405	N/A	.	N/A	33.58	.	15% (+/-)	No
42: Other Disabled	N/A	$23,059	N/A	$22,452	N/A	.	N/A	-2.63	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,242	N/A	$1,290	N/A	.	N/A	3.88	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,066	N/A	$1,215	N/A	.	N/A	13.99	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,443	N/A	$1,421	N/A	.	N/A	-1.49	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$935	N/A	$1,018	N/A	.	N/A	8.95	.	15% (+/-)	Yes
44: Other Child	N/A	$1,152	N/A	$1,271	N/A	.	N/A	10.40	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$5,958	N/A	$7,325	N/A	.	N/A	22.94	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,273	N/A	$2,310	N/A	.	N/A	1.62	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,268	N/A	$2,471	N/A	.	N/A	8.96	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$2,059	N/A	$2,141	N/A	.	N/A	3.98	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,781	N/A	$2,602	N/A	.	N/A	-6.42	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,477	N/A	$1,461	N/A	.	N/A	-1.08	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$154,005,839	N/A	$171,230,680	N/A	.	N/A	11.18	.	15% (+/-)	Yes
IP: Number of Users	N/A	37,907	N/A	41,877	N/A	.	N/A	10.47	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,063	N/A	$4,089	N/A	.	N/A	0.64	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	6	N/A	.	N/A	-0.59	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$6,919	N/A	$23,210	N/A	.	N/A	235.45	.	15% (+/-)	No
MH Aged: Number of Users	N/A	5	N/A	8	N/A	.	N/A	60.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$1,384	N/A	$2,901	N/A	.	N/A	109.66	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$29,728,714	N/A	$27,608,793	N/A	.	N/A	-7.13	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	2,162	N/A	2,078	N/A	.	N/A	-3.89	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,751	N/A	$13,286	N/A	.	N/A	-3.38	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$33,157,208	N/A	$31,038,407	N/A	.	N/A	-6.39	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	483	N/A	428	N/A	.	N/A	-11.39	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$68,648	N/A	$72,520	N/A	.	N/A	5.64	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$36,896,215	N/A	$41,560,907	N/A	.	N/A	12.64	.	15% (+/-)	Yes
NF Number of Users	N/A	1,575	N/A	1,684	N/A	.	N/A	6.92	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$23,426	N/A	$24,680	N/A	.	N/A	5.35	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$99,540,644	N/A	$116,606,213	N/A	.	N/A	17.14	.	15% (+/-)	No

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Physician: Number of Users	N/A	220,883	N/A	253,286	N/A	.	N/A	14.67	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$451	N/A	$460	N/A	.	N/A	2.16	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$19,683,807	N/A	$23,324,864	N/A	.	N/A	18.50	.	15% (+/-)	No
Dental: Number of Users	N/A	87,298	N/A	102,501	N/A	.	N/A	17.42	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$225	N/A	$228	N/A	.	N/A	0.92	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$11,195,503	N/A	$12,458,420	N/A	.	N/A	11.28	.	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	81,689	N/A	64,687	N/A	.	N/A	-20.81	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$137	N/A	$193	N/A	.	N/A	40.53	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$101,643,593	N/A	$191,123,654	N/A	.	N/A	88.03	.	15% (+/-)	No
OPD Number of Users	N/A	142,936	N/A	187,979	N/A	.	N/A	31.51	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$711	N/A	$1,017	N/A	.	N/A	42.98	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$40,169,219	N/A	$53,724,011	N/A	.	N/A	33.74	.	15% (+/-)	No
Clinic: Number of Users	N/A	63,934	N/A	91,127	N/A	.	N/A	42.53	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$628	N/A	$590	N/A	.	N/A	-6.17	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$25,796,435	N/A	$30,666,492	N/A	.	N/A	18.88	.	15% (+/-)	No
HH: Number of Users	N/A	8,103	N/A	9,032	N/A	.	N/A	11.46	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$3,184	N/A	$3,395	N/A	.	N/A	6.65	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$52,560,455	N/A	$22,246,575	N/A	.	N/A	-57.67	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	183,135	N/A	173,082	N/A	.	N/A	-5.49	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$287	N/A	$129	N/A	.	N/A	-55.22	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$130,974,862	N/A	$188,502,807	N/A	.	N/A	43.92	.	15% (+/-)	No
Drugs: Number of Users	N/A	237,025	N/A	274,054	N/A	.	N/A	15.62	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$553	N/A	$688	N/A	.	N/A	24.48	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$66,215,334	N/A	$104,385,021	N/A	.	N/A	57.64	.	15% (+/-)	No
Other Services: Number of Users	N/A	$94,517	N/A	$117,712	N/A	.	N/A	24.54	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$701	N/A	$887	N/A	.	N/A	26.58	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,991,483	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	23,005	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$478	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$8,507,539	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	8,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$981	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$12,214	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	483	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$25	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$3,103,900	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	424	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,321	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$16,757,747	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	52,912	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$317	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$16,265,343	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	751	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$21,658	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,277,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	16,324	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$323	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$4,743,632	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,206	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,933	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$480	N/A	$460	N/A	.	N/A	-4.24	.	15% (+/-)	Yes
Aged	N/A	$303	N/A	$297	N/A	.	N/A	-1.97	.	15% (+/-)	Yes
Disabled	N/A	$1,150	N/A	$1,076	N/A	.	N/A	-6.40	.	15% (+/-)	Yes
Child	N/A	$179	N/A	$188	N/A	.	N/A	5.08	.	15% (+/-)	Yes
Adult	N/A	$534	N/A	$497	N/A	.	N/A	-7.04	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$311	N/A	$269	N/A	.	N/A	-13.49	.	15% (+/-)	Yes
Aged	N/A	$4,120	N/A	$4,266	N/A	.	N/A	3.55	.	15% (+/-)	Yes
Disabled	N/A	$911	N/A	$815	N/A	.	N/A	-10.60	.	15% (+/-)	Yes
Child	N/A	$107	N/A	$76	N/A	.	N/A	-29.37	.	15% (+/-)	No
Adult	N/A	$2	N/A	$1	N/A	.	N/A	-49.64	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$409	N/A	$507	N/A	.	N/A	23.96	.	15% (+/-)	No
Aged	N/A	$634	N/A	$765	N/A	.	N/A	20.62	.	15% (+/-)	No
Disabled	N/A	$1,266	N/A	$1,555	N/A	.	N/A	22.85	.	15% (+/-)	No
Child	N/A	$104	N/A	$132	N/A	.	N/A	26.72	.	15% (+/-)	No
Adult	N/A	$227	N/A	$279	N/A	.	N/A	22.49	.	15% (+/-)	No
All Other Services	N/A	$1,611	N/A	$1,687	N/A	.	N/A	4.77	.	15% (+/-)	Yes
Aged	N/A	$798	N/A	$878	N/A	.	N/A	10.07	.	15% (+/-)	Yes
Disabled	N/A	$3,538	N/A	$3,691	N/A	.	N/A	4.32	.	15% (+/-)	Yes
Child	N/A	$850	N/A	$895	N/A	.	N/A	5.25	.	15% (+/-)	Yes
Adult	N/A	$1,472	N/A	$1,533	N/A	.	N/A	4.16	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.83	N/A	11.25	N/A	.	N/A	-4.85	.	15% (+/-)	Yes
Aged	N/A	11.73	N/A	11.38	N/A	.	N/A	-2.96	.	15% (+/-)	Yes
Disabled	N/A	18.24	N/A	17.54	N/A	.	N/A	-3.87	.	15% (+/-)	Yes
Child	N/A	4.90	N/A	5.33	N/A	.	N/A	8.86	.	15% (+/-)	Yes
Adult	N/A	23.52	N/A	21.00	N/A	.	N/A	-10.74	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.32	N/A	1.13	N/A	.	N/A	-14.42	.	15% (+/-)	Yes
Aged	N/A	22.84	N/A	21.29	N/A	.	N/A	-6.78	.	15% (+/-)	Yes
Disabled	N/A	2.74	N/A	2.50	N/A	.	N/A	-8.77	.	15% (+/-)	Yes
Child	N/A	0.83	N/A	0.65	N/A	.	N/A	-21.72	.	15% (+/-)	No
Adult	N/A	0.03	N/A	0.02	N/A	.	N/A	-30.42	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	8.35	N/A	2.67	N/A	.	N/A	-68.01	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	73.95	N/A	73.64	N/A	.	N/A	-0.41	.	15% (+/-)	Yes
Aged	N/A	35.47	N/A	35.12	N/A	.	N/A	-0.99	.	15% (+/-)	Yes
Disabled	N/A	84.74	N/A	84.78	N/A	.	N/A	0.05	.	15% (+/-)	Yes
Child	N/A	70.24	N/A	70.27	N/A	.	N/A	0.05	.	15% (+/-)	Yes
Adult	N/A	73.13	N/A	70.97	N/A	.	N/A	-2.94	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	88.31	N/A	84.79	N/A	.	N/A	-3.98	.	15% (+/-)	Yes
Aged	N/A	42.67	N/A	42.77	N/A	.	N/A	0.22	.	15% (+/-)	Yes

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Disabled	N/A	91.87	N/A	89.85	N/A	.	N/A	-2.20	.	15% (+/-)	Yes
Child	N/A	87.65	N/A	84.35	N/A	.	N/A	-3.77	.	15% (+/-)	Yes
Adult	N/A	87.88	N/A	81.22	N/A	.	N/A	-7.58	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	6	N/A	.	N/A	-0.59	.	15% (+/-)	Yes
Aged	N/A	3	N/A	7	N/A	.	N/A	195.46	.	15% (+/-)	No
Disabled	N/A	9	N/A	8	N/A	.	N/A	-3.65	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-6.71	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	2.72	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	185	N/A	149	N/A	.	N/A	-19.55	.	15% (+/-)	No
Aged	N/A	310	N/A	260	N/A	.	N/A	-16.18	.	15% (+/-)	No
Disabled	N/A	234	N/A	192	N/A	.	N/A	-17.76	.	15% (+/-)	No
Child	N/A	66	N/A	34	N/A	.	N/A	-48.19	.	15% (+/-)	No
Adult	N/A	36	N/A	17	N/A	.	N/A	-52.89	.	15% (+/-)	No
% Enrollees with Delivery	N/A	4.05	N/A	4.16	N/A	.	N/A	2.51	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,396,369	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	11,137	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$6,475,085	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	29,893	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$217	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$20,218,689	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	42,882	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$471	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$34,372,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,907	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$11,824	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	104,437	N/A	114,766	N/A	.	N/A	9.89	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	90,844	N/A	97,584	N/A	.	N/A	7.42	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	90,200	N/A	98,112	N/A	.	N/A	8.77	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	0.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	18.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	56.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	7.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	3.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	2.25	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	9.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.18	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	56,176	N/A	60,045	N/A	.	N/A	6.89	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	15,683	N/A	16,082	N/A	.	N/A	2.54	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,030	N/A	2,747	N/A	.	N/A	-9.34	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	16,723	N/A	19,231	N/A	.	N/A	15.00	.	10% (+/-)	No
41: Other Aged	N/A	20,740	N/A	21,985	N/A	.	N/A	6.00	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	47,686	N/A	54,210	N/A	.	N/A	13.68	.	10% (+/-)	No
12: Disabled, Cash	N/A	31,117	N/A	34,735	N/A	.	N/A	11.63	.	10% (+/-)	No
22: Disabled, MN	N/A	1,282	N/A	1,412	N/A	.	N/A	10.14	.	10% (+/-)	No
32: Disabled, Poverty	N/A	11,600	N/A	13,763	N/A	.	N/A	18.65	.	10% (+/-)	No
42: Other Disabled	N/A	3,687	N/A	4,300	N/A	.	N/A	16.63	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	107,079	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.85	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	2.90	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.26	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	53.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$815,172,245	N/A	$901,574,705	N/A	.	N/A	10.60	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,805	N/A	$7,856	N/A	.	N/A	0.65	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$8,973	N/A	$9,239	N/A	.	N/A	2.96	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$9,389	N/A	$9,488	N/A	.	N/A	1.05	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$4,534	N/A	$4,885	N/A	.	N/A	7.75	.	15% (+/-)	Yes
21: Aged, MN	N/A	$11,481	N/A	$10,164	N/A	.	N/A	-11.47	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$573	N/A	$581	N/A	.	N/A	1.29	.	15% (+/-)	Yes
41: Other Aged	N/A	$19,862	N/A	$20,561	N/A	.	N/A	3.52	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,003	N/A	$6,093	N/A	.	N/A	1.50	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,253	N/A	$5,588	N/A	.	N/A	6.36	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$7,271	N/A	$5,739	N/A	.	N/A	-21.07	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$756	N/A	$699	N/A	.	N/A	-7.50	.	15% (+/-)	Yes
42: Other Disabled	N/A	$28,396	N/A	$27,557	N/A	.	N/A	-2.95	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$35,050,797	N/A	$36,693,964	N/A	.	N/A	4.69	.	15% (+/-)	Yes
IP: Number of Users	N/A	23,786	N/A	25,407	N/A	.	N/A	6.81	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,474	N/A	$1,444	N/A	.	N/A	-1.99	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	1	N/A	7	N/A	.	N/A	938.94	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$586,346	N/A	$535,205	N/A	.	N/A	-8.72	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	124	N/A	136	N/A	.	N/A	9.68	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$4,729	N/A	$3,935	N/A	.	N/A	-16.78	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$6,332	N/A	$24,270	N/A	.	N/A	283.29	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	3	N/A	5	N/A	.	N/A	66.67	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$2,111	N/A	$4,854	N/A	.	N/A	129.97	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$45,670,985	N/A	$43,863,520	N/A	.	N/A	-3.96	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	699	N/A	644	N/A	.	N/A	-7.87	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$65,338	N/A	$68,111	N/A	.	N/A	4.24	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$420,032,154	N/A	$446,706,659	N/A	.	N/A	6.35	.	15% (+/-)	Yes
NF Number of Users	N/A	$22,126	N/A	$22,745	N/A	.	N/A	2.80	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,984	N/A	$19,640	N/A	.	N/A	3.46	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$22,605,770	N/A	$25,575,011	N/A	.	N/A	13.13	.	15% (+/-)	Yes
Physician: Number of Users	N/A	77,018	N/A	83,634	N/A	.	N/A	8.59	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$294	N/A	$306	N/A	.	N/A	4.19	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$1,671,189	N/A	$1,826,091	N/A	.	N/A	9.27	.	15% (+/-)	Yes
Dental: Number of Users	N/A	9,742	N/A	10,626	N/A	.	N/A	9.07	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$172	N/A	$172	N/A	.	N/A	0.18	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,603,090	N/A	$1,157,094	N/A	.	N/A	-27.82	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	25,574	N/A	26,735	N/A	.	N/A	4.54	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$63	N/A	$43	N/A	.	N/A	-30.96	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$24,269,131	N/A	$30,917,168	N/A	.	N/A	27.39	.	15% (+/-)	No
OPD Number of Users	N/A	49,881	N/A	55,060	N/A	.	N/A	10.38	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$487	N/A	$562	N/A	.	N/A	15.41	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$10,348,612	N/A	$12,831,978	N/A	.	N/A	24.00	.	15% (+/-)	No
Clinic: Number of Users	N/A	16,864	N/A	20,172	N/A	.	N/A	19.62	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$614	N/A	$636	N/A	.	N/A	3.66	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$32,436,062	N/A	$35,091,145	N/A	.	N/A	8.19	.	15% (+/-)	Yes
HH: Number of Users	N/A	19,627	N/A	10,348	N/A	.	N/A	-47.28	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,653	N/A	$3,391	N/A	.	N/A	105.20	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$2,005,867	N/A	$905,829	N/A	.	N/A	-54.84	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	11,632	N/A	10,155	N/A	.	N/A	-12.70	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$172	N/A	$89	N/A	.	N/A	-48.27	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$136,129,764	N/A	$174,812,151	N/A	.	N/A	28.42	.	15% (+/-)	No
Drugs: Number of Users	N/A	69,691	N/A	75,102	N/A	.	N/A	7.76	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,953	N/A	$2,328	N/A	.	N/A	19.16	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$56,461,857	N/A	$51,380,267	N/A	.	N/A	-9.00	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$23,781	N/A	$30,753	N/A	.	N/A	29.32	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,374	N/A	$1,671	N/A	.	N/A	-29.63	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,798,021	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	26,667	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$405	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,430,745	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	847	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,689	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$6,727	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	65	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$103	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$20,796	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	220	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$3,537,167	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	850	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,161	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$905,183	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	4,311	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$15,643,080	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	642	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$24,366	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$454,986	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	769	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$592	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,323,910	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,562	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$336	N/A	$320	N/A	.	N/A	-4.73	.	15% (+/-)	Yes
Aged	N/A	$272	N/A	$260	N/A	.	N/A	-4.39	.	15% (+/-)	Yes
Disabled	N/A	$408	N/A	$383	N/A	.	N/A	-6.23	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$4,465	N/A	$4,279	N/A	.	N/A	-4.15	.	15% (+/-)	Yes
Aged	N/A	$6,620	N/A	$6,527	N/A	.	N/A	-1.40	.	15% (+/-)	Yes
Disabled	N/A	$1,980	N/A	$1,830	N/A	.	N/A	-7.56	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,303	N/A	$1,523	N/A	.	N/A	16.86	.	15% (+/-)	No
Aged	N/A	$1,243	N/A	$1,422	N/A	.	N/A	14.41	.	15% (+/-)	Yes
Disabled	N/A	$1,384	N/A	$1,641	N/A	.	N/A	18.61	.	15% (+/-)	No
All Other Services	N/A	$1,700	N/A	$1,733	N/A	.	N/A	1.95	.	15% (+/-)	Yes
Aged	N/A	$1,254	N/A	$1,278	N/A	.	N/A	1.97	.	15% (+/-)	Yes
Disabled	N/A	$2,229	N/A	$2,239	N/A	.	N/A	0.46	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	22.78	N/A	22.14	N/A	.	N/A	-2.80	.	15% (+/-)	Yes
Aged	N/A	22.88	N/A	22.08	N/A	.	N/A	-3.51	.	15% (+/-)	Yes
Disabled	N/A	22.69	N/A	22.24	N/A	.	N/A	-1.97	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	21.89	N/A	20.42	N/A	.	N/A	-6.71	.	15% (+/-)	Yes
Aged	N/A	35.37	N/A	33.74	N/A	.	N/A	-4.61	.	15% (+/-)	Yes
Disabled	N/A	6.27	N/A	5.86	N/A	.	N/A	-6.51	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	66.73	N/A	65.44	N/A	.	N/A	-1.93	.	15% (+/-)	Yes
Aged	N/A	64.76	N/A	62.93	N/A	.	N/A	-2.83	.	15% (+/-)	Yes
Disabled	N/A	69.03	N/A	68.17	N/A	.	N/A	-1.25	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	82.87	N/A	80.89	N/A	.	N/A	-2.39	.	15% (+/-)	Yes
Aged	N/A	79.89	N/A	77.65	N/A	.	N/A	-2.81	.	15% (+/-)	Yes
Disabled	N/A	86.40	N/A	84.47	N/A	.	N/A	-2.24	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	1	N/A	7	N/A	.	N/A	938.94	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	2322.16	.	15% (+/-)	No
Disabled	N/A	1	N/A	7	N/A	.	N/A	531.50	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	305	N/A	250	N/A	.	N/A	-17.99	.	15% (+/-)	No
Aged	N/A	305	N/A	248	N/A	.	N/A	-18.62	.	15% (+/-)	No
Disabled	N/A	307	N/A	264	N/A	.	N/A	-14.07	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$220,276	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	575	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$383	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$908,046	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	7026	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,511,926	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	7630	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$329	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$65,759,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	10619	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,193	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	424,965	N/A	486,912	N/A	.	N/A	14.58	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	379,618	N/A	423,804	N/A	.	N/A	11.64	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	87.04	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	82.22	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.56	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	87.01	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	86.28	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	329,026	N/A	374,384	N/A	.	N/A	13.79	.	15% (+/-)	Yes
MAX Aged Total	N/A	58,939	N/A	62,699	N/A	.	N/A	6.38	.	10% (+/-)	Yes
11: Aged, Cash	N/A	16,091	N/A	16,526	N/A	.	N/A	2.70	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,346	N/A	2,995	N/A	.	N/A	-10.49	.	10% (+/-)	No
31: Aged, Poverty	N/A	17,277	N/A	19,772	N/A	.	N/A	14.44	.	10% (+/-)	No
41: Other Aged	N/A	22,225	N/A	23,406	N/A	.	N/A	5.31	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	123,637	N/A	143,745	N/A	.	N/A	16.26	.	10% (+/-)	No
12: Disabled, Cash	N/A	104,429	N/A	121,249	N/A	.	N/A	16.11	.	10% (+/-)	No
22: Disabled, MN	N/A	2,674	N/A	3,034	N/A	.	N/A	13.46	.	10% (+/-)	No
32: Disabled, Poverty	N/A	11,807	N/A	13,983	N/A	.	N/A	18.43	.	10% (+/-)	No
42: Other Disabled	N/A	4,727	N/A	5,479	N/A	.	N/A	15.91	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	178,045	N/A	210,129	N/A	.	N/A	18.02	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	51,469	N/A	49,906	N/A	.	N/A	-3.04	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	18,730	N/A	21,060	N/A	.	N/A	12.44	.	10% (+/-)	No
34: Child Poverty	N/A	86,311	N/A	119,932	N/A	.	N/A	38.95	.	10% (+/-)	No
44: Other Child	N/A	14,502	N/A	13,613	N/A	.	N/A	-6.13	.	10% (+/-)	Yes
48: Foster Care Child	N/A	7,033	N/A	5,618	N/A	.	N/A	-20.12	.	10% (+/-)	No
54: 1115 Child	N/A	7,033	N/A	5,618	N/A	.	N/A	-20.12	.	10% (+/-)	No
MAX Adult Total	N/A	64,331	N/A	70,339	N/A	.	N/A	9.34	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	24,792	N/A	24,046	N/A	.	N/A	-3.01	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	12,633	N/A	16,434	N/A	.	N/A	30.09	.	10% (+/-)	No

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35: Adult, Poverty	N/A	18,553	N/A	21,217	N/A	.	N/A	14.36	.	10% (+/-)	No
45: Other Adult	N/A	8,353	N/A	8,642	N/A	.	N/A	3.46	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,719,477,929	N/A	$1,989,509,596	N/A	.	N/A	15.70	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$4,046	N/A	$4,086	N/A	.	N/A	0.98	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,529	N/A	$4,694	N/A	.	N/A	3.64	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$9,223	N/A	$9,349	N/A	.	N/A	1.36	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$4,513	N/A	$4,884	N/A	.	N/A	8.23	.	15% (+/-)	Yes
21: Aged, MN	N/A	$10,783	N/A	$9,629	N/A	.	N/A	-10.70	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$566	N/A	$576	N/A	.	N/A	1.78	.	15% (+/-)	Yes
41: Other Aged	N/A	$19,128	N/A	$19,876	N/A	.	N/A	3.91	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,537	N/A	$6,743	N/A	.	N/A	3.15	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$6,211	N/A	$6,538	N/A	.	N/A	5.26	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$8,278	N/A	$7,238	N/A	.	N/A	-12.57	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$748	N/A	$695	N/A	.	N/A	-7.14	.	15% (+/-)	Yes
42: Other Disabled	N/A	$27,222	N/A	$26,459	N/A	.	N/A	-2.80	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,243	N/A	$1,291	N/A	.	N/A	3.89	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,067	N/A	$1,217	N/A	.	N/A	14.11	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$1,446	N/A	$1,421	N/A	.	N/A	-1.67	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$935	N/A	$1,018	N/A	.	N/A	8.95	.	15% (+/-)	Yes
44: Other Child	N/A	$1,151	N/A	$1,271	N/A	.	N/A	10.42	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$5,958	N/A	$7,328	N/A	.	N/A	23.00	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,275	N/A	$2,314	N/A	.	N/A	1.70	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,279	N/A	$2,481	N/A	.	N/A	8.83	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$2,054	N/A	$2,150	N/A	.	N/A	4.70	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,779	N/A	$2,598	N/A	.	N/A	-6.51	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,480	N/A	$1,464	N/A	.	N/A	-1.06	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$189,056,636	N/A	$207,924,644	N/A	.	N/A	9.98	.	15% (+/-)	Yes
IP: Number of Users	N/A	61,693	N/A	67,284	N/A	.	N/A	9.06	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,064	N/A	$3,090	N/A	.	N/A	0.84	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	6	N/A	.	N/A	67.89	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$593,265	N/A	$558,415	N/A	.	N/A	-5.87	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	129	N/A	144	N/A	.	N/A	11.63	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$4,599	N/A	$3,878	N/A	.	N/A	-15.68	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$29,735,046	N/A	$27,633,063	N/A	.	N/A	-7.07	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	2,165	N/A	2,083	N/A	.	N/A	-3.79	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,734	N/A	$13,266	N/A	.	N/A	-3.41	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$78,828,193	N/A	$74,901,927	N/A	.	N/A	-4.98	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,182	N/A	1,072	N/A	.	N/A	-9.31	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$66,691	N/A	$69,871	N/A	.	N/A	4.77	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$456,928,369	N/A	$488,267,566	N/A	.	N/A	6.86	.	15% (+/-)	Yes
NF Number of Users	N/A	$23,701	N/A	$24,429	N/A	.	N/A	3.07	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$19,279	N/A	$19,987	N/A	.	N/A	3.67	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$122,146,414	N/A	$142,181,224	N/A	.	N/A	16.40	.	15% (+/-)	No
Physician: Number of Users	N/A	297,901	N/A	336,920	N/A	.	N/A	13.10	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$410	N/A	$422	N/A	.	N/A	2.92	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$21,354,996	N/A	$25,150,955	N/A	.	N/A	17.78	.	15% (+/-)	No
Dental: Number of Users	N/A	97,040	N/A	113,127	N/A	.	N/A	16.58	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$220	N/A	$222	N/A	.	N/A	1.03	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$12,798,593	N/A	$13,615,514	N/A	.	N/A	6.38	.	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	107,263	N/A	91,422	N/A	.	N/A	-14.77	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$119	N/A	$149	N/A	.	N/A	24.82	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$125,912,724	N/A	$222,040,822	N/A	.	N/A	76.35	.	15% (+/-)	No
OPD Number of Users	N/A	192,817	N/A	243,039	N/A	.	N/A	26.05	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$653	N/A	$914	N/A	.	N/A	39.90	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$50,517,831	N/A	$66,555,989	N/A	.	N/A	31.75	.	15% (+/-)	No
Clinic: Number of Users	N/A	80,798	N/A	111,299	N/A	.	N/A	37.75	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$625	N/A	$598	N/A	.	N/A	-4.36	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$58,232,497	N/A	$65,757,637	N/A	.	N/A	12.92	.	15% (+/-)	Yes
HH: Number of Users	N/A	27,730	N/A	19,380	N/A	.	N/A	-30.11	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,100	N/A	$3,393	N/A	.	N/A	61.58	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$54,566,322	N/A	$23,152,404	N/A	.	N/A	-57.57	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	194,767	N/A	183,237	N/A	.	N/A	-5.92	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$280	N/A	$126	N/A	.	N/A	-54.90	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$267,104,626	N/A	$363,314,958	N/A	.	N/A	36.02	.	15% (+/-)	No
Drugs: Number of Users	N/A	306,716	N/A	349,156	N/A	.	N/A	13.84	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$871	N/A	$1,041	N/A	.	N/A	19.49	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$122,677,191	N/A	$155,765,288	N/A	.	N/A	26.97	.	15% (+/-)	No
Other Services: Number of Users	N/A	$118,298	N/A	$148,465	N/A	.	N/A	25.50	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,037	N/A	$1,049	N/A	.	N/A	1.17	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$21,789,504	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	49,672	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$439	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$9,938,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	9,522	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,044	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$6,727	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	65	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$103	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$33,010	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	703	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$47	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$6,641,067	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,274	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,213	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$17,662,930	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	57,223	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$309	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$31,908,423	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$22,906	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,732,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	17,093	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$335	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$11,067,542	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,343	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,724	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$445	N/A	$427	N/A	.	N/A	-4.01	.	15% (+/-)	Yes
Aged	N/A	$273	N/A	$262	N/A	.	N/A	-4.32	.	15% (+/-)	Yes
Disabled	N/A	$864	N/A	$814	N/A	.	N/A	-5.68	.	15% (+/-)	Yes
Child	N/A	$179	N/A	$188	N/A	.	N/A	5.22	.	15% (+/-)	Yes
Adult	N/A	$534	N/A	$497	N/A	.	N/A	-7.00	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,332	N/A	$1,215	N/A	.	N/A	-8.83	.	15% (+/-)	Yes
Aged	N/A	$6,503	N/A	$6,431	N/A	.	N/A	-1.10	.	15% (+/-)	Yes
Disabled	N/A	$1,323	N/A	$1,198	N/A	.	N/A	-9.50	.	15% (+/-)	Yes
Child	N/A	$107	N/A	$76	N/A	.	N/A	-29.37	.	15% (+/-)	No
Adult	N/A	$2	N/A	$1	N/A	.	N/A	-51.63	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$629	N/A	$746	N/A	.	N/A	18.71	.	15% (+/-)	No
Aged	N/A	$1,214	N/A	$1,394	N/A	.	N/A	14.81	.	15% (+/-)	Yes
Disabled	N/A	$1,311	N/A	$1,588	N/A	.	N/A	21.07	.	15% (+/-)	No
Child	N/A	$104	N/A	$132	N/A	.	N/A	26.74	.	15% (+/-)	No
Adult	N/A	$230	N/A	$283	N/A	.	N/A	22.77	.	15% (+/-)	No
All Other Services	N/A	$1,633	N/A	$1,698	N/A	.	N/A	4.02	.	15% (+/-)	Yes
Aged	N/A	$1,232	N/A	$1,261	N/A	.	N/A	2.37	.	15% (+/-)	Yes
Disabled	N/A	$3,033	N/A	$3,144	N/A	.	N/A	3.64	.	15% (+/-)	Yes
Child	N/A	$851	N/A	$895	N/A	.	N/A	5.23	.	15% (+/-)	Yes
Adult	N/A	$1,472	N/A	$1,533	N/A	.	N/A	4.17	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.52	N/A	13.82	N/A	.	N/A	-4.81	.	15% (+/-)	Yes
Aged	N/A	22.36	N/A	21.62	N/A	.	N/A	-3.28	.	15% (+/-)	Yes
Disabled	N/A	19.96	N/A	19.31	N/A	.	N/A	-3.24	.	15% (+/-)	Yes
Child	N/A	4.90	N/A	5.34	N/A	.	N/A	8.85	.	15% (+/-)	Yes
Adult	N/A	23.50	N/A	20.98	N/A	.	N/A	-10.71	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	6.37	N/A	5.67	N/A	.	N/A	-10.96	.	15% (+/-)	Yes
Aged	N/A	34.78	N/A	33.21	N/A	.	N/A	-4.52	.	15% (+/-)	Yes
Disabled	N/A	4.10	N/A	3.77	N/A	.	N/A	-8.14	.	15% (+/-)	Yes
Child	N/A	0.83	N/A	0.65	N/A	.	N/A	-21.71	.	15% (+/-)	No
Adult	N/A	0.03	N/A	0.02	N/A	.	N/A	-33.48	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	72.17	N/A	71.71	N/A	.	N/A	-0.65	.	15% (+/-)	Yes
Aged	N/A	63.39	N/A	61.76	N/A	.	N/A	-2.58	.	15% (+/-)	Yes
Disabled	N/A	78.68	N/A	78.51	N/A	.	N/A	-0.21	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: KY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	70.24	N/A	70.27	N/A	.	N/A	0.05	.	15% (+/-)	Yes
Adult	N/A	73.09	N/A	70.97	N/A	.	N/A	-2.89	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	86.97	N/A	83.87	N/A	.	N/A	-3.57	.	15% (+/-)	Yes
Aged	N/A	78.15	N/A	76.17	N/A	.	N/A	-2.53	.	15% (+/-)	Yes
Disabled	N/A	89.76	N/A	87.82	N/A	.	N/A	-2.16	.	15% (+/-)	Yes
Child	N/A	87.65	N/A	84.35	N/A	.	N/A	-3.76	.	15% (+/-)	Yes
Adult	N/A	87.83	N/A	81.22	N/A	.	N/A	-7.52	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	6	N/A	.	N/A	67.89	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	1950.07	.	15% (+/-)	No
Disabled	N/A	5	N/A	8	N/A	.	N/A	46.67	.	15% (+/-)	No
Child	N/A	5	N/A	4	N/A	.	N/A	-6.68	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	3.17	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	286	N/A	235	N/A	.	N/A	-18.00	.	15% (+/-)	No
Aged	N/A	305	N/A	248	N/A	.	N/A	-18.56	.	15% (+/-)	No
Disabled	N/A	277	N/A	234	N/A	.	N/A	-15.42	.	15% (+/-)	No
Child	N/A	66	N/A	34	N/A	.	N/A	-48.19	.	15% (+/-)	No
Adult	N/A	35	N/A	17	N/A	.	N/A	-51.35	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,616,645	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	11,712	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$138	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$7,383,131	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	36,919	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$200	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$22,730,615	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	50,512	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$450	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$100,132,090	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	13,526	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,403	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	386,808	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	386,808	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	71.37	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.95	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,030	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	110,747	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$4,034	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$892	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.73	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,898	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.37	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.41	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.58	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.50	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.52	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	97.79	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.62	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.62	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.26	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.79	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	28.85	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	60.35	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	55.14	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.63	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	28.03	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	4.14	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	90.38	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	6.41	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	2.18	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.03	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	276,061	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$297	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	1.60	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$1,030	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	16.51	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	40.46	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.08	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	2.78	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	90.93	No	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.21	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.98	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	50.59	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	42.43	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	17.53	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.83	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	67.20	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	67.20	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	414,934	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	414,934	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	1.35	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	12.41	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,674	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	409,321	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$54	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$169	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$344	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$344	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	80.40	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	96.84	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	16.50	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	1.67	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	7	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	1.43	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	4	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	11.61	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	19.97	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	3.37	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	79.79	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	16.85	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	1.98	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	94.80	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.28	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	5,613	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$766	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	0.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	99.59	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.41	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	12.49	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	11.01	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	76.50	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	3.26	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	51.17	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	7.41	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	17,895,068	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	17,695,904	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	17.07	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.72	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$3	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	14,675,114	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	4.35	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	5.54	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	38.42	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	4.28	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	22.87	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.14	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.70	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	9.01	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	15.88	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.10	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	28.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	6.05	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.84	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	19.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	4.85	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	1.98	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	16.42	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	12.85	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	1.87	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	2.93	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.37	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.32	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	3.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.04	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$47	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$44	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$26	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$57	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$54	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$49	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$69	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$18	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$63	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$135	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$54	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$352	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$124	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$374	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$17	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,130	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.94	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	4.78	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$84	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$156	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	86.58	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	95.77	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	18.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	10.72	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	62.24	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	27.04	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.95	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	57.57	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	30.19	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	11.35	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	3,020,790	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	1.75	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	92.75	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	1.76	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	61.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	1.45	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	0.82	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	2.68	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	15.98	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	1.34	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	8.45	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	7.38	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.37	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$22	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.55	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.32	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	7.12	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	12.18	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	83.05	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	4.77	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	98.35	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	80.25	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	19.62	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	11,169,750	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	11,169,750	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.63	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$47	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	11,169,750	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$39	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.30	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.76	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	99.39	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.61	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.93	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.76	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.70	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	94.52	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.70	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.70	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.70	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.50	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.19	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.70	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	3.34	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	96.36	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	44.78	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.29	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	824,147	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$2,593,784,908	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	13.04	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	80.36	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	6.50	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	786,601	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	622,537	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	94.76	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	99.57	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.81	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.36	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	32.53	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	60.79	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	6.68	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	5.29	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	61.27	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	11.96	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	57.33	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	132,446	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	95.06	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	95.11	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	25.73	No	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	2,925	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	51.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	9.26	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	39.59	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	4.17	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	1.78	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.98	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	84.47	Yes	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	93,752	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	49,312	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,595	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	14,428	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	28,417	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	166,855	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	147,313	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,270	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	6,209	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	11,063	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	422,852	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	115,481	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	29	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	873	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	226,610	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	69,951	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	9,908	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	103,135	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	48,237	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	40	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	3,598	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	39,228	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	12,032	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	620,847	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.85	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.84	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	3.31	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	5.13	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	95,992	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	19,358	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	620,847	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	654,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	556,626	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	503,670	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	4,584	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	2,998	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	90	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	545	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	951	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	123,924	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	119,297	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,139	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	175	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	3,313	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	422,845	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	115,481	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	29	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	873	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	226,606	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	69,950	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	9,906	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	102,795	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	48,095	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	39	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	3,469	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	39,183	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	12,009	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	2,925	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,442,992,789	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,206	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,592	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$7,741	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$6,331	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$5,792	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$669	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,425	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$6,749	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,387	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$8,872	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$798	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$19,348	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$847	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$727	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$719	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$759	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,185	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,874	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,073	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,875	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,488	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,796	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,529	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,173	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$383,654,868	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	74,060	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$5,180	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$15,951,042	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	3,510	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$4,544	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$8,747,980	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2,938	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$2,978	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$164,149,202	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,853	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$57,536	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$67,076,074	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	3,771	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$17,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$165,366,393	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	482,041	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$343	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$21,194,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	132,215	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$160	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$6,808,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	40,828	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$146,431,425	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	295,522	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$496	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$31,788,880	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	92,748	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$343	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$17,928,844	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	7,705	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,327	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$40,277,816	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	329,977	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$218,077,917	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	432,139	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$505	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$77,733,472	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$239,461	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$325	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$17,137,233	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	49,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$349	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$501,124	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	36	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$13,920	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,957,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,652	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,066	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$16,434,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4,315	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,809	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$7,765,800	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	53,075	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$146	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$52,038	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$2,168	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$26,142,084	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	67,541	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$387	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$396,843	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,740	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$586	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,467	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,524	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$244	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$826	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$391	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,824	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,860	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$16	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$333	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,206	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,112	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$128	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$895	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,245	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,253	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$458	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,037	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	11.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	26.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	15.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	29.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	22.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.82	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	66.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	76.45	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	62.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	68.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	83.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	70.92	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	85.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	83.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	83.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	162	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	281	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	186	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	6.10	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$11,434,789	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	53,759	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$6,472,396	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	30,796	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,110,116	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	16,340	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$72,418,903	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	6,694	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$10,818	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	132,446	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	121,667	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	118,867	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	10.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	14.61	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	74.59	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.60	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	89,168	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	46,314	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,505	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	13,883	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	27,466	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	42,931	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	28,016	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,131	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	6,034	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	7,750	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	124,370	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.85	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	3.79	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	56.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	41.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	1.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,070,818,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$8,085	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$8,801	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$7,701	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,229	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$6,396	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,213	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,908	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,916	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$4,514	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$4,627	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,485	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$31,237	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$95,568,299	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	74,737	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,279	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$4,950,104	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	2,511	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$1,971	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$86,546	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$2,792	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$179,400,852	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	3,075	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$58,342	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$436,971,063	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$30,673	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$14,246	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$34,984,456	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	104,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$335	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$2,178,758	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	4,384	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$497	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$691,188	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	14,234	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$5,426,352	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	11,661	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$465	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$17,190,800	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	18,067	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$952	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$1,513,935	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,645	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$920	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$4,940,965	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	76,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$210,421,035	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	102,218	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,059	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$38,857,538	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$7,240	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,367	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$10,997,898	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	33,159	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$332	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,355,487	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	92	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$14,734	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,752,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,255	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,396	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,187,992	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,910	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$560	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$62,409	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,041	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$31	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,264,726	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	676	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,350	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$18,742,658	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	36,499	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$514	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$511	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$30	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$722	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$673	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$817	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$4,692	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,652	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,589	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,621	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,528	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$755	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,759	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	56.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	56.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	56.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	26.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	32.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	15.83	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	77.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	73.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	84.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	85.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	263	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	267	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	250	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$300,789	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1719	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$175	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$685,818	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5975	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$96,389	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1357	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$71	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$37,824,445	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	5473	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,911	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	786,601	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	678,293	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	86.23	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	92.13	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	88.34	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	84.24	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	85.63	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	622,537	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	93,752	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	49,312	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,595	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	14,428	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	28,417	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	166,855	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	147,313	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,270	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	6,209	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	11,063	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	422,852	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	115,481	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	29	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	873	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	226,610	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	69,951	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	9,908	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	9,908	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	103,135	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	48,237	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	40	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	3,598	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	.	N/A	39,228	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	12,032	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,513,810,905	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,196	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,706	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$7,703	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,357	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$6,362	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,192	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,891	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,306	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,031	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$6,757	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,466	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$27,677	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$847	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$727	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$719	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$759	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,185	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,875	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,079	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,886	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,451	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,790	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,529	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,179	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$479,223,167	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	148,797	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,221	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$20,901,146	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	6,021	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$3,471	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$8,834,526	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2,969	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$2,976	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$343,550,054	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	5,928	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$57,954	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$504,047,137	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$34,444	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$14,634	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$200,350,849	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	586,372	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$23,373,733	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	136,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$171	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$7,499,530	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	55,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$136	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$151,857,777	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	307,183	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$494	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$48,979,680	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	110,815	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$442	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$19,442,779	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	9,350	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$45,218,781	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	406,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$111	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$428,498,952	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	534,357	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$802	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$116,591,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$246,701	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$473	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$28,135,131	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	82,321	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,856,611	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	128	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$14,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$6,710,489	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,907	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$18,622,054	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	8,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,264	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$7,828,209	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	55,116	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$142	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,316,764	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	700	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,310	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$44,884,742	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	104,040	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$431	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$397,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$609	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$712	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$244	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$828	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,115	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,619	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$16	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$545	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,219	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$128	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$201	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$926	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$779	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,126	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$458	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,039	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	18.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	55.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	25.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	29.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	6.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	31.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	67.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	78.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75.58	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: LA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	62.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	68.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	83.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	83.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	85.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	83.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	83.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	237	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	267	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	213	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$11,735,578	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	55,478	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$212	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$7,158,214	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	36,771	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,206,505	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	17,697	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$181	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$110,243,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	12,167	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,061	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	112,715	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	112,715	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	35.32	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.44	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$8,247	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	72,903	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$4,890	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,097	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.43	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,311	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.83	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.11	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.18	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.29	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.46	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.46	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.11	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	98.90	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.34	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.27	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.85	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	24.74	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	68.40	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	62.75	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.78	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	20.95	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	22.76	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	81.46	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	16.89	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.70	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.95	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	39,812	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$777	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$840	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.06	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.25	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.06	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.35	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.91	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	84.27	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	8.95	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	40.79	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	50.27	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	39.05	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.05	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	569,039	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	569,039	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	8.43	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	9.58	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,022	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	521,056	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$102	No	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$366	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$491	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$417	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	94.92	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.57	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	4.27	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	26	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	98.21	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.81	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	95.74	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	17	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.48	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	4.38	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	9.42	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	39.73	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	50.85	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.66	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	95.39	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.21	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	47,983	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$679	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	88.02	Yes	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	11.66	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	29.10	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	11.32	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	45.62	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	43.06	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	25,129,547	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	11.45	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	22,252,413	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	13.02	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.31	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$125	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	2.17	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	9.28	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$510	No	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$104	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	19,356,018	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	12.51	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.39	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	33.95	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	11.83	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	51.42	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	10.52	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	2.95	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	1.79	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.43	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	4.21	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	26.59	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.19	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$106	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	15.35	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	9.73	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.84	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	10.18	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	3.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	8.33	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	16.50	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	11.73	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	4.41	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	8.35	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.20	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.99	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	1.41	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.31	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.25	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	2.87	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	4.36	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$92	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$61	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$32	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$33	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$90	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$87	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$114	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$25	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$26	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$107	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$169	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$489	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$19	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,443	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,848	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$108	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$103	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.41	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.36	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	4.34	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$548	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	52.49	No	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	98.81	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	28.15	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	7.53	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	54.05	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	38.42	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	42.50	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	57.50	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	2,896,395	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	3.88	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	9.93	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	86.21	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	2.43	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	38.30	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	4.63	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	19.32	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	12.63	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	12.45	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	1.51	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	4.34	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	6.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	87.80	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	89.42	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	8.52	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	41.03	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	50.45	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.05	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	83.13	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	16.87	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	14,069,442	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	14,069,442	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.31	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	14,069,442	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$44	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.78	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	1.60	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.85	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.77	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.85	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.85	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.85	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	81.00	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	18.83	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.85	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	2.99	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	96.86	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	46.57	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.71	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	1,074,232	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$5,082,696,100	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	6.79	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	20.55	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	13.01	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	59.65	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	1,060,289	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	906,264	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	98.65	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	94.53	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	422	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.20	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.60	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	51.49	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	10.59	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	14.37	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	20.12	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	2.64	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	45.93	No	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	12.57	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	70.11	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	204,531	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	93.25	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	92.67	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	45.09	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,048	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	38.65	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	19.82	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	41.54	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	2.95	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	13.45	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	92.84	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	108,778	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	32,806	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	10,376	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	43,899	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	21,697	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	221,164	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	155,525	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	11,017	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	43,628	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,648	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	9,346	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	439,383	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	102,207	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	305,664	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	28,409	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	678	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	2,425	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	290,964	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	42,900	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	14,775	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	30,587	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	202,702	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	900,191	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	90.77	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	8.15	No	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	9.12	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	148,438	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	45,433	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	4,702	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	73.73	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	781,777	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	28.81	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	88.41	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.17	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	72.02	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	1.33	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	5.67	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.52	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	780,589	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.22	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	14.95	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	51.64	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	33.20	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	629,471	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	900,191	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	13.33	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	5.42	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.11	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	2.41	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	47.85	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.57	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	30.26	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$517,333,861	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$275,761,670	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$241,572,191	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.37	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.31	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.37	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$157	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$39	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$301,057,661	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	225,215	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$216,274,283	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	555,374	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$1,917	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	1,188	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$202,052,936	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$45,633,051	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$6,204,131	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$35,129,677	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$115,086,077	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$897	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$203	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$28	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$156	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$511	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	633,271	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	517,596	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	529,744	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	7,927	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	2,068	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	2,935	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	834	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	2,090	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	105,138	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	84,594	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	5,516	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	9,232	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	765	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	5,031	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	320,353	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	72,413	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	223,712	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	21,337	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	605	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	2,286	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	199,853	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	30,315	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	10,361	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	24,222	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	134,955	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	2,976	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,699,004,084	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,683	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,282	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$8,898	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,153	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$3,842	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$18,403	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$13,930	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,352	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,788	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$5,319	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$7,398	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$35,648	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	$6,024	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,109	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,319	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,107	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$518	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,546	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$128	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,451	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,366	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,554	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$975	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$1,323	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$295,835,722	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	47,577	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$6,218	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$516,657	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$34,444	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$22,439,275	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	608	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$36,907	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$42,084,008	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	260	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$161,862	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$140,689,353	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	4,833	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$29,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$156,660,646	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	375,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$417	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$36,800,764	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	197,962	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,179,736	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	57,735	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$72	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$150,460,057	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	268,103	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$561	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$32,489,568	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	68,840	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$472	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$88,975,501	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	19,362	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,595	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$70,233,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	325,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$216	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$257,527,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	408,645	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$630	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$77,401,384	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$43,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$20,285,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	42,353	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$479	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,744,348	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,455	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$13,394,051	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	7,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,816	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$67,880,441	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	40,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,673	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$781,264	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,970	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$263	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,937,255	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	362	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,352	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$27,728,702	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	96,513	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$287	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$131,483,451	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	4,915	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$26,751	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$25,744,979	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	10,339	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,490	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$26,731,837	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,784	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,064	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$467	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$835	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$298	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$387	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$325	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,461	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$407	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$808	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,590	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$92	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$272	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,122	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$686	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$787	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	7.51	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	11.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	8.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	19.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	3.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	8.18	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	64.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	69.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	81.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	58.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	77.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	72.46	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	86.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	79.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	70.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	194	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	179	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	113	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	4.39	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$12,002,930	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	49,811	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$13,172,702	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	32,369	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$407	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$516	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$124,290,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,775	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$26,029	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	201,803	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	179,291	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	180,106	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	1.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	28.66	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	63.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	2.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.36	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	100,688	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	30,696	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	7,404	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	42,990	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	19,598	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	97,719	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	56,593	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	4,696	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	31,572	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	835	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	4,023	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	188,830	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.54	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.14	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	52.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,655,115,247	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$13,157	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$14,809	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$14,534	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,930	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$9,623	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$17,457	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$25,023	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$12,103	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,704	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$11,524	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$16,225	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$43,372	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	$7,701	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$42,064,668	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	32,723	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,285	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$188,359	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$23,545	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$9,518,366	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2,401	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$3,964	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$166,540,549	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,122	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$148,432	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,282,173,094	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$50,692	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$25,293	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$29,137,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	126,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$10,414,473	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	54,508	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$191	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$2,666,447	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	47,949	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$56	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$52,447,150	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	98,374	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$533	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$33,371,442	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	39,018	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$855	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$89,000,304	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	18,245	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,878	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$8,264,087	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	88,739	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$93	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$332,419,924	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	166,325	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,999	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$75,059,091	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$16,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,570	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$23,600,747	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	47,480	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$497	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,025,726	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,451	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,396	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$17,453,820	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	9,108	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,916	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$58,147,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,580	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$22,538	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$327,984	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,005	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$109	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$5,731,129	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,168	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$21,651,387	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	66,497	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$326	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$304,171,487	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	8,823	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$34,475	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$31,397,531	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	16,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,925	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$57,045,909	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	7,003	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,146	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$208	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$151	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$7,227	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$11,526	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,046	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,647	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,170	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,158	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$4,074	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,687	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$6,634	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	26.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	44.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	82.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	77.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	87.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	81.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	90.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	244	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	258	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	180	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$704,925	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	4810	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$147	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,909,255	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	7753	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$246	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$321,465,147	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	13732	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$23,410	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	835,074	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	696,887	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	83.45	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	84.22	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	91.71	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	83.04	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	75.46	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	709,849	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	108,615	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	32,764	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	10,339	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	43,824	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	21,688	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	202,857	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	141,187	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	10,212	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	40,804	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,600	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	9,054	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	320,361	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	72,413	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	223,718	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	21,337	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	606	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	606	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	203,241	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	30,534	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	10,585	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	24,305	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	137,817	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$4,354,119,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$5,214	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$6,248	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$14,123	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,070	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$7,982	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$17,475	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$23,954	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,677	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,754	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$8,173	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$14,227	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$39,679	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	$6,769	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,109	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,319	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,107	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$518	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,544	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$128	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,470	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,372	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,597	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$979	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$1,348	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$337,900,390	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	80,300	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,208	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$705,016	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	23	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$30,653	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,957,641	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	3,009	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$10,621	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$208,624,557	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,382	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$150,958	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,422,862,447	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$55,525	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$25,626	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$185,798,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	502,821	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$370	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$47,215,237	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	252,470	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$187	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$6,846,183	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	105,684	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$202,907,207	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	366,477	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$554	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$65,861,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	107,858	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$611	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$177,975,805	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	37,607	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,733	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$78,498,019	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	414,023	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$589,947,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	574,970	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,026	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$152,460,475	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$59,735	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,552	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$43,886,339	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	89,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$489	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,770,074	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,906	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$30,847,871	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	16,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,871	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$126,028,044	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	43,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,920	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,109,248	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	5,975	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$7,668,384	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,471	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,213	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$49,380,089	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	163,010	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$303	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$435,654,938	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	13,738	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$31,712	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$57,142,510	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	26,652	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,144	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$83,777,746	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	10,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,767	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$405	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$201	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$701	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$298	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$386	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,993	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$11,059	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$5	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$706	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,144	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,864	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$93	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$286	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,719	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$686	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$794	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	9.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	14.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	8.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	7.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	42.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	68.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	77.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	84.50	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	58.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.31	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	88.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	79.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	70.40	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	240	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	257	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	180	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	113	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$12,707,855	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	54,621	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$233	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$15,081,957	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	40,122	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$688	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$445,755,539	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	18,507	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$24,086	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	92,282	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	40.78	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	54,650	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	36.57	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	4.01	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,316	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	34,662	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$9,050	No	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,110	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.80	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$4,624	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.36	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	92.10	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.16	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	7.29	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	8.16	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	94.94	No	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.77	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.19	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.71	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	8.72	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	27.21	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	64.07	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	48.47	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.98	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.96	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.96	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	11.30	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	12.05	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	73.49	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	14.21	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	10.51	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.80	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	19,988	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,033	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.44	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$646	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	80.14	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	80.26	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	12.36	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	6.35	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	93.98	No	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	99.66	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.38	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.67	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	43.92	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	46.41	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	44.17	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.25	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	239,208	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	239,208	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	29.15	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,893	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	239,208	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$95	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$259	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$252	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$305	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	90.22	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.15	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	2.82	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.45	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	6.50	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	15	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	2.19	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	22.62	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	20.37	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	53.22	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	26.40	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.48	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.10	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	.	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	.	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	.	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	.	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	.	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	14,788,723	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	10.86	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	24.44	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	9,110,492	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	12.96	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.69	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$72	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	27.42	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$200	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$1,800	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	7,929,902	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	24.70	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	53.33	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	2.96	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.40	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.44	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	2.85	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.09	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$488	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	6.82	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	0.10	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.04	No	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	3.19	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	0.68	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	21.12	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	2.05	No	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	2.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	0.22	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	0.02	No	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	12.56	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.88	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	7.52	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	13.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	1.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	17.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	10.26	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.09	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$36	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$14	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$20	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$227	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$81	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$101	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$12	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$94	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$186	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$100	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$29	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$128	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$83	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,941	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$529	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$58	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.27	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	20.89	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$82	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$116	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$101	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	56.93	No	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	13.45	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	19.27	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	38.49	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	42.24	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	8.46	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	34.81	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	56.73	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	99.59	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	1,180,590	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	11.64	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	6.88	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	12.11	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	70.55	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	4.04	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	9.13	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	3.69	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	1.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	3.22	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	5.34	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	2.12	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$37	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.92	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	45.24	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	12.05	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	47.36	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	40.58	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.10	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	86.26	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	13.65	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	5,673,838	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	30.46	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	3,945,425	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.24	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	3,945,425	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	99.96	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$49	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.89	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$34	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.42	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	99.58	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.42	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.42	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.33	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.37	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	2.45	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	97.35	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	41.42	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	35.22	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	691,506	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$2,679,699,263	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	15.52	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	15.33	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	13.60	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	8.21	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	1.25	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.86	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	45.23	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	686,834	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	523,752	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.20	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	95.25	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.23	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	34.13	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	55.55	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.18	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	4.77	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	3.03	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.02	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	58.75	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	9.51	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	54.41	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	85,887	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	85.50	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	87.51	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	32.77	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,362	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	72.99	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	4.97	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	22.04	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	5.06	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	4.82	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.79	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	92.54	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	72.11	No	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	54,209	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	19,686	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	23,019	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	11,482	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	22	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	114,494	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	87,481	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	18,266	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	7,226	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,521	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	371,157	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	82,602	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	19,372	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	207,864	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	45,539	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	15,780	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	146,974	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	32,708	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	11,019	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	57,172	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	46,075	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	509,684	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	89.58	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.68	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	7.74	No	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	2.81	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	89,761	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	54,744	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	70.95	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	487,307	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	9.27	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	487,307	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	1.33	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	14.80	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	67.88	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	15.99	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	358,583	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	509,684	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	69.71	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	30.29	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$716,902,272	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$716,787,049	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$115,223	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.84	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.84	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$716,902,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	487,307	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$741,929,764	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$182,632,748	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$35,221,216	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$59,540,601	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$464,535,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,523	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$375	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$72	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$953	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	121,605	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	30,877	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	57,177	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	2,699	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	880	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,353	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	466	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	10,149	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	4,974	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	4,808	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	203	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	164	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	39,997	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	2,386	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,469	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	9,646	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	24,589	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	907	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	68,760	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	1,893	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	2,390	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	34,435	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	30,042	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	2,526	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$309,696,303	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,547	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$10,030	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$11,343	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$14,813	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$12,881	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$321	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$19,244	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$20,910	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$16,398	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$804	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$74,986	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,400	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,234	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$16,018	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$422	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$5,875	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$404	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,211	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,676	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$102	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$518	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$111,767,394	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	7,496	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$14,910	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$719,857	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$79,984	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$43,367,146	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	836	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$51,875	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$20,514,815	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	224	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$91,584	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$64,093,166	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	2,225	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$28,806	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$6,410,297	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	16,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$381	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$21,452	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	376	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$57	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$55,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	1,075	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$52	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$10,292,583	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	10,639	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$967	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$883,347	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	4,160	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$212	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$10,613,152	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	849	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$12,501	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$657,251	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	6,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$108	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$14,275,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	12,383	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,153	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$3,989,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$3,399	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,174	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$38,512	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	271	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$142	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$713,925	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	134	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,328	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$117,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	470	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$251	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$528,105	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	870	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$607	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,006,950	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,511	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,328	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$605,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	123	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,922	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,102,511	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	4,526	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$244	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$40,819	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	267	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$153	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$1,575,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	941	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,674	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,563,981	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	168	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,309	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$919	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$7,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$294	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,058	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$6,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$955	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$117	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$790	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$948	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$46	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$452	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$905	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	6.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	26.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	2.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	30.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	10.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	39.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	11.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3.74	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	22.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	43.83	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	58.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	18.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	19.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	23	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	238	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	254	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	259	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	178	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	117	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	2.58	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,541,295	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	6,810	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$226	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$181,163	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	613	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$296	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$10,066,882	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	369	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$27,282	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	77,922	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	66,722	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	66,838	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	1.59	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	14.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	54.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.86	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	22.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.39	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.30	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.20	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	45,051	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	14,168	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	19,884	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	10,978	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	21	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	32,209	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	20,475	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	3,659	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	6,854	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,221	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	73,413	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.71	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.25	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	99.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	58.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	39.69	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$898,050,281	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$11,525	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$13,460	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$12,692	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,664	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$24,033	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,227	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$8,534	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,089	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,641	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$27,640	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$2,163	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$43,035	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$38,260,849	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	14,827	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,580	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$6,727,282	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	103	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$65,313	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$31,726,423	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	365	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$86,922	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$490,848,393	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$20,255	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$24,233	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$19,521,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	52,794	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$370	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$17,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	178	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$101	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$668,553	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	15,294	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$44	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$9,922,199	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	29,022	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$878,390	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	7,244	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$92,501,899	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	2,453	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$37,710	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$482,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	9,917	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$118,734,756	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	60,515	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,962	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$8,977,818	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$8,401	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,069	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,198,300	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,211	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$16,798,938	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,947	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,700	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$361,522	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$264	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$3,553,886	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,925	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,846	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$113,989	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	921	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,143,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	476	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,502	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,409,630	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	13,126	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$260	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$903,911	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	183	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,939	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$22,163,751	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,359	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$9,395	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$26,193,636	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,674	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,796	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$491	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$386	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$632	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$6,793	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$9,903	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,579	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,524	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,840	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,717	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,038	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	19.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	18.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	26.58	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	40.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	77.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	78.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	76.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	73.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	69.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	79.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	262	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	260	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	279	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$74,535	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	489	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$133,208	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1219	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$109	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$93,322,732	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2542	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$36,712	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	199,527	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	97,599	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	48.92	No	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	84.55	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	79.96	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	22.24	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	20.82	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	124,015	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	47,750	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	15,048	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	21,237	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	11,444	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	21	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	42,358	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	25,449	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	8,467	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	7,057	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,385	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	40,353	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	2,386	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,472	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	9,653	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	24,928	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	914	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	914	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	69,066	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	1,948	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	2,509	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	34,552	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	30,057	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,207,746,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$6,053	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$12,375	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$12,615	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$6,199	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$23,323	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,190	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$8,534	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$12,283	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$10,235	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$21,256	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$2,124	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$46,818	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,397	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,234	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$16,076	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$429	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$168	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$5,861	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$416	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,262	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,756	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$104	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$524	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$150,028,243	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	22,323	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$6,721	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$7,447,139	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	112	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$66,492	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$43,367,146	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	836	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$51,875	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$52,241,238	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	589	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$88,695	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$554,941,559	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$22,480	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$24,686	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$25,931,690	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	69,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$373	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$39,341	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	554	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$71	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$723,930	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	16,369	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$44	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$20,214,782	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	39,661	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$510	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,761,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	11,404	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$154	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$103,115,051	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	3,302	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$31,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,139,955	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	15,982	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$71	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$133,010,400	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	72,898	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,825	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$12,967,457	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$11,800	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,099	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,236,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,482	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$17,512,863	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3,081	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,684	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$479,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,838	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$261	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$4,081,991	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,795	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,460	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,120,939	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,432	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$872	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,748,438	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	599	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,588	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$4,512,141	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	17,652	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$256	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$944,730	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	450	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,099	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$23,738,857	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,300	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$7,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$27,757,617	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,842	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,767	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$752	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$454	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$295	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$292	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$9,798	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,575	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$947	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$7	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$667	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,283	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,626	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$13	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,337	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,080	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,809	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$104	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	11.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	18.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	21.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4.21	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	12.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	40.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	36.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.97	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	68.05	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	11.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	42.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	74.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	18.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	19.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	259	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	260	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	271	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	178	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	125	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,615,830	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	7,299	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$221	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$314,371	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1,832	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$103,389,614	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,911	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$35,517	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	51,037	N/A	32,673	N/A	.	N/A	-35.98	.	No
% Encounter Claims *	N/A	0.00	N/A	1.55	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	51,037	N/A	32,168	N/A	.	N/A	-36.97	.	No
% Crossover	5-20	54.45	No	30.79	No	.	N/A	-43.46	.	No
% Adjusted Claims	> 1%	1.47	Yes	2.29	Yes	.	N/A	55.70	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$9,318	N/A	$10,508	N/A	.	N/A	12.76	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	23,245	N/A	22,264	N/A	.	N/A	-4.22	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,660	Yes	$7,684	No	.	N/A	64.88	.	No
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,418	N/A	$1,490	N/A	.	N/A	5.08	.	Yes
% Claims with TPL	>0 - 10	4.32	Yes	3.93	Yes	.	N/A	-9.10	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$5,812	N/A	$6,231	N/A	.	N/A	7.22	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	63.21	No	98.81	Yes	.	N/A	56.31	.	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.58	Yes	99.39	Yes	.	N/A	-0.19	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.45	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.71	Yes	4.60	Yes	.	N/A	24.18	.	No
Average Covered Days (> 0 day	2-<8	4.41	Yes	5.16	Yes	.	N/A	16.90	.	No
% Begin Date = Admit Date	95-100	75.87	No	98.10	Yes	.	N/A	29.31	.	No
% IP Claims (MAX TOS 01)	95-100	77.27	No	100.00	Yes	.	N/A	29.42	.	No
% Family Planning Claims (pgm	>0-5	22.73	No	0.00	Yes	.	N/A	-99.98	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.05	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	5.28	Yes	4.74	No	.	N/A	-10.30	.	Yes
% Claims with PDX, where length=4	15-75	30.68	Yes	24.61	Yes	.	N/A	-19.78	.	No
% Claims with PDX, where length=5	25-70	64.04	No	70.65	No	.	N/A	10.33	.	Yes
% Claims with a procedure code	35-70	40.40	Yes	56.21	Yes	.	N/A	39.15	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.79	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	11.95	N/A	19.30	N/A	.	N/A	61.52	.	No
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	13.47	N/A	18.24	N/A	.	N/A	35.43	.	No
Patient Status										
% Home	75-90	58.28	No	85.59	Yes	.	N/A	46.86	.	No
% Transferred	1-10	3.98	Yes	12.61	No	.	N/A	216.94	.	No
% Still a Patient	>0 - 2	23.32	No	0.92	Yes	.	N/A	-96.07	.	No
% Died	>0 - 3	0.53	Yes	0.88	Yes	.	N/A	64.19	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	27,792	N/A	9,904	N/A	.	N/A	-64.36	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$304	N/A	$1,041	N/A	.	N/A	242.63	.	No
% Claims with TPL	N/A	84.69	N/A	0.03	N/A	.	N/A	-99.96	.	No
Aver. TPL Paid -claims with TPL	N/A	$572	N/A	$458	N/A	.	N/A	-20.06	.	No
% Claims withUB-92 Accommodation Codes	95-100	20.25	No	91.44	No	.	N/A	351.45	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	97.51	Yes	92.15	N/A	.	N/A	-5.50	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.13	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	2.94	Yes	5.71	Yes	.	N/A	94.09	.	No
% Begin Date = Admit Date	95-100	3.27	No	11.02	No	.	N/A	236.80	.	No
% Claims with IP TOS	95-100	99.89	Yes	100.00	Yes	.	N/A	0.11	.	Yes
% Claims with DX	98-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	58.18	Yes	3.79	Yes	.	N/A	-93.48	.	No
% Claims with PDX, where length=	5-30	6.57	Yes	8.33	Yes	.	N/A	26.73	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	48.27	Yes	40.21	Yes	.	N/A	-16.70	.	No
% Claims with PDX, where length=5	25-70	45.15	Yes	51.46	Yes	.	N/A	13.97	.	Yes
% Claims with a procedure code	35-70	12.28	No	49.89	Yes	.	N/A	306.13	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.84	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	62.48	N/A	99.96	N/A	.	N/A	59.99	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	62.48	N/A	99.96	N/A	.	N/A	59.99	.	No
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	182,600	N/A	216,767	N/A	.	N/A	18.71	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	182,600	N/A	216,767	N/A	.	N/A	18.71	.	No
% Crossover	5-20	2.75	No	2.49	No	.	N/A	-9.49	.	Yes
% Adjusted Claims	> 1%	1.54	Yes	1.38	Yes	.	N/A	-10.07	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$1,388	N/A	$1,500	N/A	.	N/A	8.06	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	177,574	N/A	211,367	N/A	.	N/A	19.03	.	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$92	Yes	$95	Yes	.	N/A	3.88	.	Yes
ICF/MR (TOS 05)	N/A	$210	N/A	$230	N/A	.	N/A	9.50	.	Yes
Aged/MH (TOS 02)	N/A	$436	N/A	$518	N/A	.	N/A	18.95	.	No
IP Psych. < 21 (TOS 04)	N/A	$608	N/A	$597	N/A	.	N/A	-1.78	.	Yes
% NF (TOS 07)	75-99	91.09	Yes	91.33	Yes	.	N/A	0.26	.	Yes
% NF claims with NF Covered Days	N/A	99.82	N/A	100.00	N/A	.	N/A	0.17	.	Yes
Avg days for NF claims with Covered Days	N/A	11	N/A	10	N/A	.	N/A	-8.52	.	Yes
% ICF/MR (TOS 05)	>0-20	7.08	Yes	7.00	Yes	.	N/A	-1.08	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	98.46	N/A	93.14	N/A	.	N/A	-5.40	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	10	N/A	9	N/A	.	N/A	-8.25	.	Yes
% Aged/MH (TOS 02)	>0-10	0.15	Yes	0.01	Yes	.	N/A	-93.18	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	17.34	N/A	100.00	N/A	.	N/A	476.60	.	No
Avg days for Aged/MH claims with Covered Days	N/A	16	N/A	21	N/A	.	N/A	26.61	.	No
% IP Psych. < 21 (TOS 04)	>0-5	1.68	Yes	1.66	Yes	.	N/A	-1.01	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	91.07	N/A	100.00	N/A	.	N/A	9.81	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	19	N/A	18	N/A	.	N/A	-8.57	.	Yes
% Claims with Leave Days	1-20	0.00	No	0.00	No	.	N/A	-43.99	.	No
% Claims with DX	95-100	99.99	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% Claims with DX, where length=3	5-30	20.65	Yes	21.04	Yes	.	N/A	1.87	.	Yes
% Claims with DX, where length=4	15-75	66.75	No	66.70	Yes	.	N/A	-0.08	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	12.59	No	12.26	No	.	N/A	-2.66	.	Yes
Patient Status										
% Home	1-5	0.77	No	0.51	No	.	N/A	-34.21	.	No
% Still a Patien	8-98	98.09	No	98.49	No	.	N/A	0.41	.	Yes
% Died	>0-5	0.72	Yes	0.65	Yes	.	N/A	-9.77	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	5,026	N/A	5,400	N/A	.	N/A	7.44	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$629	N/A	$573	N/A	.	N/A	-8.92	.	Yes
% NF (TOS 07)	75-99	90.65	Yes	89.65	Yes	.	N/A	-1.10	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	9.31	Yes	10.35	No	.	N/A	11.17	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.04	Yes	0.00	No	.	N/A	-100.00	.	No
% Claims with DX	95-100	99.30	Yes	99.13	Yes	.	N/A	-0.18	.	Yes
% Claims with DX, where length=3	5-30	17.31	Yes	17.65	Yes	.	N/A	1.98	.	Yes
% Claims with DX, where length=4	15-75	56.72	No	53.82	Yes	.	N/A	-5.12	.	Yes
% Claims with DX, where length=5	25-70	25.97	Yes	28.53	Yes	.	N/A	9.86	.	Yes
Patient Status										
% Home	1-5	2.49	Yes	6.13	No	.	N/A	146.46	.	No
% Still a Patien	8-98	43.51	Yes	19.83	Yes	.	N/A	-54.42	.	No
% Died	>0-5	0.44	Yes	0.61	Yes	.	N/A	39.61	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	5,418,552	N/A	6,909,553	N/A	.	N/A	27.52	.	No
% Encounter Claims (Claim Type=3) *	N/A	0.01	N/A	0.56	N/A	.	N/A	4191.92	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	1.36	N/A	2.35	N/A	.	N/A	72.85	.	No
Total FFS Claims	N/A	5,417,847	N/A	6,708,374	N/A	.	N/A	23.82	.	No
% Crossover	5-20	10.52	Yes	9.66	Yes	.	N/A	-8.12	.	Yes
% Adjusted Claims	> 1%	0.93	No	0.81	No	.	N/A	-12.87	.	Yes
Aver. Amt. Pd Adjust. (include $0)	N/A	$169	N/A	$206	N/A	.	N/A	21.67	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.88	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	1.49	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$75	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	4,848,133	N/A	6,060,262	N/A	.	N/A	25.00	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.84	Yes	.	N/A	-0.16	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	8.60	N/A	7.49	N/A	.	N/A	-12.99	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.28	N/A	5.96	N/A	.	N/A	-5.11	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS	N/A	0.29	N/A	0.36	N/A	.	N/A	21.70	.	No
% Other Claims with Span Bills/All Other Claims	N/A	9.16	N/A	8.05	N/A	.	N/A	-12.09	.	Yes
% Claims W/ Service Place 11- Office	50-90	22.07	No	20.52	No	.	N/A	-7.04	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	10.17	No	9.69	No	.	N/A	-4.73	.	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.65	Yes	2.31	Yes	.	N/A	-12.52	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.46	Yes	0.25	Yes	.	N/A	-45.87	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.80	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	16.57	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	15.61	No	36.76	No	.	N/A	135.47	.	No
% Claims with TPL	>0 - 15	0.91	Yes	0.63	Yes	.	N/A	-31.28	.	No
Aver. TPL Paid -claims with TPL	N/A	$47	N/A	$49	N/A	.	N/A	4.08	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	11.34	Yes	11.41	Yes	.	N/A	0.66	.	Yes
% claims MAX TOS 09: Dental	2-20	3.62	Yes	4.69	Yes	.	N/A	29.39	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	5.29	Yes	2.17	Yes	.	N/A	-58.92	.	No
% claims MAX TOS 11: OPD	3-25	8.68	Yes	15.82	Yes	.	N/A	82.38	.	No
% claims MAX TOS 12: Clinic	2-25	3.69	Yes	8.03	Yes	.	N/A	117.52	.	No
% claims MAX TOS 13: HH	>0-25	3.57	Yes	3.07	Yes	.	N/A	-14.16	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	9.74	Yes	5.71	Yes	.	N/A	-41.30	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	-100.00	.	No
% claims MAX TOS 19: Other Services	<25	19.90	Yes	12.35	Yes	.	N/A	-37.94	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	2.90	Yes	2.00	No	.	N/A	-31.09	.	No
% claims MAX TOS 26: Transportation	>1	23.22	No	22.07	Yes	.	N/A	-4.92	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.57	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	2.39	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.57	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	2.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.44	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	5.19	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.06	Yes	0.01	Yes	.	N/A	-83.37	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$93	N/A	$103	N/A	.	N/A	11.16	.	Yes
08: Physicians	$20-90	$44	Yes	$43	Yes	.	N/A	-0.61	.	Yes
09: Dental	$10-60	$40	Yes	$35	Yes	.	N/A	-12.40	.	Yes
10: Other Practioner	$10-100	$36	Yes	$29	Yes	.	N/A	-20.80	.	No
11: OPD	$20-100	$109	No	$92	Yes	.	N/A	-15.10	.	No
12: Clinic	$20-100	$113	No	$115	No	.	N/A	2.05	.	Yes
13: HH	N/A	$73	N/A	$74	N/A	.	N/A	0.89	.	Yes
15: Lab/Xray	10-60	$16	Yes	$19	Yes	.	N/A	21.45	.	No
16: Drugs	10-60	$21	Yes	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$270	N/A	$323	N/A	.	N/A	19.57	.	No
51: DME	N/A	$58	Yes	$336	N/A	.	N/A	476.15	.	No
26: Transportation	N/A	$11	N/A	$11	N/A	.	N/A	0.44	.	Yes
30: PCS	N/A	.	N/A	$124	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$270	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$262	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$39	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$386	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$71	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.49	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.03	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.09	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	3.70	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$88	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$614	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	65.26	Yes	67.43	Yes	.	N/A	3.33	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	37.97	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	10.41	Yes	9.23	Yes	.	N/A	-11.39	.	Yes
% Claims with DX, where length=4	40-70	51.32	No	51.21	Yes	.	N/A	-0.21	.	Yes
% Claims with DX, where length=5	20-55	38.27	Yes	39.56	Yes	.	N/A	3.38	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	1.58	N/A	99.99	N/A	.	N/A	6232.62	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	47.81	N/A	99.99	N/A	.	N/A	109.13	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.62	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	13.82	N/A	27.47	N/A	.	N/A	98.79	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	66.39	N/A	24.71	N/A	.	N/A	-62.78	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	19.78	N/A	47.81	N/A	.	N/A	141.66	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	33.61	No	90.04	No	.	N/A	167.90	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	93.25	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	569,714	N/A	648,112	N/A	.	N/A	13.76	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.85	Yes	.	N/A	-0.15	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.24	N/A	9.28	N/A	.	N/A	28.20	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.36	N/A	9.67	N/A	.	N/A	3.38	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	91.91	N/A	73.68	N/A	.	N/A	-19.83	.	No
% Other Claims with Span Bills/All Other Claims	N/A	6.83	N/A	9.15	N/A	.	N/A	33.94	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	47.79	N/A	44.53	N/A	.	N/A	-6.82	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	7.52	N/A	6.38	N/A	.	N/A	-15.18	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	14.13	N/A	23.74	N/A	.	N/A	68.08	.	No
% claims MAX TOS 12: Clinic	N/A	3.55	N/A	7.14	N/A	.	N/A	101.05	.	No
% claims MAX TOS 13: HH	N/A	0.06	N/A	0.01	N/A	.	N/A	-80.69	.	No
% claims MAX TOS 15: Lab/Xray	N/A	11.79	N/A	8.30	N/A	.	N/A	-29.64	.	No
% claims MAX TOS 19: Other Services	N/A	9.80	N/A	6.88	N/A	.	N/A	-29.78	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.03	N/A	.	N/A	14931.52	.	No
% claims MAX TOS 26: Transportation	N/A	1.25	N/A	2.39	N/A	.	N/A	91.94	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.58	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$28	N/A	$36	N/A	.	N/A	29.49	.	No
% Claims with DX	N/A	88.56	N/A	91.85	N/A	.	N/A	3.72	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	92.12	Yes	94.17	Yes	.	N/A	2.23	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	18.82	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	10.18	Yes	9.85	Yes	.	N/A	-3.25	.	Yes
% Claims with DX, where length=4	40-70	48.20	Yes	47.71	Yes	.	N/A	-1.01	.	Yes
% Claims with DX, where length=5	20-55	41.62	Yes	42.44	Yes	.	N/A	1.96	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.15	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	1.45	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	11.85	No	0.08	No	.	N/A	-99.29	.	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	34.54	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	99.77	N/A	65.46	N/A	.	N/A	-34.39	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.23	N/A	0.00	N/A	.	N/A	-100.00	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	2,979,379	N/A	3,256,276	N/A	.	N/A	9.29	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	2,979,379	N/A	3,256,276	N/A	.	N/A	9.29	.	Yes
% Adjusted Claims	> 1%	0.30	No	0.00	No	.	N/A	-100.00	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$131	N/A	.	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	2,979,379	N/A	3,256,276	N/A	.	N/A	9.29	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$42	Yes	$47	Yes	.	N/A	13.10	.	Yes
% Claims with TPL	>0 - 15	0.11	Yes	0.27	Yes	.	N/A	131.39	.	No
Aver. TPL Paid for claims with TPL	N/A	$5,924	N/A	$6,966	N/A	.	N/A	17.59	.	No
% Family Planning Claims (program type=2)	N/A	0.33	N/A	1.25	N/A	.	N/A	277.39	.	No
% Drug Claims (TOS 16)	95-99	99.67	No	100.00	No	.	N/A	0.33	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.79	Yes	99.82	Yes	.	N/A	0.03	.	Yes
% Claims with Medispan	98-100	90.18	No	96.21	No	.	N/A	6.69	.	Yes
% Claims with AHFS	98-100	99.79	Yes	99.82	Yes	.	N/A	0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.79	Yes	99.82	Yes	.	N/A	0.03	.	Yes
% Claims with GC3	98-100	99.79	Yes	99.82	Yes	.	N/A	0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.23	N/A	79.53	N/A	.	N/A	-19.85	.	No
% Products (codes 4-6)	N/A	0.05	N/A	20.22	N/A	.	N/A	40694.81	.	No
% HRI (code 7)	N/A	0.51	N/A	0.05	N/A	.	N/A	-89.40	.	No
% Claims with Smart Key	98-100	99.79	Yes	99.82	Yes	.	N/A	0.03	.	Yes
% OTC-Drug Class	N/A	3.18	N/A	3.04	N/A	.	N/A	-4.18	.	Yes
% Prescription-Drug Class	N/A	96.61	N/A	96.78	N/A	.	N/A	0.17	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	46.60	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.55	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	203,616	N/A	207,869	N/A	.	N/A	2.09	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,247,552,881	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	12.18	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	64.69	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	1.73	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	18.42	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	2.96	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	201,641	N/A	204,329	N/A	.	N/A	1.33	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	159,409	N/A	163,928	N/A	.	N/A	2.83	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.85	No	98.32	No	.	N/A	-0.54	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	97.70	Yes	97.53	Yes	.	N/A	-0.17	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	5	N/A	16	N/A	.	N/A	220.00	.	N/A	No
% with County Code	>=95%	99.21	Yes	99.24	Yes	.	N/A	0.03	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.50	Yes	99.56	Yes	.	N/A	0.06	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.00	No	0.00	No	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	96.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	1.20	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.81	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.29	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	2.74	Yes	2.69	Yes	.	N/A	-1.64	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	47.83	No	48.78	No	.	N/A	2.00	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	14.26	Yes	14.47	Yes	.	N/A	1.44	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	60.74	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	46,192	N/A	48,226	N/A	.	N/A	4.40	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	96.00	Yes	96.11	Yes	.	N/A	0.11	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	95.15	Yes	96.36	Yes	.	N/A	1.27	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	48.49	Yes	49.88	Yes	.	N/A	2.86	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,751	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	52.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	39.69	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	7.88	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	2.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	28.61	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	93.77	No	100.00	Yes	.	N/A	6.65	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	97.05	No	99.88	Yes	.	N/A	2.93	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	96.53	Yes	94.14	Yes	.	N/A	-2.48	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	25,361	N/A	24,357	N/A	.	N/A	-3.96	.	10% (+/-)	Yes
11: Aged, Cash	N/A	6,088	N/A	5,598	N/A	.	N/A	-8.05	.	10% (+/-)	Yes
21: Aged, MN	N/A	600	N/A	704	N/A	.	N/A	17.33	.	10% (+/-)	No
31: Aged, Poverty	N/A	8,943	N/A	9,292	N/A	.	N/A	3.90	.	10% (+/-)	Yes
41: Other Aged	N/A	9,730	N/A	8,763	N/A	.	N/A	-9.94	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	44,605	N/A	48,722	N/A	.	N/A	9.23	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	30,098	N/A	31,415	N/A	.	N/A	4.38	.	10% (+/-)	Yes
22: Disabled, MN	N/A	552	N/A	511	N/A	.	N/A	-7.43	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	8,188	N/A	10,383	N/A	.	N/A	26.81	.	10% (+/-)	No
42: Other Disabled	N/A	5,767	N/A	6,413	N/A	.	N/A	11.20	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	91,309	N/A	91,581	N/A	.	N/A	0.30	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	25,712	N/A	20,750	N/A	.	N/A	-19.30	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	1,262	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	440	N/A	164	N/A	.	N/A	-62.73	.	10% (+/-)	No
34: Child Poverty	N/A	32,947	N/A	34,275	N/A	.	N/A	4.03	.	10% (+/-)	Yes
44: Other Child	N/A	29,685	N/A	32,162	N/A	.	N/A	8.34	.	10% (+/-)	Yes
48: Foster Care Child	N/A	2,525	N/A	2,968	N/A	.	N/A	17.54	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	40,365	N/A	39,669	N/A	.	N/A	-1.72	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	23,237	N/A	16,458	N/A	.	N/A	-29.17	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	982	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	228	N/A	133	N/A	.	N/A	-41.67	.	10% (+/-)	No
35: Adult, Poverty	N/A	3,857	N/A	4,094	N/A	.	N/A	6.14	.	10% (+/-)	Yes
45: Other Adult	N/A	13,043	N/A	18,002	N/A	.	N/A	38.02	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	163,434	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	96.85	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.12	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	11.28	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	39,258	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	5,104	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	1,055	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	25.93	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	52,977	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	16.47	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	86.36	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.18	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	10,184	N/A	8,725	N/A	.	N/A	-14.33	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	0.92	N/A	1.09	N/A	.	N/A	17.96	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	74.62	N/A	73.43	N/A	.	N/A	-1.59	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	24.46	N/A	25.48	N/A	.	N/A	4.16	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	5,941	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	163,434	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	3.88	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	8.90	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	87.22	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$5,724,836	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$5,418,101	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$306,735	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.51	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.83	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.42	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$18	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$76	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$5,403,084	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	8,725	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$321,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	44,252	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$13,092,230	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$1,637,265	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,062,818	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,782,390	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$8,609,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,501	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$188	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$204	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$987	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	145,284	N/A	147,397	N/A	.	N/A	1.45	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	119,580	N/A	126,340	N/A	.	N/A	5.65	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	110,755	N/A	113,690	N/A	.	N/A	2.65	.	15% (+/-)	Yes
MAX Aged Total	N/A	1,230	N/A	886	N/A	.	N/A	-27.97	.	10% (+/-)	No
11: Aged, Cash	N/A	222	N/A	107	N/A	.	N/A	-51.80	.	10% (+/-)	No
21: Aged, MN	N/A	24	N/A	17	N/A	.	N/A	-29.17	.	10% (+/-)	No
31: Aged, Poverty	N/A	508	N/A	489	N/A	.	N/A	-3.74	.	10% (+/-)	Yes
41: Other Aged	N/A	476	N/A	273	N/A	.	N/A	-42.65	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	22,888	N/A	24,332	N/A	.	N/A	6.31	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	17,360	N/A	18,189	N/A	.	N/A	4.78	.	10% (+/-)	Yes
22: Disabled, MN	N/A	243	N/A	232	N/A	.	N/A	-4.53	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	2,032	N/A	2,446	N/A	.	N/A	20.37	.	10% (+/-)	No
42: Other Disabled	N/A	3,253	N/A	3,465	N/A	.	N/A	6.52	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	83,663	N/A	85,173	N/A	.	N/A	1.80	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	23,469	N/A	19,256	N/A	.	N/A	-17.95	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	1,168	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	430	N/A	164	N/A	.	N/A	-61.86	.	10% (+/-)	No
34: Child Poverty	N/A	30,006	N/A	31,555	N/A	.	N/A	5.16	.	10% (+/-)	Yes
44: Other Child	N/A	27,327	N/A	30,093	N/A	.	N/A	10.12	.	10% (+/-)	No
48: Foster Care Child	N/A	2,431	N/A	2,937	N/A	.	N/A	20.81	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	37,502	N/A	37,006	N/A	.	N/A	-1.32	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	21,755	N/A	15,505	N/A	.	N/A	-28.73	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	918	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	223	N/A	131	N/A	.	N/A	-41.26	.	10% (+/-)	No
35: Adult, Poverty	N/A	3,640	N/A	3,907	N/A	.	N/A	7.34	.	10% (+/-)	Yes
45: Other Adult	N/A	11,884	N/A	16,545	N/A	.	N/A	39.22	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,723	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$488,819,787	N/A	$699,892,422	N/A	.	N/A	43.18	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$3,365	N/A	$4,748	N/A	.	N/A	41.13	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,088	N/A	$5,540	N/A	.	N/A	35.52	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$11,451	N/A	$9,439	N/A	.	N/A	-17.57	.	15% (+/-)	No
11: Aged, Cash	N/A	$6,733	N/A	$15,950	N/A	.	N/A	136.90	.	15% (+/-)	No
21: Aged, MN	N/A	$3,898	N/A	$8,740	N/A	.	N/A	124.19	.	15% (+/-)	No
31: Aged, Poverty	N/A	$2,154	N/A	$1,646	N/A	.	N/A	-23.57	.	15% (+/-)	No
41: Other Aged	N/A	$23,954	N/A	$20,888	N/A	.	N/A	-12.80	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$11,256	N/A	$15,305	N/A	.	N/A	35.98	.	15% (+/-)	No
12: Disabled, Cash	N/A	$11,102	N/A	$15,258	N/A	.	N/A	37.44	.	15% (+/-)	No
22: Disabled, MN	N/A	$18,278	N/A	$15,956	N/A	.	N/A	-12.70	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$7,810	N/A	$10,016	N/A	.	N/A	28.25	.	15% (+/-)	No
42: Other Disabled	N/A	$13,708	N/A	$19,243	N/A	.	N/A	40.38	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,940	N/A	$2,704	N/A	.	N/A	39.39	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$1,406	N/A	$2,085	N/A	.	N/A	48.24	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	$1,565	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$3,109	N/A	$3,003	N/A	.	N/A	-3.42	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$1,145	N/A	$1,752	N/A	.	N/A	53.00	.	15% (+/-)	No
44: Other Child	N/A	$2,196	N/A	$2,659	N/A	.	N/A	21.04	.	15% (+/-)	No
48: Foster Care Child	N/A	$13,822	N/A	$17,911	N/A	.	N/A	29.59	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,461	N/A	$2,399	N/A	.	N/A	64.19	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,352	N/A	$2,430	N/A	.	N/A	79.69	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	$3,065	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$2,593	N/A	$3,611	N/A	.	N/A	39.28	.	15% (+/-)	No
35: Adult, Poverty	N/A	$2,269	N/A	$3,477	N/A	.	N/A	53.22	.	15% (+/-)	No
45: Other Adult	N/A	$1,392	N/A	$2,069	N/A	.	N/A	48.67	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$100,004,287	N/A	$162,188,285	N/A	.	N/A	62.18	.	15% (+/-)	No
IP: Number of Users	N/A	10,870	N/A	15,677	N/A	.	N/A	44.22	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$9,200	N/A	$10,346	N/A	.	N/A	12.45	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	6	N/A	7	N/A	.	N/A	10.93	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$144,098	N/A	$80,758	N/A	.	N/A	-43.96	.	15% (+/-)	No
MH Aged: Number of Users	N/A	67	N/A	3	N/A	.	N/A	-95.52	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$2,151	N/A	$26,919	N/A	.	N/A	1151.64	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$31,035,693	N/A	$35,905,960	N/A	.	N/A	15.69	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	682	N/A	649	N/A	.	N/A	-4.84	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$45,507	N/A	$55,325	N/A	.	N/A	21.58	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$10,893,953	N/A	$12,254,601	N/A	.	N/A	12.49	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	130	N/A	119	N/A	.	N/A	-8.46	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$83,800	N/A	$102,980	N/A	.	N/A	22.89	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$10,748,287	N/A	$12,060,988	N/A	.	N/A	12.21	.	15% (+/-)	Yes
NF Number of Users	N/A	630	N/A	589	N/A	.	N/A	-6.51	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,061	N/A	$20,477	N/A	.	N/A	20.02	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$21,552,186	N/A	$28,089,755	N/A	.	N/A	30.33	.	15% (+/-)	No

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Physician: Number of Users	N/A	76,156	N/A	84,143	N/A	.	N/A	10.49	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$283	N/A	$334	N/A	.	N/A	17.96	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$5,886,685	N/A	$8,539,003	N/A	.	N/A	45.06	.	15% (+/-)	No
Dental: Number of Users	N/A	30,140	N/A	38,719	N/A	.	N/A	28.46	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$195	N/A	$221	N/A	.	N/A	12.92	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$8,030,539	N/A	$3,388,661	N/A	.	N/A	-57.80	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	34,406	N/A	28,594	N/A	.	N/A	-16.89	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$233	N/A	$119	N/A	.	N/A	-49.23	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$41,654,156	N/A	$82,543,113	N/A	.	N/A	98.16	.	15% (+/-)	No
OPD Number of Users	N/A	56,105	N/A	77,970	N/A	.	N/A	38.97	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$742	N/A	$1,059	N/A	.	N/A	42.59	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$16,680,978	N/A	$47,162,936	N/A	.	N/A	182.73	.	15% (+/-)	No
Clinic: Number of Users	N/A	27,618	N/A	42,532	N/A	.	N/A	54.00	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$604	N/A	$1,109	N/A	.	N/A	83.59	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$6,867,246	N/A	$8,034,797	N/A	.	N/A	17.00	.	15% (+/-)	No
HH: Number of Users	N/A	3,687	N/A	3,377	N/A	.	N/A	-8.41	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,863	N/A	$2,379	N/A	.	N/A	27.74	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$6,847,863	N/A	$6,241,102	N/A	.	N/A	-8.86	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	63,496	N/A	63,779	N/A	.	N/A	0.45	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$108	N/A	$98	N/A	.	N/A	-9.26	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$51,112,952	N/A	$64,064,101	N/A	.	N/A	25.34	.	15% (+/-)	No
Drugs: Number of Users	N/A	92,517	N/A	97,862	N/A	.	N/A	5.78	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$552	N/A	$655	N/A	.	N/A	18.49	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$134,908,315	N/A	$141,759,452	N/A	.	N/A	5.08	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$26,582	N/A	$24,518	N/A	.	N/A	-7.76	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$5,075	N/A	$5,782	N/A	.	N/A	13.92	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$8,759,099	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	18,594	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$471	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,340,699	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	233	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,754	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$30,253,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	15,545	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,946	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$3,913,979	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	157	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$24,930	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$4,551,688	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	5,478	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$831	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$20,778,576	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	20,069	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$1,035	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$5,385,364	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	714	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,543	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$9,512,056	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,237	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$688	N/A	$1,100	N/A	.	N/A	59.86	.	15% (+/-)	No
Aged	N/A	$2,801	N/A	$2,056	N/A	.	N/A	-26.60	.	15% (+/-)	No
Disabled	N/A	$2,515	N/A	$3,891	N/A	.	N/A	54.74	.	15% (+/-)	No
Child	N/A	$251	N/A	$390	N/A	.	N/A	55.60	.	15% (+/-)	No
Adult	N/A	$481	N/A	$878	N/A	.	N/A	82.45	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$364	N/A	$409	N/A	.	N/A	12.52	.	15% (+/-)	Yes
Aged	N/A	$5,425	N/A	$4,984	N/A	.	N/A	-8.14	.	15% (+/-)	Yes
Disabled	N/A	$1,130	N/A	$1,383	N/A	.	N/A	22.46	.	15% (+/-)	No
Child	N/A	$241	N/A	$259	N/A	.	N/A	7.39	.	15% (+/-)	Yes
Adult	N/A	$3	N/A	$4	N/A	.	N/A	49.75	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$352	N/A	$435	N/A	.	N/A	23.54	.	15% (+/-)	No
Aged	N/A	$965	N/A	$731	N/A	.	N/A	-24.21	.	15% (+/-)	No
Disabled	N/A	$1,451	N/A	$1,703	N/A	.	N/A	17.39	.	15% (+/-)	No
Child	N/A	$103	N/A	$128	N/A	.	N/A	24.06	.	15% (+/-)	No
Adult	N/A	$216	N/A	$300	N/A	.	N/A	38.73	.	15% (+/-)	No
All Other Services	N/A	$1,953	N/A	$2,804	N/A	.	N/A	43.59	.	15% (+/-)	No
Aged	N/A	$2,260	N/A	$1,668	N/A	.	N/A	-26.19	.	15% (+/-)	No
Disabled	N/A	$6,157	N/A	$8,328	N/A	.	N/A	35.27	.	15% (+/-)	No
Child	N/A	$1,342	N/A	$1,928	N/A	.	N/A	43.68	.	15% (+/-)	No
Adult	N/A	$741	N/A	$1,217	N/A	.	N/A	64.20	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	7.48	N/A	10.64	N/A	.	N/A	42.16	.	15% (+/-)	No
Aged	N/A	12.20	N/A	9.14	N/A	.	N/A	-25.03	.	15% (+/-)	No
Disabled	N/A	13.10	N/A	17.31	N/A	.	N/A	32.08	.	15% (+/-)	No
Child	N/A	5.46	N/A	7.42	N/A	.	N/A	35.77	.	15% (+/-)	No
Adult	N/A	8.40	N/A	13.69	N/A	.	N/A	63.01	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.04	N/A	0.92	N/A	.	N/A	-11.30	.	15% (+/-)	Yes
Aged	N/A	26.91	N/A	21.11	N/A	.	N/A	-21.57	.	15% (+/-)	No
Disabled	N/A	3.04	N/A	3.09	N/A	.	N/A	1.78	.	15% (+/-)	Yes
Child	N/A	0.54	N/A	0.47	N/A	.	N/A	-13.24	.	15% (+/-)	Yes
Adult	N/A	0.07	N/A	0.05	N/A	.	N/A	-38.47	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	10.50	N/A	7.81	N/A	.	N/A	-25.58	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	63.68	N/A	66.39	N/A	.	N/A	4.26	.	15% (+/-)	Yes
Aged	N/A	54.80	N/A	45.26	N/A	.	N/A	-17.40	.	15% (+/-)	No
Disabled	N/A	83.47	N/A	83.12	N/A	.	N/A	-0.43	.	15% (+/-)	Yes
Child	N/A	60.82	N/A	62.45	N/A	.	N/A	2.67	.	15% (+/-)	Yes
Adult	N/A	58.27	N/A	64.98	N/A	.	N/A	11.52	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	78.93	N/A	83.31	N/A	.	N/A	5.54	.	15% (+/-)	Yes
Aged	N/A	55.12	N/A	44.24	N/A	.	N/A	-19.73	.	15% (+/-)	No

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Disabled	N/A	89.69	N/A	90.50	N/A	.	N/A	0.91	.	15% (+/-)	Yes
Child	N/A	83.13	N/A	86.34	N/A	.	N/A	3.86	.	15% (+/-)	Yes
Adult	N/A	63.79	N/A	72.55	N/A	.	N/A	13.74	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	7	N/A	.	N/A	10.93	.	15% (+/-)	Yes
Aged	N/A	16	N/A	16	N/A	.	N/A	1.59	.	15% (+/-)	Yes
Disabled	N/A	12	N/A	14	N/A	.	N/A	17.53	.	15% (+/-)	No
Child	N/A	4	N/A	5	N/A	.	N/A	11.67	.	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	.	N/A	9.67	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	191	N/A	156	N/A	.	N/A	-18.18	.	15% (+/-)	No
Aged	N/A	288	N/A	236	N/A	.	N/A	-17.87	.	15% (+/-)	No
Disabled	N/A	183	N/A	172	N/A	.	N/A	-6.17	.	15% (+/-)	Yes
Child	N/A	143	N/A	95	N/A	.	N/A	-33.65	.	15% (+/-)	No
Adult	N/A	10	N/A	23	N/A	.	N/A	136.08	.	15% (+/-)	No
% Enrollees with Delivery	N/A	3.82	N/A	5.90	N/A	.	N/A	54.52	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$3,710,206	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	14,077	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$264	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$3,359,923	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	15,007	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$224	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$4,772,295	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	11,992	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$49,694,281	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,775	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$27,997	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	46,173	N/A	48,207	N/A	.	N/A	4.41	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	40,591	N/A	41,712	N/A	.	N/A	2.76	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	40,657	N/A	42,907	N/A	.	N/A	5.54	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	4.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	4.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	64.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	7.18	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	1.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.37	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	18.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.97	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	24,131	N/A	23,471	N/A	.	N/A	-2.74	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	5,866	N/A	5,491	N/A	.	N/A	-6.39	.	10% (+/-)	Yes
21: Aged, MN	N/A	576	N/A	687	N/A	.	N/A	19.27	.	10% (+/-)	No
31: Aged, Poverty	N/A	8,435	N/A	8,803	N/A	.	N/A	4.36	.	10% (+/-)	Yes
41: Other Aged	N/A	9,254	N/A	8,490	N/A	.	N/A	-8.26	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	21,623	N/A	24,295	N/A	.	N/A	12.36	.	10% (+/-)	No
12: Disabled, Cash	N/A	12,661	N/A	13,152	N/A	.	N/A	3.88	.	10% (+/-)	Yes
22: Disabled, MN	N/A	307	N/A	279	N/A	.	N/A	-9.12	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	6,147	N/A	7,923	N/A	.	N/A	28.89	.	10% (+/-)	No
42: Other Disabled	N/A	2,508	N/A	2,941	N/A	.	N/A	17.26	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	45,284	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	2.83	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.85	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	47.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	51.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.25	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$426,852,757	N/A	$526,702,727	N/A	.	N/A	23.39	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$9,245	N/A	$10,926	N/A	.	N/A	18.19	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$10,516	N/A	$12,627	N/A	.	N/A	20.08	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$9,760	N/A	$11,196	N/A	.	N/A	14.71	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,247	N/A	$6,785	N/A	.	N/A	29.32	.	15% (+/-)	No
21: Aged, MN	N/A	$6,869	N/A	$8,669	N/A	.	N/A	26.19	.	15% (+/-)	No
31: Aged, Poverty	N/A	$1,888	N/A	$2,300	N/A	.	N/A	21.81	.	15% (+/-)	No
41: Other Aged	N/A	$19,977	N/A	$23,478	N/A	.	N/A	17.52	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,795	N/A	$10,784	N/A	.	N/A	22.61	.	15% (+/-)	No
12: Disabled, Cash	N/A	$8,705	N/A	$10,966	N/A	.	N/A	25.97	.	15% (+/-)	No
22: Disabled, MN	N/A	$12,595	N/A	$17,771	N/A	.	N/A	41.09	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$4,535	N/A	$5,176	N/A	.	N/A	14.11	.	15% (+/-)	Yes
42: Other Disabled	N/A	$19,228	N/A	$24,422	N/A	.	N/A	27.01	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$14,034,757	N/A	$17,466,021	N/A	.	N/A	24.45	.	15% (+/-)	No
IP: Number of Users	N/A	14,565	N/A	8,221	N/A	.	N/A	-43.56	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$964	N/A	$2,125	N/A	.	N/A	120.48	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	3	N/A	8	N/A	.	N/A	162.04	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$451,046	N/A	$340,944	N/A	.	N/A	-24.41	.	15% (+/-)	No
MH Aged: Number of Users	N/A	150	N/A	210	N/A	.	N/A	40.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,007	N/A	$1,624	N/A	.	N/A	-46.01	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$8,242	N/A	$31,316	N/A	.	N/A	279.96	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	3	N/A	2	N/A	.	N/A	-33.33	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$2,747	N/A	$15,658	N/A	.	N/A	469.93	.	15% (+/-)	No

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$15,731,906	N/A	$17,809,123	N/A	.	N/A	13.20	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	200	N/A	181	N/A	.	N/A	-9.50	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$78,660	N/A	$98,393	N/A	.	N/A	25.09	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$158,993,825	N/A	$180,047,036	N/A	.	N/A	13.24	.	15% (+/-)	Yes
NF Number of Users	N/A	$8,521	N/A	$8,244	N/A	.	N/A	-3.25	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,659	N/A	$21,840	N/A	.	N/A	17.05	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$7,159,649	N/A	$8,936,036	N/A	.	N/A	24.81	.	15% (+/-)	No
Physician: Number of Users	N/A	29,729	N/A	31,558	N/A	.	N/A	6.15	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$241	N/A	$283	N/A	.	N/A	17.58	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$565,214	N/A	$738,448	N/A	.	N/A	30.65	.	15% (+/-)	No
Dental: Number of Users	N/A	2,440	N/A	2,993	N/A	.	N/A	22.66	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$232	N/A	$247	N/A	.	N/A	6.51	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,826,937	N/A	$1,365,291	N/A	.	N/A	-25.27	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	14,833	N/A	15,446	N/A	.	N/A	4.13	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$123	N/A	$88	N/A	.	N/A	-28.23	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$6,948,131	N/A	$14,805,889	N/A	.	N/A	113.09	.	15% (+/-)	No
OPD Number of Users	N/A	20,484	N/A	26,766	N/A	.	N/A	30.67	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$339	N/A	$553	N/A	.	N/A	63.08	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$2,774,558	N/A	$7,984,600	N/A	.	N/A	187.78	.	15% (+/-)	No
Clinic: Number of Users	N/A	8,353	N/A	11,645	N/A	.	N/A	39.41	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$332	N/A	$686	N/A	.	N/A	106.43	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$5,504,316	N/A	$5,562,278	N/A	.	N/A	1.05	.	15% (+/-)	Yes
HH: Number of Users	N/A	2,558	N/A	2,126	N/A	.	N/A	-16.89	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,152	N/A	$2,616	N/A	.	N/A	21.59	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,111,478	N/A	$919,327	N/A	.	N/A	-17.29	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	19,474	N/A	17,506	N/A	.	N/A	-10.11	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$57	N/A	$53	N/A	.	N/A	-7.99	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$71,101,708	N/A	$87,280,562	N/A	.	N/A	22.75	.	15% (+/-)	No
Drugs: Number of Users	N/A	38,240	N/A	39,326	N/A	.	N/A	2.84	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,859	N/A	$2,219	N/A	.	N/A	19.36	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$120,320,992	N/A	$98,945,020	N/A	.	N/A	-17.77	.	15% (+/-)	No
Other Services: Number of Users	N/A	$16,428	N/A	$15,049	N/A	.	N/A	-8.39	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$7,324	N/A	$6,575	N/A	.	N/A	-10.23	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,731,000	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	12,761	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$527	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,970,585	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	932	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,187	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,768,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,098	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,524	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$5,015,818	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	164	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$30,584	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$486,986	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,344	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$362	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$19,869,330	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	6,184	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$3,213	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$28,185,005	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	3,394	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,304	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$12,535,260	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,798	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,300	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$304	N/A	$362	N/A	.	N/A	19.20	.	15% (+/-)	No
Aged	N/A	$229	N/A	$274	N/A	.	N/A	19.94	.	15% (+/-)	No
Disabled	N/A	$380	N/A	$444	N/A	.	N/A	17.06	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$3,794	N/A	$4,112	N/A	.	N/A	8.38	.	15% (+/-)	Yes
Aged	N/A	$6,389	N/A	$7,073	N/A	.	N/A	10.72	.	15% (+/-)	Yes
Disabled	N/A	$972	N/A	$1,326	N/A	.	N/A	36.39	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,540	N/A	$1,811	N/A	.	N/A	17.58	.	15% (+/-)	No
Aged	N/A	$1,285	N/A	$1,492	N/A	.	N/A	16.05	.	15% (+/-)	No
Disabled	N/A	$1,837	N/A	$2,126	N/A	.	N/A	15.71	.	15% (+/-)	No
All Other Services	N/A	$3,606	N/A	$4,641	N/A	.	N/A	28.71	.	15% (+/-)	No
Aged	N/A	$1,858	N/A	$2,357	N/A	.	N/A	26.89	.	15% (+/-)	No
Disabled	N/A	$5,605	N/A	$6,888	N/A	.	N/A	22.91	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	31.54	N/A	17.05	N/A	.	N/A	-45.94	.	15% (+/-)	No
Aged	N/A	26.44	N/A	17.03	N/A	.	N/A	-35.57	.	15% (+/-)	No
Disabled	N/A	37.49	N/A	17.17	N/A	.	N/A	-54.20	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	19.20	N/A	17.88	N/A	.	N/A	-6.85	.	15% (+/-)	Yes
Aged	N/A	33.63	N/A	32.18	N/A	.	N/A	-4.33	.	15% (+/-)	Yes
Disabled	N/A	3.45	N/A	4.39	N/A	.	N/A	27.30	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	82.82	N/A	81.58	N/A	.	N/A	-1.50	.	15% (+/-)	Yes
Aged	N/A	81.19	N/A	80.15	N/A	.	N/A	-1.27	.	15% (+/-)	Yes
Disabled	N/A	84.96	N/A	83.13	N/A	.	N/A	-2.15	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	81.06	N/A	80.74	N/A	.	N/A	-0.40	.	15% (+/-)	Yes
Aged	N/A	75.35	N/A	75.13	N/A	.	N/A	-0.29	.	15% (+/-)	Yes
Disabled	N/A	87.76	N/A	86.29	N/A	.	N/A	-1.68	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	3	N/A	8	N/A	.	N/A	162.04	.	15% (+/-)	No
Aged	N/A	3	N/A	7	N/A	.	N/A	127.89	.	15% (+/-)	No
Disabled	N/A	3	N/A	8	N/A	.	N/A	197.03	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	281	N/A	228	N/A	.	N/A	-18.92	.	15% (+/-)	No
Aged	N/A	290	N/A	232	N/A	.	N/A	-19.74	.	15% (+/-)	No
Disabled	N/A	187	N/A	195	N/A	.	N/A	4.33	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$171,643	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	846	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$203	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$569,540	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	4986	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$459,094	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3236	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$142	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$87,939,821	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4079	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$21,559	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	191,457	N/A	195,604	N/A	.	N/A	2.17	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	160,171	N/A	168,052	N/A	.	N/A	4.92	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	85.91	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	83.61	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	90.35	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	88.28	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	76.27	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	151,412	N/A	156,597	N/A	.	N/A	3.42	.	15% (+/-)	Yes
MAX Aged Total	N/A	25,361	N/A	24,357	N/A	.	N/A	-3.96	.	10% (+/-)	Yes
11: Aged, Cash	N/A	6,088	N/A	5,598	N/A	.	N/A	-8.05	.	10% (+/-)	Yes
21: Aged, MN	N/A	600	N/A	704	N/A	.	N/A	17.33	.	10% (+/-)	No
31: Aged, Poverty	N/A	8,943	N/A	9,292	N/A	.	N/A	3.90	.	10% (+/-)	Yes
41: Other Aged	N/A	9,730	N/A	8,763	N/A	.	N/A	-9.94	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	44,511	N/A	48,627	N/A	.	N/A	9.25	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	30,021	N/A	31,341	N/A	.	N/A	4.40	.	10% (+/-)	Yes
22: Disabled, MN	N/A	550	N/A	511	N/A	.	N/A	-7.09	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	8,179	N/A	10,369	N/A	.	N/A	26.78	.	10% (+/-)	No
42: Other Disabled	N/A	5,761	N/A	6,406	N/A	.	N/A	11.20	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	83,710	N/A	85,174	N/A	.	N/A	1.75	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	23,469	N/A	19,257	N/A	.	N/A	-17.95	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	1,168	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	431	N/A	164	N/A	.	N/A	-61.95	.	10% (+/-)	No
34: Child Poverty	N/A	30,008	N/A	31,555	N/A	.	N/A	5.16	.	10% (+/-)	Yes
44: Other Child	N/A	27,371	N/A	30,093	N/A	.	N/A	9.94	.	10% (+/-)	Yes
48: Foster Care Child	N/A	2,431	N/A	2,937	N/A	.	N/A	20.81	.	10% (+/-)	No
54: 1115 Child	N/A	2,431	N/A	2,937	N/A	.	N/A	20.81	.	10% (+/-)	No
MAX Adult Total	N/A	37,874	N/A	37,446	N/A	.	N/A	-1.13	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	21,980	N/A	15,678	N/A	.	N/A	-28.67	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	925	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	227	N/A	133	N/A	.	N/A	-41.41	.	10% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	3,658	N/A	3,923	N/A	.	N/A	7.24	.	10% (+/-)	Yes
45: Other Adult	N/A	12,009	N/A	16,787	N/A	.	N/A	39.79	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$915,672,544	N/A	$1,226,595,149	N/A	.	N/A	33.96	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$4,783	N/A	$6,271	N/A	.	N/A	31.12	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$5,717	N/A	$7,299	N/A	.	N/A	27.67	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$9,842	N/A	$11,132	N/A	.	N/A	13.11	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,301	N/A	$6,960	N/A	.	N/A	31.31	.	15% (+/-)	No
21: Aged, MN	N/A	$6,751	N/A	$8,670	N/A	.	N/A	28.44	.	15% (+/-)	No
31: Aged, Poverty	N/A	$1,903	N/A	$2,266	N/A	.	N/A	19.03	.	15% (+/-)	No
41: Other Aged	N/A	$20,171	N/A	$23,397	N/A	.	N/A	15.99	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,061	N/A	$13,047	N/A	.	N/A	29.68	.	15% (+/-)	No
12: Disabled, Cash	N/A	$10,091	N/A	$13,457	N/A	.	N/A	33.36	.	15% (+/-)	No
22: Disabled, MN	N/A	$15,106	N/A	$16,947	N/A	.	N/A	12.19	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$5,349	N/A	$6,317	N/A	.	N/A	18.11	.	15% (+/-)	No
42: Other Disabled	N/A	$16,111	N/A	$21,620	N/A	.	N/A	34.20	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,941	N/A	$2,704	N/A	.	N/A	39.31	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$1,406	N/A	$2,085	N/A	.	N/A	48.27	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	$1,565	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$3,110	N/A	$3,003	N/A	.	N/A	-3.46	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$1,145	N/A	$1,752	N/A	.	N/A	52.98	.	15% (+/-)	No
44: Other Child	N/A	$2,200	N/A	$2,659	N/A	.	N/A	20.85	.	15% (+/-)	No
48: Foster Care Child	N/A	$13,822	N/A	$17,911	N/A	.	N/A	29.59	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,472	N/A	$2,421	N/A	.	N/A	64.55	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,363	N/A	$2,445	N/A	.	N/A	79.35	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	$3,062	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$2,587	N/A	$3,679	N/A	.	N/A	42.24	.	15% (+/-)	No
35: Adult, Poverty	N/A	$2,268	N/A	$3,476	N/A	.	N/A	53.31	.	15% (+/-)	No
45: Other Adult	N/A	$1,406	N/A	$2,108	N/A	.	N/A	49.87	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$114,039,044	N/A	$179,654,306	N/A	.	N/A	57.54	.	15% (+/-)	No
IP: Number of Users	N/A	25,435	N/A	23,898	N/A	.	N/A	-6.04	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,484	N/A	$7,518	N/A	.	N/A	67.67	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	7	N/A	.	N/A	65.37	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$595,144	N/A	$421,702	N/A	.	N/A	-29.14	.	15% (+/-)	No
MH Aged: Number of Users	N/A	217	N/A	213	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$2,743	N/A	$1,980	N/A	.	N/A	-27.81	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$31,043,935	N/A	$35,937,276	N/A	.	N/A	15.76	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	685	N/A	651	N/A	.	N/A	-4.96	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$45,320	N/A	$55,203	N/A	.	N/A	21.81	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$26,625,859	N/A	$30,063,724	N/A	.	N/A	12.91	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	330	N/A	300	N/A	.	N/A	-9.09	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$80,684	N/A	$100,212	N/A	.	N/A	24.20	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$169,742,112	N/A	$192,108,024	N/A	.	N/A	13.18	.	15% (+/-)	Yes
NF Number of Users	N/A	$9,151	N/A	$8,833	N/A	.	N/A	-3.48	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,549	N/A	$21,749	N/A	.	N/A	17.25	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$28,711,835	N/A	$37,025,791	N/A	.	N/A	28.96	.	15% (+/-)	No
Physician: Number of Users	N/A	105,885	N/A	115,701	N/A	.	N/A	9.27	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$271	N/A	$320	N/A	.	N/A	18.02	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$6,451,899	N/A	$9,277,451	N/A	.	N/A	43.79	.	15% (+/-)	No
Dental: Number of Users	N/A	32,580	N/A	41,712	N/A	.	N/A	28.03	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$198	N/A	$222	N/A	.	N/A	12.31	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$9,857,476	N/A	$4,753,952	N/A	.	N/A	-51.77	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	49,239	N/A	44,040	N/A	.	N/A	-10.56	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$200	N/A	$108	N/A	.	N/A	-46.08	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$48,602,287	N/A	$97,349,002	N/A	.	N/A	100.30	.	15% (+/-)	No
OPD Number of Users	N/A	76,589	N/A	104,736	N/A	.	N/A	36.75	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$635	N/A	$929	N/A	.	N/A	46.47	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$19,455,536	N/A	$55,147,536	N/A	.	N/A	183.45	.	15% (+/-)	No
Clinic: Number of Users	N/A	35,971	N/A	54,177	N/A	.	N/A	50.61	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$541	N/A	$1,018	N/A	.	N/A	88.20	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$12,371,562	N/A	$13,597,075	N/A	.	N/A	9.91	.	15% (+/-)	Yes
HH: Number of Users	N/A	6,245	N/A	5,503	N/A	.	N/A	-11.88	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,981	N/A	$2,471	N/A	.	N/A	24.73	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$7,959,341	N/A	$7,160,429	N/A	.	N/A	-10.04	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	82,970	N/A	81,285	N/A	.	N/A	-2.03	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$96	N/A	$88	N/A	.	N/A	-8.17	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$122,214,660	N/A	$151,344,663	N/A	.	N/A	23.84	.	15% (+/-)	No
Drugs: Number of Users	N/A	130,757	N/A	137,188	N/A	.	N/A	4.92	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$935	N/A	$1,103	N/A	.	N/A	18.03	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$255,229,307	N/A	$240,704,472	N/A	.	N/A	-5.69	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$43,010	N/A	$39,567	N/A	.	N/A	-8.01	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$5,934	N/A	$6,083	N/A	.	N/A	2.52	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$15,490,099	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	31,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$494	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$4,311,284	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,165	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,701	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$38,021,749	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	20,643	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,842	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$8,929,797	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	321	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$27,819	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,038,674	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	6,822	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$739	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$40,647,906	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	26,253	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$1,548	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$33,570,369	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	4,108	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,172	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$22,047,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,050	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,739	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$596	N/A	$918	N/A	.	N/A	54.20	.	15% (+/-)	No
Aged	N/A	$353	N/A	$339	N/A	.	N/A	-4.07	.	15% (+/-)	Yes
Disabled	N/A	$1,477	N/A	$2,169	N/A	.	N/A	46.81	.	15% (+/-)	No
Child	N/A	$251	N/A	$390	N/A	.	N/A	55.17	.	15% (+/-)	No
Adult	N/A	$483	N/A	$874	N/A	.	N/A	80.98	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$1,191	N/A	$1,322	N/A	.	N/A	10.98	.	15% (+/-)	Yes
Aged	N/A	$6,342	N/A	$6,997	N/A	.	N/A	10.33	.	15% (+/-)	Yes
Disabled	N/A	$1,053	N/A	$1,354	N/A	.	N/A	28.63	.	15% (+/-)	No
Child	N/A	$241	N/A	$259	N/A	.	N/A	7.44	.	15% (+/-)	Yes
Adult	N/A	$3	N/A	$4	N/A	.	N/A	49.06	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$638	N/A	$774	N/A	.	N/A	21.21	.	15% (+/-)	No
Aged	N/A	$1,270	N/A	$1,464	N/A	.	N/A	15.29	.	15% (+/-)	No
Disabled	N/A	$1,638	N/A	$1,914	N/A	.	N/A	16.83	.	15% (+/-)	No
Child	N/A	$104	N/A	$128	N/A	.	N/A	23.36	.	15% (+/-)	No
Adult	N/A	$222	N/A	$313	N/A	.	N/A	40.94	.	15% (+/-)	No
All Other Services	N/A	$2,351	N/A	$3,257	N/A	.	N/A	38.50	.	15% (+/-)	No
Aged	N/A	$1,877	N/A	$2,332	N/A	.	N/A	24.23	.	15% (+/-)	No
Disabled	N/A	$5,888	N/A	$7,609	N/A	.	N/A	29.22	.	15% (+/-)	No
Child	N/A	$1,342	N/A	$1,928	N/A	.	N/A	43.67	.	15% (+/-)	No
Adult	N/A	$744	N/A	$1,231	N/A	.	N/A	65.32	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.28	N/A	12.22	N/A	.	N/A	-8.03	.	15% (+/-)	Yes
Aged	N/A	25.75	N/A	16.75	N/A	.	N/A	-34.96	.	15% (+/-)	No
Disabled	N/A	24.95	N/A	17.24	N/A	.	N/A	-30.91	.	15% (+/-)	No
Child	N/A	5.48	N/A	7.42	N/A	.	N/A	35.43	.	15% (+/-)	No
Adult	N/A	8.49	N/A	13.67	N/A	.	N/A	61.04	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	5.42	N/A	5.10	N/A	.	N/A	-5.84	.	15% (+/-)	Yes
Aged	N/A	33.31	N/A	31.77	N/A	.	N/A	-4.61	.	15% (+/-)	Yes
Disabled	N/A	3.24	N/A	3.74	N/A	.	N/A	15.55	.	15% (+/-)	No
Child	N/A	0.54	N/A	0.47	N/A	.	N/A	-13.19	.	15% (+/-)	Yes
Adult	N/A	0.08	N/A	0.05	N/A	.	N/A	-37.22	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	68.30	N/A	70.14	N/A	.	N/A	2.69	.	15% (+/-)	Yes
Aged	N/A	79.91	N/A	78.88	N/A	.	N/A	-1.28	.	15% (+/-)	Yes
Disabled	N/A	84.19	N/A	83.12	N/A	.	N/A	-1.27	.	15% (+/-)	Yes

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State: ME

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	60.84	N/A	62.45	N/A	.	N/A	2.65	.	15% (+/-)	Yes
Adult	N/A	58.33	N/A	65.06	N/A	.	N/A	11.54	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	79.45	N/A	82.68	N/A	.	N/A	4.07	.	15% (+/-)	Yes
Aged	N/A	74.37	N/A	74.00	N/A	.	N/A	-0.49	.	15% (+/-)	Yes
Disabled	N/A	88.75	N/A	88.40	N/A	.	N/A	-0.40	.	15% (+/-)	Yes
Child	N/A	83.13	N/A	86.34	N/A	.	N/A	3.86	.	15% (+/-)	Yes
Adult	N/A	63.76	N/A	72.56	N/A	.	N/A	13.80	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	7	N/A	.	N/A	65.37	.	15% (+/-)	No
Aged	N/A	3	N/A	7	N/A	.	N/A	113.64	.	15% (+/-)	No
Disabled	N/A	5	N/A	11	N/A	.	N/A	112.41	.	15% (+/-)	No
Child	N/A	4	N/A	5	N/A	.	N/A	11.61	.	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	.	N/A	10.68	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	268	N/A	218	N/A	.	N/A	-18.59	.	15% (+/-)	No
Aged	N/A	289	N/A	232	N/A	.	N/A	-19.69	.	15% (+/-)	No
Disabled	N/A	185	N/A	186	N/A	.	N/A	0.19	.	15% (+/-)	Yes
Child	N/A	143	N/A	95	N/A	.	N/A	-33.65	.	15% (+/-)	No
Adult	N/A	9	N/A	22	N/A	.	N/A	130.93	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$3,881,849	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	14,923	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$260	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$3,929,463	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	19,993	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$5,231,389	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	15,228	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$344	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$137,634,102	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	5,854	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$23,511	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	160,534	N/A	117,196	N/A	.	N/A	-27.00	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	160,534	N/A	117,196	N/A	.	N/A	-27.00	.	No
% Crossover	5-20	21.57	No	24.13	No	.	N/A	11.88	.	Yes
% Adjusted Claims	> 1%	27.17	Yes	1.65	Yes	.	N/A	-93.91	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$3,378	N/A	$5,578	N/A	.	N/A	65.16	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	125,913	N/A	88,919	N/A	.	N/A	-29.38	.	No
% Claims with> $0 Paid	95-100	98.11	Yes	100.00	Yes	.	N/A	1.93	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,063	Yes	$3,750	Yes	.	N/A	-7.70	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$873	N/A	$919	N/A	.	N/A	5.25	.	Yes
% Claims with TPL	>0 - 10	0.00	No	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	99.92	Yes	99.94	Yes	.	N/A	0.02	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.73	Yes	99.72	Yes	.	N/A	-0.02	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.73	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.62	Yes	4.07	Yes	.	N/A	-11.88	.	Yes
Average Covered Days (> 0 day	2-<8	4.63	Yes	4.06	Yes	.	N/A	-12.29	.	Yes
% Begin Date = Admit Date	95-100	99.94	Yes	99.99	Yes	.	N/A	0.05	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.99	Yes	99.58	Yes	.	N/A	-0.41	.	Yes
% Family Planning Claims (pgm	>0-5	0.01	Yes	0.01	Yes	.	N/A	1.15	.	Yes
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.64	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.43	Yes	6.65	Yes	.	N/A	3.42	.	Yes
% Claims with PDX, where length=4	20-50	23.64	Yes	21.54	Yes	.	N/A	-8.86	.	Yes
% Claims with PDX, where length=5	20-50	69.93	No	71.81	No	.	N/A	2.68	.	Yes
% Claims with a procedure code	35-70	57.89	Yes	61.70	Yes	.	N/A	6.59	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.06	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.99	N/A	99.99	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	99.99	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	99.28	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	20.75	N/A	22.32	N/A	.	N/A	7.57	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	23.16	N/A	27.01	N/A	.	N/A	16.60	.	No
Patient Status										
% Home	75-90	61.88	No	89.31	Yes	.	N/A	44.34	.	No
% Transferred	1-10	4.36	Yes	5.98	Yes	.	N/A	37.12	.	No
% Still a Patient	>0 - 2	30.36	No	1.40	Yes	.	N/A	-95.40	.	No
% Died	>0 - 3	1.23	Yes	1.97	Yes	.	N/A	59.82	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	34,621	N/A	28,277	N/A	.	N/A	-18.32	.	No
% Claims with> $0 Paic	N/A	71.88	N/A	100.00	N/A	.	N/A	39.12	.	No
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$775	N/A	$828	N/A	.	N/A	6.85	.	Yes
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	99.67	Yes	99.90	Yes	.	N/A	0.23	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.24	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.95	Yes	99.99	N/A	.	N/A	0.05	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.88	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.94	Yes	6.28	Yes	.	N/A	-9.59	.	Yes
% Begin Date = Admit Date	95-100	99.94	Yes	100.00	Yes	.	N/A	0.06	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.99	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	96.44	Yes	6.36	Yes	.	N/A	-93.40	.	No
% Claims with PDX, where length=3	5-30	7.84	Yes	8.67	Yes	.	N/A	10.61	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	40.92	Yes	42.77	Yes	.	N/A	4.52	.	Yes
% Claims with PDX, where length=5	20-50	51.25	No	48.57	Yes	.	N/A	-5.23	.	Yes
% Claims with a procedure code	35-70	48.43	Yes	52.41	Yes	.	N/A	8.22	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.29	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.99	N/A	100.00	N/A	.	N/A	0.01	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	100.00	N/A	.	N/A	0.01	.	Yes
% Claims with DRG	>=90	.	N/A	86.59	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	412,309	N/A	404,458	N/A	.	N/A	-1.90	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	412,309	N/A	404,458	N/A	.	N/A	-1.90	.	Yes
% Crossover	5-20	0.43	No	0.31	No	.	N/A	-27.62	.	No
% Adjusted Claims	> 1%	2.90	Yes	3.19	Yes	.	N/A	9.84	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$3,086	N/A	$2,262	N/A	.	N/A	-26.69	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	410,554	N/A	403,212	N/A	.	N/A	-1.79	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$81	Yes	$83	Yes	.	N/A	3.42	.	Yes
ICF/MR (TOS 05)	N/A	$303	N/A	$340	N/A	.	N/A	12.33	.	Yes
Aged/MH (TOS 02)	N/A	$373	N/A	$342	N/A	.	N/A	-8.44	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$427	N/A	$413	N/A	.	N/A	-3.25	.	Yes
% NF (TOS 07)	75-99	97.78	Yes	98.67	Yes	.	N/A	0.91	.	Yes
% NF claims with NF Covered Days	N/A	96.51	N/A	96.78	N/A	.	N/A	0.28	.	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	-1.05	.	Yes
% ICF/MR (TOS 05)	>0-20	1.35	Yes	0.82	Yes	.	N/A	-39.03	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.61	.	Yes
% Aged/MH (TOS 02)	>0-10	0.12	Yes	0.12	Yes	.	N/A	3.06	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	3.46	N/A	6.43	N/A	.	N/A	85.97	.	No
Avg days for Aged/MH claims with Covered Days	N/A	29	N/A	26	N/A	.	N/A	-8.57	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.75	Yes	0.39	Yes	.	N/A	-48.49	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	20	N/A	27	N/A	.	N/A	34.36	.	No
% Claims with Leave Days	1-20	0.32	No	0.27	No	.	N/A	-14.49	.	Yes
% Claims with DX	95-100	95.46	Yes	96.72	Yes	.	N/A	1.32	.	Yes
% Claims with DX, where length=3	5-30	19.39	Yes	18.80	Yes	.	N/A	-3.06	.	Yes
% Claims with DX, where length=4	20-50	64.74	No	63.47	No	.	N/A	-1.97	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	15.87	No	17.74	No	.	N/A	11.76	.	Yes
Patient Status										
% Home	1-5	0.74	No	0.40	No	.	N/A	-45.19	.	No
% Still a Patien	8-98	94.31	Yes	94.44	Yes	.	N/A	0.14	.	Yes
% Died	>0-5	1.16	Yes	1.19	Yes	.	N/A	2.42	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,755	N/A	1,246	N/A	.	N/A	-29.00	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$5,977	N/A	$5,401	N/A	.	N/A	-9.63	.	Yes
% NF (TOS 07)	75-99	31.68	No	36.12	No	.	N/A	14.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	67.75	No	62.84	No	.	N/A	-7.24	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.57	Yes	1.04	Yes	.	N/A	83.11	.	No
% Claims with DX	95-100	91.45	No	93.66	No	.	N/A	2.41	.	Yes
% Claims with DX, where length=3	5-30	5.42	Yes	5.74	Yes	.	N/A	5.92	.	Yes
% Claims with DX, where length=4	20-50	27.10	Yes	29.22	Yes	.	N/A	7.81	.	Yes
% Claims with DX, where length=5	20-50	67.48	No	65.04	No	.	N/A	-3.61	.	Yes
Patient Status										
% Home	1-5	4.39	Yes	2.73	Yes	.	N/A	-37.81	.	No
% Still a Patien	8-98	92.42	Yes	92.62	Yes	.	N/A	0.21	.	Yes
% Died	>0-5	0.68	Yes	0.32	Yes	.	N/A	-53.05	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	20,576,438	N/A	17,799,201	N/A	.	N/A	-13.50	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	33.98	N/A	49.82	N/A	.	N/A	46.63	.	No
Total FFS Claims	N/A	20,576,438	N/A	8,928,233	N/A	.	N/A	-56.61	.	No
% Crossover	5-20	2.95	No	8.35	Yes	.	N/A	182.91	.	No
% Adjusted Claims	> 1%	0.24	No	3.20	Yes	.	N/A	1253.65	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$772	N/A	$92	N/A	.	N/A	-88.07	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	36.57	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	13.26	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$139	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$120	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	19,968,879	N/A	8,182,405	N/A	.	N/A	-59.02	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	0.10	N/A	0.13	N/A	.	N/A	34.92	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	37.65	N/A	44.09	N/A	.	N/A	17.08	.	No
% Other Claims with Span Bills/All Other Claims	N/A	0.04	N/A	0.04	N/A	.	N/A	-8.64	.	Yes
% Claims W/ Service Place 11- Office	50-90	31.37	No	84.26	Yes	.	N/A	168.64	.	No
% Claims W/ Service Place 12 - Home	>0-5	2.36	Yes	7.77	No	.	N/A	229.01	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.92	Yes	3.84	Yes	.	N/A	31.59	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.71	Yes	0.05	Yes	.	N/A	-93.35	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	3.80	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	0.23	Yes	0.00	Yes	.	N/A	-100.00	.	No
% Claims with TPL	>0 - 15	0.00	No	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.49	Yes	17.18	Yes	.	N/A	-1.78	.	Yes
% claims MAX TOS 09: Dental	2-20	13.95	Yes	22.61	No	.	N/A	62.02	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	6.36	Yes	0.84	Yes	.	N/A	-86.75	.	No
% claims MAX TOS 11: OPD	3-25	11.86	Yes	21.01	Yes	.	N/A	77.23	.	No
% claims MAX TOS 12: Clinic	2-25	11.92	Yes	15.67	Yes	.	N/A	31.42	.	No
% claims MAX TOS 13: HH	>0-25	0.25	Yes	0.24	Yes	.	N/A	-6.77	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	16.59	Yes	7.74	Yes	.	N/A	-53.33	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	1.87	Yes	0.63	Yes	.	N/A	-66.28	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	6.16	No	6.22	Yes	.	N/A	0.99	.	Yes
% claims MAX TOS 26: Transportation	>1	4.09	Yes	0.48	No	.	N/A	-88.24	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	4.74	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	2.41	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$95	N/A	$56	N/A	.	N/A	-41.03	.	No
08: Physicians	$20-90	$45	Yes	$48	Yes	.	N/A	5.29	.	Yes
09: Dental	$10-60	$19	Yes	$24	Yes	.	N/A	26.17	.	No
10: Other Practioner	$10-100	$56	Yes	$36	Yes	.	N/A	-35.23	.	No
11: OPD	$20-100	$51	Yes	$45	Yes	.	N/A	-12.30	.	Yes
12: Clinic	$20-100	$187	No	$61	Yes	.	N/A	-67.45	.	No
13: HH	N/A	$609	N/A	$762	N/A	.	N/A	25.10	.	No
15: Lab/Xray	10-60	$14	Yes	$16	Yes	.	N/A	12.07	.	Yes
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$692	N/A	$123	N/A	.	N/A	-82.24	.	No
51: DME	N/A	$69	Yes	$117	N/A	.	N/A	68.75	.	No
26: Transportation	N/A	$64	N/A	$116	N/A	.	N/A	80.06	.	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$186	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$19	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$18	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$403	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$90	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.20	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.72	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	2.07	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$30	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$28	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$202	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	53.89	No	74.70	Yes	.	N/A	38.62	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.05	Yes	100.00	Yes	.	N/A	0.96	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	8.12	Yes	5.67	Yes	.	N/A	-30.14	.	No
% Claims with DX, where length=4	20-50	62.15	No	66.99	No	.	N/A	7.77	.	Yes
% Claims with DX, where length=5	20-50	29.73	Yes	27.34	Yes	.	N/A	-8.03	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	32.60	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	42.45	N/A	32.84	N/A	.	N/A	-22.63	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	6.40	N/A	7.17	N/A	.	N/A	11.90	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	51.15	N/A	59.99	N/A	.	N/A	17.29	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.74	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	607,559	N/A	745,828	N/A	.	N/A	22.76	.	No
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	0.00	N/A	0.00	N/A	.	N/A	-86.42	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	35.71	N/A	20.00	N/A	.	N/A	-44.00	.	No
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	.	N/A	-66.61	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	27.50	N/A	21.77	N/A	.	N/A	-20.83	.	No
% claims MAX TOS 10: Other Practioner	N/A	4.12	N/A	3.11	N/A	.	N/A	-24.55	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	32.90	N/A	45.43	N/A	.	N/A	38.10	.	No
% claims MAX TOS 12: Clinic	N/A	4.20	N/A	0.33	N/A	.	N/A	-92.09	.	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	.	N/A	-80.60	.	No
% claims MAX TOS 15: Lab/Xray	N/A	4.41	N/A	3.06	N/A	.	N/A	-30.48	.	No
% claims MAX TOS 19: Other Services	N/A	0.27	N/A	6.99	N/A	.	N/A	2495.85	.	No
% claims MAX TOS 51: DME	N/A	21.76	N/A	16.38	N/A	.	N/A	-24.72	.	No
% claims MAX TOS 26: Transportation	N/A	2.98	N/A	2.66	N/A	.	N/A	-10.68	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	2.41	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$28	N/A	$28	N/A	.	N/A	-1.30	.	Yes
% Claims with DX	N/A	93.21	N/A	92.32	N/A	.	N/A	-0.96	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	27.70	Yes	36.64	No	.	N/A	32.30	.	No
% Claims with DX, where length=4	20-50	42.82	Yes	39.27	Yes	.	N/A	-8.28	.	Yes
% Claims with DX, where length=5	20-50	29.48	Yes	24.07	Yes	.	N/A	-18.35	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	10.25	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	48.62	N/A	46.39	N/A	.	N/A	-4.58	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	36.14	N/A	51.11	N/A	.	N/A	41.42	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	15.24	N/A	2.50	N/A	.	N/A	-83.62	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	10,420,217	N/A	8,346,559	N/A	.	N/A	-19.90	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	10,420,217	N/A	8,346,559	N/A	.	N/A	-19.90	.	No
% Adjusted Claims	> 1%	0.94	No	3.53	Yes	.	N/A	277.43	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$40	N/A	$42	N/A	.	N/A	3.93	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	10,420,217	N/A	8,346,559	N/A	.	N/A	-19.90	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$34	Yes	$38	Yes	.	N/A	11.58	.	Yes
% Claims with TPL	>0 - 15	0.00	No	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	0.95	N/A	0.58	N/A	.	N/A	-39.41	.	No
% Drug Claims (TOS 16)	95-99	99.05	No	100.00	No	.	N/A	0.96	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.98	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% Claims with Medispan	98-100	89.79	No	95.55	No	.	N/A	6.42	.	Yes
% Claims with AHFS	98-100	99.98	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.98	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% Claims with GC3	98-100	99.98	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.05	N/A	78.67	N/A	.	N/A	-20.57	.	No
% Products (codes 4-6)	N/A	0.16	N/A	21.20	N/A	.	N/A	13440.34	.	No
% HRI (code 7)	N/A	0.78	N/A	0.07	N/A	.	N/A	-90.70	.	No
% Claims with Smart Key	98-100	99.98	Yes	99.96	Yes	.	N/A	-0.03	.	Yes
% OTC-Drug Class	N/A	8.68	N/A	8.48	N/A	.	N/A	-2.35	.	Yes
% Prescription-Drug Class	N/A	91.30	N/A	91.48	N/A	.	N/A	0.20	.	Yes
% Multiple Source (Code Y	N/A	70.55	N/A	48.12	N/A	.	N/A	-31.79	.	No
% Single Source (Code N	N/A	29.43	N/A	32.07	N/A	.	N/A	8.96	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	1,374,805	N/A	1,368,133	N/A	.	N/A	-0.49	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$3,303,430,346	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	6.59	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	20.09	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	37.10	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	36.22	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	1,357,521	N/A	1,339,452	N/A	.	N/A	-1.33	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	1,040,456	N/A	1,065,916	N/A	.	N/A	2.45	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.66	No	97.76	No	.	N/A	-0.91	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	95.08	Yes	93.80	Yes	.	N/A	-1.35	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	207	N/A	524	N/A	.	N/A	153.14	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.00	No	0.00	No	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	52.58	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	36.35	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.48	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	4.02	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	5.24	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.10	Yes	4.12	Yes	.	N/A	0.58	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	58.02	Yes	59.38	Yes	.	N/A	2.34	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	9.12	Yes	9.50	Yes	.	N/A	4.21	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	57.74	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	196,305	N/A	204,389	N/A	.	N/A	4.12	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	94.26	Yes	94.98	Yes	.	N/A	0.76	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	93.79	Yes	94.58	Yes	.	N/A	0.84	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	37.07	Yes	38.73	Yes	.	N/A	4.46	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	18,454	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	26.02	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	68.92	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	5.06	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	7.78	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	46.32	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.99	Yes	99.98	Yes	.	N/A	-0.01	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.47	Yes	99.54	Yes	.	N/A	0.07	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	91.93	Yes	88.39	Yes	.	N/A	-3.85	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	98,510	N/A	99,813	N/A	.	N/A	1.32	.	10% (+/-)	Yes
11: Aged, Cash	N/A	23,457	N/A	22,959	N/A	.	N/A	-2.12	.	10% (+/-)	Yes
21: Aged, MN	N/A	7,590	N/A	6,695	N/A	.	N/A	-11.79	.	10% (+/-)	No
31: Aged, Poverty	N/A	6,321	N/A	6,232	N/A	.	N/A	-1.41	.	10% (+/-)	Yes
41: Other Aged	N/A	61,142	N/A	63,927	N/A	.	N/A	4.55	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	277,070	N/A	280,996	N/A	.	N/A	1.42	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	200,084	N/A	199,746	N/A	.	N/A	-0.17	.	10% (+/-)	Yes
22: Disabled, MN	N/A	10,644	N/A	9,379	N/A	.	N/A	-11.88	.	10% (+/-)	No
32: Disabled, Poverty	N/A	8,019	N/A	11,180	N/A	.	N/A	39.42	.	10% (+/-)	No
42: Other Disabled	N/A	58,323	N/A	60,691	N/A	.	N/A	4.06	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	706,236	N/A	722,309	N/A	.	N/A	2.28	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	234,302	N/A	184,641	N/A	.	N/A	-21.20	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	43,706	N/A	43,073	N/A	.	N/A	-1.45	.	10% (+/-)	Yes
34: Child Poverty	N/A	273,145	N/A	336,014	N/A	.	N/A	23.02	.	10% (+/-)	No
44: Other Child	N/A	117,589	N/A	118,699	N/A	.	N/A	0.94	.	10% (+/-)	Yes
48: Foster Care Child	N/A	37,494	N/A	39,882	N/A	.	N/A	6.37	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	275,671	N/A	235,954	N/A	.	N/A	-14.41	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	110,408	N/A	74,091	N/A	.	N/A	-32.89	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	45,135	N/A	47,718	N/A	.	N/A	5.72	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	34,244	N/A	33,562	N/A	.	N/A	-1.99	.	10% (+/-)	Yes
45: Other Adult	N/A	85,884	N/A	80,583	N/A	.	N/A	-6.17	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,073,377	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.16	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.59	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.25	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	18,038	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	74.11	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	992,680	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	98.61	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	8.50	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	25.02	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	2.28	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	830,528	N/A	978,874	N/A	.	N/A	17.86	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	1.23	N/A	1.14	N/A	.	N/A	-7.83	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	18.52	N/A	18.72	N/A	.	N/A	1.08	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	59.13	N/A	62.04	N/A	.	N/A	4.93	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	21.12	N/A	18.09	N/A	.	N/A	-14.34	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	721,350	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,073,377	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	68.65	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	31.35	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$1,168,139,814	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$888,993,303	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$279,146,511	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.74	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$132	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$103	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$1,168,044,606	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	978,874	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$95,208	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	13,806	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$433,128,364	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$162,862,331	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$14,255,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$39,986,375	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$216,024,593	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$442	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$166	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$15	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$41	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$221	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	374,777	N/A	207,337	N/A	.	N/A	-44.68	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	281,287	N/A	136,955	N/A	.	N/A	-51.31	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	218,276	N/A	103,156	N/A	.	N/A	-52.74	.	15% (+/-)	No
MAX Aged Total	N/A	4,572	N/A	4,005	N/A	.	N/A	-12.40	.	10% (+/-)	No
11: Aged, Cash	N/A	544	N/A	466	N/A	.	N/A	-14.34	.	10% (+/-)	No
21: Aged, MN	N/A	459	N/A	296	N/A	.	N/A	-35.51	.	10% (+/-)	No
31: Aged, Poverty	N/A	166	N/A	136	N/A	.	N/A	-18.07	.	10% (+/-)	No
41: Other Aged	N/A	3,403	N/A	3,107	N/A	.	N/A	-8.70	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	55,323	N/A	29,607	N/A	.	N/A	-46.48	.	10% (+/-)	No
12: Disabled, Cash	N/A	40,370	N/A	19,432	N/A	.	N/A	-51.87	.	10% (+/-)	No
22: Disabled, MN	N/A	2,866	N/A	2,106	N/A	.	N/A	-26.52	.	10% (+/-)	No
32: Disabled, Poverty	N/A	144	N/A	186	N/A	.	N/A	29.17	.	10% (+/-)	No
42: Other Disabled	N/A	11,943	N/A	7,883	N/A	.	N/A	-33.99	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	215,139	N/A	114,970	N/A	.	N/A	-46.56	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	38,273	N/A	15,433	N/A	.	N/A	-59.68	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	15,525	N/A	8,708	N/A	.	N/A	-43.91	.	10% (+/-)	No
34: Child Poverty	N/A	113,096	N/A	58,209	N/A	.	N/A	-48.53	.	10% (+/-)	No
44: Other Child	N/A	27,387	N/A	13,490	N/A	.	N/A	-50.74	.	10% (+/-)	No
48: Foster Care Child	N/A	20,858	N/A	19,130	N/A	.	N/A	-8.28	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	99,716	N/A	58,479	N/A	.	N/A	-41.35	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	26,882	N/A	11,818	N/A	.	N/A	-56.04	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	22,316	N/A	16,209	N/A	.	N/A	-27.37	.	10% (+/-)	No
35: Adult, Poverty	N/A	22,044	N/A	16,648	N/A	.	N/A	-24.48	.	10% (+/-)	No
45: Other Adult	N/A	28,474	N/A	13,804	N/A	.	N/A	-51.52	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	10,682	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$784,539,861	N/A	$438,126,190	N/A	.	N/A	-44.16	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$2,093	N/A	$2,113	N/A	.	N/A	0.94	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,789	N/A	$3,199	N/A	.	N/A	14.70	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$4,877	N/A	$4,359	N/A	.	N/A	-10.61	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$1,785	N/A	$1,480	N/A	.	N/A	-17.10	.	15% (+/-)	No
21: Aged, MN	N/A	$3,708	N/A	$3,451	N/A	.	N/A	-6.93	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$238	N/A	$270	N/A	.	N/A	13.22	.	15% (+/-)	Yes
41: Other Aged	N/A	$5,755	N/A	$5,057	N/A	.	N/A	-12.13	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,407	N/A	$8,711	N/A	.	N/A	3.61	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$8,476	N/A	$8,859	N/A	.	N/A	4.51	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$8,372	N/A	$7,404	N/A	.	N/A	-11.57	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,644	N/A	$901	N/A	.	N/A	-45.17	.	15% (+/-)	No
42: Other Disabled	N/A	$8,263	N/A	$8,880	N/A	.	N/A	7.47	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$734	N/A	$838	N/A	.	N/A	14.09	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$685	N/A	$738	N/A	.	N/A	7.78	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$891	N/A	$755	N/A	.	N/A	-15.28	.	15% (+/-)	No
34: Child, Poverty	N/A	$582	N/A	$673	N/A	.	N/A	15.56	.	15% (+/-)	No
44: Other Child	N/A	$531	N/A	$454	N/A	.	N/A	-14.51	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$1,800	N/A	$1,729	N/A	.	N/A	-3.98	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,394	N/A	$1,130	N/A	.	N/A	-18.98	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,458	N/A	$1,029	N/A	.	N/A	-29.44	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,332	N/A	$1,197	N/A	.	N/A	-10.14	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$1,848	N/A	$1,349	N/A	.	N/A	-26.99	.	15% (+/-)	No
45: Other Adult	N/A	$1,030	N/A	$871	N/A	.	N/A	-15.47	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$265,112,263	N/A	$154,530,530	N/A	.	N/A	-41.71	.	15% (+/-)	No
IP: Number of Users	N/A	48,846	N/A	30,874	N/A	.	N/A	-36.79	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$5,428	N/A	$5,005	N/A	.	N/A	-7.78	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	6	N/A	5	N/A	.	N/A	-8.65	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$99,385	N/A	$113,968	N/A	.	N/A	14.67	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	4	N/A	1	N/A	.	N/A	-75.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$24,846	N/A	$113,968	N/A	.	N/A	358.69	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$15,285,991	N/A	$13,362,025	N/A	.	N/A	-12.59	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	573	N/A	208	N/A	.	N/A	-63.70	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$26,677	N/A	$64,241	N/A	.	N/A	140.81	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$16,862,309	N/A	$15,322,247	N/A	.	N/A	-9.13	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	189	N/A	143	N/A	.	N/A	-24.34	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$89,219	N/A	$107,149	N/A	.	N/A	20.10	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$60,819,637	N/A	$57,376,574	N/A	.	N/A	-5.66	.	15% (+/-)	Yes
NF Number of Users	N/A	2,812	N/A	2,298	N/A	.	N/A	-18.28	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$21,629	N/A	$24,968	N/A	.	N/A	15.44	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$62,908,463	N/A	$35,270,667	N/A	.	N/A	-43.93	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	209,193	N/A	100,920	N/A	.	N/A	-51.76	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$301	N/A	$349	N/A	.	N/A	16.22	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$7,142,849	N/A	$3,758,226	N/A	.	N/A	-47.38	.	15% (+/-)	No
Dental: Number of Users	N/A	68,737	N/A	29,310	N/A	.	N/A	-57.36	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$104	N/A	$128	N/A	.	N/A	23.39	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$19,509,018	N/A	$1,139,660	N/A	.	N/A	-94.16	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	65,853	N/A	15,430	N/A	.	N/A	-76.57	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$296	N/A	$74	N/A	.	N/A	-75.07	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$40,123,524	N/A	$27,619,323	N/A	.	N/A	-31.16	.	15% (+/-)	No
OPD Number of Users	N/A	129,276	N/A	68,230	N/A	.	N/A	-47.22	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$310	N/A	$405	N/A	.	N/A	30.42	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$64,476,621	N/A	$25,506,059	N/A	.	N/A	-60.44	.	15% (+/-)	No
Clinic: Number of Users	N/A	62,614	N/A	29,669	N/A	.	N/A	-52.62	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,030	N/A	$860	N/A	.	N/A	-16.51	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$15,917,683	N/A	$11,518,056	N/A	.	N/A	-27.64	.	15% (+/-)	No
HH: Number of Users	N/A	5,017	N/A	2,776	N/A	.	N/A	-44.67	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$3,173	N/A	$4,149	N/A	.	N/A	30.77	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$18,184,859	N/A	$5,144,516	N/A	.	N/A	-71.71	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	151,579	N/A	59,650	N/A	.	N/A	-60.65	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$120	N/A	$86	N/A	.	N/A	-28.11	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$91,190,379	N/A	$48,339,623	N/A	.	N/A	-46.99	.	15% (+/-)	No
Drugs: Number of Users	N/A	205,784	N/A	90,092	N/A	.	N/A	-56.22	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$443	N/A	$537	N/A	.	N/A	21.08	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$27,405,423	N/A	$2,455,205	N/A	.	N/A	-91.04	.	15% (+/-)	No
Other Services: Number of Users	N/A	$15,299	N/A	$4,013	N/A	.	N/A	-73.77	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,791	N/A	$612	N/A	.	N/A	-65.85	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,625,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	6,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$405	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,197,769	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	8,085	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$890	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,593	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$259	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,180	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$11,057	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	26	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$20,323,395	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	19,182	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$1,060	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$4,933,575	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,217	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,170	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$707	N/A	$745	N/A	.	N/A	5.36	.	15% (+/-)	Yes
Aged	N/A	$396	N/A	$357	N/A	.	N/A	-9.80	.	15% (+/-)	Yes
Disabled	N/A	$2,660	N/A	$2,643	N/A	.	N/A	-0.62	.	15% (+/-)	Yes
Child	N/A	$258	N/A	$344	N/A	.	N/A	33.65	.	15% (+/-)	No
Adult	N/A	$608	N/A	$598	N/A	.	N/A	-1.58	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$248	N/A	$416	N/A	.	N/A	67.37	.	15% (+/-)	No
Aged	N/A	$3,766	N/A	$3,319	N/A	.	N/A	-11.88	.	15% (+/-)	Yes
Disabled	N/A	$1,150	N/A	$2,126	N/A	.	N/A	84.95	.	15% (+/-)	No
Child	N/A	$56	N/A	$86	N/A	.	N/A	53.44	.	15% (+/-)	No
Adult	N/A	$2	N/A	$1	N/A	.	N/A	-46.37	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$243	N/A	$233	N/A	.	N/A	-4.18	.	15% (+/-)	Yes
Aged	N/A	$393	N/A	$408	N/A	.	N/A	3.63	.	15% (+/-)	Yes
Disabled	N/A	$1,079	N/A	$1,077	N/A	.	N/A	-0.17	.	15% (+/-)	Yes
Child	N/A	$70	N/A	$89	N/A	.	N/A	26.30	.	15% (+/-)	No
Adult	N/A	$146	N/A	$79	N/A	.	N/A	-46.13	.	15% (+/-)	No
All Other Services	N/A	$889	N/A	$719	N/A	.	N/A	-19.14	.	15% (+/-)	No
Aged	N/A	$321	N/A	$276	N/A	.	N/A	-14.07	.	15% (+/-)	Yes
Disabled	N/A	$3,515	N/A	$2,864	N/A	.	N/A	-18.50	.	15% (+/-)	No
Child	N/A	$349	N/A	$319	N/A	.	N/A	-8.66	.	15% (+/-)	Yes
Adult	N/A	$624	N/A	$451	N/A	.	N/A	-27.67	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.03	N/A	14.89	N/A	.	N/A	14.25	.	15% (+/-)	Yes
Aged	N/A	5.82	N/A	6.54	N/A	.	N/A	12.44	.	15% (+/-)	Yes
Disabled	N/A	19.11	N/A	19.08	N/A	.	N/A	-0.14	.	15% (+/-)	Yes
Child	N/A	8.78	N/A	12.22	N/A	.	N/A	39.17	.	15% (+/-)	No
Adult	N/A	19.17	N/A	18.63	N/A	.	N/A	-2.81	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.95	N/A	1.28	N/A	.	N/A	33.99	.	15% (+/-)	No
Aged	N/A	22.18	N/A	17.90	N/A	.	N/A	-19.28	.	15% (+/-)	No
Disabled	N/A	3.86	N/A	5.99	N/A	.	N/A	55.23	.	15% (+/-)	No
Child	N/A	0.19	N/A	0.13	N/A	.	N/A	-30.46	.	15% (+/-)	No
Adult	N/A	0.02	N/A	0.02	N/A	.	N/A	-14.74	.	15% (+/-)	Yes
% with ratio of LT days/enroll days > 1	N/A	22.23	N/A	1.28	N/A	.	N/A	-94.23	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	54.91	N/A	43.45	N/A	.	N/A	-20.86	.	15% (+/-)	No
Aged	N/A	40.70	N/A	37.63	N/A	.	N/A	-7.56	.	15% (+/-)	Yes
Disabled	N/A	70.82	N/A	61.61	N/A	.	N/A	-13.00	.	15% (+/-)	Yes
Child	N/A	48.96	N/A	38.02	N/A	.	N/A	-22.34	.	15% (+/-)	No
Adult	N/A	59.58	N/A	45.44	N/A	.	N/A	-23.74	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	71.26	N/A	60.82	N/A	.	N/A	-14.65	.	15% (+/-)	Yes
Aged	N/A	33.64	N/A	28.64	N/A	.	N/A	-14.86	.	15% (+/-)	Yes

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Disabled	N/A	81.81	N/A	74.32	N/A	.	N/A	-9.15	.	15% (+/-)	Yes
Child	N/A	67.70	N/A	56.85	N/A	.	N/A	-16.03	.	15% (+/-)	No
Adult	N/A	74.82	N/A	63.98	N/A	.	N/A	-14.48	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	5	N/A	.	N/A	-8.65	.	15% (+/-)	Yes
Aged	N/A	13	N/A	10	N/A	.	N/A	-25.96	.	15% (+/-)	No
Disabled	N/A	14	N/A	13	N/A	.	N/A	-6.27	.	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	.	N/A	-2.24	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-0.36	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	260	N/A	246	N/A	.	N/A	-5.48	.	15% (+/-)	Yes
Aged	N/A	289	N/A	235	N/A	.	N/A	-18.82	.	15% (+/-)	No
Disabled	N/A	276	N/A	259	N/A	.	N/A	-6.24	.	15% (+/-)	Yes
Child	N/A	112	N/A	156	N/A	.	N/A	39.44	.	15% (+/-)	No
Adult	N/A	79	N/A	34	N/A	.	N/A	-56.40	.	15% (+/-)	No
% Enrollees with Delivery	N/A	7.69	N/A	10.18	N/A	.	N/A	32.36	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$913,016	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	10,288	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,167,464	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	10,085	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$116	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,123,018	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	9,244	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$5,622,472	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	843	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,670	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	152,216	N/A	153,241	N/A	.	N/A	0.67	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	134,141	N/A	132,975	N/A	.	N/A	-0.87	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	124,057	N/A	130,034	N/A	.	N/A	4.82	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.34	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	29.44	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	6.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	1.86	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	58.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	11.20	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	83,710	N/A	84,697	N/A	.	N/A	1.18	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	16,880	N/A	16,039	N/A	.	N/A	-4.98	.	10% (+/-)	Yes
21: Aged, MN	N/A	6,635	N/A	6,042	N/A	.	N/A	-8.94	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	6,080	N/A	6,015	N/A	.	N/A	-1.07	.	10% (+/-)	Yes
41: Other Aged	N/A	54,115	N/A	56,601	N/A	.	N/A	4.59	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	67,900	N/A	68,109	N/A	.	N/A	0.31	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	31,121	N/A	29,450	N/A	.	N/A	-5.37	.	10% (+/-)	Yes
22: Disabled, MN	N/A	5,125	N/A	4,487	N/A	.	N/A	-12.45	.	10% (+/-)	No
32: Disabled, Poverty	N/A	7,564	N/A	10,535	N/A	.	N/A	39.28	.	10% (+/-)	No
42: Other Disabled	N/A	24,090	N/A	23,637	N/A	.	N/A	-1.88	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	144,138	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.76	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.34	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	55.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	43.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,388,394,024	N/A	$1,227,155,673	N/A	.	N/A	-11.61	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$9,121	N/A	$8,008	N/A	.	N/A	-12.20	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$10,350	N/A	$9,228	N/A	.	N/A	-10.84	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,835	N/A	$10,982	N/A	.	N/A	1.36	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,875	N/A	$3,640	N/A	.	N/A	-6.06	.	15% (+/-)	Yes
21: Aged, MN	N/A	$7,717	N/A	$8,205	N/A	.	N/A	6.33	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$399	N/A	$366	N/A	.	N/A	-8.25	.	15% (+/-)	Yes
41: Other Aged	N/A	$14,561	N/A	$14,488	N/A	.	N/A	-0.51	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,067	N/A	$4,348	N/A	.	N/A	-38.47	.	15% (+/-)	No
12: Disabled, Cash	N/A	$7,329	N/A	$3,867	N/A	.	N/A	-47.24	.	15% (+/-)	No
22: Disabled, MN	N/A	$6,997	N/A	$4,212	N/A	.	N/A	-39.80	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$1,808	N/A	$962	N/A	.	N/A	-46.79	.	15% (+/-)	No
42: Other Disabled	N/A	$8,395	N/A	$6,484	N/A	.	N/A	-22.77	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$26,971,652	N/A	$26,530,853	N/A	.	N/A	-1.63	.	15% (+/-)	Yes
IP: Number of Users	N/A	18,905	N/A	21,014	N/A	.	N/A	11.16	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,427	N/A	$1,263	N/A	.	N/A	-11.51	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	11	N/A	8	N/A	.	N/A	-30.59	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$11,538,892	N/A	$8,144,181	N/A	.	N/A	-29.42	.	15% (+/-)	No
MH Aged: Number of Users	N/A	173	N/A	161	N/A	.	N/A	-6.94	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$66,699	N/A	$50,585	N/A	.	N/A	-24.16	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$62,025	N/A	$86,758	N/A	.	N/A	39.88	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	4	N/A	1	N/A	.	N/A	-75.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$15,506	N/A	$86,758	N/A	.	N/A	459.50	.	15% (+/-)	No

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$31,538,786	N/A	$16,873,602	N/A	.	N/A	-46.50	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	398	N/A	175	N/A	.	N/A	-56.03	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$79,243	N/A	$96,421	N/A	.	N/A	21.68	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$824,625,278	N/A	$838,766,857	N/A	.	N/A	1.71	.	15% (+/-)	Yes
NF Number of Users	N/A	$40,308	N/A	$40,079	N/A	.	N/A	-0.57	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,458	N/A	$20,928	N/A	.	N/A	2.30	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$5,066,692	N/A	$4,227,896	N/A	.	N/A	-16.56	.	15% (+/-)	No
Physician: Number of Users	N/A	69,142	N/A	67,225	N/A	.	N/A	-2.77	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$73	N/A	$63	N/A	.	N/A	-14.18	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$3,711,961	N/A	$5,241,122	N/A	.	N/A	41.20	.	15% (+/-)	No
Dental: Number of Users	N/A	35,389	N/A	36,390	N/A	.	N/A	2.83	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$105	N/A	$144	N/A	.	N/A	37.31	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,981,698	N/A	$608,423	N/A	.	N/A	-69.30	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	30,731	N/A	21,479	N/A	.	N/A	-30.11	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$64	N/A	$28	N/A	.	N/A	-56.07	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$20,720,981	N/A	$36,176,791	N/A	.	N/A	74.59	.	15% (+/-)	No
OPD Number of Users	N/A	30,301	N/A	37,212	N/A	.	N/A	22.81	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$684	N/A	$972	N/A	.	N/A	42.17	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$102,752,305	N/A	$575,381	N/A	.	N/A	-99.44	.	15% (+/-)	No
Clinic: Number of Users	N/A	21,093	N/A	1,367	N/A	.	N/A	-93.52	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$4,871	N/A	$421	N/A	.	N/A	-91.36	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,141,928	N/A	$524,052	N/A	.	N/A	-54.11	.	15% (+/-)	No
HH: Number of Users	N/A	429	N/A	244	N/A	.	N/A	-43.12	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,662	N/A	$2,148	N/A	.	N/A	-19.31	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$947,793	N/A	$413,293	N/A	.	N/A	-56.39	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	18,217	N/A	13,622	N/A	.	N/A	-25.22	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$52	N/A	$30	N/A	.	N/A	-41.68	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$198,552,426	N/A	$230,040,069	N/A	.	N/A	15.86	.	15% (+/-)	No
Drugs: Number of Users	N/A	123,591	N/A	123,465	N/A	.	N/A	-0.10	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,607	N/A	$1,863	N/A	.	N/A	15.98	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$93,246,735	N/A	$4,243,598	N/A	.	N/A	-95.45	.	15% (+/-)	No
Other Services: Number of Users	N/A	$16,464	N/A	$11,453	N/A	.	N/A	-30.44	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$5,664	N/A	$371	N/A	.	N/A	-93.46	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$275,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	6,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$41	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$17,816,052	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	23,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$762	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,351	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	74	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$32	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$4,908	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	93	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$36,376,594	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	44,278	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$822	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$173,673	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,171	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$177	N/A	$173	N/A	.	N/A	-2.29	.	15% (+/-)	Yes
Aged	N/A	$97	N/A	$135	N/A	.	N/A	39.59	.	15% (+/-)	No
Disabled	N/A	$271	N/A	$217	N/A	.	N/A	-19.78	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$5,701	N/A	$5,637	N/A	.	N/A	-1.11	.	15% (+/-)	Yes
Aged	N/A	$8,969	N/A	$8,896	N/A	.	N/A	-0.81	.	15% (+/-)	Yes
Disabled	N/A	$1,723	N/A	$1,621	N/A	.	N/A	-5.89	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,304	N/A	$1,501	N/A	.	N/A	15.08	.	15% (+/-)	No
Aged	N/A	$1,063	N/A	$1,237	N/A	.	N/A	16.32	.	15% (+/-)	No
Disabled	N/A	$1,607	N/A	$1,835	N/A	.	N/A	14.17	.	15% (+/-)	Yes
All Other Services	N/A	$1,937	N/A	$696	N/A	.	N/A	-64.05	.	15% (+/-)	No
Aged	N/A	$706	N/A	$714	N/A	.	N/A	1.14	.	15% (+/-)	Yes
Disabled	N/A	$3,463	N/A	$675	N/A	.	N/A	-80.51	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.42	N/A	13.71	N/A	.	N/A	10.41	.	15% (+/-)	Yes
Aged	N/A	11.17	N/A	13.69	N/A	.	N/A	22.54	.	15% (+/-)	No
Disabled	N/A	13.90	N/A	13.76	N/A	.	N/A	-1.01	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	26.83	N/A	26.35	N/A	.	N/A	-1.78	.	15% (+/-)	Yes
Aged	N/A	43.62	N/A	42.81	N/A	.	N/A	-1.86	.	15% (+/-)	Yes
Disabled	N/A	6.37	N/A	6.05	N/A	.	N/A	-4.92	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	81.19	N/A	80.57	N/A	.	N/A	-0.77	.	15% (+/-)	Yes
Aged	N/A	81.67	N/A	82.28	N/A	.	N/A	0.75	.	15% (+/-)	Yes
Disabled	N/A	80.72	N/A	78.54	N/A	.	N/A	-2.70	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	75.36	N/A	72.12	N/A	.	N/A	-4.31	.	15% (+/-)	Yes
Aged	N/A	70.70	N/A	69.90	N/A	.	N/A	-1.13	.	15% (+/-)	Yes
Disabled	N/A	81.13	N/A	74.96	N/A	.	N/A	-7.61	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	11	N/A	8	N/A	.	N/A	-30.59	.	15% (+/-)	No
Aged	N/A	11	N/A	8	N/A	.	N/A	-28.64	.	15% (+/-)	No
Disabled	N/A	12	N/A	8	N/A	.	N/A	-32.53	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	309	N/A	253	N/A	.	N/A	-17.96	.	15% (+/-)	No
Aged	N/A	310	N/A	253	N/A	.	N/A	-18.36	.	15% (+/-)	No
Disabled	N/A	300	N/A	257	N/A	.	N/A	-14.43	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$263,065	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2677	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$281,151	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5917	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$48	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$182,670	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1898	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$96	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$24,859,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	8660	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$2,871	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	526,993	N/A	360,578	N/A	.	N/A	-31.58	.	15% (+/-)	**No**
# FFS Recipients	N/A	415,428	N/A	269,930	N/A	.	N/A	-35.02	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	74.86	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	86.81	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	82.72	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	61.90	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	69.15	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	342,333	N/A	233,190	N/A	.	N/A	-31.88	.	15% (+/-)	No
MAX Aged Total	N/A	88,282	N/A	88,702	N/A	.	N/A	0.48	.	10% (+/-)	Yes
11: Aged, Cash	N/A	17,424	N/A	16,505	N/A	.	N/A	-5.27	.	10% (+/-)	Yes
21: Aged, MN	N/A	7,094	N/A	6,338	N/A	.	N/A	-10.66	.	10% (+/-)	No
31: Aged, Poverty	N/A	6,246	N/A	6,151	N/A	.	N/A	-1.52	.	10% (+/-)	Yes
41: Other Aged	N/A	57,518	N/A	59,708	N/A	.	N/A	3.81	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	123,223	N/A	97,716	N/A	.	N/A	-20.70	.	10% (+/-)	No
12: Disabled, Cash	N/A	71,491	N/A	48,882	N/A	.	N/A	-31.62	.	10% (+/-)	No
22: Disabled, MN	N/A	7,991	N/A	6,593	N/A	.	N/A	-17.49	.	10% (+/-)	No
32: Disabled, Poverty	N/A	7,708	N/A	10,721	N/A	.	N/A	39.09	.	10% (+/-)	No
42: Other Disabled	N/A	36,033	N/A	31,520	N/A	.	N/A	-12.52	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	215,161	N/A	114,985	N/A	.	N/A	-46.56	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	38,274	N/A	15,434	N/A	.	N/A	-59.67	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	15,537	N/A	8,717	N/A	.	N/A	-43.90	.	10% (+/-)	No
34: Child Poverty	N/A	113,098	N/A	58,210	N/A	.	N/A	-48.53	.	10% (+/-)	No
44: Other Child	N/A	27,388	N/A	13,490	N/A	.	N/A	-50.74	.	10% (+/-)	No
48: Foster Care Child	N/A	20,864	N/A	19,134	N/A	.	N/A	-8.29	.	10% (+/-)	Yes
54: 1115 Child	N/A	20,864	N/A	19,134	N/A	.	N/A	-8.29	.	10% (+/-)	Yes
MAX Adult Total	N/A	100,298	N/A	58,899	N/A	.	N/A	-41.28	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	27,029	N/A	11,892	N/A	.	N/A	-56.00	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	22,567	N/A	16,411	N/A	.	N/A	-27.28	.	10% (+/-)	No

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35: Adult, Poverty	N/A	22,106	N/A	16,695	N/A	.	N/A	-24.48	.	10% (+/-)	No
45: Other Adult	N/A	28,596	N/A	13,901	N/A	.	N/A	-51.39	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,172,933,885	N/A	$1,665,281,863	N/A	.	N/A	-23.36	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$4,123	N/A	$4,618	N/A	.	N/A	12.01	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$5,231	N/A	$6,169	N/A	.	N/A	17.95	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,527	N/A	$10,683	N/A	.	N/A	1.49	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,809	N/A	$3,579	N/A	.	N/A	-6.05	.	15% (+/-)	Yes
21: Aged, MN	N/A	$7,457	N/A	$7,983	N/A	.	N/A	7.05	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$395	N/A	$364	N/A	.	N/A	-7.80	.	15% (+/-)	Yes
41: Other Aged	N/A	$14,040	N/A	$13,997	N/A	.	N/A	-0.31	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,669	N/A	$5,670	N/A	.	N/A	-26.06	.	15% (+/-)	No
12: Disabled, Cash	N/A	$7,977	N/A	$5,851	N/A	.	N/A	-26.65	.	15% (+/-)	No
22: Disabled, MN	N/A	$7,490	N/A	$5,231	N/A	.	N/A	-30.15	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$1,805	N/A	$961	N/A	.	N/A	-46.76	.	15% (+/-)	No
42: Other Disabled	N/A	$8,351	N/A	$7,083	N/A	.	N/A	-15.19	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$735	N/A	$839	N/A	.	N/A	14.20	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$685	N/A	$738	N/A	.	N/A	7.86	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$895	N/A	$769	N/A	.	N/A	-14.07	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$583	N/A	$673	N/A	.	N/A	15.57	.	15% (+/-)	No
44: Other Child	N/A	$531	N/A	$454	N/A	.	N/A	-14.51	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$1,802	N/A	$1,729	N/A	.	N/A	-4.02	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,400	N/A	$1,133	N/A	.	N/A	-19.09	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,467	N/A	$1,034	N/A	.	N/A	-29.52	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,342	N/A	$1,206	N/A	.	N/A	-10.16	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$1,850	N/A	$1,347	N/A	.	N/A	-27.18	.	15% (+/-)	No
45: Other Adult	N/A	$1,034	N/A	$873	N/A	.	N/A	-15.56	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$292,083,915	N/A	$181,061,383	N/A	.	N/A	-38.01	.	15% (+/-)	No
IP: Number of Users	N/A	67,751	N/A	51,888	N/A	.	N/A	-23.41	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$4,311	N/A	$3,489	N/A	.	N/A	-19.06	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	8	N/A	6	N/A	.	N/A	-13.92	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$11,638,277	N/A	$8,258,149	N/A	.	N/A	-29.04	.	15% (+/-)	No
MH Aged: Number of Users	N/A	177	N/A	162	N/A	.	N/A	-8.47	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$65,753	N/A	$50,976	N/A	.	N/A	-22.47	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$15,348,016	N/A	$13,448,783	N/A	.	N/A	-12.37	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	577	N/A	209	N/A	.	N/A	-63.78	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$26,600	N/A	$64,348	N/A	.	N/A	141.91	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$48,401,095	N/A	$32,195,849	N/A	.	N/A	-33.48	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	587	N/A	318	N/A	.	N/A	-45.83	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$82,455	N/A	$101,245	N/A	.	N/A	22.79	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$885,444,915	N/A	$896,143,431	N/A	.	N/A	1.21	.	15% (+/-)	Yes
NF Number of Users	N/A	$43,120	N/A	$42,377	N/A	.	N/A	-1.72	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,534	N/A	$21,147	N/A	.	N/A	2.98	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$67,975,155	N/A	$39,498,563	N/A	.	N/A	-41.89	.	15% (+/-)	No
Physician: Number of Users	N/A	278,335	N/A	168,145	N/A	.	N/A	-39.59	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$244	N/A	$235	N/A	.	N/A	-3.81	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$10,854,810	N/A	$8,999,348	N/A	.	N/A	-17.09	.	15% (+/-)	No
Dental: Number of Users	N/A	104,126	N/A	65,700	N/A	.	N/A	-36.90	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$104	N/A	$137	N/A	.	N/A	31.40	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$21,490,716	N/A	$1,748,083	N/A	.	N/A	-91.87	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	96,584	N/A	36,909	N/A	.	N/A	-61.79	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$223	N/A	$47	N/A	.	N/A	-78.71	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$60,844,505	N/A	$63,796,114	N/A	.	N/A	4.85	.	15% (+/-)	Yes
OPD Number of Users	N/A	159,577	N/A	105,442	N/A	.	N/A	-33.92	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$381	N/A	$605	N/A	.	N/A	58.68	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$167,228,926	N/A	$26,081,440	N/A	.	N/A	-84.40	.	15% (+/-)	No
Clinic: Number of Users	N/A	83,707	N/A	31,036	N/A	.	N/A	-62.92	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,998	N/A	$840	N/A	.	N/A	-57.94	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$17,059,611	N/A	$12,042,108	N/A	.	N/A	-29.41	.	15% (+/-)	No
HH: Number of Users	N/A	5,446	N/A	3,020	N/A	.	N/A	-44.55	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$3,133	N/A	$3,987	N/A	.	N/A	27.29	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$19,132,652	N/A	$5,557,809	N/A	.	N/A	-70.95	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	169,796	N/A	73,272	N/A	.	N/A	-56.85	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$113	N/A	$76	N/A	.	N/A	-32.68	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$289,742,805	N/A	$278,379,692	N/A	.	N/A	-3.92	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	329,375	N/A	213,557	N/A	.	N/A	-35.16	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$880	N/A	$1,304	N/A	.	N/A	48.18	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$120,652,158	N/A	$6,698,803	N/A	.	N/A	-94.45	.	15% (+/-)	No
Other Services: Number of Users	N/A	$31,763	N/A	$15,466	N/A	.	N/A	-51.31	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,799	N/A	$433	N/A	.	N/A	-88.60	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,901,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	13,221	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$219	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$25,013,821	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	31,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$795	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$4,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	84	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$59	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$6,088	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	99	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$11,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	28	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$402	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$56,699,989	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	63,460	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$893	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,107,248	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,189	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$554	N/A	$502	N/A	.	N/A	-9.40	.	15% (+/-)	Yes
Aged	N/A	$112	N/A	$145	N/A	.	N/A	29.28	.	15% (+/-)	No
Disabled	N/A	$1,343	N/A	$952	N/A	.	N/A	-29.11	.	15% (+/-)	No
Child	N/A	$258	N/A	$345	N/A	.	N/A	33.84	.	15% (+/-)	No
Adult	N/A	$609	N/A	$598	N/A	.	N/A	-1.89	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,823	N/A	$2,635	N/A	.	N/A	44.51	.	15% (+/-)	No
Aged	N/A	$8,699	N/A	$8,644	N/A	.	N/A	-0.64	.	15% (+/-)	Yes
Disabled	N/A	$1,466	N/A	$1,774	N/A	.	N/A	21.08	.	15% (+/-)	No
Child	N/A	$56	N/A	$86	N/A	.	N/A	53.09	.	15% (+/-)	No
Adult	N/A	$2	N/A	$1	N/A	.	N/A	-42.96	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$550	N/A	$772	N/A	.	N/A	40.42	.	15% (+/-)	No
Aged	N/A	$1,029	N/A	$1,199	N/A	.	N/A	16.61	.	15% (+/-)	No
Disabled	N/A	$1,370	N/A	$1,605	N/A	.	N/A	17.18	.	15% (+/-)	No
Child	N/A	$70	N/A	$89	N/A	.	N/A	26.54	.	15% (+/-)	No
Adult	N/A	$149	N/A	$83	N/A	.	N/A	-44.60	.	15% (+/-)	No
All Other Services	N/A	$1,192	N/A	$709	N/A	.	N/A	-40.48	.	15% (+/-)	No
Aged	N/A	$686	N/A	$695	N/A	.	N/A	1.19	.	15% (+/-)	Yes
Disabled	N/A	$3,486	N/A	$1,338	N/A	.	N/A	-61.61	.	15% (+/-)	No
Child	N/A	$350	N/A	$320	N/A	.	N/A	-8.58	.	15% (+/-)	Yes
Adult	N/A	$625	N/A	$451	N/A	.	N/A	-27.88	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.86	N/A	14.39	N/A	.	N/A	11.93	.	15% (+/-)	Yes
Aged	N/A	10.89	N/A	13.36	N/A	.	N/A	22.70	.	15% (+/-)	No
Disabled	N/A	16.24	N/A	15.37	N/A	.	N/A	-5.34	.	15% (+/-)	Yes
Child	N/A	8.78	N/A	12.22	N/A	.	N/A	39.16	.	15% (+/-)	No
Adult	N/A	19.17	N/A	18.58	N/A	.	N/A	-3.09	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	8.43	N/A	11.94	N/A	.	N/A	41.61	.	15% (+/-)	No
Aged	N/A	42.51	N/A	41.69	N/A	.	N/A	-1.94	.	15% (+/-)	Yes
Disabled	N/A	5.24	N/A	6.03	N/A	.	N/A	15.15	.	15% (+/-)	No
Child	N/A	0.19	N/A	0.13	N/A	.	N/A	-30.80	.	15% (+/-)	No
Adult	N/A	0.02	N/A	0.02	N/A	.	N/A	-5.40	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	62.50	N/A	59.23	N/A	.	N/A	-5.24	.	15% (+/-)	Yes
Aged	N/A	79.55	N/A	80.26	N/A	.	N/A	0.90	.	15% (+/-)	Yes
Disabled	N/A	76.28	N/A	73.41	N/A	.	N/A	-3.75	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: MI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	48.96	N/A	38.03	N/A	.	N/A	-22.33	.	15% (+/-)	No
Adult	N/A	59.63	N/A	45.57	N/A	.	N/A	-23.59	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	72.45	N/A	65.62	N/A	.	N/A	-9.42	.	15% (+/-)	Yes
Aged	N/A	68.78	N/A	68.03	N/A	.	N/A	-1.08	.	15% (+/-)	Yes
Disabled	N/A	81.43	N/A	74.76	N/A	.	N/A	-8.19	.	15% (+/-)	Yes
Child	N/A	67.71	N/A	56.86	N/A	.	N/A	-16.02	.	15% (+/-)	No
Adult	N/A	74.81	N/A	63.94	N/A	.	N/A	-14.53	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	8	N/A	6	N/A	.	N/A	-13.92	.	15% (+/-)	Yes
Aged	N/A	11	N/A	8	N/A	.	N/A	-28.64	.	15% (+/-)	No
Disabled	N/A	13	N/A	10	N/A	.	N/A	-23.70	.	15% (+/-)	No
Child	N/A	4	N/A	4	N/A	.	N/A	-2.18	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-0.61	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	305	N/A	253	N/A	.	N/A	-17.05	.	15% (+/-)	No
Aged	N/A	309	N/A	253	N/A	.	N/A	-18.32	.	15% (+/-)	No
Disabled	N/A	292	N/A	258	N/A	.	N/A	-11.90	.	15% (+/-)	Yes
Child	N/A	112	N/A	156	N/A	.	N/A	39.58	.	15% (+/-)	No
Adult	N/A	79	N/A	40	N/A	.	N/A	-49.04	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,176,081	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	12,965	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$91	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,448,615	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	16,002	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$91	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,305,688	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	11,142	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$117	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$30,482,433	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9,503	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$3,208	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	89,691	N/A	86,445	N/A	.	N/A	-3.62	.	Yes
% Encounter Claims *	N/A	33.80	N/A	41.20	N/A	.	N/A	21.89	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	59,375	N/A	50,829	N/A	.	N/A	-14.39	.	Yes
% Crossover	5-20	34.30	No	30.72	No	.	N/A	-10.44	.	Yes
% Adjusted Claims	> 1%	3.90	Yes	13.98	Yes	.	N/A	258.82	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$11,613	N/A	$8,642	N/A	.	N/A	-25.59	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	39,010	N/A	35,215	N/A	.	N/A	-9.73	.	Yes
% Claims with> $0 Paid	95-100	98.11	Yes	100.00	Yes	.	N/A	1.93	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$6,180	Yes	$6,231	Yes	.	N/A	0.83	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,255	N/A	$1,338	N/A	.	N/A	6.59	.	Yes
% Claims with TPL	>0 - 10	4.51	Yes	2.70	Yes	.	N/A	-40.21	.	No
Aver. TPL Paid for claims with TPL	N/A	$8,616	N/A	$3,173	N/A	.	N/A	-63.17	.	No
% Claims with UB-92 Accommodation Codes	95-100	83.35	No	95.91	Yes	.	N/A	15.08	.	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	97.06	Yes	98.38	Yes	.	N/A	1.36	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.29	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.03	Yes	4.99	Yes	.	N/A	-0.80	.	Yes
Average Covered Days (> 0 day	2-<8	4.91	Yes	4.78	Yes	.	N/A	-2.51	.	Yes
% Begin Date = Admit Date	95-100	98.51	Yes	97.02	Yes	.	N/A	-1.50	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.16	Yes	.	N/A	-0.84	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	99.82	Yes	98.94	Yes	.	N/A	-0.88	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.29	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.19	Yes	6.32	Yes	.	N/A	2.03	.	Yes
% Claims with PDX, where length=4	15-75	24.59	Yes	24.97	Yes	.	N/A	1.54	.	Yes
% Claims with PDX, where length=5	25-70	69.22	No	68.72	Yes	.	N/A	-0.73	.	Yes
% Claims with a procedure code	35-70	53.04	Yes	51.06	Yes	.	N/A	-3.74	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.07	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.63	N/A	99.99	N/A	.	N/A	0.37	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.63	N/A	99.99	N/A	.	N/A	0.37	.	Yes
% Claims with DRG	>=90	.	N/A	95.95	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	16.99	N/A	15.00	N/A	.	N/A	-11.70	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	19.62	N/A	18.72	N/A	.	N/A	-4.58	.	Yes
Patient Status										
% Home	75-90	88.63	Yes	77.85	Yes	.	N/A	-12.17	.	Yes
% Transferred	1-10	5.45	Yes	20.14	No	.	N/A	269.81	.	No
% Still a Patient	>0 - 2	0.12	Yes	0.08	Yes	.	N/A	-31.65	.	No
% Died	>0 - 3	0.77	Yes	0.86	Yes	.	N/A	11.14	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	20,365	N/A	15,614	N/A	.	N/A	-23.33	.	No
% Claims with> $0 Paic	N/A	84.15	N/A	100.00	N/A	.	N/A	18.83	.	No
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,084	N/A	$1,050	N/A	.	N/A	-3.12	.	Yes
% Claims with TPL	N/A	0.62	N/A	0.68	N/A	.	N/A	8.86	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$825	N/A	$813	N/A	.	N/A	-1.52	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	93.70	No	99.97	Yes	.	N/A	6.69	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	81.71	No	99.95	N/A	.	N/A	22.32	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.75	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.19	Yes	5.99	Yes	.	N/A	-3.17	.	Yes
% Begin Date = Admit Date	95-100	99.03	Yes	99.10	Yes	.	N/A	0.07	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with DX	98-100	99.72	Yes	100.00	Yes	.	N/A	0.29	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	53.91	Yes	4.88	Yes	.	N/A	-90.95	.	No
% Claims with PDX, where length=3	5-30	8.89	Yes	9.93	Yes	.	N/A	11.68	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	41.86	Yes	38.19	Yes	.	N/A	-8.76	.	Yes
% Claims with PDX, where length=5	25-70	49.25	Yes	51.88	Yes	.	N/A	5.34	.	Yes
% Claims with a procedure code	35-70	0.07	No	0.01	No	.	N/A	-82.61	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	3.00	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	99.85	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	574,097	N/A	526,613	N/A	.	N/A	-8.27	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	574,097	N/A	526,613	N/A	.	N/A	-8.27	.	Yes
% Crossover	5-20	1.87	No	1.33	No	.	N/A	-29.02	.	No
% Adjusted Claims	> 1%	28.40	Yes	43.24	Yes	.	N/A	52.26	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$475	N/A	$1,922	N/A	.	N/A	305.10	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	563,377	N/A	519,633	N/A	.	N/A	-7.76	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$87	Yes	$90	Yes	.	N/A	3.61	.	Yes
ICF/MR (TOS 05)	N/A	$152	N/A	$161	N/A	.	N/A	5.61	.	Yes
Aged/MH (TOS 02)	N/A	$362	N/A	$219	N/A	.	N/A	-39.48	.	No
IP Psych. < 21 (TOS 04)	N/A	$584	N/A	$563	N/A	.	N/A	-3.47	.	Yes
% NF (TOS 07)	75-99	68.55	No	74.11	No	.	N/A	8.11	.	Yes
% NF claims with NF Covered Days	N/A	84.80	N/A	81.94	N/A	.	N/A	-3.37	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.59	.	Yes
% ICF/MR (TOS 05)	>0-20	31.26	No	25.64	No	.	N/A	-17.97	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	23.96	N/A	25.31	N/A	.	N/A	5.65	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	-1.92	.	Yes
% Aged/MH (TOS 02)	>0-10	0.07	Yes	0.14	Yes	.	N/A	97.88	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	99.01	N/A	75.84	N/A	.	N/A	-23.40	.	No
Avg days for Aged/MH claims with Covered Days	N/A	27	N/A	29	N/A	.	N/A	5.20	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.12	Yes	0.11	Yes	.	N/A	-10.94	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	22	N/A	22	N/A	.	N/A	0.24	.	Yes
% Claims with Leave Days	1-20	4.22	Yes	3.75	Yes	.	N/A	-11.28	.	Yes
% Claims with DX	95-100	18.79	No	86.02	No	.	N/A	357.71	.	No
% Claims with DX, where length=3	5-30	18.75	Yes	5.98	Yes	.	N/A	-68.11	.	No
% Claims with DX, where length=4	15-75	63.60	Yes	20.66	Yes	.	N/A	-67.52	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	17.62	No	73.36	No	.	N/A	316.22	.	No
Patient Status										
% Home	1-5	0.26	No	0.59	No	.	N/A	124.50	.	No
% Still a Patien	8-98	84.73	Yes	84.17	Yes	.	N/A	-0.67	.	Yes
% Died	>0-5	0.79	Yes	0.87	Yes	.	N/A	10.18	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	10,720	N/A	6,980	N/A	.	N/A	-34.89	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,322	N/A	$1,191	N/A	.	N/A	-9.96	.	Yes
% NF (TOS 07)	75-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	66.12	No	100.00	Yes	.	N/A	51.24	.	No
% Claims with DX, where length=3	5-30	16.25	Yes	9.86	Yes	.	N/A	-39.35	.	No
% Claims with DX, where length=4	15-75	51.55	Yes	26.85	Yes	.	N/A	-47.92	.	No
% Claims with DX, where length=5	25-70	32.20	Yes	63.30	Yes	.	N/A	96.60	.	No
Patient Status										
% Home	1-5	3.58	Yes	5.40	No	.	N/A	50.78	.	No
% Still a Patien	8-98	83.74	Yes	85.23	Yes	.	N/A	1.78	.	Yes
% Died	>0-5	2.92	Yes	2.48	Yes	.	N/A	-15.11	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	15,104,884	N/A	17,231,383	N/A	.	N/A	14.08	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	16.79	N/A	27.33	N/A	.	N/A	62.80	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	18.14	N/A	18.72	N/A	.	N/A	3.15	.	Yes
Total FFS Claims	N/A	12,568,733	N/A	9,296,159	N/A	.	N/A	-26.04	.	No
% Crossover	5-20	12.67	Yes	16.66	Yes	.	N/A	31.54	.	No
% Adjusted Claims	> 1%	1.46	Yes	3.08	Yes	.	N/A	110.33	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$179	N/A	$182	N/A	.	N/A	1.39	.	Yes
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	25.76	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$198	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	10,976,506	N/A	7,747,124	N/A	.	N/A	-29.42	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.97	Yes	.	N/A	-0.03	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	32.54	N/A	11.52	N/A	.	N/A	-64.60	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.15	N/A	0.06	N/A	.	N/A	-60.74	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	19.87	N/A	18.86	N/A	.	N/A	-5.11	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	34.06	N/A	12.49	N/A	.	N/A	-63.32	.	No
% Claims W/ Service Place 11- Office	50-90	16.39	No	24.25	No	.	N/A	47.96	.	No
% Claims W/ Service Place 12 - Home	>0-5	12.67	No	20.31	No	.	N/A	60.29	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.77	Yes	3.70	Yes	.	N/A	33.41	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.86	Yes	0.18	Yes	.	N/A	-79.43	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.45	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	18.93	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	6.02	No	24.18	No	.	N/A	301.54	.	No
% Claims with TPL	>0 - 15	0.31	Yes	0.35	Yes	.	N/A	14.58	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$109	N/A	$87	N/A	.	N/A	-19.94	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	14.58	Yes	20.52	Yes	.	N/A	40.71	.	No
% claims MAX TOS 09: Dental	2-20	5.93	Yes	5.48	Yes	.	N/A	-7.52	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	11.94	No	3.86	Yes	.	N/A	-67.64	.	No
% claims MAX TOS 11: OPD	3-25	4.63	Yes	10.40	Yes	.	N/A	124.67	.	No
% claims MAX TOS 12: Clinic	2-25	0.92	No	1.78	No	.	N/A	93.15	.	No
% claims MAX TOS 13: HH	>0-25	3.22	Yes	5.03	Yes	.	N/A	56.19	.	No
% claims MAX TOS 15: Lab/Xray	4-20	13.94	Yes	1.31	No	.	N/A	-90.62	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	16.71	Yes	1.60	Yes	.	N/A	-90.40	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	5.96	No	5.53	Yes	.	N/A	-7.19	.	Yes
% claims MAX TOS 26: Transportation	>1	15.14	No	15.71	Yes	.	N/A	3.79	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	7.15	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	7.86	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	2.70	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	4.77	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.20	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	3.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.39	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$127	N/A	$124	N/A	.	N/A	-2.33	.	Yes
08: Physicians	$20-90	$57	Yes	$48	Yes	.	N/A	-15.99	.	No
09: Dental	$10-60	$29	Yes	$32	Yes	.	N/A	12.82	.	Yes
10: Other Practioner	$10-100	$38	Yes	$47	Yes	.	N/A	23.55	.	No
11: OPD	$20-100	$91	Yes	$48	Yes	.	N/A	-46.77	.	No
12: Clinic	$20-100	$72	Yes	$68	Yes	.	N/A	-5.92	.	Yes
13: HH	N/A	$87	N/A	$78	N/A	.	N/A	-10.16	.	Yes
15: Lab/Xray	10-60	$22	Yes	$14	Yes	.	N/A	-37.15	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$392	N/A	$203	N/A	.	N/A	-48.33	.	No
51: DME	N/A	$59	Yes	$70	N/A	.	N/A	19.00	.	No
26: Transportation	N/A	$22	N/A	$22	N/A	.	N/A	-2.86	.	Yes
30: PCS	N/A	.	N/A	$262	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$182	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$1,414	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,207	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$782	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$556	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.25	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.63	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	11.59	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$47	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$67	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$108	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$169	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$512	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	50.25	No	99.48	Yes	.	N/A	97.97	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.53	Yes	99.99	Yes	.	N/A	0.46	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	25.01	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	8.25	Yes	5.82	Yes	.	N/A	-29.48	.	No
% Claims with DX, where length=4	40-70	50.00	Yes	32.26	No	.	N/A	-35.48	.	No
% Claims with DX, where length=5	20-55	41.75	Yes	61.92	No	.	N/A	48.33	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	81.04	N/A	100.00	N/A	.	N/A	23.39	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	98.68	N/A	99.99	N/A	.	N/A	1.33	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	98.52	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	14.03	N/A	35.01	N/A	.	N/A	149.54	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	85.97	N/A	64.99	N/A	.	N/A	-24.41	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	73.85	No	100.00	Yes	.	N/A	35.41	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	6.33	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,592,227	N/A	1,549,035	N/A	.	N/A	-2.71	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.46	Yes	.	N/A	-0.54	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	2.23	N/A	2.05	N/A	.	N/A	-8.34	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.79	N/A	0.77	N/A	.	N/A	-1.66	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	6.11	N/A	1.52	N/A	.	N/A	-75.07	.	No
% Other Claims with Span Bills/All Other Claims	N/A	2.03	N/A	2.22	N/A	.	N/A	9.33	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	55.79	N/A	62.14	N/A	.	N/A	11.38	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	10.13	N/A	7.24	N/A	.	N/A	-28.52	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	8.66	N/A	9.68	N/A	.	N/A	11.76	.	Yes
% claims MAX TOS 12: Clinic	N/A	1.34	N/A	1.19	N/A	.	N/A	-11.00	.	Yes
% claims MAX TOS 13: HH	N/A	7.57	N/A	4.92	N/A	.	N/A	-34.98	.	No
% claims MAX TOS 15: Lab/Xray	N/A	6.81	N/A	0.89	N/A	.	N/A	-86.86	.	No
% claims MAX TOS 19: Other Services	N/A	2.42	N/A	0.72	N/A	.	N/A	-70.26	.	No
% claims MAX TOS 51: DME	N/A	4.34	N/A	7.39	N/A	.	N/A	70.38	.	No
% claims MAX TOS 26: Transportation	N/A	2.52	N/A	2.12	N/A	.	N/A	-16.03	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	3.43	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$27	N/A	$26	N/A	.	N/A	-1.91	.	Yes
% Claims with DX	N/A	97.43	N/A	100.00	N/A	.	N/A	2.64	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.05	Yes	100.00	Yes	.	N/A	1.99	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	51.43	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	9.20	Yes	8.88	Yes	.	N/A	-3.51	.	Yes
% Claims with DX, where length=4	40-70	48.37	Yes	46.56	Yes	.	N/A	-3.76	.	Yes
% Claims with DX, where length=5	20-55	42.42	Yes	44.56	Yes	.	N/A	5.04	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.27	N/A	85.41	N/A	.	N/A	31135.69	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	1.35	N/A	41.18	N/A	.	N/A	2956.11	.	No
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	8.30	No	13.99	No	.	N/A	68.66	.	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	30.55	N/A	30.16	N/A	.	N/A	-1.28	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	69.45	N/A	69.84	N/A	.	N/A	0.56	.	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	4,556,938	N/A	7,422,833	N/A	.	N/A	62.89	.	No
% Encounter Claims *	N/A	0.00	N/A	40.39	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	4,556,938	N/A	4,424,931	N/A	.	N/A	-2.90	.	Yes
% Adjusted Claims	> 1%	1.00	Yes	1.88	Yes	.	N/A	87.67	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$45	N/A	$52	N/A	.	N/A	15.37	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	4,556,938	N/A	4,424,931	N/A	.	N/A	-2.90	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$39	Yes	$46	Yes	.	N/A	17.31	.	No
% Claims with TPL	>0 - 15	4.31	Yes	4.81	Yes	.	N/A	11.59	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$49	N/A	$56	N/A	.	N/A	15.67	.	No
% Family Planning Claims (program type=2)	N/A	0.62	N/A	0.56	N/A	.	N/A	-9.08	.	Yes
% Drug Claims (TOS 16)	95-99	99.38	No	100.00	No	.	N/A	0.62	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.73	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.94	Yes	99.92	Yes	.	N/A	-0.03	.	Yes
% Claims with Medispan	98-100	99.83	Yes	95.66	No	.	N/A	-4.17	.	Yes
% Claims with AHFS	98-100	99.94	Yes	99.92	Yes	.	N/A	-0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.94	Yes	99.92	Yes	.	N/A	-0.03	.	Yes
% Claims with GC3	98-100	99.94	Yes	99.92	Yes	.	N/A	-0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.90	N/A	81.28	N/A	.	N/A	-18.63	.	No
% Products (codes 4-6)	N/A	0.02	N/A	18.62	N/A	.	N/A	92141.09	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	99.94	Yes	99.92	Yes	.	N/A	-0.03	.	Yes
% OTC-Drug Class	N/A	14.28	N/A	13.38	N/A	.	N/A	-6.33	.	Yes
% Prescription-Drug Class	N/A	85.64	N/A	86.54	N/A	.	N/A	1.06	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	48.11	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	30.43	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	571,312	N/A	596,416	N/A	.	N/A	4.39	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$3,125,544,581	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	6.10	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	29.40	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	8.65	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	2.75	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	1.24	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.35	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	51.51	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	568,761	N/A	591,427	N/A	.	N/A	3.99	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	441,212	N/A	453,345	N/A	.	N/A	2.75	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.58	Yes	99.11	Yes	.	N/A	-0.47	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	96.39	Yes	97.09	Yes	.	N/A	0.73	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	0	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	100.00	Yes	99.98	Yes	.	N/A	-0.02	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.99	Yes	99.99	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.69	Yes	1.29	Yes	.	N/A	-23.59	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	63.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	15.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	4.63	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	5.94	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	3.20	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.79	Yes	3.93	Yes	.	N/A	-18.01	.	10% (+/-)	No
% Age 0-20 Years	49-74%	60.09	Yes	55.73	Yes	.	N/A	-7.26	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	11.27	Yes	10.87	Yes	.	N/A	-3.59	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	52.47	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	94,013	N/A	96,760	N/A	.	N/A	2.92	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	95.28	Yes	96.18	Yes	.	N/A	0.94	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	95.49	Yes	96.36	Yes	.	N/A	0.92	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	42.50	Yes	43.24	Yes	.	N/A	1.72	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,278	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	39.75	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	23.16	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	37.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	5.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	10.02	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	98.41	No	98.95	No	.	N/A	0.56	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	93.77	Yes	92.31	Yes	.	N/A	-1.56	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	62,501	N/A	62,998	N/A	.	N/A	0.80	.	10% (+/-)	Yes
11: Aged, Cash	N/A	17,136	N/A	17,481	N/A	.	N/A	2.01	.	10% (+/-)	Yes
21: Aged, MN	N/A	6,810	N/A	4,837	N/A	.	N/A	-28.97	.	10% (+/-)	No
31: Aged, Poverty	N/A	4,767	N/A	5,672	N/A	.	N/A	18.98	.	10% (+/-)	No
41: Other Aged	N/A	33,788	N/A	35,008	N/A	.	N/A	3.61	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	78,928	N/A	81,339	N/A	.	N/A	3.05	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	54,855	N/A	55,036	N/A	.	N/A	0.33	.	10% (+/-)	Yes
22: Disabled, MN	N/A	7,414	N/A	5,854	N/A	.	N/A	-21.04	.	10% (+/-)	No
32: Disabled, Poverty	N/A	2,676	N/A	2,524	N/A	.	N/A	-5.68	.	10% (+/-)	Yes
42: Other Disabled	N/A	13,983	N/A	17,925	N/A	.	N/A	28.19	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	321,506	N/A	307,455	N/A	.	N/A	-4.37	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	123,008	N/A	112,516	N/A	.	N/A	-8.53	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	479	N/A	570	N/A	.	N/A	19.00	.	10% (+/-)	No
34: Child Poverty	N/A	70,286	N/A	59	N/A	.	N/A	-99.92	.	10% (+/-)	No
44: Other Child	N/A	119,249	N/A	112,793	N/A	.	N/A	-5.41	.	10% (+/-)	Yes
48: Foster Care Child	N/A	8,484	N/A	9,123	N/A	.	N/A	7.53	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	72,394	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	105,751	N/A	139,635	N/A	.	N/A	32.04	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	59,133	N/A	55,045	N/A	.	N/A	-6.91	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	659	N/A	189	N/A	.	N/A	-71.32	.	10% (+/-)	No
35: Adult, Poverty	N/A	2,469	N/A	54	N/A	.	N/A	-97.81	.	10% (+/-)	No
45: Other Adult	N/A	43,490	N/A	45,355	N/A	.	N/A	4.29	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	38,992	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	456,913	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	97.93	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.49	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.58	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	8.63	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	138,687	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	64.72	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	382,743	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	34.88	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	332,378	N/A	382,743	N/A	.	N/A	15.15	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	9.00	N/A	8.87	N/A	.	N/A	-1.43	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	1.12	N/A	1.17	N/A	.	N/A	4.97	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	69.26	N/A	61.60	N/A	.	N/A	-11.07	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	20.62	N/A	28.36	N/A	.	N/A	37.53	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	268,421	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	456,913	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	59.29	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	40.71	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$633,976,959	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$633,976,959	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$633,976,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	382,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$684,310,650	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$40,520,613	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$518,331,288	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$12,473,492	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$112,985,257	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,788	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$295	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	171,308	N/A	145,676	N/A	.	N/A	-14.96	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	139,554	N/A	117,308	N/A	.	N/A	-15.94	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	118,397	N/A	99,063	N/A	.	N/A	-16.33	.	15% (+/-)	No
MAX Aged Total	N/A	817	N/A	571	N/A	.	N/A	-30.11	.	10% (+/-)	No
11: Aged, Cash	N/A	254	N/A	169	N/A	.	N/A	-33.46	.	10% (+/-)	No
21: Aged, MN	N/A	136	N/A	67	N/A	.	N/A	-50.74	.	10% (+/-)	No
31: Aged, Poverty	N/A	50	N/A	48	N/A	.	N/A	-4.00	.	10% (+/-)	Yes
41: Other Aged	N/A	377	N/A	287	N/A	.	N/A	-23.87	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	42,377	N/A	42,590	N/A	.	N/A	0.50	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	34,672	N/A	34,595	N/A	.	N/A	-0.22	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,100	N/A	877	N/A	.	N/A	-20.27	.	10% (+/-)	No
32: Disabled, Poverty	N/A	26	N/A	16	N/A	.	N/A	-38.46	.	10% (+/-)	No
42: Other Disabled	N/A	6,579	N/A	7,102	N/A	.	N/A	7.95	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	91,269	N/A	71,683	N/A	.	N/A	-21.46	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	31,123	N/A	23,261	N/A	.	N/A	-25.26	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	425	N/A	481	N/A	.	N/A	13.18	.	10% (+/-)	No
34: Child Poverty	N/A	468	N/A	54	N/A	.	N/A	-88.46	.	10% (+/-)	No
44: Other Child	N/A	51,841	N/A	39,839	N/A	.	N/A	-23.15	.	10% (+/-)	No
48: Foster Care Child	N/A	7,412	N/A	7,997	N/A	.	N/A	7.89	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	51	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	36,823	N/A	30,832	N/A	.	N/A	-16.27	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	17,139	N/A	13,459	N/A	.	N/A	-21.47	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	450	N/A	174	N/A	.	N/A	-61.33	.	10% (+/-)	No
35: Adult, Poverty	N/A	257	N/A	44	N/A	.	N/A	-82.88	.	10% (+/-)	No
45: Other Adult	N/A	18,977	N/A	17,123	N/A	.	N/A	-9.77	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	32	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	850	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$816,379,333	N/A	$810,534,216	N/A	.	N/A	-0.72	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$4,766	N/A	$5,564	N/A	.	N/A	16.75	.	15% (+/-)	No

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$5,850	N/A	$6,909	N/A	.	N/A	18.11	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$12,396	N/A	$10,839	N/A	.	N/A	-12.56	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$11,619	N/A	$9,411	N/A	.	N/A	-19.00	.	15% (+/-)	No
21: Aged, MN	N/A	$8,460	N/A	$8,561	N/A	.	N/A	1.20	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$576	N/A	$277	N/A	.	N/A	-51.88	.	15% (+/-)	No
41: Other Aged	N/A	$15,906	N/A	$13,978	N/A	.	N/A	-12.12	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$14,546	N/A	$15,065	N/A	.	N/A	3.57	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$14,243	N/A	$14,880	N/A	.	N/A	4.47	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$19,336	N/A	$20,473	N/A	.	N/A	5.89	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$7,574	N/A	$6,664	N/A	.	N/A	-12.01	.	15% (+/-)	Yes
42: Other Disabled	N/A	$15,368	N/A	$15,316	N/A	.	N/A	-0.34	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,450	N/A	$1,632	N/A	.	N/A	12.61	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$988	N/A	$1,110	N/A	.	N/A	12.38	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$2,046	N/A	$1,707	N/A	.	N/A	-16.58	.	15% (+/-)	No
34: Child, Poverty	N/A	$851	N/A	$820	N/A	.	N/A	-3.60	.	15% (+/-)	Yes
44: Other Child	N/A	$1,172	N/A	$1,263	N/A	.	N/A	7.83	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$5,336	N/A	$4,999	N/A	.	N/A	-6.32	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$314	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,562	N/A	$1,483	N/A	.	N/A	-5.05	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,597	N/A	$1,591	N/A	.	N/A	-0.37	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,371	N/A	$1,975	N/A	.	N/A	44.04	.	15% (+/-)	No
35: Adult, Poverty	N/A	$868	N/A	$1,289	N/A	.	N/A	48.38	.	15% (+/-)	No
45: Other Adult	N/A	$1,544	N/A	$1,396	N/A	.	N/A	-9.58	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$91	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$182,043,114	N/A	$167,310,111	N/A	.	N/A	-8.09	.	15% (+/-)	Yes
IP: Number of Users	N/A	20,537	N/A	17,256	N/A	.	N/A	-15.98	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$8,864	N/A	$9,696	N/A	.	N/A	9.38	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	8	N/A	.	N/A	11.02	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$421,012	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
MH Aged: Number of Users	N/A	3	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$140,337	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$7,057,416	N/A	$5,261,154	N/A	.	N/A	-25.45	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	163	N/A	140	N/A	.	N/A	-14.11	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$43,297	N/A	$37,580	N/A	.	N/A	-13.20	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$73,542,456	N/A	$66,109,390	N/A	.	N/A	-10.11	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,366	N/A	1,212	N/A	.	N/A	-11.27	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$53,838	N/A	$54,546	N/A	.	N/A	1.31	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$37,190,857	N/A	$35,718,799	N/A	.	N/A	-3.96	.	15% (+/-)	Yes
NF Number of Users	N/A	1,793	N/A	1,619	N/A	.	N/A	-9.70	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,742	N/A	$22,062	N/A	.	N/A	6.36	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$52,898,839	N/A	$58,698,613	N/A	.	N/A	10.96	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	106,352	N/A	90,985	N/A	.	N/A	-14.45	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$497	N/A	$645	N/A	.	N/A	29.71	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$7,930,538	N/A	$7,293,020	N/A	.	N/A	-8.04	.	15% (+/-)	Yes
Dental: Number of Users	N/A	46,109	N/A	37,948	N/A	.	N/A	-17.70	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$172	N/A	$192	N/A	.	N/A	11.74	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$25,209,143	N/A	$10,294,186	N/A	.	N/A	-59.16	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	53,420	N/A	36,486	N/A	.	N/A	-31.70	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$472	N/A	$282	N/A	.	N/A	-40.21	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$27,908,159	N/A	$30,440,060	N/A	.	N/A	9.07	.	15% (+/-)	Yes
OPD Number of Users	N/A	58,966	N/A	61,123	N/A	.	N/A	3.66	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$473	N/A	$498	N/A	.	N/A	5.22	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$3,533,269	N/A	$6,341,825	N/A	.	N/A	79.49	.	15% (+/-)	No
Clinic: Number of Users	N/A	14,509	N/A	17,202	N/A	.	N/A	18.56	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$244	N/A	$369	N/A	.	N/A	51.39	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$6,433,440	N/A	$9,569,498	N/A	.	N/A	48.75	.	15% (+/-)	No
HH: Number of Users	N/A	8,451	N/A	9,614	N/A	.	N/A	13.76	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$761	N/A	$995	N/A	.	N/A	30.75	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$19,587,220	N/A	$1,074,717	N/A	.	N/A	-94.51	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	79,668	N/A	15,363	N/A	.	N/A	-80.72	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$246	N/A	$70	N/A	.	N/A	-71.55	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$69,069,050	N/A	$80,780,026	N/A	.	N/A	16.96	.	15% (+/-)	No
Drugs: Number of Users	N/A	100,990	N/A	86,984	N/A	.	N/A	-13.87	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$684	N/A	$929	N/A	.	N/A	35.79	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$221,066,791	N/A	$18,068,912	N/A	.	N/A	-91.83	.	15% (+/-)	No
Other Services: Number of Users	N/A	$44,252	N/A	$20,593	N/A	.	N/A	-53.46	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$4,996	N/A	$877	N/A	.	N/A	-82.44	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$11,317,132	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	10,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,097	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$79,499,650	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	5,829	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$13,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$53,635,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	21,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$2,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$86,743,605	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,142	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$40,497	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,319,062	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	4,289	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,240	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,049,286	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	140	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,495	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$22,480,601	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	40,245	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$559	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$1,083,048	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	146	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$14,514,492	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	12,564	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$14,632,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,388	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,542	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$1,063	N/A	$1,149	N/A	.	N/A	8.08	.	15% (+/-)	Yes
Aged	N/A	$1,375	N/A	$2,318	N/A	.	N/A	68.60	.	15% (+/-)	No
Disabled	N/A	$2,920	N/A	$2,835	N/A	.	N/A	-2.90	.	15% (+/-)	Yes
Child	N/A	$397	N/A	$389	N/A	.	N/A	-2.06	.	15% (+/-)	Yes
Adult	N/A	$569	N/A	$564	N/A	.	N/A	-0.92	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$690	N/A	$735	N/A	.	N/A	6.53	.	15% (+/-)	Yes
Aged	N/A	$7,831	N/A	$5,634	N/A	.	N/A	-28.05	.	15% (+/-)	No
Disabled	N/A	$2,526	N/A	$2,364	N/A	.	N/A	-6.41	.	15% (+/-)	Yes
Child	N/A	$51	N/A	$42	N/A	.	N/A	-17.42	.	15% (+/-)	No
Adult	N/A	$2	N/A	$5	N/A	.	N/A	122.17	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$403	N/A	$555	N/A	.	N/A	37.53	.	15% (+/-)	No
Aged	N/A	$684	N/A	$626	N/A	.	N/A	-8.48	.	15% (+/-)	Yes
Disabled	N/A	$1,341	N/A	$1,599	N/A	.	N/A	19.22	.	15% (+/-)	No
Child	N/A	$73	N/A	$110	N/A	.	N/A	50.05	.	15% (+/-)	No
Adult	N/A	$136	N/A	$144	N/A	.	N/A	6.36	.	15% (+/-)	Yes
All Other Services	N/A	$2,605	N/A	$3,126	N/A	.	N/A	19.98	.	15% (+/-)	No
Aged	N/A	$2,506	N/A	$2,260	N/A	.	N/A	-9.79	.	15% (+/-)	Yes
Disabled	N/A	$7,753	N/A	$8,267	N/A	.	N/A	6.62	.	15% (+/-)	Yes
Child	N/A	$927	N/A	$1,092	N/A	.	N/A	17.70	.	15% (+/-)	No
Adult	N/A	$843	N/A	$769	N/A	.	N/A	-8.72	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.99	N/A	11.85	N/A	.	N/A	-1.19	.	15% (+/-)	Yes
Aged	N/A	17.01	N/A	19.26	N/A	.	N/A	13.23	.	15% (+/-)	Yes
Disabled	N/A	16.49	N/A	16.39	N/A	.	N/A	-0.63	.	15% (+/-)	Yes
Child	N/A	8.51	N/A	8.24	N/A	.	N/A	-3.20	.	15% (+/-)	Yes
Adult	N/A	15.31	N/A	13.82	N/A	.	N/A	-9.73	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.92	N/A	2.01	N/A	.	N/A	4.68	.	15% (+/-)	Yes
Aged	N/A	33.54	N/A	27.15	N/A	.	N/A	-19.06	.	15% (+/-)	No
Disabled	N/A	6.80	N/A	6.28	N/A	.	N/A	-7.58	.	15% (+/-)	Yes
Child	N/A	0.13	N/A	0.12	N/A	.	N/A	-6.13	.	15% (+/-)	Yes
Adult	N/A	0.03	N/A	0.03	N/A	.	N/A	-20.38	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	16.45	N/A	2.63	N/A	.	N/A	-83.99	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	58.95	N/A	59.71	N/A	.	N/A	1.29	.	15% (+/-)	Yes
Aged	N/A	65.73	N/A	60.25	N/A	.	N/A	-8.34	.	15% (+/-)	Yes
Disabled	N/A	82.19	N/A	83.09	N/A	.	N/A	1.10	.	15% (+/-)	Yes
Child	N/A	49.96	N/A	49.70	N/A	.	N/A	-0.50	.	15% (+/-)	Yes
Adult	N/A	54.39	N/A	50.66	N/A	.	N/A	-6.85	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	78.58	N/A	77.61	N/A	.	N/A	-1.23	.	15% (+/-)	Yes
Aged	N/A	78.09	N/A	71.98	N/A	.	N/A	-7.83	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	91.99	N/A	91.89	N/A	.	N/A	-0.11	.	15% (+/-)	Yes
Child	N/A	73.77	N/A	72.47	N/A	.	N/A	-1.76	.	15% (+/-)	Yes
Adult	N/A	75.10	N/A	69.94	N/A	.	N/A	-6.87	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	7	N/A	8	N/A	.	N/A	11.02	.	15% (+/-)	Yes
Aged	N/A	10	N/A	9	N/A	.	N/A	-10.22	.	15% (+/-)	Yes
Disabled	N/A	13	N/A	12	N/A	.	N/A	-2.91	.	15% (+/-)	Yes
Child	N/A	4	N/A	5	N/A	.	N/A	20.39	.	15% (+/-)	No
Adult	N/A	3	N/A	4	N/A	.	N/A	7.51	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	268	N/A	206	N/A	.	N/A	-22.96	.	15% (+/-)	No
Aged	N/A	290	N/A	217	N/A	.	N/A	-25.32	.	15% (+/-)	No
Disabled	N/A	271	N/A	210	N/A	.	N/A	-22.62	.	15% (+/-)	No
Child	N/A	153	N/A	88	N/A	.	N/A	-42.27	.	15% (+/-)	No
Adult	N/A	39	N/A	54	N/A	.	N/A	39.06	.	15% (+/-)	No
% Enrollees with Delivery	N/A	5.81	N/A	5.53	N/A	.	N/A	-4.72	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,288,657	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	8,132	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,146,211	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5,103	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$225	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,252,621	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,577	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$492	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$7,862,687	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	6,491	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,211	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$139,480,996	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,720	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$29,551	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	65,075	N/A	63,008	N/A	.	N/A	-3.18	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	59,127	N/A	56,299	N/A	.	N/A	-4.78	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	54,619	N/A	52,369	N/A	.	N/A	-4.12	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	5.44	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	49.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	6.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	9.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	6.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	21.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.56	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	31,781	N/A	28,485	N/A	.	N/A	-10.37	.	10% (+/-)	No

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11: Aged, Cash	N/A	5,048	N/A	4,091	N/A	.	N/A	-18.96	.	10% (+/-)	No
21: Aged, MN	N/A	6,345	N/A	4,529	N/A	.	N/A	-28.62	.	10% (+/-)	No
31: Aged, Poverty	N/A	4,635	N/A	5,502	N/A	.	N/A	18.71	.	10% (+/-)	No
41: Other Aged	N/A	15,753	N/A	14,363	N/A	.	N/A	-8.82	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	32,839	N/A	34,262	N/A	.	N/A	4.33	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	17,426	N/A	17,384	N/A	.	N/A	-0.24	.	10% (+/-)	Yes
22: Disabled, MN	N/A	6,060	N/A	4,777	N/A	.	N/A	-21.17	.	10% (+/-)	No
32: Disabled, Poverty	N/A	2,611	N/A	2,446	N/A	.	N/A	-6.32	.	10% (+/-)	Yes
42: Other Disabled	N/A	6,742	N/A	9,655	N/A	.	N/A	43.21	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	59,659	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.73	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.33	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	40.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	58.63	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,019,608,153	N/A	$983,599,007	N/A	.	N/A	-3.53	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$15,668	N/A	$15,611	N/A	.	N/A	-0.37	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$17,244	N/A	$17,471	N/A	.	N/A	1.31	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$13,128	N/A	$12,040	N/A	.	N/A	-8.28	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$8,587	N/A	$8,957	N/A	.	N/A	4.32	.	15% (+/-)	Yes
21: Aged, MN	N/A	$5,815	N/A	$4,389	N/A	.	N/A	-24.51	.	15% (+/-)	No
31: Aged, Poverty	N/A	$358	N/A	$308	N/A	.	N/A	-14.02	.	15% (+/-)	Yes
41: Other Aged	N/A	$21,286	N/A	$19,826	N/A	.	N/A	-6.86	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$18,278	N/A	$18,655	N/A	.	N/A	2.06	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$17,957	N/A	$19,836	N/A	.	N/A	10.47	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$11,523	N/A	$11,776	N/A	.	N/A	2.19	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$851	N/A	$771	N/A	.	N/A	-9.30	.	15% (+/-)	Yes
42: Other Disabled	N/A	$31,927	N/A	$24,461	N/A	.	N/A	-23.39	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$23,457,175	N/A	$21,525,877	N/A	.	N/A	-8.23	.	15% (+/-)	Yes
IP: Number of Users	N/A	12,747	N/A	11,633	N/A	.	N/A	-8.74	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,840	N/A	$1,850	N/A	.	N/A	0.55	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	10	N/A	8	N/A	.	N/A	-18.01	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$2,890,775	N/A	$2,254,705	N/A	.	N/A	-22.00	.	15% (+/-)	No
MH Aged: Number of Users	N/A	42	N/A	25	N/A	.	N/A	-40.48	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$68,828	N/A	$90,188	N/A	.	N/A	31.03	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$277,892	N/A	$220,669	N/A	.	N/A	-20.59	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	4	N/A	6	N/A	.	N/A	50.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$69,473	N/A	$36,778	N/A	.	N/A	-47.06	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$142,441,344	N/A	$121,479,910	N/A	.	N/A	-14.72	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	2,531	N/A	2,248	N/A	.	N/A	-11.18	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$56,279	N/A	$54,039	N/A	.	N/A	-3.98	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$362,160,108	N/A	$298,184,875	N/A	.	N/A	-17.66	.	15% (+/-)	No
NF Number of Users	N/A	$18,124	N/A	$14,743	N/A	.	N/A	-18.65	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$19,982	N/A	$20,226	N/A	.	N/A	1.22	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$19,656,170	N/A	$20,226,675	N/A	.	N/A	2.90	.	15% (+/-)	Yes
Physician: Number of Users	N/A	49,288	N/A	46,780	N/A	.	N/A	-5.09	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$399	N/A	$432	N/A	.	N/A	8.42	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$4,197,756	N/A	$4,777,380	N/A	.	N/A	13.81	.	15% (+/-)	Yes
Dental: Number of Users	N/A	23,032	N/A	22,327	N/A	.	N/A	-3.06	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$182	N/A	$214	N/A	.	N/A	17.40	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$12,888,131	N/A	$4,746,937	N/A	.	N/A	-63.17	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	29,007	N/A	22,788	N/A	.	N/A	-21.44	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$444	N/A	$208	N/A	.	N/A	-53.12	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$9,175,910	N/A	$9,340,369	N/A	.	N/A	1.79	.	15% (+/-)	Yes
OPD Number of Users	N/A	26,482	N/A	25,737	N/A	.	N/A	-2.81	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$346	N/A	$363	N/A	.	N/A	4.74	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$2,002,840	N/A	$2,329,828	N/A	.	N/A	16.33	.	15% (+/-)	No
Clinic: Number of Users	N/A	4,528	N/A	4,669	N/A	.	N/A	3.11	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$442	N/A	$499	N/A	.	N/A	12.81	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$19,990,849	N/A	$21,742,505	N/A	.	N/A	8.76	.	15% (+/-)	Yes
HH: Number of Users	N/A	21,528	N/A	20,852	N/A	.	N/A	-3.14	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$929	N/A	$1,043	N/A	.	N/A	12.29	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$2,051,479	N/A	$204,303	N/A	.	N/A	-90.04	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	25,921	N/A	3,515	N/A	.	N/A	-86.44	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$79	N/A	$58	N/A	.	N/A	-26.56	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$96,584,136	N/A	$110,074,662	N/A	.	N/A	13.97	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	50,805	N/A	48,693	N/A	.	N/A	-4.16	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,901	N/A	$2,261	N/A	.	N/A	18.91	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$285,889,961	N/A	$6,006,998	N/A	.	N/A	-97.90	.	15% (+/-)	No
Other Services: Number of Users	N/A	$30,363	N/A	$12,403	N/A	.	N/A	-59.15	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$9,416	N/A	$484	N/A	.	N/A	-94.86	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$15,068,335	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	17,026	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$885	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$55,777,881	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	6,432	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$8,672	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$21,772,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	15,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$192,293,694	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4,539	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$42,365	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$4,819,027	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	6,474	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$744	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,176,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	342	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,365	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$8,407,570	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	24,823	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$339	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$6,531,218	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,041	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,274	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,746,349	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,936	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$41,083,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	4,028	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,200	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$360	N/A	$342	N/A	.	N/A	-5.22	.	15% (+/-)	Yes
Aged	N/A	$219	N/A	$224	N/A	.	N/A	1.89	.	15% (+/-)	Yes
Disabled	N/A	$493	N/A	$437	N/A	.	N/A	-11.46	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$7,803	N/A	$6,700	N/A	.	N/A	-14.14	.	15% (+/-)	Yes
Aged	N/A	$9,960	N/A	$8,753	N/A	.	N/A	-12.12	.	15% (+/-)	Yes
Disabled	N/A	$5,820	N/A	$5,044	N/A	.	N/A	-13.34	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,484	N/A	$1,747	N/A	.	N/A	17.71	.	15% (+/-)	No
Aged	N/A	$1,010	N/A	$1,085	N/A	.	N/A	7.37	.	15% (+/-)	Yes
Disabled	N/A	$1,945	N/A	$2,299	N/A	.	N/A	18.20	.	15% (+/-)	No
All Other Services	N/A	$6,017	N/A	$6,822	N/A	.	N/A	13.39	.	15% (+/-)	Yes
Aged	N/A	$1,938	N/A	$1,979	N/A	.	N/A	2.13	.	15% (+/-)	Yes
Disabled	N/A	$10,011	N/A	$10,875	N/A	.	N/A	8.63	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	19.59	N/A	18.46	N/A	.	N/A	-5.75	.	15% (+/-)	Yes
Aged	N/A	19.42	N/A	17.36	N/A	.	N/A	-10.61	.	15% (+/-)	Yes
Disabled	N/A	19.72	N/A	19.37	N/A	.	N/A	-1.77	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	31.73	N/A	26.95	N/A	.	N/A	-15.05	.	15% (+/-)	No
Aged	N/A	49.87	N/A	43.77	N/A	.	N/A	-12.24	.	15% (+/-)	Yes
Disabled	N/A	14.49	N/A	13.18	N/A	.	N/A	-9.09	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	78.07	N/A	77.28	N/A	.	N/A	-1.01	.	15% (+/-)	Yes
Aged	N/A	74.93	N/A	71.13	N/A	.	N/A	-5.08	.	15% (+/-)	Yes
Disabled	N/A	81.20	N/A	82.39	N/A	.	N/A	1.47	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	86.96	N/A	85.36	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
Aged	N/A	81.47	N/A	77.31	N/A	.	N/A	-5.10	.	15% (+/-)	Yes
Disabled	N/A	92.29	N/A	92.01	N/A	.	N/A	-0.30	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	10	N/A	8	N/A	.	N/A	-18.01	.	15% (+/-)	No
Aged	N/A	8	N/A	7	N/A	.	N/A	-16.56	.	15% (+/-)	No
Disabled	N/A	11	N/A	9	N/A	.	N/A	-21.59	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	292	N/A	229	N/A	.	N/A	-21.69	.	15% (+/-)	No
Aged	N/A	287	N/A	222	N/A	.	N/A	-22.59	.	15% (+/-)	No
Disabled	N/A	312	N/A	248	N/A	.	N/A	-20.70	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: MN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$365,779	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1734	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$211	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$235,588	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1915	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$600,913	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1940	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$310	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,157,200	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	506	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$2,287	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$280,355,204	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	11143	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$25,160	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	236,383	N/A	208,684	N/A	.	N/A	-11.72	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	198,681	N/A	173,607	N/A	.	N/A	-12.62	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	83.19	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	84.62	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	93.35	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	75.97	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	73.39	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	173,016	N/A	151,432	N/A	.	N/A	-12.47	.	15% (+/-)	Yes
MAX Aged Total	N/A	32,598	N/A	29,056	N/A	.	N/A	-10.87	.	10% (+/-)	No
11: Aged, Cash	N/A	5,302	N/A	4,260	N/A	.	N/A	-19.65	.	10% (+/-)	No
21: Aged, MN	N/A	6,481	N/A	4,596	N/A	.	N/A	-29.09	.	10% (+/-)	No
31: Aged, Poverty	N/A	4,685	N/A	5,550	N/A	.	N/A	18.46	.	10% (+/-)	No
41: Other Aged	N/A	16,130	N/A	14,650	N/A	.	N/A	-9.18	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	75,216	N/A	76,852	N/A	.	N/A	2.18	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	52,098	N/A	51,979	N/A	.	N/A	-0.23	.	10% (+/-)	Yes
22: Disabled, MN	N/A	7,160	N/A	5,654	N/A	.	N/A	-21.03	.	10% (+/-)	No
32: Disabled, Poverty	N/A	2,637	N/A	2,462	N/A	.	N/A	-6.64	.	10% (+/-)	Yes
42: Other Disabled	N/A	13,321	N/A	16,757	N/A	.	N/A	25.79	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	91,293	N/A	71,700	N/A	.	N/A	-21.46	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	31,130	N/A	23,263	N/A	.	N/A	-25.27	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	425	N/A	484	N/A	.	N/A	13.88	.	10% (+/-)	No
34: Child Poverty	N/A	468	N/A	54	N/A	.	N/A	-88.46	.	10% (+/-)	No
44: Other Child	N/A	51,851	N/A	39,842	N/A	.	N/A	-23.16	.	10% (+/-)	No
48: Foster Care Child	N/A	7,419	N/A	8,006	N/A	.	N/A	7.91	.	10% (+/-)	Yes
54: 1115 Child	N/A	7,419	N/A	8,006	N/A	.	N/A	7.91	.	10% (+/-)	Yes
MAX Adult Total	N/A	37,201	N/A	31,076	N/A	.	N/A	-16.46	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	17,220	N/A	13,528	N/A	.	N/A	-21.44	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	460	N/A	174	N/A	.	N/A	-62.17	.	10% (+/-)	No

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35: Adult, Poverty	N/A	258	N/A	44	N/A	.	N/A	-82.95	.	10% (+/-)	No
45: Other Adult	N/A	19,263	N/A	17,298	N/A	.	N/A	-10.20	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	32	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,835,987,486	N/A	$1,794,133,223	N/A	.	N/A	-2.28	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,767	N/A	$8,597	N/A	.	N/A	10.69	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$9,241	N/A	$10,334	N/A	.	N/A	11.83	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$13,109	N/A	$12,017	N/A	.	N/A	-8.34	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$8,732	N/A	$8,975	N/A	.	N/A	2.79	.	15% (+/-)	Yes
21: Aged, MN	N/A	$5,870	N/A	$4,450	N/A	.	N/A	-24.19	.	15% (+/-)	No
31: Aged, Poverty	N/A	$360	N/A	$307	N/A	.	N/A	-14.65	.	15% (+/-)	Yes
41: Other Aged	N/A	$21,160	N/A	$19,711	N/A	.	N/A	-6.85	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$16,175	N/A	$16,665	N/A	.	N/A	3.03	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$15,485	N/A	$16,538	N/A	.	N/A	6.80	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$12,724	N/A	$13,125	N/A	.	N/A	3.16	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$917	N/A	$810	N/A	.	N/A	-11.68	.	15% (+/-)	Yes
42: Other Disabled	N/A	$23,749	N/A	$20,585	N/A	.	N/A	-13.32	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,451	N/A	$1,634	N/A	.	N/A	12.62	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$990	N/A	$1,112	N/A	.	N/A	12.29	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$2,046	N/A	$1,698	N/A	.	N/A	-16.98	.	15% (+/-)	No
34: Child, Poverty	N/A	$851	N/A	$820	N/A	.	N/A	-3.60	.	15% (+/-)	Yes
44: Other Child	N/A	$1,171	N/A	$1,264	N/A	.	N/A	7.86	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$5,345	N/A	$5,008	N/A	.	N/A	-6.31	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$314	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,596	N/A	$1,513	N/A	.	N/A	-5.16	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,606	N/A	$1,598	N/A	.	N/A	-0.51	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,432	N/A	$1,975	N/A	.	N/A	37.98	.	15% (+/-)	No
35: Adult, Poverty	N/A	$869	N/A	$1,289	N/A	.	N/A	48.22	.	15% (+/-)	No
45: Other Adult	N/A	$1,600	N/A	$1,446	N/A	.	N/A	-9.64	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	$91	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$205,500,289	N/A	$188,835,988	N/A	.	N/A	-8.11	.	15% (+/-)	Yes
IP: Number of Users	N/A	33,284	N/A	28,889	N/A	.	N/A	-13.20	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$6,174	N/A	$6,537	N/A	.	N/A	5.87	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	8	N/A	8	N/A	.	N/A	-2.24	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$3,311,787	N/A	$2,254,705	N/A	.	N/A	-31.92	.	15% (+/-)	No
MH Aged: Number of Users	N/A	45	N/A	25	N/A	.	N/A	-44.44	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$73,595	N/A	$90,188	N/A	.	N/A	22.55	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$7,335,308	N/A	$5,481,823	N/A	.	N/A	-25.27	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	167	N/A	146	N/A	.	N/A	-12.57	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$43,924	N/A	$37,547	N/A	.	N/A	-14.52	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$215,983,800	N/A	$187,589,300	N/A	.	N/A	-13.15	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	3,897	N/A	3,460	N/A	.	N/A	-11.21	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$55,423	N/A	$54,217	N/A	.	N/A	-2.18	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$399,350,965	N/A	$333,903,674	N/A	.	N/A	-16.39	.	15% (+/-)	No
NF Number of Users	N/A	$19,917	N/A	$16,362	N/A	.	N/A	-17.85	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$20,051	N/A	$20,407	N/A	.	N/A	1.78	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$72,555,009	N/A	$78,925,288	N/A	.	N/A	8.78	.	15% (+/-)	Yes
Physician: Number of Users	N/A	155,640	N/A	137,765	N/A	.	N/A	-11.48	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$466	N/A	$573	N/A	.	N/A	22.89	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$12,128,294	N/A	$12,070,400	N/A	.	N/A	-0.48	.	15% (+/-)	Yes
Dental: Number of Users	N/A	69,141	N/A	60,275	N/A	.	N/A	-12.82	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$175	N/A	$200	N/A	.	N/A	14.16	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$38,097,274	N/A	$15,041,123	N/A	.	N/A	-60.52	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	82,427	N/A	59,274	N/A	.	N/A	-28.09	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$462	N/A	$254	N/A	.	N/A	-45.10	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$37,084,069	N/A	$39,780,429	N/A	.	N/A	7.27	.	15% (+/-)	Yes
OPD Number of Users	N/A	85,448	N/A	86,860	N/A	.	N/A	1.65	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$434	N/A	$458	N/A	.	N/A	5.53	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$5,536,109	N/A	$8,671,653	N/A	.	N/A	56.64	.	15% (+/-)	No
Clinic: Number of Users	N/A	19,037	N/A	21,871	N/A	.	N/A	14.89	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$291	N/A	$396	N/A	.	N/A	36.34	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$26,424,289	N/A	$31,312,003	N/A	.	N/A	18.50	.	15% (+/-)	No
HH: Number of Users	N/A	29,979	N/A	30,466	N/A	.	N/A	1.62	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$881	N/A	$1,028	N/A	.	N/A	16.60	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$21,638,699	N/A	$1,279,020	N/A	.	N/A	-94.09	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	105,589	N/A	18,878	N/A	.	N/A	-82.12	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$205	N/A	$68	N/A	.	N/A	-66.94	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$165,653,186	N/A	$190,854,688	N/A	.	N/A	15.21	.	15% (+/-)	No
Drugs: Number of Users	N/A	151,795	N/A	135,677	N/A	.	N/A	-10.62	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,091	N/A	$1,407	N/A	.	N/A	28.90	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$506,956,752	N/A	$24,075,910	N/A	.	N/A	-95.25	.	15% (+/-)	No
Other Services: Number of Users	N/A	$74,615	N/A	$32,996	N/A	.	N/A	-55.78	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$6,794	N/A	$730	N/A	.	N/A	-89.26	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$26,385,467	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	27,338	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$965	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$135,277,531	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	12,261	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$11,033	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$75,408,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	36,947	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$2,041	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$279,037,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	6,681	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$41,766	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$10,138,089	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	10,763	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$942	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$3,225,948	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	482	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,693	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$30,888,171	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	65,068	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$475	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$7,614,266	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,187	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,415	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$22,260,841	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	16,566	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,344	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$55,715,883	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	5,416	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,287	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$869	N/A	$905	N/A	.	N/A	4.09	.	15% (+/-)	Yes
Aged	N/A	$248	N/A	$265	N/A	.	N/A	6.58	.	15% (+/-)	Yes
Disabled	N/A	$1,860	N/A	$1,766	N/A	.	N/A	-5.08	.	15% (+/-)	Yes
Child	N/A	$397	N/A	$389	N/A	.	N/A	-2.06	.	15% (+/-)	Yes
Adult	N/A	$570	N/A	$566	N/A	.	N/A	-0.82	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$2,648	N/A	$2,536	N/A	.	N/A	-4.23	.	15% (+/-)	Yes
Aged	N/A	$9,907	N/A	$8,692	N/A	.	N/A	-12.27	.	15% (+/-)	Yes
Disabled	N/A	$3,965	N/A	$3,559	N/A	.	N/A	-10.23	.	15% (+/-)	Yes
Child	N/A	$51	N/A	$42	N/A	.	N/A	-17.33	.	15% (+/-)	No
Adult	N/A	$2	N/A	$5	N/A	.	N/A	122.69	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$701	N/A	$915	N/A	.	N/A	30.51	.	15% (+/-)	No
Aged	N/A	$1,002	N/A	$1,076	N/A	.	N/A	7.35	.	15% (+/-)	Yes
Disabled	N/A	$1,605	N/A	$1,911	N/A	.	N/A	19.08	.	15% (+/-)	No
Child	N/A	$73	N/A	$110	N/A	.	N/A	49.93	.	15% (+/-)	No
Adult	N/A	$150	N/A	$156	N/A	.	N/A	3.94	.	15% (+/-)	Yes
All Other Services	N/A	$3,544	N/A	$4,242	N/A	.	N/A	19.68	.	15% (+/-)	No
Aged	N/A	$1,952	N/A	$1,985	N/A	.	N/A	1.67	.	15% (+/-)	Yes
Disabled	N/A	$8,739	N/A	$9,430	N/A	.	N/A	7.90	.	15% (+/-)	Yes
Child	N/A	$929	N/A	$1,093	N/A	.	N/A	17.71	.	15% (+/-)	No
Adult	N/A	$862	N/A	$787	N/A	.	N/A	-8.68	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.08	N/A	13.84	N/A	.	N/A	-1.68	.	15% (+/-)	Yes
Aged	N/A	19.36	N/A	17.39	N/A	.	N/A	-10.14	.	15% (+/-)	Yes
Disabled	N/A	17.90	N/A	17.72	N/A	.	N/A	-1.02	.	15% (+/-)	Yes
Child	N/A	8.52	N/A	8.24	N/A	.	N/A	-3.22	.	15% (+/-)	Yes
Adult	N/A	15.38	N/A	13.87	N/A	.	N/A	-9.83	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	10.13	N/A	9.54	N/A	.	N/A	-5.78	.	15% (+/-)	Yes
Aged	N/A	49.46	N/A	43.44	N/A	.	N/A	-12.18	.	15% (+/-)	Yes
Disabled	N/A	10.16	N/A	9.36	N/A	.	N/A	-7.89	.	15% (+/-)	Yes
Child	N/A	0.13	N/A	0.12	N/A	.	N/A	-6.63	.	15% (+/-)	Yes
Adult	N/A	0.03	N/A	0.03	N/A	.	N/A	-20.19	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	64.22	N/A	65.02	N/A	.	N/A	1.25	.	15% (+/-)	Yes
Aged	N/A	74.70	N/A	70.91	N/A	.	N/A	-5.07	.	15% (+/-)	Yes
Disabled	N/A	81.76	N/A	82.78	N/A	.	N/A	1.25	.	15% (+/-)	Yes

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Child	N/A	49.96	N/A	49.71	N/A	.	N/A	-0.50	.	15% (+/-)	Yes
Adult	N/A	54.61	N/A	50.88	N/A	.	N/A	-6.84	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	80.88	N/A	79.95	N/A	.	N/A	-1.15	.	15% (+/-)	Yes
Aged	N/A	81.39	N/A	77.21	N/A	.	N/A	-5.13	.	15% (+/-)	Yes
Disabled	N/A	92.12	N/A	91.94	N/A	.	N/A	-0.19	.	15% (+/-)	Yes
Child	N/A	73.77	N/A	72.47	N/A	.	N/A	-1.75	.	15% (+/-)	Yes
Adult	N/A	75.24	N/A	70.10	N/A	.	N/A	-6.83	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	8	N/A	8	N/A	.	N/A	-2.24	.	15% (+/-)	Yes
Aged	N/A	8	N/A	7	N/A	.	N/A	-16.39	.	15% (+/-)	No
Disabled	N/A	12	N/A	11	N/A	.	N/A	-11.49	.	15% (+/-)	Yes
Child	N/A	4	N/A	5	N/A	.	N/A	20.34	.	15% (+/-)	No
Adult	N/A	4	N/A	4	N/A	.	N/A	7.14	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	289	N/A	225	N/A	.	N/A	-21.93	.	15% (+/-)	No
Aged	N/A	287	N/A	222	N/A	.	N/A	-22.63	.	15% (+/-)	No
Disabled	N/A	297	N/A	234	N/A	.	N/A	-21.29	.	15% (+/-)	No
Child	N/A	150	N/A	88	N/A	.	N/A	-41.77	.	15% (+/-)	No
Adult	N/A	39	N/A	54	N/A	.	N/A	39.06	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,654,436	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	9,866	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$168	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,381,799	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	7,018	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,853,534	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,517	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$438	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$9,019,887	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	6,997	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,289	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$419,836,200	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	15,863	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$26,466	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	148,153	N/A	139,326	N/A	.	N/A	-5.96	.	Yes
% Encounter Claims *	N/A	15.64	N/A	20.06	N/A	.	N/A	28.27	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	124,979	N/A	111,371	N/A	.	N/A	-10.89	.	Yes
% Crossover	5-20	37.64	No	25.50	No	.	N/A	-32.26	.	No
% Adjusted Claims	> 1%	30.93	Yes	48.91	Yes	.	N/A	58.13	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$3,663	N/A	$3,581	N/A	.	N/A	-2.23	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	77,942	N/A	82,976	N/A	.	N/A	6.46	.	Yes
% Claims with> $0 Paid	95-100	99.80	Yes	100.00	Yes	.	N/A	0.20	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,938	Yes	$3,942	Yes	.	N/A	0.10	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$741	N/A	$783	N/A	.	N/A	5.69	.	Yes
% Claims with TPL	>0 - 10	1.13	Yes	1.11	Yes	.	N/A	-1.35	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$2,651	N/A	$1,998	N/A	.	N/A	-24.63	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.32	Yes	98.86	Yes	.	N/A	-0.46	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.05	Yes	98.73	Yes	.	N/A	-0.32	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.98	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.26	Yes	5.03	Yes	.	N/A	-4.48	.	Yes
Average Covered Days (> 0 day	2-<8	5.34	Yes	5.09	Yes	.	N/A	-4.72	.	Yes
% Begin Date = Admit Date	95-100	97.13	Yes	98.04	Yes	.	N/A	0.94	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.46	Yes	98.82	Yes	.	N/A	-0.65	.	Yes
% Family Planning Claims (pgm	>0-5	0.54	Yes	1.05	Yes	.	N/A	95.53	.	No
% Claims with PDX	98-100	99.83	Yes	100.00	Yes	.	N/A	0.17	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.21	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	8.20	Yes	7.60	Yes	.	N/A	-7.40	.	Yes
% Claims with PDX, where length=4	20-50	23.92	Yes	24.65	Yes	.	N/A	3.05	.	Yes
% Claims with PDX, where length=5	20-50	67.87	No	67.75	Yes	.	N/A	-0.18	.	Yes
% Claims with a procedure code	35-70	38.22	Yes	38.45	Yes	.	N/A	0.60	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.47	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	99.99	N/A	100.00	N/A	.	N/A	0.01	.	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	99.99	N/A	99.99	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	16.01	N/A	16.00	N/A	.	N/A	-0.03	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	17.39	N/A	17.29	N/A	.	N/A	-0.55	.	Yes
Patient Status										
% Home	75-90	84.25	Yes	84.06	Yes	.	N/A	-0.23	.	Yes
% Transferred	1-10	6.00	Yes	11.93	No	.	N/A	98.79	.	No
% Still a Patient	>0 - 2	3.17	No	1.66	Yes	.	N/A	-47.59	.	No
% Died	>0 - 3	1.13	Yes	1.05	Yes	.	N/A	-6.82	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	47,037	N/A	28,395	N/A	.	N/A	-39.63	.	No
% Claims with> $0 Paic	N/A	92.87	N/A	100.00	N/A	.	N/A	7.68	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$188	N/A	$259	N/A	.	N/A	37.46	.	No
% Claims with TPL	N/A	1.88	N/A	1.38	N/A	.	N/A	-26.36	.	No
Aver. TPL Paid -claims with TPL	N/A	$203	N/A	$136	N/A	.	N/A	-32.82	.	No
% Claims withUB-92 Accommodation Codes	95-100	0.27	No	0.51	No	.	N/A	84.91	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	30.00	No	0.51	N/A	.	N/A	-98.31	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.85	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	2.97	Yes	2.98	Yes	.	N/A	0.21	.	Yes
% Begin Date = Admit Date	95-100	41.52	No	10.28	No	.	N/A	-75.23	.	No
% Claims with IP TOS	95-100	100.00	Yes	99.98	Yes	.	N/A	-0.02	.	Yes
% Claims with DX	98-100	14.11	No	100.00	Yes	.	N/A	608.90	.	No
Average Number of DX Codes (at least 1 DX)	>=2	76.94	Yes	1.10	No	.	N/A	-98.57	.	No
% Claims with PDX, where length=3	5-30	12.18	Yes	90.45	No	.	N/A	642.70	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	40.84	Yes	4.83	No	.	N/A	-88.17	.	No
% Claims with PDX, where length=5	20-50	46.98	Yes	4.72	No	.	N/A	-89.95	.	No
% Claims with a procedure code	35-70	0.06	No	0.12	No	.	N/A	110.25	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.67	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	434,695	N/A	511,872	N/A	.	N/A	17.75	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	434,695	N/A	511,872	N/A	.	N/A	17.75	.	No
% Crossover	5-20	5.14	Yes	7.26	Yes	.	N/A	41.35	.	No
% Adjusted Claims	> 1%	5.58	Yes	31.27	Yes	.	N/A	460.47	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,902	N/A	$1,489	N/A	.	N/A	-48.69	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	412,356	N/A	474,691	N/A	.	N/A	15.12	.	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$72	Yes	$73	Yes	.	N/A	2.12	.	Yes
ICF/MR (TOS 05)	N/A	$209	N/A	$215	N/A	.	N/A	2.48	.	Yes
Aged/MH (TOS 02)	N/A	$135	N/A	$192	N/A	.	N/A	42.24	.	No
IP Psych. < 21 (TOS 04)	N/A	$360	N/A	$396	N/A	.	N/A	10.13	.	Yes
% NF (TOS 07)	75-99	94.98	Yes	95.73	Yes	.	N/A	0.79	.	Yes
% NF claims with NF Covered Days	N/A	99.02	N/A	99.16	N/A	.	N/A	0.14	.	Yes
Avg days for NF claims with Covered Days	N/A	24	N/A	21	N/A	.	N/A	-13.37	.	Yes
% ICF/MR (TOS 05)	>0-20	4.90	Yes	4.12	Yes	.	N/A	-15.98	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	92.15	N/A	91.50	N/A	.	N/A	-0.70	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	26	N/A	26	N/A	.	N/A	0.84	.	Yes
% Aged/MH (TOS 02)	>0-10	0.01	Yes	0.01	Yes	.	N/A	70.12	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	22	N/A	20	N/A	.	N/A	-9.05	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.12	Yes	0.15	Yes	.	N/A	24.69	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	14	N/A	14	N/A	.	N/A	-4.78	.	Yes
% Claims with Leave Days	1-20	1.32	Yes	1.15	Yes	.	N/A	-12.51	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	30.67	No	27.42	Yes	.	N/A	-10.61	.	Yes
% Claims with DX, where length=4	20-50	52.50	No	53.26	No	.	N/A	1.45	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	16.83	No	19.32	No	.	N/A	14.80	.	Yes
Patient Status										
% Home	1-5	0.33	No	0.21	No	.	N/A	-38.00	.	No
% Still a Patien	8-98	98.08	No	98.32	No	.	N/A	0.25	.	Yes
% Died	>0-5	0.78	Yes	0.64	Yes	.	N/A	-18.31	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	22,339	N/A	37,181	N/A	.	N/A	66.44	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$510	N/A	$363	N/A	.	N/A	-28.76	.	No
% NF (TOS 07)	75-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	No	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	0.00	No	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	23,075,091	N/A	26,270,628	N/A	.	N/A	13.85	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	9.00	N/A	9.28	N/A	.	N/A	3.10	.	Yes
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	12.12	N/A	13.15	N/A	.	N/A	8.46	.	Yes
Total FFS Claims	N/A	20,998,293	N/A	20,378,536	N/A	.	N/A	-2.95	.	Yes
% Crossover	5-20	10.78	Yes	13.27	Yes	.	N/A	23.10	.	No
% Adjusted Claims	> 1%	1.13	Yes	3.89	Yes	.	N/A	242.76	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$73	N/A	$44	N/A	.	N/A	-39.74	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	14.49	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$87	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	18,735,090	N/A	17,674,842	N/A	.	N/A	-5.66	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	15.74	N/A	1.07	N/A	.	N/A	-93.22	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.05	N/A	0.03	N/A	.	N/A	-42.40	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	0.51	N/A	0.00	N/A	.	N/A	-99.56	.	No
% Other Claims with Span Bills/All Other Claims	N/A	17.37	N/A	1.19	N/A	.	N/A	-93.13	.	No
% Claims W/ Service Place 11- Office	50-90	17.73	No	19.55	No	.	N/A	10.29	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	31.59	No	36.55	No	.	N/A	15.70	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.00	Yes	3.20	Yes	.	N/A	6.61	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.45	Yes	0.09	Yes	.	N/A	-79.39	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	3.65	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	13.46	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	5.56	No	17.29	No	.	N/A	211.10	.	No
% Claims with TPL	>0 - 15	0.08	Yes	0.10	Yes	.	N/A	34.33	.	No
Aver. TPL Paid -claims with TPL	N/A	$40	N/A	$40	N/A	.	N/A	0.17	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	5.89	No	7.79	No	.	N/A	32.22	.	No
% claims MAX TOS 09: Dental	2-20	3.08	Yes	3.02	Yes	.	N/A	-2.05	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.61	Yes	0.50	Yes	.	N/A	-86.05	.	No
% claims MAX TOS 11: OPD	3-25	3.51	Yes	10.60	Yes	.	N/A	202.24	.	No
% claims MAX TOS 12: Clinic	2-25	5.52	Yes	8.89	Yes	.	N/A	60.89	.	No
% claims MAX TOS 13: HH	>0-25	7.79	Yes	0.25	Yes	.	N/A	-96.74	.	No
% claims MAX TOS 15: Lab/Xray	4-20	11.72	Yes	2.56	No	.	N/A	-78.16	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	46.97	No	26.43	No	.	N/A	-43.72	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	2.90	Yes	3.09	Yes	.	N/A	6.81	.	Yes
% claims MAX TOS 26: Transportation	>1	0.87	Yes	0.30	No	.	N/A	-65.81	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	20.66	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	4.67	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	2.54	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.02	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.12	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	4.46	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	3.47	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$51	N/A	$47	N/A	.	N/A	-7.13	.	Yes
08: Physicians	$20-90	$37	Yes	$35	Yes	.	N/A	-4.16	.	Yes
09: Dental	$10-60	$20	Yes	$23	Yes	.	N/A	15.88	.	No
10: Other Practioner	$10-100	$28	Yes	$33	Yes	.	N/A	16.94	.	No
11: OPD	$20-100	$85	Yes	$56	Yes	.	N/A	-34.20	.	No
12: Clinic	$20-100	$38	Yes	$37	Yes	.	N/A	-2.79	.	Yes
13: HH	N/A	$24	N/A	$64	N/A	.	N/A	165.27	.	No
15: Lab/Xray	10-60	$25	Yes	$12	Yes	.	N/A	-50.85	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$47	N/A	$53	N/A	.	N/A	13.07	.	Yes
51: DME	N/A	$104	Yes	$112	N/A	.	N/A	7.46	.	Yes
26: Transportation	N/A	$86	N/A	$75	N/A	.	N/A	-12.74	.	Yes
30: PCS	N/A	.	N/A	$28	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$48	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$15	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$940	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$91	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$42	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.83	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.51	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	13.50	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$74	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$50	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$54	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$82	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	84.02	Yes	99.19	Yes	.	N/A	18.04	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.74	Yes	99.96	Yes	.	N/A	1.23	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	8.26	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	21.65	Yes	20.31	Yes	.	N/A	-6.22	.	Yes
% Claims with DX, where length=4	20-50	53.07	No	52.82	No	.	N/A	-0.46	.	Yes
% Claims with DX, where length=5	20-50	25.28	Yes	26.87	Yes	.	N/A	6.30	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	98.10	N/A	100.00	N/A	.	N/A	1.94	.	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	99.62	N/A	100.00	N/A	.	N/A	0.38	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	30.46	N/A	31.59	N/A	.	N/A	3.71	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	69.54	N/A	68.41	N/A	.	N/A	-1.63	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,263,203	N/A	2,703,694	N/A	.	N/A	19.46	.	No
% Claims with> $0 Paid	>95%	100.00	N/A	99.14	Yes	.	N/A	-0.86	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	12.36	N/A	7.76	N/A	.	N/A	-37.24	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	17.95	N/A	12.56	N/A	.	N/A	-30.05	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	93.75	N/A	95.92	N/A	.	N/A	2.31	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.17	N/A	6.86	N/A	.	N/A	-38.57	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	28.73	N/A	26.91	N/A	.	N/A	-6.35	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.29	N/A	3.53	N/A	.	N/A	7.13	.	Yes

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	17.61	N/A	15.76	N/A	.	N/A	-10.51	.	Yes
% claims MAX TOS 12: Clinic	N/A	30.88	N/A	36.64	N/A	.	N/A	18.67	.	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	.	N/A	156.36	.	No
% claims MAX TOS 15: Lab/Xray	N/A	5.32	N/A	5.97	N/A	.	N/A	12.31	.	Yes
% claims MAX TOS 19: Other Services	N/A	10.50	N/A	7.90	N/A	.	N/A	-24.79	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	1.18	N/A	2.73	N/A	.	N/A	130.73	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	4.46	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	3.47	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.60	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$51	N/A	$39	N/A	.	N/A	-23.12	.	No
% Claims with DX	N/A	99.91	N/A	100.00	N/A	.	N/A	0.09	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	45.91	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	26.63	Yes	24.81	Yes	.	N/A	-6.86	.	Yes
% Claims with DX, where length=4	20-50	38.24	Yes	38.15	Yes	.	N/A	-0.23	.	Yes
% Claims with DX, where length=5	20-50	35.13	Yes	37.04	Yes	.	N/A	5.44	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	10,082,256	N/A	13,025,236	N/A	.	N/A	29.19	.	No
% Encounter Claims *	N/A	0.00	N/A	8.30	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	10,082,256	N/A	11,944,536	N/A	.	N/A	18.47	.	No
% Adjusted Claims	> 1%	1.35	Yes	1.52	Yes	.	N/A	12.06	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$53	N/A	$62	N/A	.	N/A	17.80	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	10,082,256	N/A	11,944,536	N/A	.	N/A	18.47	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$39	Yes	$44	Yes	.	N/A	13.01	.	Yes
% Claims with TPL	>0 - 15	0.15	Yes	0.19	Yes	.	N/A	32.08	.	No
Aver. TPL Paid for claims with TPL	N/A	$38	N/A	$39	N/A	.	N/A	3.79	.	Yes
% Family Planning Claims (program type=2)	N/A	0.53	N/A	0.66	N/A	.	N/A	24.09	.	No
% Drug Claims (TOS 16)	95-99	99.47	No	100.00	No	.	N/A	0.54	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.84	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.77	Yes	99.82	Yes	.	N/A	0.05	.	Yes
% Claims with Medispan	98-100	87.84	No	94.84	No	.	N/A	7.97	.	Yes
% Claims with AHFS	98-100	99.77	Yes	99.82	Yes	.	N/A	0.05	.	Yes
% Claims with Generic (GTC)	98-100	99.77	Yes	99.82	Yes	.	N/A	0.05	.	Yes
% Claims with GC3	98-100	99.77	Yes	99.82	Yes	.	N/A	0.05	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.22	N/A	80.33	N/A	.	N/A	-19.04	.	No
% Products (codes 4-6)	N/A	0.05	N/A	19.46	N/A	.	N/A	38742.13	.	No
% HRI (code 7)	N/A	0.48	N/A	0.02	N/A	.	N/A	-95.92	.	No
% Claims with Smart Key	98-100	99.77	Yes	99.82	Yes	.	N/A	0.05	.	Yes
% OTC-Drug Class	N/A	7.91	N/A	7.37	N/A	.	N/A	-6.89	.	Yes
% Prescription-Drug Class	N/A	91.84	N/A	92.45	N/A	.	N/A	0.67	.	Yes
% Multiple Source (Code Y	N/A	70.17	N/A	46.26	N/A	.	N/A	-34.07	.	No
% Single Source (Code N	N/A	29.58	N/A	32.86	N/A	.	N/A	11.08	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	804,301	N/A	898,767	N/A	.	N/A	11.75	.	10% (+/-)	No
Total Medicaid Amount Paid	N/A	.	N/A	$2,911,742,217	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	9.53	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	49.76	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	9.47	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	1.56	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.75	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	28.85	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	800,730	N/A	898,028	N/A	.	N/A	12.15	.	10% (+/-)	No
Total PYE (Person Years of Enrollment)	N/A	627,726	N/A	725,737	N/A	.	N/A	15.61	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	99.94	Yes	99.91	Yes	.	N/A	-0.03	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	96.44	Yes	95.28	Yes	.	N/A	-1.20	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	69	N/A	20	N/A	.	N/A	-71.01	.	N/A	No
% with County Code	>=95%	99.92	Yes	99.92	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.51	Yes	1.40	Yes	.	N/A	-7.10	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	68.34	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	28.16	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.19	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	1.56	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.16	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.32	Yes	3.94	Yes	.	N/A	-8.83	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	60.48	Yes	58.41	Yes	.	N/A	-3.42	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	12.50	Yes	11.25	Yes	.	N/A	-10.01	.	10% (+/-)	No
% Enrollees with 12 months enrollment	40-60%	.	N/A	58.88	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	145,745	N/A	151,206	N/A	.	N/A	3.75	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	92.76	Yes	93.77	Yes	.	N/A	1.09	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	91.79	Yes	92.35	Yes	.	N/A	0.60	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	43.21	Yes	43.39	Yes	.	N/A	0.42	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	4,053	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	71.82	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	1.06	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	27.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	7.55	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	1.13	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	97.89	No	95.67	No	.	N/A	-2.26	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.91	Yes	99.94	Yes	.	N/A	0.03	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	89.27	Yes	87.19	Yes	.	N/A	-2.34	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	99,245	N/A	101,735	N/A	.	N/A	2.51	.	10% (+/-)	Yes
11: Aged, Cash	N/A	22,443	N/A	21,031	N/A	.	N/A	-6.29	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	12,702	N/A	13,055	N/A	.	N/A	2.78	.	10% (+/-)	Yes
41: Other Aged	N/A	64,100	N/A	67,649	N/A	.	N/A	5.54	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	122,860	N/A	129,617	N/A	.	N/A	5.50	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	61,644	N/A	58,778	N/A	.	N/A	-4.65	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	6,536	N/A	7,126	N/A	.	N/A	9.03	.	10% (+/-)	Yes
42: Other Disabled	N/A	54,680	N/A	63,713	N/A	.	N/A	16.52	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	455,391	N/A	494,619	N/A	.	N/A	8.61	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	140,638	N/A	141,776	N/A	.	N/A	0.81	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	300,819	N/A	252,332	N/A	.	N/A	-16.12	.	10% (+/-)	No
44: Other Child	N/A	374	N/A	18,518	N/A	.	N/A	4851.34	.	10% (+/-)	No
48: Foster Care Child	N/A	13,560	N/A	20,092	N/A	.	N/A	48.17	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	61,901	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	122,165	N/A	172,057	N/A	.	N/A	40.84	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	83,966	N/A	76,176	N/A	.	N/A	-9.28	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	29,797	N/A	22,343	N/A	.	N/A	-25.02	.	10% (+/-)	No
45: Other Adult	N/A	8,402	N/A	989	N/A	.	N/A	-88.23	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	72,549	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	725,930	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	97.87	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.99	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.14	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.77	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	128,988	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	42,380	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	41.02	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	368,376	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.24	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	273,080	N/A	368,376	N/A	.	N/A	34.90	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.01	N/A	0.01	N/A	.	N/A	1.93	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees -Disabled	N/A	0.49	N/A	0.38	N/A	.	N/A	-21.97	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	76.55	N/A	75.99	N/A	.	N/A	-0.73	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	22.96	N/A	23.62	N/A	.	N/A	2.89	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	189,189	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	725,930	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	21.15	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	78.85	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$301,515,217	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$301,515,217	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.52	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.52	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$301,515,217	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	368,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$113,113,716	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$38,866,920	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,955,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$6,714,625	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$65,576,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$307	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$5	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$18	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$178	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	382,185	N/A	378,809	N/A	.	N/A	-0.88	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	322,208	N/A	307,365	N/A	.	N/A	-4.61	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	291,715	N/A	288,710	N/A	.	N/A	-1.03	.	15% (+/-)	Yes
MAX Aged Total	N/A	8,132	N/A	7,766	N/A	.	N/A	-4.50	.	10% (+/-)	Yes
11: Aged, Cash	N/A	2,015	N/A	2,081	N/A	.	N/A	3.28	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,198	N/A	842	N/A	.	N/A	-29.72	.	10% (+/-)	No
41: Other Aged	N/A	4,919	N/A	4,843	N/A	.	N/A	-1.55	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	68,537	N/A	72,083	N/A	.	N/A	5.17	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	42,370	N/A	40,917	N/A	.	N/A	-3.43	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	216	N/A	179	N/A	.	N/A	-17.13	.	10% (+/-)	No
42: Other Disabled	N/A	25,951	N/A	30,987	N/A	.	N/A	19.41	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	246,326	N/A	214,666	N/A	.	N/A	-12.85	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	64,394	N/A	46,383	N/A	.	N/A	-27.97	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	174,287	N/A	118,960	N/A	.	N/A	-31.74	.	10% (+/-)	No
44: Other Child	N/A	293	N/A	9,525	N/A	.	N/A	3150.85	.	10% (+/-)	No
48: Foster Care Child	N/A	7,352	N/A	7,961	N/A	.	N/A	8.28	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	31,837	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	59,185	N/A	84,294	N/A	.	N/A	42.42	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	38,515	N/A	29,044	N/A	.	N/A	-24.59	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	15,831	N/A	14,102	N/A	.	N/A	-10.92	.	10% (+/-)	No
45: Other Adult	N/A	4,839	N/A	415	N/A	.	N/A	-91.42	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	40,733	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	4,047	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$921,163,454	N/A	$1,006,702,408	N/A	.	N/A	9.29	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,410	N/A	$2,658	N/A	.	N/A	10.26	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,859	N/A	$3,275	N/A	.	N/A	14.56	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,803	N/A	$6,404	N/A	.	N/A	10.37	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$6,742	N/A	$6,912	N/A	.	N/A	2.53	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$242	N/A	$289	N/A	.	N/A	19.63	.	15% (+/-)	No
41: Other Aged	N/A	$6,772	N/A	$7,249	N/A	.	N/A	7.04	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,065	N/A	$8,580	N/A	.	N/A	6.39	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$8,189	N/A	$8,825	N/A	.	N/A	7.77	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$619	N/A	$755	N/A	.	N/A	21.90	.	15% (+/-)	No
42: Other Disabled	N/A	$7,925	N/A	$8,302	N/A	.	N/A	4.75	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$957	N/A	$1,079	N/A	.	N/A	12.74	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,004	N/A	$1,118	N/A	.	N/A	11.37	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$878	N/A	$855	N/A	.	N/A	-2.58	.	15% (+/-)	Yes
44: Other Child	N/A	$9,141	N/A	$2,417	N/A	.	N/A	-73.56	.	15% (+/-)	No
48: Foster Care Child	N/A	$2,091	N/A	$3,923	N/A	.	N/A	87.60	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$746	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,444	N/A	$1,268	N/A	.	N/A	-12.22	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,383	N/A	$1,585	N/A	.	N/A	14.66	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$1,728	N/A	$1,217	N/A	.	N/A	-29.61	.	15% (+/-)	No
45: Other Adult	N/A	$1,004	N/A	$1,428	N/A	.	N/A	42.27	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$1,057	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$246,155,550	N/A	$264,678,774	N/A	.	N/A	7.53	.	15% (+/-)	Yes
IP: Number of Users	N/A	46,783	N/A	50,672	N/A	.	N/A	8.31	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,262	N/A	$5,223	N/A	.	N/A	-0.73	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	7	N/A	7	N/A	.	N/A	-5.22	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$1,261	N/A	$71,720	N/A	.	N/A	5587.55	.	15% (+/-)	No
MH Aged: Number of Users	N/A	1	N/A	4	N/A	.	N/A	300.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$1,261	N/A	$17,930	N/A	.	N/A	1321.89	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,627,950	N/A	$2,113,975	N/A	.	N/A	29.86	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	153	N/A	201	N/A	.	N/A	31.37	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$10,640	N/A	$10,517	N/A	.	N/A	-1.16	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$35,188,863	N/A	$33,060,759	N/A	.	N/A	-6.05	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	482	N/A	430	N/A	.	N/A	-10.79	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$73,006	N/A	$76,885	N/A	.	N/A	5.31	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$55,738,729	N/A	$54,164,922	N/A	.	N/A	-2.82	.	15% (+/-)	Yes
NF Number of Users	N/A	3,155	N/A	2,967	N/A	.	N/A	-5.96	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,667	N/A	$18,256	N/A	.	N/A	3.33	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$31,101,423	N/A	$43,726,027	N/A	.	N/A	40.59	.	15% (+/-)	No

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Physician: Number of Users	N/A	145,938	N/A	184,354	N/A	.	N/A	26.32	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$213	N/A	$237	N/A	.	N/A	11.29	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$6,769,868	N/A	$9,104,189	N/A	.	N/A	34.48	.	15% (+/-)	No
Dental: Number of Users	N/A	55,111	N/A	63,262	N/A	.	N/A	14.79	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$123	N/A	$144	N/A	.	N/A	17.15	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$12,611,168	N/A	$2,458,916	N/A	.	N/A	-80.50	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	65,011	N/A	47,797	N/A	.	N/A	-26.48	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$194	N/A	$51	N/A	.	N/A	-73.48	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$40,306,109	N/A	$91,927,481	N/A	.	N/A	128.07	.	15% (+/-)	No
OPD Number of Users	N/A	119,803	N/A	176,220	N/A	.	N/A	47.09	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$336	N/A	$522	N/A	.	N/A	55.06	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$28,454,880	N/A	$50,617,598	N/A	.	N/A	77.89	.	15% (+/-)	No
Clinic: Number of Users	N/A	158,697	N/A	218,097	N/A	.	N/A	37.43	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$179	N/A	$232	N/A	.	N/A	29.44	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$4,821,021	N/A	$2,248,508	N/A	.	N/A	-53.36	.	15% (+/-)	No
HH: Number of Users	N/A	4,768	N/A	1,820	N/A	.	N/A	-61.83	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,011	N/A	$1,235	N/A	.	N/A	22.19	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$40,559,729	N/A	$4,736,244	N/A	.	N/A	-88.32	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	155,548	N/A	74,636	N/A	.	N/A	-52.02	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$261	N/A	$63	N/A	.	N/A	-75.66	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$139,132,947	N/A	$195,984,264	N/A	.	N/A	40.86	.	15% (+/-)	No
Drugs: Number of Users	N/A	209,709	N/A	262,135	N/A	.	N/A	25.00	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$663	N/A	$748	N/A	.	N/A	12.69	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$132,021,771	N/A	$95,629,721	N/A	.	N/A	-27.57	.	15% (+/-)	No
Other Services: Number of Users	N/A	$50,872	N/A	$46,211	N/A	.	N/A	-9.16	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$2,595	N/A	$2,069	N/A	.	N/A	-20.26	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,556,060	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	14,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$246	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$22,021,928	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	6,428	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,426	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$19,071,859	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	12,826	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,487	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$18,406,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	7,192	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,559	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$24,825	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,348	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$18	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,657,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	419	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,956	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$50,264,444	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	120,251	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$418	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$23,648,997	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	960	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$24,634	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$15,178,216	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	55,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$272	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,344,001	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,232	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,091	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$644	N/A	$699	N/A	.	N/A	8.48	.	15% (+/-)	Yes
Aged	N/A	$859	N/A	$933	N/A	.	N/A	8.69	.	15% (+/-)	Yes
Disabled	N/A	$2,123	N/A	$2,104	N/A	.	N/A	-0.88	.	15% (+/-)	Yes
Child	N/A	$284	N/A	$354	N/A	.	N/A	24.77	.	15% (+/-)	No
Adult	N/A	$402	N/A	$353	N/A	.	N/A	-12.15	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$242	N/A	$236	N/A	.	N/A	-2.54	.	15% (+/-)	Yes
Aged	N/A	$2,856	N/A	$2,728	N/A	.	N/A	-4.49	.	15% (+/-)	Yes
Disabled	N/A	$994	N/A	$931	N/A	.	N/A	-6.39	.	15% (+/-)	Yes
Child	N/A	$5	N/A	$5	N/A	.	N/A	3.68	.	15% (+/-)	Yes
Adult	N/A	$0	N/A	$1	N/A	.	N/A	711.17	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$364	N/A	$517	N/A	.	N/A	42.12	.	15% (+/-)	No
Aged	N/A	$780	N/A	$1,117	N/A	.	N/A	43.21	.	15% (+/-)	No
Disabled	N/A	$1,493	N/A	$1,860	N/A	.	N/A	24.59	.	15% (+/-)	No
Child	N/A	$85	N/A	$161	N/A	.	N/A	89.55	.	15% (+/-)	No
Adult	N/A	$161	N/A	$222	N/A	.	N/A	37.22	.	15% (+/-)	No
All Other Services	N/A	$1,154	N/A	$1,205	N/A	.	N/A	4.45	.	15% (+/-)	Yes
Aged	N/A	$1,308	N/A	$1,626	N/A	.	N/A	24.32	.	15% (+/-)	No
Disabled	N/A	$3,448	N/A	$3,685	N/A	.	N/A	6.88	.	15% (+/-)	Yes
Child	N/A	$582	N/A	$559	N/A	.	N/A	-3.94	.	15% (+/-)	Yes
Adult	N/A	$858	N/A	$692	N/A	.	N/A	-19.31	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.24	N/A	13.38	N/A	.	N/A	9.28	.	15% (+/-)	Yes
Aged	N/A	11.07	N/A	12.23	N/A	.	N/A	10.53	.	15% (+/-)	Yes
Disabled	N/A	21.95	N/A	21.60	N/A	.	N/A	-1.58	.	15% (+/-)	Yes
Child	N/A	7.63	N/A	9.41	N/A	.	N/A	23.35	.	15% (+/-)	No
Adult	N/A	20.35	N/A	16.54	N/A	.	N/A	-18.70	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.99	N/A	0.95	N/A	.	N/A	-4.20	.	15% (+/-)	Yes
Aged	N/A	15.06	N/A	14.10	N/A	.	N/A	-6.40	.	15% (+/-)	Yes
Disabled	N/A	3.60	N/A	3.30	N/A	.	N/A	-8.12	.	15% (+/-)	Yes
Child	N/A	0.04	N/A	0.05	N/A	.	N/A	39.16	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.01	N/A	.	N/A	17.02	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	14.08	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	54.87	N/A	69.20	N/A	.	N/A	26.11	.	15% (+/-)	No
Aged	N/A	50.30	N/A	56.10	N/A	.	N/A	11.55	.	15% (+/-)	Yes
Disabled	N/A	78.83	N/A	79.99	N/A	.	N/A	1.47	.	15% (+/-)	Yes
Child	N/A	47.61	N/A	67.51	N/A	.	N/A	41.78	.	15% (+/-)	No
Adult	N/A	57.96	N/A	65.49	N/A	.	N/A	12.99	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	81.86	N/A	77.87	N/A	.	N/A	-4.87	.	15% (+/-)	Yes
Aged	N/A	50.11	N/A	56.32	N/A	.	N/A	12.40	.	15% (+/-)	Yes

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Disabled	N/A	86.13	N/A	86.77	N/A	.	N/A	0.74	.	15% (+/-)	Yes
Child	N/A	81.84	N/A	78.15	N/A	.	N/A	-4.51	.	15% (+/-)	Yes
Adult	N/A	81.37	N/A	71.54	N/A	.	N/A	-12.07	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	7	N/A	7	N/A	.	N/A	-5.22	.	15% (+/-)	Yes
Aged	N/A	10	N/A	10	N/A	.	N/A	-2.41	.	15% (+/-)	Yes
Disabled	N/A	12	N/A	12	N/A	.	N/A	-4.45	.	15% (+/-)	Yes
Child	N/A	5	N/A	5	N/A	.	N/A	-3.80	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	3.86	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	274	N/A	221	N/A	.	N/A	-19.36	.	15% (+/-)	No
Aged	N/A	302	N/A	249	N/A	.	N/A	-17.61	.	15% (+/-)	No
Disabled	N/A	268	N/A	218	N/A	.	N/A	-18.68	.	15% (+/-)	No
Child	N/A	67	N/A	19	N/A	.	N/A	-70.80	.	15% (+/-)	No
Adult	N/A	53	N/A	49	N/A	.	N/A	-7.92	.	15% (+/-)	Yes
% Enrollees with Delivery	N/A	6.27	N/A	6.52	N/A	.	N/A	3.96	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$6,028,915	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	27,882	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$216	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$15,364,610	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	67,528	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$228	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,280,429	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	13,330	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$246	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$75,942,371	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,436	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$22,102	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	145,465	N/A	150,843	N/A	.	N/A	3.70	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	132,865	N/A	137,593	N/A	.	N/A	3.56	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	124,438	N/A	129,445	N/A	.	N/A	4.02	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	2.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	6.29	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	36.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	2.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	3.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	48.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.73	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	91,097	N/A	93,947	N/A	.	N/A	3.13	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	20,416	N/A	18,935	N/A	.	N/A	-7.25	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	11,504	N/A	12,213	N/A	.	N/A	6.16	.	10% (+/-)	Yes
41: Other Aged	N/A	59,177	N/A	62,799	N/A	.	N/A	6.12	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	52,993	N/A	56,134	N/A	.	N/A	5.93	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	18,474	N/A	17,109	N/A	.	N/A	-7.39	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	6,313	N/A	6,941	N/A	.	N/A	9.95	.	10% (+/-)	Yes
42: Other Disabled	N/A	28,206	N/A	32,084	N/A	.	N/A	13.75	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	140,443	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	2.19	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	2.81	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	47.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,361,545,465	N/A	$1,489,394,260	N/A	.	N/A	9.39	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$9,360	N/A	$9,874	N/A	.	N/A	5.49	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$10,248	N/A	$10,825	N/A	.	N/A	5.63	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$10,018	N/A	$10,389	N/A	.	N/A	3.70	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,595	N/A	$6,157	N/A	.	N/A	10.05	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$2,253	N/A	$2,059	N/A	.	N/A	-8.62	.	15% (+/-)	Yes
41: Other Aged	N/A	$13,054	N/A	$13,285	N/A	.	N/A	1.77	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,443	N/A	$9,110	N/A	.	N/A	7.90	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$7,120	N/A	$7,998	N/A	.	N/A	12.33	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$3,071	N/A	$3,261	N/A	.	N/A	6.18	.	15% (+/-)	Yes
42: Other Disabled	N/A	$10,512	N/A	$10,968	N/A	.	N/A	4.34	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$33,409,648	N/A	$30,334,132	N/A	.	N/A	-9.21	.	15% (+/-)	Yes
IP: Number of Users	N/A	22,938	N/A	17,608	N/A	.	N/A	-23.24	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,457	N/A	$1,723	N/A	.	N/A	18.28	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	2	N/A	7	N/A	.	N/A	284.50	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$70,417	N/A	$109,870	N/A	.	N/A	56.03	.	15% (+/-)	No
MH Aged: Number of Users	N/A	4	N/A	7	N/A	.	N/A	75.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$17,604	N/A	$15,696	N/A	.	N/A	-10.84	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$44,718	N/A	$94,833	N/A	.	N/A	112.07	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	3	N/A	7	N/A	.	N/A	133.33	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$14,906	N/A	$13,548	N/A	.	N/A	-9.11	.	15% (+/-)	Yes

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State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$65,685,196	N/A	$67,027,448	N/A	.	N/A	2.04	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	939	N/A	937	N/A	.	N/A	-0.21	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$69,952	N/A	$71,534	N/A	.	N/A	2.26	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$631,883,484	N/A	$654,612,226	N/A	.	N/A	3.60	.	15% (+/-)	Yes
NF Number of Users	N/A	$35,454	N/A	$36,241	N/A	.	N/A	2.22	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,823	N/A	$18,063	N/A	.	N/A	1.35	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$15,265,216	N/A	$16,036,925	N/A	.	N/A	5.06	.	15% (+/-)	Yes
Physician: Number of Users	N/A	85,175	N/A	83,841	N/A	.	N/A	-1.57	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$179	N/A	$191	N/A	.	N/A	6.73	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,300,845	N/A	$2,622,881	N/A	.	N/A	14.00	.	15% (+/-)	Yes
Dental: Number of Users	N/A	19,762	N/A	19,781	N/A	.	N/A	0.10	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$116	N/A	$133	N/A	.	N/A	13.89	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,914,381	N/A	$1,604,362	N/A	.	N/A	-16.19	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	39,736	N/A	41,097	N/A	.	N/A	3.43	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$48	N/A	$39	N/A	.	N/A	-18.97	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$58,049,265	N/A	$57,361,121	N/A	.	N/A	-1.19	.	15% (+/-)	Yes
OPD Number of Users	N/A	74,473	N/A	78,235	N/A	.	N/A	5.05	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$779	N/A	$733	N/A	.	N/A	-5.94	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$21,552,821	N/A	$27,956,602	N/A	.	N/A	29.71	.	15% (+/-)	No
Clinic: Number of Users	N/A	84,277	N/A	91,949	N/A	.	N/A	9.10	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$256	N/A	$304	N/A	.	N/A	18.89	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$25,189,886	N/A	$224,858	N/A	.	N/A	-99.11	.	15% (+/-)	No
HH: Number of Users	N/A	17,376	N/A	138	N/A	.	N/A	-99.21	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,450	N/A	$1,629	N/A	.	N/A	12.40	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$3,493,310	N/A	$1,462,208	N/A	.	N/A	-58.14	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	42,350	N/A	37,024	N/A	.	N/A	-12.58	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$82	N/A	$39	N/A	.	N/A	-52.12	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$243,996,811	N/A	$318,426,184	N/A	.	N/A	30.50	.	15% (+/-)	No
Drugs: Number of Users	N/A	120,279	N/A	125,840	N/A	.	N/A	4.62	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$2,029	N/A	$2,530	N/A	.	N/A	24.74	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$232,435,415	N/A	$131,989,796	N/A	.	N/A	-43.21	.	15% (+/-)	No
Other Services: Number of Users	N/A	$63,629	N/A	$45,356	N/A	.	N/A	-28.72	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,653	N/A	$2,910	N/A	.	N/A	-20.34	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,093,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	20,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$153	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$81,141,082	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	30,011	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$13,092,516	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	8,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,461	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$18,800,586	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	6,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,903	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$29,625	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,440	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$21	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$458,457	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	97	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,726	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$7,078,846	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	24,001	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$295	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$47,080,281	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	3,255	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,464	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,616,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,552	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,972,726	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	917	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,242	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$230	N/A	$201	N/A	.	N/A	-12.44	.	15% (+/-)	Yes
Aged	N/A	$179	N/A	$173	N/A	.	N/A	-3.14	.	15% (+/-)	Yes
Disabled	N/A	$316	N/A	$246	N/A	.	N/A	-22.25	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$4,796	N/A	$4,785	N/A	.	N/A	-0.23	.	15% (+/-)	Yes
Aged	N/A	$6,493	N/A	$6,502	N/A	.	N/A	0.15	.	15% (+/-)	Yes
Disabled	N/A	$2,002	N/A	$1,974	N/A	.	N/A	-1.37	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,677	N/A	$2,111	N/A	.	N/A	25.85	.	15% (+/-)	No
Aged	N/A	$1,452	N/A	$1,786	N/A	.	N/A	22.96	.	15% (+/-)	No
Disabled	N/A	$2,100	N/A	$2,670	N/A	.	N/A	27.11	.	15% (+/-)	No
All Other Services	N/A	$2,655	N/A	$2,776	N/A	.	N/A	4.59	.	15% (+/-)	Yes
Aged	N/A	$1,894	N/A	$1,928	N/A	.	N/A	1.77	.	15% (+/-)	Yes
Disabled	N/A	$4,019	N/A	$4,219	N/A	.	N/A	4.99	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.77	N/A	11.67	N/A	.	N/A	-25.97	.	15% (+/-)	No
Aged	N/A	14.22	N/A	10.39	N/A	.	N/A	-26.92	.	15% (+/-)	No
Disabled	N/A	18.73	N/A	13.82	N/A	.	N/A	-26.22	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	25.02	N/A	24.64	N/A	.	N/A	-1.49	.	15% (+/-)	Yes
Aged	N/A	36.07	N/A	35.62	N/A	.	N/A	-1.25	.	15% (+/-)	Yes
Disabled	N/A	6.66	N/A	6.61	N/A	.	N/A	-0.84	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	82.69	N/A	83.42	N/A	.	N/A	0.89	.	15% (+/-)	Yes
Aged	N/A	83.73	N/A	83.60	N/A	.	N/A	-0.16	.	15% (+/-)	Yes
Disabled	N/A	82.54	N/A	83.27	N/A	.	N/A	0.88	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	84.10	N/A	83.73	N/A	.	N/A	-0.44	.	15% (+/-)	Yes
Aged	N/A	81.96	N/A	80.54	N/A	.	N/A	-1.73	.	15% (+/-)	Yes
Disabled	N/A	89.46	N/A	89.20	N/A	.	N/A	-0.29	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	2	N/A	7	N/A	.	N/A	284.50	.	15% (+/-)	No
Aged	N/A	2	N/A	6	N/A	.	N/A	271.95	.	15% (+/-)	No
Disabled	N/A	2	N/A	7	N/A	.	N/A	304.66	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	304	N/A	246	N/A	.	N/A	-19.16	.	15% (+/-)	No
Aged	N/A	305	N/A	245	N/A	.	N/A	-19.54	.	15% (+/-)	No
Disabled	N/A	300	N/A	253	N/A	.	N/A	-15.71	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$429,705	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2144	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$200	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,094,922	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	17045	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,259,395	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	5225	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$116,561,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4529	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$25,737	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	527,650	N/A	529,652	N/A	.	N/A	0.38	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	455,073	N/A	444,958	N/A	.	N/A	-2.22	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	84.01	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	88.30	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	90.59	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	81.34	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	75.69	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	416,152	N/A	418,154	N/A	.	N/A	0.48	.	15% (+/-)	Yes
MAX Aged Total	N/A	99,229	N/A	101,713	N/A	.	N/A	2.50	.	10% (+/-)	Yes
11: Aged, Cash	N/A	22,431	N/A	21,016	N/A	.	N/A	-6.31	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	12,702	N/A	13,055	N/A	.	N/A	2.78	.	10% (+/-)	Yes
41: Other Aged	N/A	64,096	N/A	67,642	N/A	.	N/A	5.53	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	121,530	N/A	128,217	N/A	.	N/A	5.50	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	60,844	N/A	58,026	N/A	.	N/A	-4.63	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	6,529	N/A	7,120	N/A	.	N/A	9.05	.	10% (+/-)	Yes
42: Other Disabled	N/A	54,157	N/A	63,071	N/A	.	N/A	16.46	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	246,360	N/A	214,693	N/A	.	N/A	-12.85	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	64,397	N/A	46,387	N/A	.	N/A	-27.97	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	174,313	N/A	118,977	N/A	.	N/A	-31.75	.	10% (+/-)	No
44: Other Child	N/A	294	N/A	9,526	N/A	.	N/A	3140.14	.	10% (+/-)	No
48: Foster Care Child	N/A	7,356	N/A	7,964	N/A	.	N/A	8.27	.	10% (+/-)	Yes
54: 1115 Child	N/A	7,356	N/A	7,964	N/A	.	N/A	8.27	.	10% (+/-)	Yes
MAX Adult Total	N/A	59,462	N/A	85,029	N/A	.	N/A	43.00	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	38,701	N/A	29,227	N/A	.	N/A	-24.48	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	15,903	N/A	14,159	N/A	.	N/A	-10.97	.	10% (+/-)	No
45: Other Adult	N/A	4,858	N/A	417	N/A	.	N/A	-91.42	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	41,226	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,282,708,919	N/A	$2,496,096,668	N/A	.	N/A	9.35	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$4,326	N/A	$4,713	N/A	.	N/A	8.93	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$5,016	N/A	$5,610	N/A	.	N/A	11.83	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$9,673	N/A	$10,085	N/A	.	N/A	4.26	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,698	N/A	$6,232	N/A	.	N/A	9.37	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$2,063	N/A	$1,945	N/A	.	N/A	-5.75	.	15% (+/-)	Yes
41: Other Aged	N/A	$12,572	N/A	$12,853	N/A	.	N/A	2.24	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,230	N/A	$8,812	N/A	.	N/A	7.07	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$7,864	N/A	$8,581	N/A	.	N/A	9.12	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$2,990	N/A	$3,198	N/A	.	N/A	6.96	.	15% (+/-)	Yes
42: Other Disabled	N/A	$9,273	N/A	$9,658	N/A	.	N/A	4.16	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$960	N/A	$1,082	N/A	.	N/A	12.66	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,005	N/A	$1,120	N/A	.	N/A	11.41	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$880	N/A	$858	N/A	.	N/A	-2.59	.	15% (+/-)	Yes
44: Other Child	N/A	$9,401	N/A	$2,426	N/A	.	N/A	-74.20	.	15% (+/-)	No
48: Foster Care Child	N/A	$2,119	N/A	$3,937	N/A	.	N/A	85.83	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$747	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,449	N/A	$1,273	N/A	.	N/A	-12.13	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,390	N/A	$1,598	N/A	.	N/A	14.96	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$1,728	N/A	$1,219	N/A	.	N/A	-29.46	.	15% (+/-)	No
45: Other Adult	N/A	$1,003	N/A	$1,424	N/A	.	N/A	41.95	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$1,060	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$279,565,198	N/A	$295,012,906	N/A	.	N/A	5.53	.	15% (+/-)	Yes
IP: Number of Users	N/A	69,721	N/A	68,280	N/A	.	N/A	-2.07	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,010	N/A	$4,321	N/A	.	N/A	7.75	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	5	N/A	7	N/A	.	N/A	25.58	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$71,678	N/A	$181,590	N/A	.	N/A	153.34	.	15% (+/-)	No
MH Aged: Number of Users	N/A	5	N/A	11	N/A	.	N/A	120.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$14,336	N/A	$16,508	N/A	.	N/A	15.16	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,672,668	N/A	$2,208,808	N/A	.	N/A	32.05	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	156	N/A	208	N/A	.	N/A	33.33	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$10,722	N/A	$10,619	N/A	.	N/A	-0.96	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$100,874,059	N/A	$100,088,207	N/A	.	N/A	-0.78	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,421	N/A	1,367	N/A	.	N/A	-3.80	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$70,988	N/A	$73,217	N/A	.	N/A	3.14	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$687,622,213	N/A	$708,777,148	N/A	.	N/A	3.08	.	15% (+/-)	Yes
NF Number of Users	N/A	$38,609	N/A	$39,208	N/A	.	N/A	1.55	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$17,810	N/A	$18,077	N/A	.	N/A	1.50	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$46,366,639	N/A	$59,762,952	N/A	.	N/A	28.89	.	15% (+/-)	No
Physician: Number of Users	N/A	231,113	N/A	268,195	N/A	.	N/A	16.04	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$201	N/A	$223	N/A	.	N/A	11.07	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$9,070,713	N/A	$11,727,070	N/A	.	N/A	29.28	.	15% (+/-)	No
Dental: Number of Users	N/A	74,873	N/A	83,043	N/A	.	N/A	10.91	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$121	N/A	$141	N/A	.	N/A	16.57	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$14,525,549	N/A	$4,063,278	N/A	.	N/A	-72.03	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	104,747	N/A	88,894	N/A	.	N/A	-15.13	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$139	N/A	$46	N/A	.	N/A	-67.04	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$98,355,374	N/A	$149,288,602	N/A	.	N/A	51.78	.	15% (+/-)	No
OPD Number of Users	N/A	194,276	N/A	254,455	N/A	.	N/A	30.98	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$506	N/A	$587	N/A	.	N/A	15.89	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$50,007,701	N/A	$78,574,200	N/A	.	N/A	57.12	.	15% (+/-)	No
Clinic: Number of Users	N/A	242,974	N/A	310,046	N/A	.	N/A	27.60	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$206	N/A	$253	N/A	.	N/A	23.13	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$30,010,907	N/A	$2,473,366	N/A	.	N/A	-91.76	.	15% (+/-)	No
HH: Number of Users	N/A	22,144	N/A	1,958	N/A	.	N/A	-91.16	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,355	N/A	$1,263	N/A	.	N/A	-6.79	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$44,053,039	N/A	$6,198,452	N/A	.	N/A	-85.93	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	197,898	N/A	111,660	N/A	.	N/A	-43.58	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$223	N/A	$56	N/A	.	N/A	-75.06	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$383,129,758	N/A	$514,410,448	N/A	.	N/A	34.27	.	15% (+/-)	No
Drugs: Number of Users	N/A	329,988	N/A	387,975	N/A	.	N/A	17.57	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,161	N/A	$1,326	N/A	.	N/A	14.20	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$364,457,186	N/A	$227,619,517	N/A	.	N/A	-37.55	.	15% (+/-)	No
Other Services: Number of Users	N/A	$114,501	N/A	$91,567	N/A	.	N/A	-20.03	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,183	N/A	$2,486	N/A	.	N/A	-21.90	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,650,021	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	34,646	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$103,163,010	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	36,439	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,831	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$32,164,375	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	21,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$37,206,723	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	13,668	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,722	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$54,450	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,788	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$20	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,116,172	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	516	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,101	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$57,343,290	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	144,252	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$70,729,278	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	4,215	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$16,780	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$20,794,353	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	59,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$350	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$4,316,727	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,149	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,009	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$530	N/A	$557	N/A	.	N/A	5.13	.	15% (+/-)	Yes
Aged	N/A	$235	N/A	$231	N/A	.	N/A	-1.41	.	15% (+/-)	Yes
Disabled	N/A	$1,335	N/A	$1,291	N/A	.	N/A	-3.33	.	15% (+/-)	Yes
Child	N/A	$285	N/A	$354	N/A	.	N/A	24.42	.	15% (+/-)	No
Adult	N/A	$401	N/A	$352	N/A	.	N/A	-12.30	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,498	N/A	$1,532	N/A	.	N/A	2.27	.	15% (+/-)	Yes
Aged	N/A	$6,195	N/A	$6,214	N/A	.	N/A	0.31	.	15% (+/-)	Yes
Disabled	N/A	$1,434	N/A	$1,388	N/A	.	N/A	-3.21	.	15% (+/-)	Yes
Child	N/A	$5	N/A	$6	N/A	.	N/A	5.34	.	15% (+/-)	Yes
Adult	N/A	$0	N/A	$1	N/A	.	N/A	707.92	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$726	N/A	$971	N/A	.	N/A	33.76	.	15% (+/-)	No
Aged	N/A	$1,397	N/A	$1,734	N/A	.	N/A	24.15	.	15% (+/-)	No
Disabled	N/A	$1,758	N/A	$2,215	N/A	.	N/A	25.99	.	15% (+/-)	No
Child	N/A	$86	N/A	$162	N/A	.	N/A	89.43	.	15% (+/-)	No
Adult	N/A	$165	N/A	$226	N/A	.	N/A	37.33	.	15% (+/-)	No
All Other Services	N/A	$1,568	N/A	$1,653	N/A	.	N/A	5.42	.	15% (+/-)	Yes
Aged	N/A	$1,846	N/A	$1,905	N/A	.	N/A	3.17	.	15% (+/-)	Yes
Disabled	N/A	$3,697	N/A	$3,919	N/A	.	N/A	6.01	.	15% (+/-)	Yes
Child	N/A	$583	N/A	$560	N/A	.	N/A	-3.97	.	15% (+/-)	Yes
Adult	N/A	$860	N/A	$694	N/A	.	N/A	-19.29	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.21	N/A	12.89	N/A	.	N/A	-2.44	.	15% (+/-)	Yes
Aged	N/A	13.96	N/A	10.53	N/A	.	N/A	-24.56	.	15% (+/-)	No
Disabled	N/A	20.54	N/A	18.19	N/A	.	N/A	-11.44	.	15% (+/-)	Yes
Child	N/A	7.64	N/A	9.41	N/A	.	N/A	23.31	.	15% (+/-)	No
Adult	N/A	20.33	N/A	16.50	N/A	.	N/A	-18.86	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	7.61	N/A	7.70	N/A	.	N/A	1.09	.	15% (+/-)	Yes
Aged	N/A	34.35	N/A	33.97	N/A	.	N/A	-1.09	.	15% (+/-)	Yes
Disabled	N/A	4.93	N/A	4.75	N/A	.	N/A	-3.71	.	15% (+/-)	Yes
Child	N/A	0.04	N/A	0.05	N/A	.	N/A	38.41	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.01	N/A	.	N/A	16.55	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	62.54	N/A	73.25	N/A	.	N/A	17.13	.	15% (+/-)	No
Aged	N/A	80.99	N/A	81.50	N/A	.	N/A	0.62	.	15% (+/-)	Yes
Disabled	N/A	80.45	N/A	81.43	N/A	.	N/A	1.21	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: MO

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	47.62	N/A	67.51	N/A	.	N/A	41.77	.	15% (+/-)	No
Adult	N/A	58.07	N/A	65.55	N/A	.	N/A	12.88	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	82.48	N/A	79.54	N/A	.	N/A	-3.56	.	15% (+/-)	Yes
Aged	N/A	79.35	N/A	78.69	N/A	.	N/A	-0.83	.	15% (+/-)	Yes
Disabled	N/A	87.58	N/A	87.83	N/A	.	N/A	0.29	.	15% (+/-)	Yes
Child	N/A	81.84	N/A	78.15	N/A	.	N/A	-4.51	.	15% (+/-)	Yes
Adult	N/A	81.39	N/A	71.56	N/A	.	N/A	-12.07	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	5	N/A	7	N/A	.	N/A	25.58	.	15% (+/-)	No
Aged	N/A	2	N/A	6	N/A	.	N/A	194.03	.	15% (+/-)	No
Disabled	N/A	8	N/A	10	N/A	.	N/A	25.94	.	15% (+/-)	No
Child	N/A	5	N/A	5	N/A	.	N/A	-3.91	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	4.11	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	302	N/A	244	N/A	.	N/A	-19.13	.	15% (+/-)	No
Aged	N/A	305	N/A	245	N/A	.	N/A	-19.47	.	15% (+/-)	No
Disabled	N/A	287	N/A	239	N/A	.	N/A	-16.61	.	15% (+/-)	No
Child	N/A	76	N/A	28	N/A	.	N/A	-63.03	.	15% (+/-)	No
Adult	N/A	53	N/A	49	N/A	.	N/A	-7.92	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$6,458,620	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	30,026	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$215	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$17,459,532	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	84,573	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$206	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$4,539,824	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	18,555	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$245	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$192,503,670	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	7,965	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$24,169	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	129,704	N/A	110,802	N/A	.	N/A	-14.57	.	Yes
% Encounter Claims *	N/A	0.75	N/A	0.74	N/A	.	N/A	-1.81	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	128,730	N/A	109,985	N/A	.	N/A	-14.56	.	Yes
% Crossover	5-20	43.73	No	36.34	No	.	N/A	-16.89	.	No
% Adjusted Claims	> 1%	12.88	Yes	42.82	Yes	.	N/A	232.50	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,739	N/A	$3,615	N/A	.	N/A	31.98	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	72,433	N/A	70,012	N/A	.	N/A	-3.34	.	Yes
% Claims with> $0 Paid	95-100	96.80	Yes	100.00	Yes	.	N/A	3.31	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,981	Yes	$3,985	Yes	.	N/A	0.10	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$686	N/A	$777	N/A	.	N/A	13.17	.	Yes
% Claims with TPL	>0 - 10	3.06	Yes	1.33	Yes	.	N/A	-56.37	.	No
Aver. TPL Paid for claims with TPL	N/A	$5,374	N/A	$2,692	N/A	.	N/A	-49.91	.	No
% Claims with UB-92 Accommodation Codes	95-100	98.72	Yes	100.00	Yes	.	N/A	1.30	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.39	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	98.89	Yes	99.49	Yes	.	N/A	0.60	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.35	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.71	Yes	5.10	Yes	.	N/A	-10.66	.	Yes
Average Covered Days (> 0 day	2-<8	5.69	Yes	5.13	Yes	.	N/A	-9.89	.	Yes
% Begin Date = Admit Date	95-100	96.97	Yes	97.14	Yes	.	N/A	0.18	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.90	Yes	.	N/A	-0.10	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.89	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	11.03	Yes	11.23	Yes	.	N/A	1.83	.	Yes
% Claims with PDX, where length=4	20-50	18.24	No	20.75	Yes	.	N/A	13.76	.	Yes
% Claims with PDX, where length=5	20-50	70.73	No	68.02	Yes	.	N/A	-3.83	.	Yes
% Claims with a procedure code	35-70	53.92	Yes	51.42	Yes	.	N/A	-4.64	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.69	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.02	N/A	0.01	N/A	.	N/A	-39.73	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	99.98	N/A	99.99	N/A	.	N/A	0.01	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.02	N/A	0.01	N/A	.	N/A	-59.31	.	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.96	N/A	99.98	N/A	.	N/A	0.02	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	31.69	N/A	30.50	N/A	.	N/A	-3.73	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	3.21	N/A	3.10	N/A	.	N/A	-3.48	.	Yes
Patient Status										
% Home	75-90	91.71	No	91.12	No	.	N/A	-0.65	.	Yes
% Transferred	1-10	2.18	Yes	5.06	Yes	.	N/A	132.01	.	No
% Still a Patient	>0 - 2	3.48	No	2.98	No	.	N/A	-14.35	.	Yes
% Died	>0 - 3	0.82	Yes	0.85	Yes	.	N/A	2.76	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	56,297	N/A	39,973	N/A	.	N/A	-29.00	.	No
% Claims with> $0 Paic	N/A	97.47	N/A	100.00	N/A	.	N/A	2.59	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$771	N/A	$784	N/A	.	N/A	1.66	.	Yes
% Claims with TPL	N/A	0.43	N/A	0.14	N/A	.	N/A	-68.83	.	No
Aver. TPL Paid -claims with TPL	N/A	$403	N/A	$876	N/A	.	N/A	117.26	.	No
% Claims withUB-92 Accommodation Codes	95-100	11.20	No	99.58	Yes	.	N/A	788.98	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.14	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	95.01	Yes	99.79	N/A	.	N/A	5.03	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.24	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	8.14	No	5.99	Yes	.	N/A	-26.45	.	No
% Begin Date = Admit Date	95-100	86.85	No	99.51	Yes	.	N/A	14.59	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.97	Yes	.	N/A	-0.03	.	Yes
% Claims with DX	98-100	86.13	No	99.99	Yes	.	N/A	16.09	.	No
Average Number of DX Codes (at least 1 DX)	>=2	87.78	Yes	1.97	No	.	N/A	-97.76	.	No
% Claims with PDX, where length=3	5-30	10.27	Yes	10.16	Yes	.	N/A	-1.14	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	46.49	Yes	45.26	Yes	.	N/A	-2.65	.	Yes
% Claims with PDX, where length=5	20-50	42.57	Yes	44.58	Yes	.	N/A	4.72	.	Yes
% Claims with a procedure code	35-70	0.44	No	0.83	No	.	N/A	90.65	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.30	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	36.18	N/A	56.76	N/A	.	N/A	56.88	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	62.60	N/A	42.94	N/A	.	N/A	-31.40	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	35.77	N/A	56.76	N/A	.	N/A	58.66	.	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	58.94	N/A	42.94	N/A	.	N/A	-27.15	.	No
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	210,783	N/A	223,792	N/A	.	N/A	6.17	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	210,783	N/A	223,792	N/A	.	N/A	6.17	.	Yes
% Crossover	5-20	0.18	No	0.11	No	.	N/A	-39.25	.	No
% Adjusted Claims	> 1%	40.58	Yes	63.32	Yes	.	N/A	56.06	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,052	N/A	$2,261	N/A	.	N/A	10.15	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	210,414	N/A	223,554	N/A	.	N/A	6.24	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$68	Yes	$71	Yes	.	N/A	4.34	.	Yes
ICF/MR (TOS 05)	N/A	$155	N/A	$167	N/A	.	N/A	7.97	.	Yes
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	$423	N/A	$425	N/A	.	N/A	0.56	.	Yes
% NF (TOS 07)	75-99	84.18	Yes	85.45	Yes	.	N/A	1.51	.	Yes
% NF claims with NF Covered Days	N/A	97.57	N/A	97.27	N/A	.	N/A	-0.31	.	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	27	N/A	.	N/A	-3.38	.	Yes
% ICF/MR (TOS 05)	>0-20	13.59	Yes	13.22	Yes	.	N/A	-2.71	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	99.93	N/A	99.82	N/A	.	N/A	-0.11	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.79	.	Yes
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	2.23	Yes	1.33	Yes	.	N/A	-40.37	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	8	N/A	9	N/A	.	N/A	19.29	.	No
% Claims with Leave Days	1-20	10.52	Yes	14.18	Yes	.	N/A	34.74	.	No
% Claims with DX	95-100	100.00	Yes	99.96	Yes	.	N/A	-0.04	.	Yes
% Claims with DX, where length=3	5-30	27.35	Yes	26.64	Yes	.	N/A	-2.60	.	Yes
% Claims with DX, where length=4	20-50	57.64	No	57.73	No	.	N/A	0.16	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	15.01	No	15.62	No	.	N/A	4.09	.	Yes
Patient Status										
% Home	1-5	3.21	Yes	3.56	Yes	.	N/A	11.05	.	Yes
% Still a Patien	8-98	88.97	Yes	84.84	Yes	.	N/A	-4.64	.	Yes
% Died	>0-5	1.27	Yes	1.23	Yes	.	N/A	-3.46	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	369	N/A	238	N/A	.	N/A	-35.50	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,182	N/A	$780	N/A	.	N/A	-33.96	.	No
% NF (TOS 07)	75-99	46.34	No	0.00	No	.	N/A	-100.00	.	No
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	52.85	No	99.58	No	.	N/A	88.44	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.81	Yes	0.42	Yes	.	N/A	-48.32	.	No
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	12.74	Yes	2.94	No	.	N/A	-76.91	.	No
% Claims with DX, where length=4	20-50	31.17	Yes	15.55	No	.	N/A	-50.12	.	No
% Claims with DX, where length=5	20-50	56.10	No	81.51	No	.	N/A	45.31	.	No
Patient Status										
% Home	1-5	3.25	Yes	62.18	No	.	N/A	1812.18	.	No
% Still a Patien	8-98	0.00	No	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	2.44	Yes	0.00	No	.	N/A	-100.00	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	9,106,805	N/A	9,646,367	N/A	.	N/A	5.92	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	1.98	N/A	1.46	N/A	.	N/A	-26.61	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	1.13	N/A	6.69	N/A	.	N/A	494.22	.	No
Total FFS Claims	N/A	8,926,234	N/A	8,860,945	N/A	.	N/A	-0.73	.	Yes
% Crossover	5-20	31.72	No	31.12	No	.	N/A	-1.87	.	Yes
% Adjusted Claims	> 1%	3.83	Yes	4.73	Yes	.	N/A	23.25	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$84	N/A	$99	N/A	.	N/A	18.77	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.86	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	5.93	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$214	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	6,094,943	N/A	6,103,058	N/A	.	N/A	0.13	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	9.79	N/A	6.21	N/A	.	N/A	-36.55	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.72	N/A	7.78	N/A	.	N/A	-10.73	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS	N/A	97.20	N/A	96.30	N/A	.	N/A	-0.92	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	9.53	N/A	5.78	N/A	.	N/A	-39.31	.	No
% Claims W/ Service Place 11- Office	50-90	66.39	Yes	47.46	No	.	N/A	-28.51	.	No
% Claims W/ Service Place 12 - Home	>0-5	1.39	Yes	2.99	Yes	.	N/A	115.73	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.48	Yes	7.94	No	.	N/A	128.49	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.09	Yes	0.13	Yes	.	N/A	51.62	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.04	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	17.10	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	2.46	Yes	0.41	Yes	.	N/A	-83.48	.	No
% Claims with TPL	>0 - 15	0.19	Yes	0.22	Yes	.	N/A	14.08	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$55	N/A	$51	N/A	.	N/A	-8.61	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	28.81	Yes	36.33	No	.	N/A	26.11	.	No
% claims MAX TOS 09: Dental	2-20	4.29	Yes	9.87	Yes	.	N/A	129.77	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	2.30	Yes	4.96	Yes	.	N/A	115.38	.	No
% claims MAX TOS 11: OPD	3-25	7.37	Yes	8.92	Yes	.	N/A	21.01	.	No
% claims MAX TOS 12: Clinic	2-25	11.96	Yes	7.92	Yes	.	N/A	-33.79	.	No
% claims MAX TOS 13: HH	>0-25	0.37	Yes	0.28	Yes	.	N/A	-25.18	.	No
% claims MAX TOS 15: Lab/Xray	4-20	17.82	Yes	5.44	Yes	.	N/A	-69.47	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	2.10	Yes	2.54	Yes	.	N/A	20.84	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.98	Yes	3.08	Yes	.	N/A	-22.50	.	No
% claims MAX TOS 26: Transportation	>1	2.09	Yes	2.02	Yes	.	N/A	-3.60	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	2.75	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	15.83	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.04	Yes	0.01	Yes	.	N/A	-83.47	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$64	N/A	$65	N/A	.	N/A	1.81	.	Yes
08: Physicians	$20-90	$63	Yes	$54	Yes	.	N/A	-13.56	.	Yes
09: Dental	$10-60	$24	Yes	$32	Yes	.	N/A	30.39	.	No
10: Other Practioner	$10-100	$31	Yes	$28	Yes	.	N/A	-10.47	.	Yes
11: OPD	$20-100	$155	No	$152	No	.	N/A	-2.09	.	Yes
12: Clinic	$20-100	$64	Yes	$79	Yes	.	N/A	23.49	.	No
13: HH	N/A	$380	N/A	$407	N/A	.	N/A	7.02	.	Yes
15: Lab/Xray	10-60	$21	Yes	$15	Yes	.	N/A	-28.87	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$169	N/A	$136	N/A	.	N/A	-19.57	.	No
51: DME	N/A	$53	Yes	$51	N/A	.	N/A	-3.24	.	Yes
26: Transportation	N/A	$103	N/A	$153	N/A	.	N/A	49.28	.	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,270	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,028	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$717	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	5.04	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	2.80	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	1.21	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$48	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$91	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$164	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$170	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	93.01	Yes	97.63	Yes	.	N/A	4.97	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.58	Yes	99.96	Yes	.	N/A	0.38	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	36.40	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	7.01	Yes	6.31	Yes	.	N/A	-9.89	.	Yes
% Claims with DX, where length=4	20-50	57.28	No	57.61	No	.	N/A	0.58	.	Yes
% Claims with DX, where length=5	20-50	35.72	Yes	36.08	Yes	.	N/A	1.01	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	16.61	N/A	100.00	N/A	.	N/A	502.09	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	35.89	N/A	100.00	N/A	.	N/A	178.62	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	19.20	N/A	48.10	N/A	.	N/A	150.53	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	80.33	N/A	51.88	N/A	.	N/A	-35.42	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	61.73	No	100.00	Yes	.	N/A	62.01	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	93.69	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,831,291	N/A	2,757,887	N/A	.	N/A	-2.59	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.13	Yes	.	N/A	-0.87	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	5.41	N/A	5.43	N/A	.	N/A	0.35	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.53	N/A	10.57	N/A	.	N/A	10.95	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	96.97	N/A	96.08	N/A	.	N/A	-0.92	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	5.27	N/A	5.01	N/A	.	N/A	-4.80	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	56.99	N/A	65.38	N/A	.	N/A	14.73	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	1.35	N/A	0.77	N/A	.	N/A	-43.11	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	3.22	N/A	7.19	N/A	.	N/A	123.03	.	No
% claims MAX TOS 12: Clinic	N/A	3.20	N/A	6.74	N/A	.	N/A	110.71	.	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.02	N/A	.	N/A	185.59	.	No
% claims MAX TOS 15: Lab/Xray	N/A	13.95	N/A	0.37	N/A	.	N/A	-97.36	.	No
% claims MAX TOS 19: Other Services	N/A	0.84	N/A	4.35	N/A	.	N/A	420.63	.	No
% claims MAX TOS 51: DME	N/A	11.65	N/A	10.90	N/A	.	N/A	-6.48	.	Yes
% claims MAX TOS 26: Transportation	N/A	3.54	N/A	3.07	N/A	.	N/A	-13.23	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.19	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	15.83	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$24	N/A	$30	N/A	.	N/A	21.78	.	No
% Claims with DX	N/A	20.30	N/A	34.13	N/A	.	N/A	68.13	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	17.63	No	22.80	No	.	N/A	29.32	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	50.92	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	19.10	Yes	20.54	Yes	.	N/A	7.53	.	Yes
% Claims with DX, where length=4	20-50	47.71	Yes	44.02	Yes	.	N/A	-7.73	.	Yes
% Claims with DX, where length=5	20-50	33.17	Yes	35.44	Yes	.	N/A	6.82	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	1.22	N/A	100.00	N/A	.	N/A	8104.77	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	91.88	No	93.08	No	.	N/A	1.30	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	41.92	N/A	77.40	N/A	.	N/A	84.64	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	58.07	N/A	22.59	N/A	.	N/A	-61.10	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	6,170,652	N/A	6,668,338	N/A	.	N/A	8.07	.	Yes
% Encounter Claims *	N/A	1.16	N/A	1.56	N/A	.	N/A	34.66	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	6,098,967	N/A	6,564,020	N/A	.	N/A	7.63	.	Yes
% Adjusted Claims	> 1%	0.12	No	1.74	Yes	.	N/A	1356.30	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$129	N/A	$57	N/A	.	N/A	-56.17	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	6,098,967	N/A	6,564,020	N/A	.	N/A	7.63	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$39	Yes	$45	Yes	.	N/A	15.09	.	No
% Claims with TPL	>0 - 15	0.02	Yes	0.03	Yes	.	N/A	19.57	.	No
Aver. TPL Paid for claims with TPL	N/A	$66	N/A	$58	N/A	.	N/A	-12.37	.	Yes
% Family Planning Claims (program type=2)	N/A	0.17	N/A	0.59	N/A	.	N/A	251.37	.	No
% Drug Claims (TOS 16)	95-99	99.83	No	100.00	No	.	N/A	0.17	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.69	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.94	Yes	99.97	Yes	.	N/A	0.03	.	Yes
% Claims with Medispan	98-100	89.01	No	94.69	No	.	N/A	6.38	.	Yes
% Claims with AHFS	98-100	99.94	Yes	99.97	Yes	.	N/A	0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.94	Yes	99.97	Yes	.	N/A	0.03	.	Yes
% Claims with GC3	98-100	99.94	Yes	99.97	Yes	.	N/A	0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.91	N/A	80.27	N/A	.	N/A	-19.65	.	No
% Products (codes 4-6)	N/A	0.04	N/A	19.66	N/A	.	N/A	54278.82	.	No
% HRI (code 7)	N/A	0.00	N/A	0.03	N/A	.	N/A	4768.75	.	No
% Claims with Smart Key	98-100	99.94	Yes	99.97	Yes	.	N/A	0.03	.	Yes
% OTC-Drug Class	N/A	3.80	N/A	3.40	N/A	.	N/A	-10.51	.	Yes
% Prescription-Drug Class	N/A	96.14	N/A	96.57	N/A	.	N/A	0.44	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	42.96	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	36.25	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	538,054	N/A	553,018	N/A	.	N/A	2.78	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$1,619,766,477	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	11.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	47.99	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	5.23	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	33.58	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	2.12	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	537,753	N/A	552,951	N/A	.	N/A	2.83	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	403,789	N/A	436,324	N/A	.	N/A	8.06	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.93	Yes	99.99	Yes	.	N/A	0.05	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	94.76	Yes	95.21	Yes	.	N/A	0.48	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	48	N/A	8	N/A	.	N/A	-83.33	.	N/A	No
% with County Code	>=95%	99.89	Yes	99.79	Yes	.	N/A	-0.09	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.91	Yes	99.81	Yes	.	N/A	-0.10	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.54	Yes	1.81	Yes	.	N/A	17.69	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	31.06	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	62.25	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.37	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	5.53	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	5.93	Yes	5.63	Yes	.	N/A	-5.09	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	56.59	Yes	57.70	Yes	.	N/A	1.96	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	15.86	Yes	15.43	Yes	.	N/A	-2.68	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	56.54	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	122,918	N/A	125,374	N/A	.	N/A	2.00	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	97.23	Yes	97.58	Yes	.	N/A	0.36	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	97.88	Yes	98.39	Yes	.	N/A	0.51	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	38.95	Yes	39.71	Yes	.	N/A	1.95	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	215,581	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	0.24	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	99.31	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	0.44	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	5.21	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	98.67	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.99	Yes	99.99	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.99	Yes	99.99	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	82.48	Yes	83.41	Yes	.	N/A	1.13	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	65,600	N/A	66,019	N/A	.	N/A	0.64	.	10% (+/-)	Yes
11: Aged, Cash	N/A	29,073	N/A	26,981	N/A	.	N/A	-7.20	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	21,716	N/A	24,044	N/A	.	N/A	10.72	.	10% (+/-)	No
41: Other Aged	N/A	14,811	N/A	14,994	N/A	.	N/A	1.24	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	149,955	N/A	151,638	N/A	.	N/A	1.12	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	130,228	N/A	129,604	N/A	.	N/A	-0.48	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	15,932	N/A	18,148	N/A	.	N/A	13.91	.	10% (+/-)	No
42: Other Disabled	N/A	3,795	N/A	3,886	N/A	.	N/A	2.40	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	255,147	N/A	278,122	N/A	.	N/A	9.00	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	55,158	N/A	40,830	N/A	.	N/A	-25.98	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	182,281	N/A	211,993	N/A	.	N/A	16.30	.	10% (+/-)	No
44: Other Child	N/A	14,402	N/A	22,203	N/A	.	N/A	54.17	.	10% (+/-)	No
48: Foster Care Child	N/A	3,306	N/A	3,096	N/A	.	N/A	-6.35	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	66,929	N/A	57,170	N/A	.	N/A	-14.58	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	27,166	N/A	16,591	N/A	.	N/A	-38.93	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	34,922	N/A	32,239	N/A	.	N/A	-7.68	.	10% (+/-)	Yes
45: Other Adult	N/A	4,841	N/A	8,340	N/A	.	N/A	72.28	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	432,887	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.24	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.76	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	6.71	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	39,120	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	51.74	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	286,095	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	5.46	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	95.91	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	1.69	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.13	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	10,980	N/A	15,611	N/A	.	N/A	42.18	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	5.51	N/A	4.89	N/A	.	N/A	-11.18	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	32.07	N/A	27.63	N/A	.	N/A	-13.82	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	51.21	N/A	54.62	N/A	.	N/A	6.65	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	11.21	N/A	12.86	N/A	.	N/A	14.67	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	7,612	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	432,887	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	2.38	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	41.08	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	56.54	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$19,176,246	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$17,486,604	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,689,642	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.29	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.89	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.26	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$9	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$191	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$17,502,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	15,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$1,674,021	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	270,484	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$19,041,008	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$6,305,000	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$651,215	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$3,497,675	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$8,587,118	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,220	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$404	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$42	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$224	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$550	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	405,525	N/A	414,089	N/A	.	N/A	2.11	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	326,979	N/A	339,439	N/A	.	N/A	3.81	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	285,213	N/A	311,372	N/A	.	N/A	9.17	.	15% (+/-)	Yes
MAX Aged Total	N/A	1,365	N/A	1,039	N/A	.	N/A	-23.88	.	10% (+/-)	No
11: Aged, Cash	N/A	434	N/A	384	N/A	.	N/A	-11.52	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	570	N/A	381	N/A	.	N/A	-33.16	.	10% (+/-)	No
41: Other Aged	N/A	361	N/A	274	N/A	.	N/A	-24.10	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	89,116	N/A	88,490	N/A	.	N/A	-0.70	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	84,977	N/A	83,968	N/A	.	N/A	-1.19	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	2,461	N/A	2,836	N/A	.	N/A	15.24	.	10% (+/-)	No
42: Other Disabled	N/A	1,678	N/A	1,686	N/A	.	N/A	0.48	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	249,521	N/A	269,594	N/A	.	N/A	8.04	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	53,674	N/A	39,457	N/A	.	N/A	-26.49	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	178,413	N/A	205,567	N/A	.	N/A	15.22	.	10% (+/-)	No
44: Other Child	N/A	14,137	N/A	21,494	N/A	.	N/A	52.04	.	10% (+/-)	No
48: Foster Care Child	N/A	3,297	N/A	3,076	N/A	.	N/A	-6.70	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	65,519	N/A	54,964	N/A	.	N/A	-16.11	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	26,570	N/A	15,952	N/A	.	N/A	-39.96	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	34,228	N/A	31,002	N/A	.	N/A	-9.43	.	10% (+/-)	Yes
45: Other Adult	N/A	4,721	N/A	8,010	N/A	.	N/A	69.67	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	212,825	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$769,792,738	N/A	$823,668,252	N/A	.	N/A	7.00	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$1,898	N/A	$1,989	N/A	.	N/A	4.79	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,354	N/A	$2,427	N/A	.	N/A	3.07	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,207	N/A	$7,176	N/A	.	N/A	37.81	.	15% (+/-)	No
11: Aged, Cash	N/A	$3,216	N/A	$4,005	N/A	.	N/A	24.54	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$929	N/A	$1,748	N/A	.	N/A	88.17	.	15% (+/-)	No
41: Other Aged	N/A	$14,355	N/A	$19,166	N/A	.	N/A	33.52	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$4,795	N/A	$5,163	N/A	.	N/A	7.66	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$4,657	N/A	$5,009	N/A	.	N/A	7.55	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$4,991	N/A	$5,794	N/A	.	N/A	16.09	.	15% (+/-)	No
42: Other Disabled	N/A	$11,506	N/A	$11,747	N/A	.	N/A	2.10	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$817	N/A	$877	N/A	.	N/A	7.38	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$701	N/A	$773	N/A	.	N/A	10.28	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$820	N/A	$882	N/A	.	N/A	7.61	.	15% (+/-)	Yes
44: Other Child	N/A	$543	N/A	$709	N/A	.	N/A	30.38	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,700	N/A	$3,030	N/A	.	N/A	-18.09	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,008	N/A	$2,237	N/A	.	N/A	11.42	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,395	N/A	$1,602	N/A	.	N/A	14.82	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,620	N/A	$2,703	N/A	.	N/A	3.19	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,021	N/A	$1,699	N/A	.	N/A	66.38	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$268,262,557	N/A	$264,939,079	N/A	.	N/A	-1.24	.	15% (+/-)	Yes
IP: Number of Users	N/A	50,513	N/A	50,247	N/A	.	N/A	-0.53	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,311	N/A	$5,273	N/A	.	N/A	-0.72	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	8	N/A	7	N/A	.	N/A	-13.95	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$764	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
MH Aged: Number of Users	N/A	1	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$764	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$14,953,744	N/A	$11,322,764	N/A	.	N/A	-24.28	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,790	N/A	1,423	N/A	.	N/A	-20.50	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$8,354	N/A	$7,957	N/A	.	N/A	-4.75	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$67,069,266	N/A	$72,817,350	N/A	.	N/A	8.57	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,271	N/A	1,307	N/A	.	N/A	2.83	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$52,769	N/A	$55,713	N/A	.	N/A	5.58	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$17,980,356	N/A	$20,925,793	N/A	.	N/A	16.38	.	15% (+/-)	No
NF Number of Users	N/A	962	N/A	1,034	N/A	.	N/A	7.48	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,691	N/A	$20,238	N/A	.	N/A	8.28	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$87,150,654	N/A	$115,107,096	N/A	.	N/A	32.08	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	234,197	N/A	251,944	N/A	.	N/A	7.58	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$372	N/A	$457	N/A	.	N/A	22.77	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$4,981,723	N/A	$17,288,938	N/A	.	N/A	247.05	.	15% (+/-)	No
Dental: Number of Users	N/A	42,231	N/A	83,138	N/A	.	N/A	96.86	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$118	N/A	$208	N/A	.	N/A	76.29	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$4,201,052	N/A	$8,271,074	N/A	.	N/A	96.88	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	65,661	N/A	115,881	N/A	.	N/A	76.48	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$64	N/A	$71	N/A	.	N/A	11.56	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$64,935,007	N/A	$78,783,816	N/A	.	N/A	21.33	.	15% (+/-)	No
OPD Number of Users	N/A	157,628	N/A	183,886	N/A	.	N/A	16.66	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$412	N/A	$428	N/A	.	N/A	4.00	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$35,932,389	N/A	$35,007,921	N/A	.	N/A	-2.57	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	85,123	N/A	110,886	N/A	.	N/A	30.27	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$422	N/A	$316	N/A	.	N/A	-25.21	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$5,325,663	N/A	$4,066,506	N/A	.	N/A	-23.64	.	15% (+/-)	No
HH: Number of Users	N/A	3,696	N/A	3,114	N/A	.	N/A	-15.75	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,441	N/A	$1,306	N/A	.	N/A	-9.37	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$21,596,396	N/A	$4,757,086	N/A	.	N/A	-77.97	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	168,826	N/A	58,708	N/A	.	N/A	-65.23	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$128	N/A	$81	N/A	.	N/A	-36.66	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$92,284,947	N/A	$114,459,661	N/A	.	N/A	24.03	.	15% (+/-)	No
Drugs: Number of Users	N/A	258,586	N/A	274,222	N/A	.	N/A	6.05	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$357	N/A	$417	N/A	.	N/A	16.96	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$13,223,427	N/A	$9,766,985	N/A	.	N/A	-26.14	.	15% (+/-)	No
Other Services: Number of Users	N/A	$34,780	N/A	$7,771	N/A	.	N/A	-77.66	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$380	N/A	$1,257	N/A	.	N/A	230.57	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$8,607,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	20,678	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$416	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,366	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$3,143,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	387	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,122	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$9,358,941	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	44,291	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$211	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$145,449	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	28	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,195	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$37,702,514	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	30,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$350,363	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,488	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$662	N/A	$640	N/A	.	N/A	-3.28	.	15% (+/-)	Yes
Aged	N/A	$442	N/A	$571	N/A	.	N/A	29.04	.	15% (+/-)	No
Disabled	N/A	$1,531	N/A	$1,475	N/A	.	N/A	-3.63	.	15% (+/-)	Yes
Child	N/A	$302	N/A	$301	N/A	.	N/A	-0.29	.	15% (+/-)	Yes
Adult	N/A	$853	N/A	$958	N/A	.	N/A	12.27	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$247	N/A	$254	N/A	.	N/A	2.89	.	15% (+/-)	Yes
Aged	N/A	$3,475	N/A	$4,808	N/A	.	N/A	38.36	.	15% (+/-)	No
Disabled	N/A	$986	N/A	$1,068	N/A	.	N/A	8.27	.	15% (+/-)	Yes
Child	N/A	$29	N/A	$21	N/A	.	N/A	-28.75	.	15% (+/-)	No
Adult	N/A	$2	N/A	$0	N/A	.	N/A	-81.42	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$228	N/A	$276	N/A	.	N/A	21.46	.	15% (+/-)	No
Aged	N/A	$742	N/A	$1,096	N/A	.	N/A	47.77	.	15% (+/-)	No
Disabled	N/A	$725	N/A	$896	N/A	.	N/A	23.51	.	15% (+/-)	No
Child	N/A	$76	N/A	$96	N/A	.	N/A	26.79	.	15% (+/-)	No
Adult	N/A	$117	N/A	$147	N/A	.	N/A	25.38	.	15% (+/-)	No
All Other Services	N/A	$762	N/A	$819	N/A	.	N/A	7.55	.	15% (+/-)	Yes
Aged	N/A	$548	N/A	$701	N/A	.	N/A	27.95	.	15% (+/-)	No
Disabled	N/A	$1,552	N/A	$1,724	N/A	.	N/A	11.07	.	15% (+/-)	Yes
Child	N/A	$409	N/A	$459	N/A	.	N/A	12.05	.	15% (+/-)	Yes
Adult	N/A	$1,032	N/A	$1,132	N/A	.	N/A	9.69	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.46	N/A	12.13	N/A	.	N/A	-2.58	.	15% (+/-)	Yes
Aged	N/A	16.48	N/A	20.60	N/A	.	N/A	24.95	.	15% (+/-)	No
Disabled	N/A	17.20	N/A	16.82	N/A	.	N/A	-2.22	.	15% (+/-)	Yes
Child	N/A	5.60	N/A	6.21	N/A	.	N/A	10.81	.	15% (+/-)	Yes
Adult	N/A	32.02	N/A	33.50	N/A	.	N/A	4.62	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.99	N/A	0.90	N/A	.	N/A	-8.71	.	15% (+/-)	Yes
Aged	N/A	19.05	N/A	24.64	N/A	.	N/A	29.36	.	15% (+/-)	No
Disabled	N/A	3.15	N/A	3.10	N/A	.	N/A	-1.55	.	15% (+/-)	Yes
Child	N/A	0.37	N/A	0.27	N/A	.	N/A	-26.46	.	15% (+/-)	No
Adult	N/A	0.04	N/A	0.02	N/A	.	N/A	-57.09	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	5.69	N/A	0.40	N/A	.	N/A	-92.95	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	63.77	N/A	66.22	N/A	.	N/A	3.85	.	15% (+/-)	Yes
Aged	N/A	55.97	N/A	70.64	N/A	.	N/A	26.22	.	15% (+/-)	No
Disabled	N/A	75.92	N/A	76.84	N/A	.	N/A	1.21	.	15% (+/-)	Yes
Child	N/A	58.43	N/A	61.95	N/A	.	N/A	6.03	.	15% (+/-)	Yes
Adult	N/A	67.73	N/A	70.00	N/A	.	N/A	3.35	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	78.45	N/A	79.76	N/A	.	N/A	1.67	.	15% (+/-)	Yes
Aged	N/A	57.22	N/A	70.84	N/A	.	N/A	23.81	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	82.87	N/A	83.33	N/A	.	N/A	0.55	.	15% (+/-)	Yes
Child	N/A	76.22	N/A	78.13	N/A	.	N/A	2.50	.	15% (+/-)	Yes
Adult	N/A	81.35	N/A	82.16	N/A	.	N/A	0.99	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	8	N/A	7	N/A	.	N/A	-13.95	.	15% (+/-)	Yes
Aged	N/A	12	N/A	8	N/A	.	N/A	-29.36	.	15% (+/-)	No
Disabled	N/A	14	N/A	12	N/A	.	N/A	-15.18	.	15% (+/-)	No
Child	N/A	8	N/A	6	N/A	.	N/A	-24.10	.	15% (+/-)	No
Adult	N/A	3	N/A	3	N/A	.	N/A	-0.69	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	198	N/A	184	N/A	.	N/A	-7.13	.	15% (+/-)	Yes
Aged	N/A	311	N/A	261	N/A	.	N/A	-15.86	.	15% (+/-)	No
Disabled	N/A	241	N/A	221	N/A	.	N/A	-8.10	.	15% (+/-)	Yes
Child	N/A	40	N/A	18	N/A	.	N/A	-54.32	.	15% (+/-)	No
Adult	N/A	21	N/A	8	N/A	.	N/A	-63.56	.	15% (+/-)	No
% Enrollees with Delivery	N/A	6.08	N/A	5.90	N/A	.	N/A	-2.95	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$2,472,865	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	22,052	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$14,317,510	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	69,074	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$207	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$14,789,819	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	43,941	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$337	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,550,146	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,332	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,915	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$4,280,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	911	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$4,699	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	121,248	N/A	123,251	N/A	.	N/A	1.65	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	108,207	N/A	110,140	N/A	.	N/A	1.79	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	109,089	N/A	111,755	N/A	.	N/A	2.44	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.75	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	92.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	5.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.26	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	63,630	N/A	64,216	N/A	.	N/A	0.92	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	28,287	N/A	26,184	N/A	.	N/A	-7.43	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	20,895	N/A	23,325	N/A	.	N/A	11.63	.	10% (+/-)	No
41: Other Aged	N/A	14,448	N/A	14,707	N/A	.	N/A	1.79	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	57,318	N/A	58,834	N/A	.	N/A	2.64	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	42,099	N/A	41,802	N/A	.	N/A	-0.71	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	13,122	N/A	14,855	N/A	.	N/A	13.21	.	10% (+/-)	No
42: Other Disabled	N/A	2,097	N/A	2,177	N/A	.	N/A	3.81	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	116,365	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.59	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.32	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	99.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	54.34	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	44.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.68	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$700,311,367	N/A	$757,793,320	N/A	.	N/A	8.21	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$5,776	N/A	$6,148	N/A	.	N/A	6.45	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$6,472	N/A	$6,880	N/A	.	N/A	6.31	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,817	N/A	$7,140	N/A	.	N/A	4.74	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,881	N/A	$3,225	N/A	.	N/A	11.93	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$1,833	N/A	$1,962	N/A	.	N/A	7.07	.	15% (+/-)	Yes
41: Other Aged	N/A	$21,730	N/A	$22,320	N/A	.	N/A	2.71	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$4,628	N/A	$5,066	N/A	.	N/A	9.47	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$3,567	N/A	$3,962	N/A	.	N/A	11.07	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$2,791	N/A	$3,000	N/A	.	N/A	7.52	.	15% (+/-)	Yes
42: Other Disabled	N/A	$37,416	N/A	$40,359	N/A	.	N/A	7.86	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$49,185,823	N/A	$38,920,200	N/A	.	N/A	-20.87	.	15% (+/-)	No
IP: Number of Users	N/A	35,414	N/A	31,239	N/A	.	N/A	-11.79	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,389	N/A	$1,246	N/A	.	N/A	-10.30	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	12	N/A	8	N/A	.	N/A	-33.61	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$146,344	N/A	$178,813	N/A	.	N/A	22.19	.	15% (+/-)	No
MH Aged: Number of Users	N/A	158	N/A	204	N/A	.	N/A	29.11	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$926	N/A	$877	N/A	.	N/A	-5.37	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$8,358	N/A	$53,405	N/A	.	N/A	538.97	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	4	N/A	4	N/A	.	N/A	0.00	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$2,090	N/A	$13,351	N/A	.	N/A	538.97	.	15% (+/-)	No

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$63,135,706	N/A	$71,210,227	N/A	.	N/A	12.79	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	1,276	N/A	1,326	N/A	.	N/A	3.92	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$49,479	N/A	$53,703	N/A	.	N/A	8.54	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$314,297,331	N/A	$337,837,962	N/A	.	N/A	7.49	.	15% (+/-)	Yes
NF Number of Users	N/A	$17,264	N/A	$17,689	N/A	.	N/A	2.46	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,205	N/A	$19,099	N/A	.	N/A	4.91	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$52,124,742	N/A	$28,400,406	N/A	.	N/A	-45.51	.	15% (+/-)	No
Physician: Number of Users	N/A	100,259	N/A	97,847	N/A	.	N/A	-2.41	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$520	N/A	$290	N/A	.	N/A	-44.17	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$1,213,089	N/A	$1,560,021	N/A	.	N/A	28.60	.	15% (+/-)	No
Dental: Number of Users	N/A	9,642	N/A	10,030	N/A	.	N/A	4.02	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$126	N/A	$156	N/A	.	N/A	23.62	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,087,234	N/A	$461,780	N/A	.	N/A	-57.53	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	15,520	N/A	12,666	N/A	.	N/A	-18.39	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$70	N/A	$36	N/A	.	N/A	-47.96	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$13,292,666	N/A	$26,543,509	N/A	.	N/A	99.69	.	15% (+/-)	No
OPD Number of Users	N/A	42,654	N/A	63,865	N/A	.	N/A	49.73	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$312	N/A	$416	N/A	.	N/A	33.37	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$9,661,604	N/A	$5,930,351	N/A	.	N/A	-38.62	.	15% (+/-)	No
Clinic: Number of Users	N/A	29,243	N/A	33,052	N/A	.	N/A	13.03	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$330	N/A	$179	N/A	.	N/A	-45.69	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$3,024,464	N/A	$2,742,868	N/A	.	N/A	-9.31	.	15% (+/-)	Yes
HH: Number of Users	N/A	1,549	N/A	1,649	N/A	.	N/A	6.46	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,953	N/A	$1,663	N/A	.	N/A	-14.81	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$3,525,532	N/A	$223,265	N/A	.	N/A	-93.67	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	68,177	N/A	6,040	N/A	.	N/A	-91.14	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$52	N/A	$37	N/A	.	N/A	-28.52	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$146,673,370	N/A	$180,237,449	N/A	.	N/A	22.88	.	15% (+/-)	No
Drugs: Number of Users	N/A	104,177	N/A	106,093	N/A	.	N/A	1.84	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,408	N/A	$1,699	N/A	.	N/A	20.66	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$12,348,725	N/A	$23,111,827	N/A	.	N/A	87.16	.	15% (+/-)	No
Other Services: Number of Users	N/A	$8,515	N/A	$11,485	N/A	.	N/A	34.88	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,450	N/A	$2,012	N/A	.	N/A	38.76	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$12,218,764	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	18,117	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$674	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$180,917	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	977	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$185	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,296,303	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	145	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,940	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,785,664	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	32,236	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$120,685	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,029	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$13,454,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,674	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$378,404	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	86	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,400	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$406	N/A	$316	N/A	.	N/A	-22.16	.	15% (+/-)	No
Aged	N/A	$404	N/A	$273	N/A	.	N/A	-32.37	.	15% (+/-)	No
Disabled	N/A	$407	N/A	$361	N/A	.	N/A	-11.27	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,114	N/A	$3,321	N/A	.	N/A	6.63	.	15% (+/-)	Yes
Aged	N/A	$4,416	N/A	$4,705	N/A	.	N/A	6.53	.	15% (+/-)	Yes
Disabled	N/A	$1,685	N/A	$1,822	N/A	.	N/A	8.10	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,210	N/A	$1,462	N/A	.	N/A	20.89	.	15% (+/-)	No
Aged	N/A	$1,173	N/A	$1,402	N/A	.	N/A	19.51	.	15% (+/-)	No
Disabled	N/A	$1,252	N/A	$1,529	N/A	.	N/A	22.07	.	15% (+/-)	No
All Other Services	N/A	$1,046	N/A	$1,050	N/A	.	N/A	0.34	.	15% (+/-)	Yes
Aged	N/A	$824	N/A	$760	N/A	.	N/A	-7.76	.	15% (+/-)	Yes
Disabled	N/A	$1,282	N/A	$1,354	N/A	.	N/A	5.60	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	29.21	N/A	25.35	N/A	.	N/A	-13.22	.	15% (+/-)	Yes
Aged	N/A	30.95	N/A	26.69	N/A	.	N/A	-13.77	.	15% (+/-)	Yes
Disabled	N/A	27.33	N/A	23.85	N/A	.	N/A	-12.73	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	15.41	N/A	15.57	N/A	.	N/A	1.05	.	15% (+/-)	Yes
Aged	N/A	24.23	N/A	24.60	N/A	.	N/A	1.53	.	15% (+/-)	Yes
Disabled	N/A	5.69	N/A	5.77	N/A	.	N/A	1.24	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	85.92	N/A	86.08	N/A	.	N/A	0.18	.	15% (+/-)	Yes
Aged	N/A	85.41	N/A	85.19	N/A	.	N/A	-0.26	.	15% (+/-)	Yes
Disabled	N/A	86.67	N/A	87.07	N/A	.	N/A	0.47	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	86.38	N/A	86.17	N/A	.	N/A	-0.24	.	15% (+/-)	Yes
Aged	N/A	85.21	N/A	84.60	N/A	.	N/A	-0.72	.	15% (+/-)	Yes
Disabled	N/A	87.84	N/A	87.87	N/A	.	N/A	0.04	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	12	N/A	8	N/A	.	N/A	-33.61	.	15% (+/-)	No
Aged	N/A	13	N/A	8	N/A	.	N/A	-35.34	.	15% (+/-)	No
Disabled	N/A	11	N/A	8	N/A	.	N/A	-31.10	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	314	N/A	273	N/A	.	N/A	-13.06	.	15% (+/-)	Yes
Aged	N/A	315	N/A	272	N/A	.	N/A	-13.60	.	15% (+/-)	Yes
Disabled	N/A	308	N/A	276	N/A	.	N/A	-10.38	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$160,214	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	942	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$170	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$216,860	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1044	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$208	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$314,978	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1134	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$278	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,688,377	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	316	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$8,508	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$8,333,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3056	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$2,727	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	526,773	N/A	537,340	N/A	.	N/A	2.01	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	435,186	N/A	449,579	N/A	.	N/A	3.31	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	83.67	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	88.20	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	87.46	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	80.26	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	84.84	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	394,302	N/A	423,127	N/A	.	N/A	7.31	.	15% (+/-)	Yes
MAX Aged Total	N/A	64,995	N/A	65,255	N/A	.	N/A	0.40	.	10% (+/-)	Yes
11: Aged, Cash	N/A	28,721	N/A	26,568	N/A	.	N/A	-7.50	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	21,465	N/A	23,706	N/A	.	N/A	10.44	.	10% (+/-)	No
41: Other Aged	N/A	14,809	N/A	14,981	N/A	.	N/A	1.16	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	146,434	N/A	147,324	N/A	.	N/A	0.61	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	127,076	N/A	125,770	N/A	.	N/A	-1.03	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	15,583	N/A	17,691	N/A	.	N/A	13.53	.	10% (+/-)	No
42: Other Disabled	N/A	3,775	N/A	3,863	N/A	.	N/A	2.33	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	249,524	N/A	269,596	N/A	.	N/A	8.04	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	53,674	N/A	39,458	N/A	.	N/A	-26.49	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	178,414	N/A	205,568	N/A	.	N/A	15.22	.	10% (+/-)	No
44: Other Child	N/A	14,137	N/A	21,494	N/A	.	N/A	52.04	.	10% (+/-)	No
48: Foster Care Child	N/A	3,299	N/A	3,076	N/A	.	N/A	-6.76	.	10% (+/-)	Yes
54: 1115 Child	N/A	3,299	N/A	3,076	N/A	.	N/A	-6.76	.	10% (+/-)	Yes
MAX Adult Total	N/A	65,698	N/A	55,163	N/A	.	N/A	-16.04	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	26,621	N/A	15,983	N/A	.	N/A	-39.96	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	34,288	N/A	31,089	N/A	.	N/A	-9.33	.	10% (+/-)	Yes
45: Other Adult	N/A	4,789	N/A	8,091	N/A	.	N/A	68.95	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,470,104,105	N/A	$1,581,461,572	N/A	.	N/A	7.57	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,791	N/A	$2,943	N/A	.	N/A	5.46	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,378	N/A	$3,518	N/A	.	N/A	4.13	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,783	N/A	$7,140	N/A	.	N/A	5.27	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$2,886	N/A	$3,236	N/A	.	N/A	12.12	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$1,809	N/A	$1,959	N/A	.	N/A	8.30	.	15% (+/-)	Yes
41: Other Aged	N/A	$21,550	N/A	$22,262	N/A	.	N/A	3.30	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$4,730	N/A	$5,124	N/A	.	N/A	8.33	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$4,296	N/A	$4,661	N/A	.	N/A	8.49	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$3,138	N/A	$3,448	N/A	.	N/A	9.88	.	15% (+/-)	Yes
42: Other Disabled	N/A	$25,899	N/A	$27,871	N/A	.	N/A	7.61	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$817	N/A	$877	N/A	.	N/A	7.31	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$701	N/A	$773	N/A	.	N/A	10.30	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$820	N/A	$882	N/A	.	N/A	7.52	.	15% (+/-)	Yes
44: Other Child	N/A	$543	N/A	$709	N/A	.	N/A	30.38	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,698	N/A	$3,030	N/A	.	N/A	-18.05	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,021	N/A	$2,252	N/A	.	N/A	11.47	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,397	N/A	$1,603	N/A	.	N/A	14.75	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,618	N/A	$2,702	N/A	.	N/A	3.20	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,211	N/A	$1,809	N/A	.	N/A	49.41	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$317,448,380	N/A	$303,859,279	N/A	.	N/A	-4.28	.	15% (+/-)	Yes
IP: Number of Users	N/A	85,927	N/A	81,486	N/A	.	N/A	-5.17	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,694	N/A	$3,729	N/A	.	N/A	0.94	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	10	N/A	7	N/A	.	N/A	-24.31	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$147,108	N/A	$178,813	N/A	.	N/A	21.55	.	15% (+/-)	No
MH Aged: Number of Users	N/A	159	N/A	204	N/A	.	N/A	28.30	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$925	N/A	$877	N/A	.	N/A	-5.26	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$14,962,102	N/A	$11,376,169	N/A	.	N/A	-23.97	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,794	N/A	1,427	N/A	.	N/A	-20.46	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$8,340	N/A	$7,972	N/A	.	N/A	-4.41	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$130,204,972	N/A	$144,027,577	N/A	.	N/A	10.62	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	2,547	N/A	2,633	N/A	.	N/A	3.38	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$51,121	N/A	$54,701	N/A	.	N/A	7.00	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$332,277,687	N/A	$358,763,755	N/A	.	N/A	7.97	.	15% (+/-)	Yes
NF Number of Users	N/A	$18,226	N/A	$18,723	N/A	.	N/A	2.73	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,231	N/A	$19,162	N/A	.	N/A	5.10	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$139,275,396	N/A	$143,507,502	N/A	.	N/A	3.04	.	15% (+/-)	Yes
Physician: Number of Users	N/A	334,456	N/A	349,791	N/A	.	N/A	4.59	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$416	N/A	$410	N/A	.	N/A	-1.48	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$6,194,812	N/A	$18,848,959	N/A	.	N/A	204.27	.	15% (+/-)	No
Dental: Number of Users	N/A	51,873	N/A	93,168	N/A	.	N/A	79.61	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$119	N/A	$202	N/A	.	N/A	69.41	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$5,288,286	N/A	$8,732,854	N/A	.	N/A	65.14	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	81,181	N/A	128,547	N/A	.	N/A	58.35	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$65	N/A	$68	N/A	.	N/A	4.29	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$78,227,673	N/A	$105,327,325	N/A	.	N/A	34.64	.	15% (+/-)	No
OPD Number of Users	N/A	200,282	N/A	247,751	N/A	.	N/A	23.70	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$391	N/A	$425	N/A	.	N/A	8.84	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$45,593,993	N/A	$40,938,272	N/A	.	N/A	-10.21	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	114,366	N/A	143,938	N/A	.	N/A	25.86	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$399	N/A	$284	N/A	.	N/A	-28.66	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$8,350,127	N/A	$6,809,374	N/A	.	N/A	-18.45	.	15% (+/-)	No
HH: Number of Users	N/A	5,245	N/A	4,763	N/A	.	N/A	-9.19	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,592	N/A	$1,430	N/A	.	N/A	-10.20	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$25,121,928	N/A	$4,980,351	N/A	.	N/A	-80.18	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	237,003	N/A	64,748	N/A	.	N/A	-72.68	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$106	N/A	$77	N/A	.	N/A	-27.43	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$238,958,317	N/A	$294,697,110	N/A	.	N/A	23.33	.	15% (+/-)	No
Drugs: Number of Users	N/A	362,763	N/A	380,315	N/A	.	N/A	4.84	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$659	N/A	$775	N/A	.	N/A	17.63	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$25,572,152	N/A	$32,878,812	N/A	.	N/A	28.57	.	15% (+/-)	No
Other Services: Number of Users	N/A	$43,295	N/A	$19,256	N/A	.	N/A	-55.52	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$591	N/A	$1,707	N/A	.	N/A	189.08	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$20,825,941	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	38,795	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$537	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$183,283	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	992	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$185	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$4,439,350	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	532	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: MS

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,345	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$16,144,605	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	76,527	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$211	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$266,134	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	52	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,118	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$51,156,859	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	38,147	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,341	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$728,767	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	140	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,205	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$603	N/A	$565	N/A	.	N/A	-6.16	.	15% (+/-)	Yes
Aged	N/A	$405	N/A	$278	N/A	.	N/A	-31.33	.	15% (+/-)	No
Disabled	N/A	$1,091	N/A	$1,030	N/A	.	N/A	-5.56	.	15% (+/-)	Yes
Child	N/A	$302	N/A	$301	N/A	.	N/A	-0.42	.	15% (+/-)	Yes
Adult	N/A	$852	N/A	$957	N/A	.	N/A	12.32	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$907	N/A	$957	N/A	.	N/A	5.58	.	15% (+/-)	Yes
Aged	N/A	$4,396	N/A	$4,706	N/A	.	N/A	7.05	.	15% (+/-)	Yes
Disabled	N/A	$1,260	N/A	$1,369	N/A	.	N/A	8.65	.	15% (+/-)	Yes
Child	N/A	$29	N/A	$21	N/A	.	N/A	-28.75	.	15% (+/-)	No
Adult	N/A	$2	N/A	$0	N/A	.	N/A	-80.84	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$454	N/A	$548	N/A	.	N/A	20.90	.	15% (+/-)	No
Aged	N/A	$1,164	N/A	$1,397	N/A	.	N/A	20.03	.	15% (+/-)	No
Disabled	N/A	$932	N/A	$1,149	N/A	.	N/A	23.29	.	15% (+/-)	No
Child	N/A	$76	N/A	$96	N/A	.	N/A	26.76	.	15% (+/-)	No
Adult	N/A	$120	N/A	$150	N/A	.	N/A	25.34	.	15% (+/-)	No
All Other Services	N/A	$827	N/A	$872	N/A	.	N/A	5.43	.	15% (+/-)	Yes
Aged	N/A	$818	N/A	$759	N/A	.	N/A	-7.22	.	15% (+/-)	Yes
Disabled	N/A	$1,447	N/A	$1,576	N/A	.	N/A	8.97	.	15% (+/-)	Yes
Child	N/A	$410	N/A	$459	N/A	.	N/A	12.03	.	15% (+/-)	Yes
Adult	N/A	$1,043	N/A	$1,144	N/A	.	N/A	9.73	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.31	N/A	15.16	N/A	.	N/A	-7.03	.	15% (+/-)	Yes
Aged	N/A	30.65	N/A	26.59	N/A	.	N/A	-13.23	.	15% (+/-)	Yes
Disabled	N/A	21.16	N/A	19.62	N/A	.	N/A	-7.27	.	15% (+/-)	Yes
Child	N/A	5.60	N/A	6.21	N/A	.	N/A	10.80	.	15% (+/-)	Yes
Adult	N/A	32.02	N/A	33.51	N/A	.	N/A	4.65	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	4.31	N/A	4.27	N/A	.	N/A	-0.94	.	15% (+/-)	Yes
Aged	N/A	24.12	N/A	24.60	N/A	.	N/A	1.99	.	15% (+/-)	Yes
Disabled	N/A	4.15	N/A	4.16	N/A	.	N/A	0.46	.	15% (+/-)	Yes
Child	N/A	0.37	N/A	0.27	N/A	.	N/A	-26.46	.	15% (+/-)	No
Adult	N/A	0.04	N/A	0.02	N/A	.	N/A	-52.36	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	68.87	N/A	70.78	N/A	.	N/A	2.78	.	15% (+/-)	Yes
Aged	N/A	84.79	N/A	84.96	N/A	.	N/A	0.19	.	15% (+/-)	Yes
Disabled	N/A	80.12	N/A	80.93	N/A	.	N/A	1.00	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	58.43	N/A	61.95	N/A	.	N/A	6.03	.	15% (+/-)	Yes
Adult	N/A	67.78	N/A	70.04	N/A	.	N/A	3.34	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	80.27	N/A	81.23	N/A	.	N/A	1.19	.	15% (+/-)	Yes
Aged	N/A	84.63	N/A	84.38	N/A	.	N/A	-0.29	.	15% (+/-)	Yes
Disabled	N/A	84.82	N/A	85.14	N/A	.	N/A	0.38	.	15% (+/-)	Yes
Child	N/A	76.22	N/A	78.13	N/A	.	N/A	2.50	.	15% (+/-)	Yes
Adult	N/A	81.36	N/A	82.18	N/A	.	N/A	1.00	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	10	N/A	7	N/A	.	N/A	-24.31	.	15% (+/-)	No
Aged	N/A	13	N/A	8	N/A	.	N/A	-35.27	.	15% (+/-)	No
Disabled	N/A	12	N/A	10	N/A	.	N/A	-21.69	.	15% (+/-)	No
Child	N/A	8	N/A	6	N/A	.	N/A	-24.16	.	15% (+/-)	No
Adult	N/A	3	N/A	3	N/A	.	N/A	-0.47	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	293	N/A	258	N/A	.	N/A	-11.93	.	15% (+/-)	Yes
Aged	N/A	315	N/A	272	N/A	.	N/A	-13.64	.	15% (+/-)	Yes
Disabled	N/A	277	N/A	251	N/A	.	N/A	-9.17	.	15% (+/-)	Yes
Child	N/A	40	N/A	18	N/A	.	N/A	-54.32	.	15% (+/-)	No
Adult	N/A	21	N/A	7	N/A	.	N/A	-67.21	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$2,633,079	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	22,994	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$14,534,370	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	70,118	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$207	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$15,104,797	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	45,075	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$335	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$5,238,523	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,648	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$3,179	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$12,613,956	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,967	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$3,180	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	18,099	N/A	16,575	N/A	.	N/A	-8.42	.	Yes
% Encounter Claims *	N/A	8.30	N/A	3.31	N/A	.	N/A	-60.19	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	16,596	N/A	16,027	N/A	.	N/A	-3.43	.	Yes
% Crossover	5-20	20.92	No	22.82	No	.	N/A	9.10	.	Yes
% Adjusted Claims	> 1%	4.60	Yes	11.72	Yes	.	N/A	154.87	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$4,171	N/A	$3,340	N/A	.	N/A	-19.92	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	13,124	N/A	12,369	N/A	.	N/A	-5.75	.	Yes
% Claims with> $0 Paid	95-100	97.69	Yes	100.00	Yes	.	N/A	2.36	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,536	Yes	$3,494	Yes	.	N/A	-1.18	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$903	N/A	$886	N/A	.	N/A	-1.82	.	Yes
% Claims with TPL	>0 - 10	4.11	Yes	2.56	Yes	.	N/A	-37.71	.	No
Aver. TPL Paid for claims with TPL	N/A	$3,622	N/A	$1,110	N/A	.	N/A	-69.36	.	No
% Claims with UB-92 Accommodation Codes	95-100	62.47	No	99.73	Yes	.	N/A	59.66	.	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.11	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	62.53	No	99.69	Yes	.	N/A	59.44	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.69	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.03	Yes	3.12	Yes	.	N/A	2.72	.	Yes
Average Covered Days (> 0 day	2-<8	3.93	Yes	3.94	Yes	.	N/A	0.24	.	Yes
% Begin Date = Admit Date	95-100	99.59	Yes	99.05	Yes	.	N/A	-0.54	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.08	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.76	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.23	Yes	6.35	Yes	.	N/A	2.08	.	Yes
% Claims with PDX, where length=4	15-75	24.58	Yes	22.89	Yes	.	N/A	-6.89	.	Yes
% Claims with PDX, where length=5	25-70	69.19	No	70.76	No	.	N/A	2.26	.	Yes
% Claims with a procedure code	35-70	62.47	Yes	60.72	Yes	.	N/A	-2.79	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.10	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.21	N/A	99.24	N/A	.	N/A	0.03	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	61.87	N/A	99.24	N/A	.	N/A	60.41	.	No
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	24.89	N/A	24.37	N/A	.	N/A	-2.11	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	26.06	N/A	25.31	N/A	.	N/A	-2.89	.	Yes
Patient Status										
% Home	75-90	93.61	No	91.84	No	.	N/A	-1.89	.	Yes
% Transferred	1-10	4.50	Yes	7.25	Yes	.	N/A	61.04	.	No
% Still a Patient	>0 - 2	0.06	Yes	0.10	Yes	.	N/A	59.16	.	No
% Died	>0 - 3	0.63	Yes	0.81	Yes	.	N/A	27.84	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,472	N/A	3,658	N/A	.	N/A	5.36	.	Yes
% Claims with> $0 Paic	N/A	98.93	N/A	100.00	N/A	.	N/A	1.08	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$759	N/A	$771	N/A	.	N/A	1.62	.	Yes
% Claims with TPL	N/A	1.58	N/A	1.89	N/A	.	N/A	19.08	.	No
Aver. TPL Paid -claims with TPL	N/A	$384	N/A	$1,306	N/A	.	N/A	240.30	.	No
% Claims withUB-92 Accommodation Codes	95-100	46.80	No	99.59	Yes	.	N/A	112.79	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	47.03	No	99.70	N/A	.	N/A	111.98	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.98	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.76	Yes	4.01	Yes	.	N/A	6.48	.	Yes
% Begin Date = Admit Date	95-100	99.45	Yes	99.02	Yes	.	N/A	-0.44	.	Yes
% Claims with IP TOS	95-100	99.97	Yes	99.95	Yes	.	N/A	-0.03	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	97.81	Yes	6.45	Yes	.	N/A	-93.41	.	No
% Claims with PDX, where length=3	5-30	10.05	Yes	10.91	Yes	.	N/A	8.51	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	42.43	Yes	41.50	Yes	.	N/A	-2.19	.	Yes
% Claims with PDX, where length=5	25-70	47.52	Yes	47.59	Yes	.	N/A	0.15	.	Yes
% Claims with a procedure code	35-70	51.53	Yes	50.16	Yes	.	N/A	-2.64	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.26	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.94	N/A	99.29	N/A	.	N/A	-0.65	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	57.18	N/A	99.29	N/A	.	N/A	73.64	.	No
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	53,704	N/A	49,649	N/A	.	N/A	-7.55	.	Yes
% Encounter Claims *	N/A	1.05	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	53,140	N/A	49,649	N/A	.	N/A	-6.57	.	Yes
% Crossover	5-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	27.22	Yes	15.30	Yes	.	N/A	-43.81	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,133	N/A	$2,214	N/A	.	N/A	3.81	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	53,140	N/A	49,649	N/A	.	N/A	-6.57	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$70	Yes	$73	Yes	.	N/A	3.98	.	Yes
ICF/MR (TOS 05)	N/A	$286	N/A	$306	N/A	.	N/A	7.02	.	Yes
Aged/MH (TOS 02)	N/A	.	N/A	$107	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$254	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	96.31	Yes	93.04	Yes	.	N/A	-3.39	.	Yes
% NF claims with NF Covered Days	N/A	100.00	N/A	99.87	N/A	.	N/A	-0.13	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	0.41	.	Yes
% ICF/MR (TOS 05)	>0-20	3.69	Yes	3.32	Yes	.	N/A	-10.25	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.03	.	Yes
% Aged/MH (TOS 02)	>0-10	0.00	No	1.46	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	2.18	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	13	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	1.13	Yes	0.98	No	.	N/A	-13.27	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	21.61	Yes	19.87	Yes	.	N/A	-8.09	.	Yes
% Claims with DX, where length=4	15-75	57.78	No	56.82	Yes	.	N/A	-1.65	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	20.61	Yes	23.31	No	.	N/A	13.11	.	Yes
Patient Status										
% Home	1-5	0.00	No	0.10	No	.	N/A	.	.	N/A
% Still a Patien	8-98	57.17	Yes	2.05	No	.	N/A	-96.41	.	No
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	0	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	No	.	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	No	.	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	No	.	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	No	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	No	.	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	No	.	No	.	N/A	.	.	N/A
% Died	>0-5	.	No	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	3,535,812	N/A	2,786,376	N/A	.	N/A	-21.20	.	No
% Encounter Claims (Claim Type=3) *	N/A	8.07	N/A	2.85	N/A	.	N/A	-64.70	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	38.79	N/A	26.29	N/A	.	N/A	-32.24	.	No
Total FFS Claims	N/A	3,250,468	N/A	1,974,479	N/A	.	N/A	-39.26	.	No
% Crossover	5-20	5.27	Yes	9.84	Yes	.	N/A	86.64	.	No
% Adjusted Claims	> 1%	4.27	Yes	5.06	Yes	.	N/A	18.60	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$76	N/A	$76	N/A	.	N/A	-0.46	.	Yes
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.89	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	10.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	16.17	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$162	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$61	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	3,079,091	N/A	1,780,183	N/A	.	N/A	-42.18	.	No
% Claims with> $0 Paid	>95%	99.87	Yes	99.96	Yes	.	N/A	0.08	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	8.08	N/A	8.25	N/A	.	N/A	2.09	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	15.04	N/A	9.20	N/A	.	N/A	-38.85	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	86.67	N/A	86.92	N/A	.	N/A	0.28	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	7.87	N/A	8.04	N/A	.	N/A	2.15	.	Yes
% Claims W/ Service Place 11- Office	50-90	22.04	No	39.49	No	.	N/A	79.14	.	No
% Claims W/ Service Place 12 - Home	>0-5	5.82	No	27.55	No	.	N/A	373.45	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	1.10	Yes	3.97	Yes	.	N/A	260.07	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.29	Yes	0.36	Yes	.	N/A	26.24	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	4.19	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	13.86	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	0.33	Yes	2.15	Yes	.	N/A	555.94	.	No
% Claims with TPL	>0 - 15	0.35	Yes	0.10	Yes	.	N/A	-73.06	.	No
Aver. TPL Paid -claims with TPL	N/A	$72	N/A	$126	N/A	.	N/A	75.84	.	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	19.42	Yes	24.81	Yes	.	N/A	27.71	.	No
% claims MAX TOS 09: Dental	2-20	8.38	Yes	6.93	Yes	.	N/A	-17.27	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	7.57	Yes	6.62	Yes	.	N/A	-12.55	.	Yes
% claims MAX TOS 11: OPD	3-25	4.10	Yes	5.79	Yes	.	N/A	41.35	.	No
% claims MAX TOS 12: Clinic	2-25	0.59	No	7.32	Yes	.	N/A	1131.26	.	No
% claims MAX TOS 13: HH	>0-25	0.11	Yes	0.18	Yes	.	N/A	69.06	.	No
% claims MAX TOS 15: Lab/Xray	4-20	18.19	Yes	2.25	No	.	N/A	-87.61	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	27.37	No	16.14	Yes	.	N/A	-41.03	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	6.45	No	5.92	Yes	.	N/A	-8.23	.	Yes
% claims MAX TOS 26: Transportation	>1	2.98	Yes	1.56	Yes	.	N/A	-47.68	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	16.35	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	3.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	2.33	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.24	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.33	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.01	Yes	0.07	Yes	.	N/A	642.57	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$53	N/A	$78	N/A	.	N/A	46.63	.	No
08: Physicians	$20-90	$75	Yes	$63	Yes	.	N/A	-16.61	.	No
09: Dental	$10-60	$38	Yes	$40	Yes	.	N/A	6.90	.	Yes
10: Other Practioner	$10-100	$35	Yes	$45	Yes	.	N/A	28.68	.	No
11: OPD	$20-100	$202	No	$164	No	.	N/A	-18.68	.	No
12: Clinic	$20-100	$96	Yes	$52	Yes	.	N/A	-45.68	.	No
13: HH	N/A	$377	N/A	$346	N/A	.	N/A	-8.10	.	Yes
15: Lab/Xray	10-60	$28	Yes	$14	Yes	.	N/A	-50.90	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$68	N/A	$129	N/A	.	N/A	89.27	.	No
51: DME	N/A	$86	Yes	$70	N/A	.	N/A	-18.81	.	No
26: Transportation	N/A	$34	N/A	$49	N/A	.	N/A	42.40	.	No
30: PCS	N/A	.	N/A	$64	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$45	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,133	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,050	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$266	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.69	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.02	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.17	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	4.13	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	9.97	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$108	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$72	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$178	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$98	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	64.76	Yes	93.07	Yes	.	N/A	43.70	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	25.31	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	9.22	Yes	11.27	Yes	.	N/A	22.28	.	No
% Claims with DX, where length=4	40-70	68.13	No	54.96	Yes	.	N/A	-19.33	.	No
% Claims with DX, where length=5	20-55	22.65	Yes	33.77	Yes	.	N/A	49.08	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	15.67	N/A	100.00	N/A	.	N/A	538.01	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	3.37	N/A	100.00	N/A	.	N/A	2863.93	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	93.33	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	47.05	N/A	44.03	N/A	.	N/A	-6.42	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	52.30	N/A	55.40	N/A	.	N/A	5.93	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.65	N/A	0.57	N/A	.	N/A	-12.68	.	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	98.28	Yes	100.00	Yes	.	N/A	1.75	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.65	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	171,377	N/A	194,296	N/A	.	N/A	13.37	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.98	Yes	.	N/A	-0.02	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	13.29	N/A	13.02	N/A	.	N/A	-2.06	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	16.52	N/A	14.40	N/A	.	N/A	-12.87	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	12.72	N/A	12.82	N/A	.	N/A	0.80	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	55.07	N/A	62.10	N/A	.	N/A	12.78	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	5.42	N/A	6.68	N/A	.	N/A	23.20	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
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1998-1999 MAX OT Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	14.71	N/A	11.71	N/A	.	N/A	-20.37	.	No
% claims MAX TOS 12: Clinic	N/A	2.08	N/A	5.11	N/A	.	N/A	145.13	.	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	.	N/A	-0.29	.	Yes
% claims MAX TOS 15: Lab/Xray	N/A	7.25	N/A	0.12	N/A	.	N/A	-98.40	.	No
% claims MAX TOS 19: Other Services	N/A	9.00	N/A	3.56	N/A	.	N/A	-60.43	.	No
% claims MAX TOS 51: DME	N/A	5.25	N/A	6.31	N/A	.	N/A	20.31	.	No
% claims MAX TOS 26: Transportation	N/A	1.13	N/A	1.24	N/A	.	N/A	9.74	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$36	N/A	$34	N/A	.	N/A	-4.76	.	Yes
% Claims with DX	N/A	99.98	N/A	100.00	N/A	.	N/A	0.01	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	38.83	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	11.90	Yes	11.38	Yes	.	N/A	-4.38	.	Yes
% Claims with DX, where length=4	40-70	50.88	No	49.98	Yes	.	N/A	-1.76	.	Yes
% Claims with DX, where length=5	20-55	37.21	Yes	38.63	Yes	.	N/A	3.81	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	13.16	N/A	99.89	N/A	.	N/A	658.82	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	49.40	No	95.67	No	.	N/A	93.66	.	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	4.82	N/A	1.98	N/A	.	N/A	-58.92	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	1,193,038	N/A	1,291,659	N/A	.	N/A	8.27	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,193,010	N/A	1,291,659	N/A	.	N/A	8.27	.	Yes
% Adjusted Claims	> 1%	1.01	Yes	1.90	Yes	.	N/A	88.42	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$47	N/A	$60	N/A	.	N/A	27.80	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	1,193,010	N/A	1,291,659	N/A	.	N/A	8.27	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$37	Yes	$42	Yes	.	N/A	15.26	.	No
% Claims with TPL	>0 - 15	0.04	Yes	0.08	Yes	.	N/A	115.58	.	No
Aver. TPL Paid for claims with TPL	N/A	$81	N/A	$169	N/A	.	N/A	110.03	.	No
% Family Planning Claims (program type=2)	N/A	0.00	N/A	0.74	N/A	.	N/A	220739.01	.	No
% Drug Claims (TOS 16)	95-99	99.95	No	100.00	No	.	N/A	0.05	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.05	Yes	0.00	No	.	N/A	-100.00	.	No
% Drug Claims with Quantity	>98	.	N/A	99.52	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.75	Yes	99.71	Yes	.	N/A	-0.04	.	Yes
% Claims with Medispan	98-100	87.02	No	94.06	No	.	N/A	8.09	.	Yes
% Claims with AHFS	98-100	99.75	Yes	99.71	Yes	.	N/A	-0.04	.	Yes
% Claims with Generic (GTC)	98-100	99.75	Yes	99.71	Yes	.	N/A	-0.04	.	Yes
% Claims with GC3	98-100	99.75	Yes	99.71	Yes	.	N/A	-0.04	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.73	N/A	78.15	N/A	.	N/A	-21.64	.	No
% Products (codes 4-6)	N/A	0.01	N/A	21.55	N/A	.	N/A	172421.58	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	99.75	Yes	99.71	Yes	.	N/A	-0.04	.	Yes
% OTC-Drug Class	N/A	2.65	N/A	2.57	N/A	.	N/A	-2.79	.	Yes
% Prescription-Drug Class	N/A	97.10	N/A	97.13	N/A	.	N/A	0.04	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	47.10	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	30.85	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	98,133	N/A	98,870	N/A	.	N/A	0.75	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$384,467,423	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	5.21	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	7.88	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	8.65	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	67.78	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	10.43	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	96,275	N/A	96,453	N/A	.	N/A	0.18	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	66,100	N/A	68,087	N/A	.	N/A	3.01	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.09	No	98.72	No	.	N/A	0.64	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	94.52	Yes	93.64	Yes	.	N/A	-0.94	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	0	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	99.98	Yes	100.00	Yes	.	N/A	0.02	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.47	Yes	1.95	Yes	.	N/A	313.80	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	74.38	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	0.65	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	22.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	1.36	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.62	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.48	Yes	4.41	Yes	.	N/A	-1.67	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	55.03	Yes	54.79	Yes	.	N/A	-0.44	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	10.79	Yes	11.06	Yes	.	N/A	2.55	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	43.59	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	16,309	N/A	17,009	N/A	.	N/A	4.29	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	96.51	Yes	97.45	Yes	.	N/A	0.97	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	96.50	Yes	97.48	Yes	.	N/A	1.01	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	39.37	Yes	40.21	Yes	.	N/A	2.12	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	341	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	21.99	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	35.78	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	42.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	3.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	19.35	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.80	Yes	99.83	Yes	.	N/A	0.03	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.71	Yes	99.99	Yes	.	N/A	0.28	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	97.27	Yes	95.85	Yes	.	N/A	-1.47	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	9,400	N/A	9,751	N/A	.	N/A	3.73	.	10% (+/-)	Yes
11: Aged, Cash	N/A	1,974	N/A	1,984	N/A	.	N/A	0.51	.	10% (+/-)	Yes
21: Aged, MN	N/A	5,501	N/A	5,827	N/A	.	N/A	5.93	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	449	N/A	483	N/A	.	N/A	7.57	.	10% (+/-)	Yes
41: Other Aged	N/A	1,476	N/A	1,457	N/A	.	N/A	-1.29	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	16,880	N/A	17,072	N/A	.	N/A	1.14	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	13,467	N/A	13,383	N/A	.	N/A	-0.62	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,103	N/A	2,348	N/A	.	N/A	11.65	.	10% (+/-)	No
32: Disabled, Poverty	N/A	140	N/A	138	N/A	.	N/A	-1.43	.	10% (+/-)	Yes
42: Other Disabled	N/A	1,170	N/A	1,203	N/A	.	N/A	2.82	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	48,832	N/A	49,335	N/A	.	N/A	1.03	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	15,687	N/A	13,880	N/A	.	N/A	-11.52	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	3,126	N/A	2,639	N/A	.	N/A	-15.58	.	10% (+/-)	No
24: AFDC Child, MN	N/A	10	N/A	26	N/A	.	N/A	160.00	.	10% (+/-)	No
34: Child Poverty	N/A	12,907	N/A	14,405	N/A	.	N/A	11.61	.	10% (+/-)	No
44: Other Child	N/A	13,545	N/A	14,479	N/A	.	N/A	6.90	.	10% (+/-)	Yes
48: Foster Care Child	N/A	3,557	N/A	3,906	N/A	.	N/A	9.81	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	21,118	N/A	20,294	N/A	.	N/A	-3.90	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	10,463	N/A	9,535	N/A	.	N/A	-8.87	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	335	N/A	262	N/A	.	N/A	-21.79	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	9	N/A	7	N/A	.	N/A	-22.22	.	10% (+/-)	No
35: Adult, Poverty	N/A	3,142	N/A	2,774	N/A	.	N/A	-11.71	.	10% (+/-)	No
45: Other Adult	N/A	7,169	N/A	7,716	N/A	.	N/A	7.63	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	67,979	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	86.26	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.66	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	13.08	No	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	13.68	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	68.22	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	65,799	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	6.15	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	95.27	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.17	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	3.50	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	89,091	N/A	4,049	N/A	.	N/A	-95.46	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	9.97	N/A	0.05	N/A	.	N/A	-99.50	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	17.83	N/A	3.90	N/A	.	N/A	-78.12	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	50.63	N/A	10.22	N/A	.	N/A	-79.81	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	21.53	N/A	85.82	N/A	.	N/A	298.61	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	2,009	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	67,979	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	2.95	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	58.47	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	38.57	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$16,338,269	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$3,910,642	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$11,115,352	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,312,275	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.33	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.93	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$3	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$4,177,890	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	4,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$12,160,379	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	61,750	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$4,988,362	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$1,020,842	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$19,053	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,429,017	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$2,519,450	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,232	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$5	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$353	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$622	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	6,403	N/A	75,424	N/A	.	N/A	1077.95	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	6,162	N/A	64,515	N/A	.	N/A	946.98	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	1,082	N/A	51,578	N/A	.	N/A	4665.58	.	15% (+/-)	No
MAX Aged Total	N/A	17	N/A	245	N/A	.	N/A	1341.18	.	10% (+/-)	No
11: Aged, Cash	N/A	1	N/A	41	N/A	.	N/A	4000.00	.	10% (+/-)	No
21: Aged, MN	N/A	8	N/A	163	N/A	.	N/A	1937.50	.	10% (+/-)	No
31: Aged, Poverty	N/A	3	N/A	10	N/A	.	N/A	233.33	.	10% (+/-)	No
41: Other Aged	N/A	5	N/A	31	N/A	.	N/A	520.00	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	722	N/A	10,062	N/A	.	N/A	1293.63	.	10% (+/-)	No
12: Disabled, Cash	N/A	600	N/A	9,196	N/A	.	N/A	1432.67	.	10% (+/-)	No
22: Disabled, MN	N/A	59	N/A	383	N/A	.	N/A	549.15	.	10% (+/-)	No
32: Disabled, Poverty	N/A	0	N/A	4	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	63	N/A	479	N/A	.	N/A	660.32	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	3,721	N/A	48,919	N/A	.	N/A	1214.67	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	1,078	N/A	13,739	N/A	.	N/A	1174.49	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	319	N/A	2,611	N/A	.	N/A	718.50	.	10% (+/-)	No
24: AFDC Child, MN	N/A	5	N/A	26	N/A	.	N/A	420.00	.	10% (+/-)	No
34: Child Poverty	N/A	1,058	N/A	14,346	N/A	.	N/A	1255.95	.	10% (+/-)	No
44: Other Child	N/A	1,125	N/A	14,307	N/A	.	N/A	1171.73	.	10% (+/-)	No
48: Foster Care Child	N/A	136	N/A	3,890	N/A	.	N/A	2760.29	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	1,929	N/A	16,197	N/A	.	N/A	739.66	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	1,041	N/A	7,629	N/A	.	N/A	632.85	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	45	N/A	235	N/A	.	N/A	422.22	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	5	N/A	7	N/A	.	N/A	40.00	.	10% (+/-)	No
35: Adult, Poverty	N/A	620	N/A	2,718	N/A	.	N/A	338.39	.	10% (+/-)	No
45: Other Adult	N/A	218	N/A	5,608	N/A	.	N/A	2472.48	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	340	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$5,764,178	N/A	$178,954,870	N/A	.	N/A	3004.60	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$900	N/A	$2,373	N/A	.	N/A	163.56	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$935	N/A	$2,774	N/A	.	N/A	196.53	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$3,012	N/A	$10,102	N/A	.	N/A	235.43	.	15% (+/-)	No
11: Aged, Cash	N/A	$94	N/A	$3,504	N/A	.	N/A	3627.14	.	15% (+/-)	No
21: Aged, MN	N/A	$1,880	N/A	$10,997	N/A	.	N/A	485.12	.	15% (+/-)	No
31: Aged, Poverty	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	$7,214	N/A	$17,380	N/A	.	N/A	140.93	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$2,300	N/A	$8,152	N/A	.	N/A	254.47	.	15% (+/-)	No
12: Disabled, Cash	N/A	$1,563	N/A	$7,239	N/A	.	N/A	363.01	.	15% (+/-)	No
22: Disabled, MN	N/A	$4,636	N/A	$11,969	N/A	.	N/A	158.15	.	15% (+/-)	No
32: Disabled, Poverty	N/A	.	N/A	$20	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	$7,126	N/A	$22,709	N/A	.	N/A	218.70	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$803	N/A	$1,282	N/A	.	N/A	59.71	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$679	N/A	$1,069	N/A	.	N/A	57.46	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$935	N/A	$1,007	N/A	.	N/A	7.74	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	$3,193	N/A	$640	N/A	.	N/A	-79.95	.	15% (+/-)	No
34: Child, Poverty	N/A	$209	N/A	$696	N/A	.	N/A	233.65	.	15% (+/-)	No
44: Other Child	N/A	$1,480	N/A	$1,480	N/A	.	N/A	0.05	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$414	N/A	$3,657	N/A	.	N/A	784.10	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$551	N/A	$1,959	N/A	.	N/A	255.39	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$484	N/A	$1,750	N/A	.	N/A	261.41	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$215	N/A	$1,295	N/A	.	N/A	501.11	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$2,220	N/A	$1,915	N/A	.	N/A	-13.76	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$659	N/A	$2,162	N/A	.	N/A	227.94	.	15% (+/-)	No
45: Other Adult	N/A	$594	N/A	$2,172	N/A	.	N/A	265.48	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$2,879,954	N/A	$40,797,077	N/A	.	N/A	1316.59	.	15% (+/-)	No
IP: Number of Users	N/A	1,002	N/A	9,394	N/A	.	N/A	837.52	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$2,874	N/A	$4,343	N/A	.	N/A	51.10	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per Use	N/A	4	N/A	5	N/A	.	N/A	32.11	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$90,498	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$30,166	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$3,655,342	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	175	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$20,888	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$4,595,884	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	49	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$93,794	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$106,257	N/A	$6,618,479	N/A	.	N/A	6128.75	.	15% (+/-)	No
NF Number of Users	N/A	19	N/A	416	N/A	.	N/A	2089.47	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$5,592	N/A	$15,910	N/A	.	N/A	184.49	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$989,009	N/A	$26,094,006	N/A	.	N/A	2538.40	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	2,260	N/A	48,430	N/A	.	N/A	2042.92	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$438	N/A	$539	N/A	.	N/A	23.12	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$61,031	N/A	$3,752,754	N/A	.	N/A	6048.93	.	15% (+/-)	No
Dental: Number of Users	N/A	261	N/A	15,869	N/A	.	N/A	5980.08	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$234	N/A	$236	N/A	.	N/A	1.13	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$39,331	N/A	$4,795,268	N/A	.	N/A	12092.08	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	307	N/A	13,218	N/A	.	N/A	4205.54	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$128	N/A	$363	N/A	.	N/A	183.17	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$390,718	N/A	$15,768,164	N/A	.	N/A	3935.69	.	15% (+/-)	No
OPD Number of Users	N/A	737	N/A	30,797	N/A	.	N/A	4078.70	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$530	N/A	$512	N/A	.	N/A	-3.42	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$32,228	N/A	$5,262,315	N/A	.	N/A	16228.39	.	15% (+/-)	No
Clinic: Number of Users	N/A	170	N/A	11,780	N/A	.	N/A	6829.41	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$190	N/A	$447	N/A	.	N/A	135.64	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$13,792	N/A	$616,873	N/A	.	N/A	4372.69	.	15% (+/-)	No
HH: Number of Users	N/A	20	N/A	484	N/A	.	N/A	2320.00	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$690	N/A	$1,275	N/A	.	N/A	84.82	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$265,226	N/A	$499,728	N/A	.	N/A	88.42	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	1,595	N/A	8,042	N/A	.	N/A	404.20	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$166	N/A	$62	N/A	.	N/A	-62.63	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$104,191	N/A	$23,314,369	N/A	.	N/A	22276.57	.	15% (+/-)	No
Drugs: Number of Users	N/A	849	N/A	43,481	N/A	.	N/A	5021.44	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$123	N/A	$536	N/A	.	N/A	336.92	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$127,228	N/A	$27,126,411	N/A	.	N/A	21221.10	.	15% (+/-)	No
Other Services: Number of Users	N/A	$662	N/A	$21,410	N/A	.	N/A	3134.14	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$192	N/A	$1,267	N/A	.	N/A	559.25	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$984,840	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,942	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$335	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$5,564,734	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	824	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,753	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,137,985	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,858	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$288,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	50	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,765	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$4,772,712	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	12,787	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$373	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$1,036,580	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	55	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$18,847	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$240,541	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	524	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$459	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$125,827	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,243	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$450	N/A	$541	N/A	.	N/A	20.26	.	15% (+/-)	No
Aged	N/A	$665	N/A	$661	N/A	.	N/A	-0.66	.	15% (+/-)	Yes
Disabled	N/A	$929	N/A	$1,753	N/A	.	N/A	88.69	.	15% (+/-)	No
Child	N/A	$488	N/A	$302	N/A	.	N/A	-38.13	.	15% (+/-)	No
Adult	N/A	$197	N/A	$508	N/A	.	N/A	157.05	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$17	N/A	$198	N/A	.	N/A	1095.24	.	15% (+/-)	No
Aged	N/A	$2,150	N/A	$6,730	N/A	.	N/A	213.02	.	15% (+/-)	No
Disabled	N/A	$97	N/A	$1,003	N/A	.	N/A	938.37	.	15% (+/-)	No
Child	N/A	$0	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	$0	N/A	$16	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$16	N/A	$309	N/A	.	N/A	1799.62	.	15% (+/-)	No
Aged	N/A	$0	N/A	$906	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	$79	N/A	$1,476	N/A	.	N/A	1763.95	.	15% (+/-)	No
Child	N/A	$6	N/A	$92	N/A	.	N/A	1345.94	.	15% (+/-)	No
Adult	N/A	$12	N/A	$231	N/A	.	N/A	1832.69	.	15% (+/-)	No
All Other Services	N/A	$418	N/A	$1,324	N/A	.	N/A	217.17	.	15% (+/-)	No
Aged	N/A	$196	N/A	$1,806	N/A	.	N/A	819.03	.	15% (+/-)	No
Disabled	N/A	$1,195	N/A	$3,922	N/A	.	N/A	228.07	.	15% (+/-)	No
Child	N/A	$308	N/A	$827	N/A	.	N/A	168.46	.	15% (+/-)	No
Adult	N/A	$342	N/A	$1,205	N/A	.	N/A	252.71	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.65	N/A	12.45	N/A	.	N/A	-20.41	.	15% (+/-)	No
Aged	N/A	5.88	N/A	13.06	N/A	.	N/A	122.04	.	15% (+/-)	No
Disabled	N/A	9.14	N/A	15.79	N/A	.	N/A	72.76	.	15% (+/-)	No
Child	N/A	21.63	N/A	9.88	N/A	.	N/A	-54.34	.	15% (+/-)	No
Adult	N/A	6.74	N/A	18.16	N/A	.	N/A	169.43	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.30	N/A	0.85	N/A	.	N/A	187.30	.	15% (+/-)	No
Aged	N/A	41.18	N/A	38.78	N/A	.	N/A	-5.83	.	15% (+/-)	Yes
Disabled	N/A	1.66	N/A	3.91	N/A	.	N/A	135.00	.	15% (+/-)	No
Child	N/A	0.00	N/A	0.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	16.60	N/A	0.93	N/A	.	N/A	-94.38	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	13.26	N/A	57.65	N/A	.	N/A	334.78	.	15% (+/-)	No
Aged	N/A	0.00	N/A	75.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	12.60	N/A	75.26	N/A	.	N/A	497.14	.	15% (+/-)	No
Child	N/A	11.18	N/A	54.04	N/A	.	N/A	383.41	.	15% (+/-)	No
Adult	N/A	17.52	N/A	57.32	N/A	.	N/A	227.13	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	96.24	N/A	83.21	N/A	.	N/A	-13.54	.	15% (+/-)	Yes
Aged	N/A	82.35	N/A	64.08	N/A	.	N/A	-22.19	.	15% (+/-)	No

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Disabled	N/A	70.78	N/A	88.96	N/A	.	N/A	25.69	.	15% (+/-)	No
Child	N/A	99.49	N/A	83.31	N/A	.	N/A	-16.26	.	15% (+/-)	No
Adult	N/A	99.74	N/A	79.61	N/A	.	N/A	-20.18	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	5	N/A	.	N/A	32.11	.	15% (+/-)	No
Aged	N/A	13	N/A	6	N/A	.	N/A	-52.16	.	15% (+/-)	No
Disabled	N/A	10	N/A	10	N/A	.	N/A	4.85	.	15% (+/-)	Yes
Child	N/A	3	N/A	4	N/A	.	N/A	23.86	.	15% (+/-)	No
Adult	N/A	4	N/A	4	N/A	.	N/A	-13.29	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	99	N/A	171	N/A	.	N/A	71.57	.	15% (+/-)	No
Aged	N/A	109	N/A	239	N/A	.	N/A	119.99	.	15% (+/-)	No
Disabled	N/A	94	N/A	188	N/A	.	N/A	100.09	.	15% (+/-)	No
Child	N/A	.	N/A	78	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	226	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	13.62	N/A	7.96	N/A	.	N/A	-41.59	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,454,731	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	6,523	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,037,975	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	6,278	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$165	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,352,584	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	5,568	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$12,506,767	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	10,472	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$4,531,215	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,320	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$1,365	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	781	N/A	16,980	N/A	.	N/A	2074.14	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	701	N/A	15,846	N/A	.	N/A	2160.49	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	123	N/A	13,621	N/A	.	N/A	11018.11	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	5.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	1.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	57.47	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	1.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	8.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	23.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	1.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.41	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	504	N/A	9,504	N/A	.	N/A	1785.71	.	10% (+/-)	No

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11: Aged, Cash	N/A	33	N/A	1,942	N/A	.	N/A	5784.85	.	10% (+/-)	No
21: Aged, MN	N/A	379	N/A	5,664	N/A	.	N/A	1394.46	.	10% (+/-)	No
31: Aged, Poverty	N/A	43	N/A	473	N/A	.	N/A	1000.00	.	10% (+/-)	No
41: Other Aged	N/A	49	N/A	1,425	N/A	.	N/A	2808.16	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	270	N/A	6,852	N/A	.	N/A	2437.78	.	10% (+/-)	No
12: Disabled, Cash	N/A	105	N/A	4,038	N/A	.	N/A	3745.71	.	10% (+/-)	No
22: Disabled, MN	N/A	120	N/A	1,959	N/A	.	N/A	1532.50	.	10% (+/-)	No
32: Disabled, Poverty	N/A	15	N/A	134	N/A	.	N/A	793.33	.	10% (+/-)	No
42: Other Disabled	N/A	30	N/A	721	N/A	.	N/A	2303.33	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	15,756	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.36	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.90	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	50.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	47.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.67	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,511,256	N/A	$177,798,676	N/A	.	N/A	11664.96	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,935	N/A	$10,471	N/A	.	N/A	441.13	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$2,156	N/A	$11,220	N/A	.	N/A	420.46	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$2,012	N/A	$12,687	N/A	.	N/A	530.45	.	15% (+/-)	No
11: Aged, Cash	N/A	$1,273	N/A	$4,401	N/A	.	N/A	245.72	.	15% (+/-)	No
21: Aged, MN	N/A	$2,228	N/A	$14,891	N/A	.	N/A	568.41	.	15% (+/-)	No
31: Aged, Poverty	N/A	$10	N/A	$93	N/A	.	N/A	865.97	.	15% (+/-)	No
41: Other Aged	N/A	$2,600	N/A	$19,395	N/A	.	N/A	645.84	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$1,763	N/A	$7,794	N/A	.	N/A	342.14	.	15% (+/-)	No
12: Disabled, Cash	N/A	$547	N/A	$4,136	N/A	.	N/A	655.53	.	15% (+/-)	No
22: Disabled, MN	N/A	$3,000	N/A	$12,268	N/A	.	N/A	308.92	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$0	N/A	$93	N/A	.	N/A	23080.97	.	15% (+/-)	No
42: Other Disabled	N/A	$1,948	N/A	$17,553	N/A	.	N/A	801.33	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$175,099	N/A	$4,057,679	N/A	.	N/A	2217.36	.	15% (+/-)	No
IP: Number of Users	N/A	96	N/A	3,050	N/A	.	N/A	3077.08	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,824	N/A	$1,330	N/A	.	N/A	-27.06	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	5	N/A	.	N/A	-8.64	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$2,252,601	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	124	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$18,166	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$9,777,334	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	98	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$99,769	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$687,647	N/A	$90,229,728	N/A	.	N/A	13021.52	.	15% (+/-)	No
NF Number of Users	N/A	$192	N/A	$4,906	N/A	.	N/A	2455.21	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$3,581	N/A	$18,392	N/A	.	N/A	413.52	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$60,843	N/A	$2,916,514	N/A	.	N/A	4693.51	.	15% (+/-)	No
Physician: Number of Users	N/A	268	N/A	12,194	N/A	.	N/A	4450.00	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$227	N/A	$239	N/A	.	N/A	5.35	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$16,989	N/A	$1,096,676	N/A	.	N/A	6355.21	.	15% (+/-)	No
Dental: Number of Users	N/A	57	N/A	4,178	N/A	.	N/A	7229.82	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$298	N/A	$262	N/A	.	N/A	-11.93	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$6,386	N/A	$600,998	N/A	.	N/A	9311.18	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	92	N/A	5,716	N/A	.	N/A	6113.04	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$69	N/A	$105	N/A	.	N/A	51.47	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$49,414	N/A	$2,857,610	N/A	.	N/A	5683.00	.	15% (+/-)	No
OPD Number of Users	N/A	140	N/A	7,463	N/A	.	N/A	5230.71	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$353	N/A	$383	N/A	.	N/A	8.48	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$5,847	N/A	$2,243,130	N/A	.	N/A	38263.78	.	15% (+/-)	No
Clinic: Number of Users	N/A	29	N/A	2,626	N/A	.	N/A	8955.17	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$202	N/A	$854	N/A	.	N/A	323.67	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,504	N/A	$480,796	N/A	.	N/A	31867.82	.	15% (+/-)	No
HH: Number of Users	N/A	3	N/A	356	N/A	.	N/A	11766.67	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$501	N/A	$1,351	N/A	.	N/A	169.39	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$11,930	N/A	$24,018	N/A	.	N/A	101.32	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	150	N/A	409	N/A	.	N/A	172.67	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$80	N/A	$59	N/A	.	N/A	-26.16	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$108,577	N/A	$29,742,622	N/A	.	N/A	27293.11	.	15% (+/-)	No
Drugs: Number of Users	N/A	217	N/A	14,313	N/A	.	N/A	6495.85	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$500	N/A	$2,078	N/A	.	N/A	315.31	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$241,446	N/A	$9,926,144	N/A	.	N/A	4011.12	.	15% (+/-)	No
Other Services: Number of Users	N/A	$113	N/A	$4,710	N/A	.	N/A	4068.14	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,137	N/A	$2,107	N/A	.	N/A	-1.37	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$458,156	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,353	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$13,032,124	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,039	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,391	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,264,404	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,128	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$257,789	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	52	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,957	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,720,561	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	6,987	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$389	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$3,457,432	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	289	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$11,963	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$108,982	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	93	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,172	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$168,028	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	47	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,575	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$224	N/A	$239	N/A	.	N/A	6.59	.	15% (+/-)	Yes
Aged	N/A	$168	N/A	$187	N/A	.	N/A	11.37	.	15% (+/-)	Yes
Disabled	N/A	$336	N/A	$315	N/A	.	N/A	-6.03	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$880	N/A	$6,022	N/A	.	N/A	583.99	.	15% (+/-)	No
Aged	N/A	$1,291	N/A	$8,865	N/A	.	N/A	586.90	.	15% (+/-)	No
Disabled	N/A	$138	N/A	$2,532	N/A	.	N/A	1739.12	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$139	N/A	$1,752	N/A	.	N/A	1159.95	.	15% (+/-)	No
Aged	N/A	$87	N/A	$1,502	N/A	.	N/A	1621.20	.	15% (+/-)	No
Disabled	N/A	$234	N/A	$2,077	N/A	.	N/A	786.90	.	15% (+/-)	No
All Other Services	N/A	$691	N/A	$2,458	N/A	.	N/A	255.56	.	15% (+/-)	No
Aged	N/A	$467	N/A	$2,133	N/A	.	N/A	356.88	.	15% (+/-)	No
Disabled	N/A	$1,055	N/A	$2,870	N/A	.	N/A	171.93	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	12.29	N/A	17.96	N/A	.	N/A	46.13	.	15% (+/-)	No
Aged	N/A	13.10	N/A	17.80	N/A	.	N/A	35.95	.	15% (+/-)	No
Disabled	N/A	11.11	N/A	18.43	N/A	.	N/A	65.89	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	24.58	N/A	30.12	N/A	.	N/A	22.53	.	15% (+/-)	No
Aged	N/A	37.10	N/A	47.85	N/A	.	N/A	28.97	.	15% (+/-)	No
Disabled	N/A	1.85	N/A	7.95	N/A	.	N/A	329.51	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	27.78	N/A	84.29	N/A	.	N/A	203.38	.	15% (+/-)	No
Aged	N/A	24.40	N/A	84.85	N/A	.	N/A	247.67	.	15% (+/-)	No
Disabled	N/A	33.70	N/A	82.57	N/A	.	N/A	145.00	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	89.63	N/A	86.81	N/A	.	N/A	-3.14	.	15% (+/-)	Yes
Aged	N/A	90.08	N/A	83.41	N/A	.	N/A	-7.41	.	15% (+/-)	Yes
Disabled	N/A	88.52	N/A	90.44	N/A	.	N/A	2.17	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	6	N/A	5	N/A	.	N/A	-8.64	.	15% (+/-)	Yes
Aged	N/A	5	N/A	5	N/A	.	N/A	-4.74	.	15% (+/-)	Yes
Disabled	N/A	6	N/A	5	N/A	.	N/A	-16.17	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	87	N/A	255	N/A	.	N/A	191.95	.	15% (+/-)	No
Aged	N/A	84	N/A	254	N/A	.	N/A	201.17	.	15% (+/-)	No
Disabled	N/A	193	N/A	263	N/A	.	N/A	35.77	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$160,762	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	728	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$221	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$105,361	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1053	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$121,115	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	613	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$198	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$438,829	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	237	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,852	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$12,804,423	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2372	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$5,398	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	7,184	N/A	92,404	N/A	.	N/A	1186.25	.	15% (+/-)	**No**
# FFS Recipients	N/A	6,863	N/A	80,361	N/A	.	N/A	1070.93	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	86.97	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	93.01	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	91.56	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	85.37	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	83.48	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	1,205	N/A	65,199	N/A	.	N/A	5311.53	.	15% (+/-)	No
MAX Aged Total	N/A	521	N/A	9,749	N/A	.	N/A	1771.21	.	10% (+/-)	No
11: Aged, Cash	N/A	34	N/A	1,983	N/A	.	N/A	5732.35	.	10% (+/-)	No
21: Aged, MN	N/A	387	N/A	5,827	N/A	.	N/A	1405.68	.	10% (+/-)	No
31: Aged, Poverty	N/A	46	N/A	483	N/A	.	N/A	950.00	.	10% (+/-)	No
41: Other Aged	N/A	54	N/A	1,456	N/A	.	N/A	2596.30	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	992	N/A	16,914	N/A	.	N/A	1605.04	.	10% (+/-)	No
12: Disabled, Cash	N/A	705	N/A	13,234	N/A	.	N/A	1777.16	.	10% (+/-)	No
22: Disabled, MN	N/A	179	N/A	2,342	N/A	.	N/A	1208.38	.	10% (+/-)	No
32: Disabled, Poverty	N/A	15	N/A	138	N/A	.	N/A	820.00	.	10% (+/-)	No
42: Other Disabled	N/A	93	N/A	1,200	N/A	.	N/A	1190.32	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	3,721	N/A	48,921	N/A	.	N/A	1214.73	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	1,078	N/A	13,740	N/A	.	N/A	1174.58	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	319	N/A	2,611	N/A	.	N/A	718.50	.	10% (+/-)	No
24: AFDC Child, MN	N/A	5	N/A	26	N/A	.	N/A	420.00	.	10% (+/-)	No
34: Child Poverty	N/A	1,058	N/A	14,346	N/A	.	N/A	1255.95	.	10% (+/-)	No
44: Other Child	N/A	1,125	N/A	14,308	N/A	.	N/A	1171.82	.	10% (+/-)	No
48: Foster Care Child	N/A	136	N/A	3,890	N/A	.	N/A	2760.29	.	10% (+/-)	No
54: 1115 Child	N/A	136	N/A	3,890	N/A	.	N/A	2760.29	.	10% (+/-)	No
MAX Adult Total	N/A	1,936	N/A	16,819	N/A	.	N/A	768.75	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	1,045	N/A	7,654	N/A	.	N/A	632.44	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	45	N/A	235	N/A	.	N/A	422.22	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	5	N/A	7	N/A	.	N/A	40.00	.	10% (+/-)	No

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	621	N/A	2,725	N/A	.	N/A	338.81	.	10% (+/-)	No
45: Other Adult	N/A	220	N/A	6,198	N/A	.	N/A	2717.27	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$7,275,434	N/A	$356,753,546	N/A	.	N/A	4803.54	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,013	N/A	$3,861	N/A	.	N/A	281.23	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,060	N/A	$4,439	N/A	.	N/A	318.77	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$2,045	N/A	$12,622	N/A	.	N/A	517.22	.	15% (+/-)	No
11: Aged, Cash	N/A	$1,238	N/A	$4,383	N/A	.	N/A	253.90	.	15% (+/-)	No
21: Aged, MN	N/A	$2,221	N/A	$14,782	N/A	.	N/A	565.67	.	15% (+/-)	No
31: Aged, Poverty	N/A	$9	N/A	$92	N/A	.	N/A	911.97	.	15% (+/-)	No
41: Other Aged	N/A	$3,028	N/A	$19,352	N/A	.	N/A	539.19	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$2,154	N/A	$8,007	N/A	.	N/A	271.79	.	15% (+/-)	No
12: Disabled, Cash	N/A	$1,412	N/A	$6,292	N/A	.	N/A	345.58	.	15% (+/-)	No
22: Disabled, MN	N/A	$3,540	N/A	$12,219	N/A	.	N/A	245.23	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$0	N/A	$91	N/A	.	N/A	22553.99	.	15% (+/-)	No
42: Other Disabled	N/A	$5,455	N/A	$19,611	N/A	.	N/A	259.49	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$803	N/A	$1,282	N/A	.	N/A	59.72	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$679	N/A	$1,069	N/A	.	N/A	57.46	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$935	N/A	$1,007	N/A	.	N/A	7.74	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	$3,193	N/A	$640	N/A	.	N/A	-79.95	.	15% (+/-)	No
34: Child, Poverty	N/A	$209	N/A	$696	N/A	.	N/A	233.65	.	15% (+/-)	No
44: Other Child	N/A	$1,480	N/A	$1,481	N/A	.	N/A	0.07	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$414	N/A	$3,657	N/A	.	N/A	784.10	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$560	N/A	$2,113	N/A	.	N/A	277.31	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$483	N/A	$1,756	N/A	.	N/A	263.71	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$215	N/A	$1,295	N/A	.	N/A	501.11	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$2,220	N/A	$1,915	N/A	.	N/A	-13.76	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$659	N/A	$2,159	N/A	.	N/A	227.68	.	15% (+/-)	No
45: Other Adult	N/A	$681	N/A	$2,565	N/A	.	N/A	276.62	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$3,055,053	N/A	$44,854,756	N/A	.	N/A	1368.22	.	15% (+/-)	No
IP: Number of Users	N/A	1,098	N/A	12,444	N/A	.	N/A	1033.33	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$2,782	N/A	$3,605	N/A	.	N/A	29.55	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	5	N/A	.	N/A	27.55	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$2,343,099	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	127	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$18,450	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$3,655,342	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	175	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$20,888	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$14,373,218	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	147	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: MT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$97,777	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$793,904	N/A	$96,848,207	N/A	.	N/A	12098.98	.	15% (+/-)	No
NF Number of Users	N/A	$211	N/A	$5,322	N/A	.	N/A	2422.27	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$3,763	N/A	$18,198	N/A	.	N/A	383.65	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$1,049,852	N/A	$29,010,520	N/A	.	N/A	2663.30	.	15% (+/-)	No
Physician: Number of Users	N/A	2,528	N/A	60,624	N/A	.	N/A	2298.10	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$415	N/A	$479	N/A	.	N/A	15.23	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$78,020	N/A	$4,849,430	N/A	.	N/A	6115.62	.	15% (+/-)	No
Dental: Number of Users	N/A	318	N/A	20,047	N/A	.	N/A	6204.09	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$245	N/A	$242	N/A	.	N/A	-1.40	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$45,717	N/A	$5,396,266	N/A	.	N/A	11703.63	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	399	N/A	18,934	N/A	.	N/A	4645.36	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$115	N/A	$285	N/A	.	N/A	148.74	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$440,132	N/A	$18,625,774	N/A	.	N/A	4131.86	.	15% (+/-)	No
OPD Number of Users	N/A	877	N/A	38,260	N/A	.	N/A	4262.60	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$502	N/A	$487	N/A	.	N/A	-3.00	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$38,075	N/A	$7,505,445	N/A	.	N/A	19612.27	.	15% (+/-)	No
Clinic: Number of Users	N/A	199	N/A	14,406	N/A	.	N/A	7139.20	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$191	N/A	$521	N/A	.	N/A	172.30	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$15,296	N/A	$1,097,669	N/A	.	N/A	7076.18	.	15% (+/-)	No
HH: Number of Users	N/A	23	N/A	840	N/A	.	N/A	3552.17	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$665	N/A	$1,307	N/A	.	N/A	96.49	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$277,156	N/A	$523,746	N/A	.	N/A	88.97	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	1,745	N/A	8,451	N/A	.	N/A	384.30	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$159	N/A	$62	N/A	.	N/A	-60.98	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$212,768	N/A	$53,056,991	N/A	.	N/A	24836.55	.	15% (+/-)	No
Drugs: Number of Users	N/A	1,066	N/A	57,794	N/A	.	N/A	5321.58	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$200	N/A	$918	N/A	.	N/A	359.95	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$368,674	N/A	$37,052,555	N/A	.	N/A	9950.22	.	15% (+/-)	No
Other Services: Number of Users	N/A	$775	N/A	$26,120	N/A	.	N/A	3270.32	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$476	N/A	$1,419	N/A	.	N/A	198.20	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,442,996	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	5,295	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$273	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$18,596,858	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,863	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,496	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,402,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,979	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$604	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$546,017	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	102	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,353	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$7,493,273	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	19,774	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$4,494,012	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	344	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$13,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$349,523	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	617	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$566	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$293,855	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	71	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,139	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$425	N/A	$485	N/A	.	N/A	14.15	.	15% (+/-)	Yes
Aged	N/A	$184	N/A	$199	N/A	.	N/A	8.01	.	15% (+/-)	Yes
Disabled	N/A	$767	N/A	$1,170	N/A	.	N/A	52.52	.	15% (+/-)	No
Child	N/A	$488	N/A	$302	N/A	.	N/A	-38.13	.	15% (+/-)	No
Adult	N/A	$197	N/A	$496	N/A	.	N/A	152.15	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$111	N/A	$1,269	N/A	.	N/A	1047.91	.	15% (+/-)	No
Aged	N/A	$1,319	N/A	$8,812	N/A	.	N/A	568.22	.	15% (+/-)	No
Disabled	N/A	$108	N/A	$1,622	N/A	.	N/A	1405.59	.	15% (+/-)	No
Child	N/A	$0	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	$0	N/A	$54	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$30	N/A	$574	N/A	.	N/A	1838.71	.	15% (+/-)	No
Aged	N/A	$84	N/A	$1,487	N/A	.	N/A	1661.51	.	15% (+/-)	No
Disabled	N/A	$121	N/A	$1,719	N/A	.	N/A	1316.66	.	15% (+/-)	No
Child	N/A	$6	N/A	$92	N/A	.	N/A	1346.56	.	15% (+/-)	No
Adult	N/A	$13	N/A	$296	N/A	.	N/A	2246.17	.	15% (+/-)	No
All Other Services	N/A	$447	N/A	$1,533	N/A	.	N/A	242.64	.	15% (+/-)	No
Aged	N/A	$458	N/A	$2,125	N/A	.	N/A	363.89	.	15% (+/-)	No
Disabled	N/A	$1,157	N/A	$3,495	N/A	.	N/A	202.05	.	15% (+/-)	No
Child	N/A	$308	N/A	$827	N/A	.	N/A	168.48	.	15% (+/-)	No
Adult	N/A	$351	N/A	$1,267	N/A	.	N/A	261.54	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.28	N/A	13.47	N/A	.	N/A	-11.89	.	15% (+/-)	Yes
Aged	N/A	12.86	N/A	17.68	N/A	.	N/A	37.51	.	15% (+/-)	No
Disabled	N/A	9.68	N/A	16.86	N/A	.	N/A	74.24	.	15% (+/-)	No
Child	N/A	21.63	N/A	9.88	N/A	.	N/A	-54.34	.	15% (+/-)	No
Adult	N/A	6.71	N/A	18.05	N/A	.	N/A	168.82	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	2.94	N/A	6.23	N/A	.	N/A	112.16	.	15% (+/-)	No
Aged	N/A	37.24	N/A	47.63	N/A	.	N/A	27.90	.	15% (+/-)	No
Disabled	N/A	1.71	N/A	5.55	N/A	.	N/A	223.61	.	15% (+/-)	No
Child	N/A	0.00	N/A	0.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	14.84	N/A	62.54	N/A	.	N/A	321.50	.	15% (+/-)	No
Aged	N/A	23.61	N/A	84.62	N/A	.	N/A	258.45	.	15% (+/-)	No
Disabled	N/A	18.35	N/A	78.23	N/A	.	N/A	326.37	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	11.18	N/A	54.04	N/A	.	N/A	383.41	.	15% (+/-)	No
Adult	N/A	17.61	N/A	58.71	N/A	.	N/A	233.31	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	95.52	N/A	83.87	N/A	.	N/A	-12.19	.	15% (+/-)	Yes
Aged	N/A	89.83	N/A	82.92	N/A	.	N/A	-7.69	.	15% (+/-)	Yes
Disabled	N/A	75.60	N/A	89.56	N/A	.	N/A	18.46	.	15% (+/-)	No
Child	N/A	99.49	N/A	83.31	N/A	.	N/A	-16.26	.	15% (+/-)	No
Adult	N/A	99.74	N/A	80.33	N/A	.	N/A	-19.47	.	15% (+/-)	No
Avg # IP Days per User	N/A	4	N/A	5	N/A	.	N/A	27.55	.	15% (+/-)	No
Aged	N/A	5	N/A	5	N/A	.	N/A	-6.38	.	15% (+/-)	Yes
Disabled	N/A	9	N/A	8	N/A	.	N/A	-7.47	.	15% (+/-)	Yes
Child	N/A	3	N/A	4	N/A	.	N/A	23.86	.	15% (+/-)	No
Adult	N/A	4	N/A	4	N/A	.	N/A	-12.87	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	88	N/A	245	N/A	.	N/A	177.70	.	15% (+/-)	No
Aged	N/A	85	N/A	254	N/A	.	N/A	197.72	.	15% (+/-)	No
Disabled	N/A	123	N/A	231	N/A	.	N/A	87.74	.	15% (+/-)	No
Child	N/A	.	N/A	78	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	179	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,615,493	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	7,251	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,143,336	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	7,331	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$156	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,473,699	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,181	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$238	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$12,945,596	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	10,709	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,209	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$17,335,638	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	5,692	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$3,046	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	257,143	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	1.49	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	253,303	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	28.01	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.67	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,348	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	182,349	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,525	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$849	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	1.89	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,307	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.32	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.65	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.14	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.12	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.15	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	98.61	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.38	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.79	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.51	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	20-50	.	N/A	18.98	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	74.51	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	59.98	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.03	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	24.38	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	26.24	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	91.42	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	7.62	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.96	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	70,954	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$668	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$616	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	83.44	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.23	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	84.14	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.35	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	6.50	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.84	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	5.60	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.92	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	.	N/A	49.40	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	43.69	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.02	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.93	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	98.54	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	721,997	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	721,997	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	5.19	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.43	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$823	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	684,530	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$80	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$229	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$219	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$384	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	75.05	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	98.21	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	19	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	24.29	No	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	91.96	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	11	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.22	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	95.66	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	22	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.44	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	84.82	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	11	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	2.56	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	21.16	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	63.19	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	.	N/A	15.66	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.38	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	97.14	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.62	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	37,467	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$481	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.14	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.85	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	8.24	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	77.84	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	13.93	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	3.97	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	50.87	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.57	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	43,066,904	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.58	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	21.77	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	33,444,363	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	16.35	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.50	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$78	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	1.55	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	20.35	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$75	No	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$5	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	27,976,500	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	3.46	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	4.02	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	0.04	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.02	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	99.71	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.29	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	17.68	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	4.91	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	1.05	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	11.89	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	12.65	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	2.05	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	8.63	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	14.52	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.87	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	1.11	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	7.47	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	2.94	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	2.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.31	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.45	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	8.17	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.17	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$61	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$41	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$29	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$62	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$30	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$119	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$21	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$72	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$39	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$111	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$130	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$69	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$64	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.40	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.43	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.99	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	14.88	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$119	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	94.97	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	34.78	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	9.96	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	62.75	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	27.28	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	88.38	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	64.24	No	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.66	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	5,467,863	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.95	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	4.80	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	8.80	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	11.84	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	4.41	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	63.32	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	3.07	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	8.77	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	5.80	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	14.98	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	3.22	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.45	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	8.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.17	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$28	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.70	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	40.52	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	11.59	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	48.45	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	39.94	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	39.40	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	14,418,719	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	14,418,719	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.17	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	14,418,719	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$47	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.19	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.63	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.77	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	94.96	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.77	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.77	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.77	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.60	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.15	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.77	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	1.52	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	98.24	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	44.46	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	35.09	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	1,253,691	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$4,431,550,722	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	8.95	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	25.73	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	5.56	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	57.42	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	2.29	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	1,209,799	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	921,153	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.85	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	97.53	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	117	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	2.07	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	43.58	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	42.96	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	1.74	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	4.61	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	6.17	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.95	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	55.71	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	14.67	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	52.44	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	261,684	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	97.74	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	97.71	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	39.60	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	7,690	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	74.47	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	5.73	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	19.79	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.74	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	4.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.91	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.84	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	86.91	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	176,578	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	74,558	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	20,395	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	81,587	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	38	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	220,545	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	147,233	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	8,596	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	64,602	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	114	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	606,531	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	117,976	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	83	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	4,068	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	417,005	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	53,249	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	14,150	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	206,145	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	58,373	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	167	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	9,778	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	67,484	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	70,343	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	916,246	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	91.30	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	3.33	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	2.29	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.39	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	127,704	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	14,223	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	69.20	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	837,178	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	6.34	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	18.56	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	92.75	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.19	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	18.57	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	207,565	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	7.19	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	86.71	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	6.07	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	99,231	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	916,246	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	3.68	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	2.44	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	45.31	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	11.94	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	36.58	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$95,242,393	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$49,347,888	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$45,894,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.37	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.63	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	1.39	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$7	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$49,510,736	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	53,106	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$26,810,119	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	154,459	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$18,921,538	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	629,613	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$52,164,843	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$14,097,141	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$796,259	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$13,218,047	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$24,053,396	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$982	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$15	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$249	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$453	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	895,494	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	803,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	648,324	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	4,024	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	1,640	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	555	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	1,792	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	37	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	128,151	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	101,172	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	3,520	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	23,347	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	112	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	569,678	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	107,338	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	75	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	3,972	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	396,299	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	48,758	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	13,236	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	193,641	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	53,639	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	161	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	8,965	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	65,123	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	65,753	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	7,573	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,198,289,150	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,455	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,736	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$4,133	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,573	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$5,789	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$4,126	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$4,483	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,171	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,081	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$14,129	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$8,807	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$10,490	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,004	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$958	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$674	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,493	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$952	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$892	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$3,183	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,245	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,205	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$607	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,970	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,685	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,747	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$596,002,481	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	136,382	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,370	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$157,873	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$39,468	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$12,493,494	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,737	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$7,193	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$169,881,514	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,165	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$78,467	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$37,567,311	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	1,866	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$20,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$288,465,192	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	613,142	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$470	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$39,887,996	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	156,139	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$255	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$7,028,535	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	86,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$81	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$194,681,266	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	354,255	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$550	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$101,759,920	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	454,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$224	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$39,938,713	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	11,238	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$3,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$49,542,921	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	412,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$120	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$267,858,285	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	576,879	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$464	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$111,530,045	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$23,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,655	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$5,200,993	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	27,784	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$187	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$23,309,860	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	6,603	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,530	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$25,894,673	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	13,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,980	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$21,368,527	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	19,438	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,099	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$4,516,986	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	767	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,889	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$37,998,392	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	117,621	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$323	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$30,536,567	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	1,657	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$18,429	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$120,385,733	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	68,629	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,754	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,011,218	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	314	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,405	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$666	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$392	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,147	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$278	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$832	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$246	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,876	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,575	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$18	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$299	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$658	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,273	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$214	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,244	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,208	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$601	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,197	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	15.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	11.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	11.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	25.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	3.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	64.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	45.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	77.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	61.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	65.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	88.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	48.78	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	89.51	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	89.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	83.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	197	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	229	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	246	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	25	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	10.27	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$20,898,119	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	61,037	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$12,043,535	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	95,819	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$12,245,885	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	73,699	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$166	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,329,926	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,013	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$137,865,369	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	5,292	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$26,052	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	261,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	224,477	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	230,602	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	5.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.83	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	67.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	8.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	1.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	2.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	6.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	6.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.47	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	172,476	N/A	.	N/A	.	.	10% (+/-)	N/A

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11: Aged, Cash	N/A	.	N/A	72,858	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	19,839	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	79,778	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	1	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	86,975	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	41,718	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	5,006	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	40,249	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	2	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	244,775	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.64	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.45	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	54.36	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	43.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,082,270,435	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$7,972	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$9,276	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,173	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$6,125	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$17,000	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$7,848	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$38,412	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,660	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,290	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$16,560	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$7,973	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$35	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$70,870,015	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	57,765	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,227	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$7,595,475	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	422	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$17,999	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$53,505	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$4,864	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$211,738,318	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,621	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$80,785	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$776,324,987	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$40,783	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$19,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$72,751,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	195,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$372	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$14,549,269	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	52,853	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$275	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$3,580,068	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	68,219	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$52	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$57,364,153	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	129,644	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$442	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$24,856,622	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	48,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$513	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$27,058,387	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	17,211	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$8,911,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	141,401	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$63	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$392,250,876	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	207,972	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,886	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$180,844,429	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$36,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,939	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,592,257	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	52,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$133,528,393	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	35,518	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,759	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$19,449,801	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	13,958	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$89,171	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	897	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$5,029,703	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	896	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,614	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$13,470,375	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	57,473	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$234	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$21,743,174	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	858	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$25,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$32,140,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	14,636	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,196	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$902,120	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	274	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,292	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$271	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$205	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$389	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,320	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,881	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,502	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,400	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,711	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,249	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,680	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	22.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	22.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20.78	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	16.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	22.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.21	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	79.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	80.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	78.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	82.63	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	82.29	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	237	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	232	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	274	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$402,528	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1932	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$208	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,142,152	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	18623	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,318,657	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	10671	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,062,151	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	220	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$4,828	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$197,356,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	12302	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$16,043	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	1,156,693	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	1,027,862	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	88.86	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.21	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.06	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	90.83	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	86.21	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	878,926	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	176,500	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	74,498	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	20,394	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	81,570	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	38	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	215,126	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	142,890	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	8,526	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	63,596	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	114	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	569,704	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	107,338	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	75	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	3,975	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	396,312	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	48,766	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	13,238	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	13,238	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	195,363	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	53,876	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	161	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	9,596	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	.	N/A	65,287	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	66,443	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$4,280,559,585	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,701	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,165	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,081	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$6,069	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$16,695	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$7,767	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$5,376	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,560	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,266	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$15,556	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$8,279	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$10,307	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,004	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$958	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$674	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,497	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$952	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$893	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$3,183	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,256	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,215	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$607	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,997	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,685	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,766	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$666,872,496	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	194,147	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,435	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$7,753,348	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	426	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$18,200	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$12,546,999	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,748	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$7,178	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$381,619,832	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	4,786	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$79,737	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$813,892,298	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$42,649	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$19,084	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$361,217,153	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	808,755	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$447	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$54,437,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	208,992	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$260	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$10,608,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	154,724	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$252,045,419	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	483,899	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$521	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$126,616,542	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	502,894	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$66,997,100	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	28,449	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$58,454,220	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	554,004	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$660,109,161	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	784,851	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$841	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$292,374,474	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$60,577	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,826	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$11,793,250	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	80,129	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$147	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$156,838,253	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	42,121	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,724	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$45,344,474	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	27,037	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,677	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$21,457,698	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	20,335	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,055	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$9,546,689	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,663	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,741	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$51,468,767	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	175,094	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$294	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$52,279,741	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,515	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$20,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$152,526,120	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	83,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,832	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$2,913,338	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	588	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,955	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$577	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$209	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,436	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$278	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$833	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,051	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,264	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,103	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$18	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$571	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,383	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,450	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$222	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,502	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,571	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$601	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,200	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	22.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	11.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	25.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	4.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	67.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	78.05	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	61.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	66.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	86.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	81.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	86.98	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	89.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	83.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	233	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	232	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	262	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	25	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	22	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$21,300,647	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	62,969	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$338	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$14,185,687	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	114,442	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$13,564,542	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	84,370	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$161	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,392,077	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,233	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,940	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$335,221,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	17,594	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$19,053	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: ND

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	10,926	N/A	10,401	N/A	.	N/A	-4.81	.	Yes
% Encounter Claims *	N/A	0.89	N/A	0.75	N/A	.	N/A	-15.53	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	10,829	N/A	10,323	N/A	.	N/A	-4.67	.	Yes
% Crossover	5-20	24.81	No	27.65	No	.	N/A	11.42	.	Yes
% Adjusted Claims	> 1%	3.89	Yes	3.63	Yes	.	N/A	-6.56	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$3,956	N/A	$4,000	N/A	.	N/A	1.11	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	8,142	N/A	7,469	N/A	.	N/A	-8.27	.	Yes
% Claims with> $0 Paid	95-100	96.34	Yes	100.00	Yes	.	N/A	3.80	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,719	Yes	$3,460	Yes	.	N/A	-6.97	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$741	N/A	$730	N/A	.	N/A	-1.44	.	Yes
% Claims with TPL	>0 - 10	9.41	Yes	5.88	Yes	.	N/A	-37.53	.	No
Aver. TPL Paid for claims with TPL	N/A	$5,337	N/A	$1,733	N/A	.	N/A	-67.53	.	No
% Claims with UB-92 Accommodation Codes	95-100	97.33	Yes	99.99	Yes	.	N/A	2.72	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.08	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	97.41	Yes	95.50	Yes	.	N/A	-1.96	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.37	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.09	Yes	4.78	Yes	.	N/A	-6.13	.	Yes
Average Covered Days (> 0 day	2-<8	5.03	Yes	4.74	Yes	.	N/A	-5.76	.	Yes
% Begin Date = Admit Date	95-100	99.31	Yes	99.67	Yes	.	N/A	0.36	.	Yes
% IP Claims (MAX TOS 01)	95-100	98.78	Yes	100.00	Yes	.	N/A	1.23	.	Yes
% Family Planning Claims (pgm	>0-5	1.22	Yes	0.94	Yes	.	N/A	-22.92	.	No
% Claims with PDX	98-100	99.95	Yes	100.00	Yes	.	N/A	0.05	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.86	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	9.45	Yes	11.42	Yes	.	N/A	20.86	.	No
% Claims with PDX, where length=4	15-75	22.84	Yes	24.42	Yes	.	N/A	6.91	.	Yes
% Claims with PDX, where length=5	25-70	67.71	No	64.16	Yes	.	N/A	-5.24	.	Yes
% Claims with a procedure code	35-70	57.00	Yes	54.89	Yes	.	N/A	-3.70	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.02	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: ND

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	54.86	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	45.05	N/A	100.00	N/A	.	N/A	121.95	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	45.03	N/A	100.00	N/A	.	N/A	122.06	.	No
% Claims with DRG	>=90	.	N/A	83.96	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	21.74	N/A	20.48	N/A	.	N/A	-5.77	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	23.96	N/A	24.62	N/A	.	N/A	2.75	.	Yes
Patient Status										
% Home	75-90	90.90	No	93.87	No	.	N/A	3.27	.	Yes
% Transferred	1-10	3.62	Yes	4.69	Yes	.	N/A	29.33	.	No
% Still a Patient	>0 - 2	1.03	Yes	0.74	Yes	.	N/A	-28.62	.	No
% Died	>0 - 3	0.80	Yes	0.71	Yes	.	N/A	-11.11	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,687	N/A	2,854	N/A	.	N/A	6.22	.	Yes
% Claims with> $0 Paic	N/A	99.18	N/A	100.00	N/A	.	N/A	0.83	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$775	N/A	$748	N/A	.	N/A	-3.44	.	Yes
% Claims with TPL	N/A	2.64	N/A	1.86	N/A	.	N/A	-29.72	.	No
Aver. TPL Paid -claims with TPL	N/A	$1,574	N/A	$531	N/A	.	N/A	-66.29	.	No
% Claims withUB-92 Accommodation Codes	95-100	0.67	No	0.21	No	.	N/A	-68.62	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.71	No	0.18	N/A	.	N/A	-75.22	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.00	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.09	Yes	5.39	Yes	.	N/A	-11.58	.	Yes
% Begin Date = Admit Date	95-100	99.89	Yes	99.58	Yes	.	N/A	-0.31	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	0.67	No	0.21	No	.	N/A	-68.62	.	No
Average Number of DX Codes (at least 1 DX)	>=2	100.00	Yes	6.33	Yes	.	N/A	-93.67	.	No
% Claims with PDX, where length=3	5-30	33.33	No	0.00	No	.	N/A	-100.00	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: ND

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	33.33	Yes	50.00	Yes	.	N/A	50.00	.	No
% Claims with PDX, where length=5	25-70	33.33	Yes	50.00	Yes	.	N/A	50.00	.	No
% Claims with a procedure code	35-70	0.22	No	0.07	No	.	N/A	-68.62	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	50.00	N/A	0.00	N/A	.	N/A	-100.00	.	No
% Claims with Procedures that have ICD-9 Indicator	N/A	50.00	N/A	100.00	N/A	.	N/A	100.00	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	50.00	N/A	100.00	N/A	.	N/A	100.00	.	No
% Claims with DRG	>=90	.	N/A	0.11	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	32,393	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	6.36	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	30,333	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	23.23	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	14.36	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,872	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	23,288	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,994	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,124	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	8.90	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,960	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.52	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	97.14	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.33	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	3.57	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	3.56	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.72	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	98.34	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.66	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.26	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	7.38	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	19.09	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	73.53	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	56.98	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.89	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	85.01	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	85.01	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	83.86	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	18.22	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	28.14	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	87.34	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	11.73	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.21	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.70	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	7,045	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$795	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.30	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$422	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	98.18	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.74	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.55	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.84	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	6.01	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.53	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	39.86	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	49.61	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	43.12	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.15	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	98.09	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	98.09	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.03	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	153,777	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	153,777	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.98	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	60.03	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$1,435	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	152,267	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$77	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$184	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$221	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$188	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	90.55	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	75.24	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	7.88	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	64.31	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	98.89	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	1.51	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	94.61	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	9	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	3.79	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	16.20	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	52.34	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	31.46	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.31	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.96	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.63	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	1,510	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,280	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.60	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.40	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	16.89	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	51.52	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	31.59	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	11.85	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	57.95	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	3.64	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	6,182,079	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	2.71	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	35.05	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	3,847,424	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	17.06	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.87	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$98	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	7.90	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	22.97	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	5.16	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$96	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$39	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$2	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	3,191,213	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	10.43	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	19.81	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	93.77	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	7.41	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	56.38	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	7.30	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	4.18	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.38	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.75	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	22.13	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	0.28	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	3.76	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	36.52	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	14.82	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	5.39	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	16.88	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	1.43	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	1.08	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	5.61	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	0.48	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	9.37	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	0.33	No	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.08	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.32	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	2.74	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.24	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.41	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.16	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.99	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$71	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$45	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$34	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$30	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$47	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$65	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$486	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$37	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$158	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$160	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$140	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$159	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$211	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$76	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$178	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$169	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$855	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.75	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.54	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	0.37	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$33	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$26	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$92	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$4,308	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	13.24	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	5.77	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	63.76	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	30.46	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	73.87	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	18.07	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	8.06	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	656,211	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	5.07	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	22.61	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	82.86	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	2.73	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	57.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	12.39	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	11.76	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	2.08	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	8.87	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	6.60	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$29	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	74.77	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	75.96	No	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	9.43	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	9.56	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	46.86	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	43.58	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	88.57	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	98.53	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	84.40	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	15.60	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	3,396,961	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	3,396,961	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.65	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	3,396,961	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$36	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.70	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$42	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	1.07	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	0.31	No	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.60	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.82	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.60	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.60	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.60	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	78.71	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.85	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.60	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	14.04	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	85.56	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	49.59	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	31.17	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	227,661	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$852,989,256	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	6.08	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	20.91	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	8.28	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	51.87	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	12.85	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	227,395	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	179,178	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.88	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	97.31	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	7	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	98.89	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.67	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.53	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	70.18	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	13.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	3.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	10.67	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.03	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	3.81	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	59.17	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	10.33	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	57.77	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	35,359	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	94.31	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	94.51	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	47.62	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	441	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	56.69	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	2.04	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	41.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	7.71	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	7.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.96	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	97.69	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	80.47	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	22,713	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	4,843	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	10,703	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,154	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	28,220	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	17,702	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,759	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	7,281	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	478	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	130,713	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	24,900	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	3,783	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	8,957	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	74,033	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	9,965	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	9,075	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	43,558	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	12,633	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	4,188	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	13,760	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	4,831	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	8,146	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	178,227	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	99.12	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.07	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.72	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	4.83	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	38,489	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	5,072	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	76.70	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	174,401	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	23.05	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	20.49	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.86	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	3.87	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	174,401	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.59	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	7.79	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	69.66	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	21.62	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	125,425	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	178,227	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	39.01	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	15.72	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	13.65	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	31.62	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$96,145,063	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$41,948,240	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$53,575,855	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$620,968	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.44	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.46	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	1.08	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$36	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$56,786,169	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	40,191	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$39,358,894	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	134,210	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$36,705,240	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$9,555,010	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,208,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$12,620,382	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$13,321,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$913	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$238	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$30	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$314	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$331	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	152,148	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	128,216	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	114,381	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	932	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	601	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	226	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	104	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	1	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	11,310	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	8,879	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	566	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,726	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	139	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	103,869	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	16,219	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	2,827	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	7,590	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	62,241	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	7,557	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	7,435	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	34,398	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	8,753	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	3,413	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	11,306	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	4,353	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	6,573	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	433	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$308,474,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,027	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,406	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$13,280	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$14,706	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$14,182	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,177	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$2,945	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,390	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$11,605	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$21,547	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$7,411	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$5,669	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,047	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$938	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$1,049	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,107	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$942	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$928	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,226	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,658	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,292	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,337	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,480	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,535	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,369	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$79,234,932	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	14,881	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$5,325	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$10,287	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$10,287	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$3,900,309	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	267	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$14,608	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$12,786,598	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	204	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$62,679	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$23,216,968	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	840	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$27,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$47,482,647	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	112,082	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$424	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$10,972,115	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	50,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$218	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,333,237	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	36,140	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$120	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$22,770,305	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	60,595	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,764,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	4,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$9,000,137	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	2,215	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$5,984,864	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	39,931	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$150	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$43,073,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	100,575	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$428	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$1,080,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$2,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$512	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,490,880	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,764	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$396	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,209,921	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	212	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,067,367	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	703	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,518	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$160,852	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	219	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$734	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,320,123	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	7,389	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$720	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$12,742,999	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	50,163	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$254	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$717,372	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	104	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,898	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$550,449	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	264	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,085	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$16,678,491	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	540	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$30,886	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$521	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,440	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$293	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$549	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$262	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$7,195	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$50	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,301	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,602	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$249	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$961	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,738	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,886	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$561	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$860	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	9.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	15.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	13.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	32.40	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	66.10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	82.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	65.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	82.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	77.79	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	90.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	83.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	77.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	207	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	236	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	6.13	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$3,255,474	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	13,968	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$233	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,155,471	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	9,067	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$412,403	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,229	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$788,510	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,749	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$451	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$15,990,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	328	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$48,751	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	35,056	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	31,895	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	30,050	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	0.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	56.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.63	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	36.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	1.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.12	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	21,418	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	3,910	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	10,473	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,023	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	12	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	13,196	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	5,658	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,068	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,192	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	278	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	32,742	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.15	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.11	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	52.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.46	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$411,453,701	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$11,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$12,900	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$12,067	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$6,913	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$20,071	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,017	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$3,125	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,538	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,090	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$30,558	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$6,912	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$6,258	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$8,433,306	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	5,921	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,424	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$555,222	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$32,660	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$1,652	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$165	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$30,821,160	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	470	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$65,577	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$216,633,798	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$11,306	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$19,161	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$8,207,574	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	23,629	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$347	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$2,511,694	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	10,979	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$229	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$2,107,619	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	16,150	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$131	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$9,791,221	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	17,280	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$567	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,254,663	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	2,890	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$434	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$7,312,572	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,189	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$6,150	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$589,540	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	13,143	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$45	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$68,212,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	30,008	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,273	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$1,445,793	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$3,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$368	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$81,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	365	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$222	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$4,187,874	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	783	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,852,827	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,072	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,728	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$384,945	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	531	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$725	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$766,357	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	529	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,449	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,968,895	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	15,394	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$453	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$1,468,138	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	164	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,952	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$147,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$6,143	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$37,048,825	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$29,451	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$171	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$349	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$7,075	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$9,088	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,946	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,365	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,093	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,788	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	16.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	33.63	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	48.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	85.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	87.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	84.66	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	82.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	89.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	255	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	276	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$138,806	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	807	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$264,732	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	2546	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$104	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$24,376	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	363	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$67	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$20,125	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	87	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$231	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$34,952,285	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	718	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$48,680	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	187,204	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	160,111	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	85.53	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	91.12	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	92.12	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	85.49	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	80.45	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	144,431	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	22,350	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	4,511	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	10,699	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,127	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	24,506	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	14,537	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,634	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	6,918	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	417	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	103,884	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	16,219	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	2,827	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	7,598	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	62,248	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	7,557	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	7,435	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	7,435	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	34,467	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	8,781	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	3,421	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	11,332	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	4,353	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	6,580	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$719,928,444	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,846	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,496	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$12,118	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,951	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$19,947	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,019	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$3,111	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,469	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$10,626	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$28,622	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$7,036	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$6,062	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,048	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$938	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$1,049	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,108	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$942	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$928	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,226	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,666	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,310	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,340	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,488	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,535	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,372	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$87,668,238	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	20,802	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,214	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$565,509	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	18	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$31,417	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$3,901,961	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	277	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$14,087	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$43,607,758	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	674	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$64,700	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$239,850,766	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$12,146	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$19,747	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$55,690,221	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	135,711	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$410	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$13,483,809	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	61,333	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$220	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$6,440,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	52,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$32,561,526	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	77,875	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$418	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$3,018,800	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	7,320	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$412	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$16,312,709	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	3,404	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$6,574,404	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	53,074	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$111,285,940	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	130,583	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$852	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$2,526,404	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$6,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$418	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,572,044	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	4,129	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$381	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$5,397,795	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	995	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,425	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,920,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,775	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,645	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$545,797	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	750	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$728	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$6,086,480	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	7,918	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$769	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$19,711,894	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	65,557	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$301	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,185,510	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$697,877	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	288	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,423	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$53,727,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,798	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$29,882	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$468	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$249	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,314	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$293	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$551	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,538	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$9,009	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,310	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$50	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$594	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,698	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,013	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$145	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$253	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,245	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$561	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$862	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	11.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	16.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	17.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	13.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	7.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	69.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	86.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.43	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NE

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	65.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	82.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	90.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	83.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	77.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	251	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	262	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$3,394,280	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	14,775	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,420,203	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	11,613	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$436,779	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4,592	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$808,635	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,836	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$440	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$50,942,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,046	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$48,702	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	13,263	N/A	11,310	N/A	.	N/A	-14.73	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	13,263	N/A	11,310	N/A	.	N/A	-14.73	.	Yes
% Crossover	5-20	27.00	No	20.95	No	.	N/A	-22.42	.	No
% Adjusted Claims	> 1%	1.42	Yes	1.07	Yes	.	N/A	-24.52	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$4,253	N/A	$3,147	N/A	.	N/A	-26.00	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	9,682	N/A	8,941	N/A	.	N/A	-7.65	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,160	Yes	$3,002	Yes	.	N/A	-4.98	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$688	N/A	$729	N/A	.	N/A	6.07	.	Yes
% Claims with TPL	>0 - 10	1.34	Yes	0.73	Yes	.	N/A	-45.86	.	No
Aver. TPL Paid for claims with TPL	N/A	$2,072	N/A	$2,352	N/A	.	N/A	13.52	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.08	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.88	Yes	99.64	Yes	.	N/A	-0.23	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.78	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.52	Yes	4.12	Yes	.	N/A	-9.01	.	Yes
Average Covered Days (> 0 day	2-<8	4.60	Yes	4.12	Yes	.	N/A	-10.42	.	Yes
% Begin Date = Admit Date	95-100	99.78	Yes	99.81	Yes	.	N/A	0.03	.	Yes
% IP Claims (MAX TOS 01)	95-100	98.50	Yes	100.00	Yes	.	N/A	1.52	.	Yes
% Family Planning Claims (pgm	>0-5	1.50	Yes	2.61	Yes	.	N/A	74.01	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.82	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.36	Yes	6.20	Yes	.	N/A	-2.61	.	Yes
% Claims with PDX, where length=4	15-75	19.33	No	19.05	Yes	.	N/A	-1.49	.	Yes
% Claims with PDX, where length=5	25-70	74.30	No	74.76	No	.	N/A	0.61	.	Yes
% Claims with a procedure code	35-70	59.50	Yes	60.34	Yes	.	N/A	1.41	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.81	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.97	N/A	100.00	N/A	.	N/A	0.03	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.97	N/A	100.00	N/A	.	N/A	0.03	.	Yes
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	25.55	N/A	26.85	N/A	.	N/A	5.09	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	22.71	N/A	23.77	N/A	.	N/A	4.64	.	Yes
Patient Status										
% Home	75-90	89.08	Yes	72.04	No	.	N/A	-19.13	.	No
% Transferred	1-10	6.75	Yes	27.03	No	.	N/A	300.20	.	No
% Still a Patient	>0 - 2	0.22	Yes	0.13	Yes	.	N/A	-38.12	.	No
% Died	>0 - 3	0.84	Yes	0.79	Yes	.	N/A	-5.08	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,581	N/A	2,369	N/A	.	N/A	-33.85	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$779	N/A	$772	N/A	.	N/A	-0.94	.	Yes
% Claims with TPL	N/A	0.20	N/A	0.13	N/A	.	N/A	-35.22	.	No
Aver. TPL Paid -claims with TPL	N/A	$444	N/A	$505	N/A	.	N/A	13.85	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	48.81	No	0.04	No	.	N/A	-99.91	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.03	No	0.04	N/A	.	N/A	51.16	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.00	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.36	Yes	4.54	Yes	.	N/A	35.23	.	No
% Begin Date = Admit Date	95-100	99.97	Yes	99.96	Yes	.	N/A	-0.01	.	Yes
% Claims with IP TOS	95-100	99.97	Yes	99.96	Yes	.	N/A	-0.01	.	Yes
% Claims with DX	98-100	50.74	No	100.00	Yes	.	N/A	97.08	.	No
Average Number of DX Codes (at least 1 DX)	>=2	0.06	No	1.00	No	.	N/A	1723.90	.	No
% Claims with PDX, where length=3	5-30	0.06	No	0.00	No	.	N/A	-100.00	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	1.16	No	0.04	No	.	N/A	-96.35	.	No
% Claims with PDX, where length=5	25-70	98.79	No	99.96	No	.	N/A	1.18	.	Yes
% Claims with a procedure code	35-70	0.00	No	0.04	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.04	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	70,595	N/A	69,608	N/A	.	N/A	-1.40	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	70,595	N/A	69,608	N/A	.	N/A	-1.40	.	Yes
% Crossover	5-20	6.42	Yes	5.71	Yes	.	N/A	-10.96	.	Yes
% Adjusted Claims	> 1%	12.70	Yes	23.94	Yes	.	N/A	88.40	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,759	N/A	$2,819	N/A	.	N/A	2.15	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	66,064	N/A	65,630	N/A	.	N/A	-0.66	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$96	Yes	$98	Yes	.	N/A	2.14	.	Yes
ICF/MR (TOS 05)	N/A	$173	N/A	$193	N/A	.	N/A	11.48	.	Yes
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	$517	N/A	$498	N/A	.	N/A	-3.61	.	Yes
% NF (TOS 07)	75-99	98.97	Yes	99.07	No	.	N/A	0.09	.	Yes
% NF claims with NF Covered Days	N/A	99.59	N/A	99.55	N/A	.	N/A	-0.03	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.56	.	Yes
% ICF/MR (TOS 05)	>0-20	0.59	Yes	0.54	Yes	.	N/A	-9.33	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	91.35	N/A	95.76	N/A	.	N/A	4.83	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	24	N/A	26	N/A	.	N/A	5.67	.	Yes
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.43	Yes	0.39	Yes	.	N/A	-8.84	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	12	N/A	15	N/A	.	N/A	23.10	.	No
% Claims with Leave Days	1-20	0.46	No	0.46	No	.	N/A	1.66	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	17.69	Yes	17.96	Yes	.	N/A	1.55	.	Yes
% Claims with DX, where length=4	15-75	61.03	No	59.96	Yes	.	N/A	-1.75	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	21.28	Yes	22.08	No	.	N/A	3.73	.	Yes
Patient Status										
% Home	1-5	0.54	No	0.39	No	.	N/A	-27.41	.	No
% Still a Patien	8-98	97.22	Yes	97.31	Yes	.	N/A	0.08	.	Yes
% Died	>0-5	1.37	Yes	1.24	Yes	.	N/A	-8.94	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	4,531	N/A	3,978	N/A	.	N/A	-12.20	.	Yes
% Claims with> $0 Paic	N/A	99.62	N/A	100.00	N/A	.	N/A	0.38	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$529	N/A	$334	N/A	.	N/A	-36.78	.	No
% NF (TOS 07)	75-99	99.91	No	100.00	No	.	N/A	0.09	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.09	Yes	0.00	No	.	N/A	-100.00	.	No
% Claims with DX	95-100	0.62	No	0.00	No	.	N/A	-100.00	.	No
% Claims with DX, where length=3	5-30	10.71	Yes	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	57.14	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	32.14	Yes	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	35.42	Yes	0.00	No	.	N/A	-100.00	.	No
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	3,730,898	N/A	3,671,505	N/A	.	N/A	-1.59	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	2.20	N/A	1.81	N/A	.	N/A	-17.40	.	No
Total FFS Claims	N/A	3,730,898	N/A	3,604,897	N/A	.	N/A	-3.38	.	Yes
% Crossover	5-20	6.25	Yes	4.51	No	.	N/A	-27.88	.	No
% Adjusted Claims	> 1%	0.83	No	0.97	No	.	N/A	16.90	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$222	N/A	$293	N/A	.	N/A	32.02	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	1.81	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$137	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	3,497,746	N/A	3,442,420	N/A	.	N/A	-1.58	.	Yes
% Claims with> $0 Paid	>95%	99.72	Yes	99.96	Yes	.	N/A	0.24	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.98	N/A	8.32	N/A	.	N/A	4.29	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	0.31	N/A	0.19	N/A	.	N/A	-38.17	.	No
% Other Claims with Span Bills/All Other Claims	N/A	8.60	N/A	9.57	N/A	.	N/A	11.24	.	Yes
% Claims W/ Service Place 11- Office	50-90	19.80	No	19.47	No	.	N/A	-1.64	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	22.14	No	22.66	No	.	N/A	2.37	.	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	1.71	Yes	1.65	Yes	.	N/A	-3.44	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	2.09	Yes	0.30	Yes	.	N/A	-85.61	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.61	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	12.24	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	16.47	No	30.17	No	.	N/A	83.21	.	No
% Claims with TPL	>0 - 15	0.34	Yes	0.40	Yes	.	N/A	16.56	.	No
Aver. TPL Paid -claims with TPL	N/A	$83	N/A	$83	N/A	.	N/A	-0.28	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	8.98	No	9.96	No	.	N/A	10.91	.	Yes
% claims MAX TOS 09: Dental	2-20	4.39	Yes	4.28	Yes	.	N/A	-2.46	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	7.42	Yes	1.75	Yes	.	N/A	-76.43	.	No
% claims MAX TOS 11: OPD	3-25	5.40	Yes	10.79	Yes	.	N/A	99.87	.	No
% claims MAX TOS 12: Clinic	2-25	29.98	No	25.17	No	.	N/A	-16.06	.	No
% claims MAX TOS 13: HH	>0-25	2.14	Yes	2.33	Yes	.	N/A	8.90	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	10.29	Yes	5.78	Yes	.	N/A	-43.80	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	15.70	Yes	12.16	Yes	.	N/A	-22.54	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.84	Yes	3.36	Yes	.	N/A	-12.56	.	Yes
% claims MAX TOS 26: Transportation	>1	6.08	Yes	2.40	Yes	.	N/A	-60.48	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.19	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.96	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.83	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.28	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.70	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	15.76	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	3.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$89	N/A	$92	N/A	.	N/A	3.46	.	Yes
08: Physicians	$20-90	$49	Yes	$45	Yes	.	N/A	-7.19	.	Yes
09: Dental	$10-60	$31	Yes	$31	Yes	.	N/A	1.38	.	Yes
10: Other Practioner	$10-100	$31	Yes	$47	Yes	.	N/A	53.21	.	No
11: OPD	$20-100	$94	Yes	$64	Yes	.	N/A	-32.05	.	No
12: Clinic	$20-100	$70	Yes	$46	Yes	.	N/A	-33.32	.	No
13: HH	N/A	$57	N/A	$64	N/A	.	N/A	11.40	.	Yes
15: Lab/Xray	10-60	$20	Yes	$13	Yes	.	N/A	-37.37	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$256	N/A	$271	N/A	.	N/A	5.66	.	Yes
51: DME	N/A	$70	Yes	$69	N/A	.	N/A	-1.64	.	Yes
26: Transportation	N/A	$17	N/A	$29	N/A	.	N/A	72.00	.	No
30: PCS	N/A	.	N/A	$452	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$160	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$43	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,063	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$107	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$223	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.23	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.65	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.95	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	16.64	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$29	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$64	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$97	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$218	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	69.72	Yes	72.67	Yes	.	N/A	4.23	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	65.78	No	52.92	No	.	N/A	-19.55	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	5.77	Yes	6.09	Yes	.	N/A	5.66	.	Yes
% Claims with DX, where length=4	40-70	58.31	No	56.64	Yes	.	N/A	-2.87	.	Yes
% Claims with DX, where length=5	20-55	35.92	Yes	37.26	Yes	.	N/A	3.75	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	53.36	N/A	100.00	N/A	.	N/A	87.40	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.53	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	10.43	N/A	27.56	N/A	.	N/A	164.14	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	85.53	N/A	72.44	N/A	.	N/A	-15.30	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	4.04	N/A	0.00	N/A	.	N/A	-100.00	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	85.09	No	100.00	Yes	.	N/A	17.52	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	233,152	N/A	162,477	N/A	.	N/A	-30.31	.	No
% Claims with> $0 Paid	>95%	99.92	N/A	99.97	Yes	.	N/A	0.05	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.49	N/A	6.98	N/A	.	N/A	-6.71	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.97	N/A	10.34	N/A	.	N/A	73.16	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	7.75	N/A	6.14	N/A	.	N/A	-20.80	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	43.98	N/A	17.38	N/A	.	N/A	-60.48	.	No
% claims MAX TOS 10: Other Practioner	N/A	3.84	N/A	2.86	N/A	.	N/A	-25.63	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	14.60	N/A	20.20	N/A	.	N/A	38.31	.	No
% claims MAX TOS 12: Clinic	N/A	21.22	N/A	34.09	N/A	.	N/A	60.64	.	No
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.01	N/A	.	N/A	-42.60	.	No
% claims MAX TOS 15: Lab/Xray	N/A	5.85	N/A	16.33	N/A	.	N/A	178.92	.	No
% claims MAX TOS 19: Other Services	N/A	6.17	N/A	8.37	N/A	.	N/A	35.69	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	2.11	N/A	0.17	N/A	.	N/A	-92.03	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.45	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$36	N/A	$43	N/A	.	N/A	18.32	.	No
% Claims with DX	N/A	87.84	N/A	79.80	N/A	.	N/A	-9.15	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	85.67	Yes	71.81	No	.	N/A	-16.17	.	No
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	100.00	No	0.00	No	.	N/A	-100.00	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	1,716,929	N/A	1,788,603	N/A	.	N/A	4.17	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,716,929	N/A	1,788,603	N/A	.	N/A	4.17	.	Yes
% Adjusted Claims	> 1%	0.12	No	0.02	No	.	N/A	-79.91	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$64	N/A	$141	N/A	.	N/A	121.19	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	1,716,929	N/A	1,788,603	N/A	.	N/A	4.17	.	Yes
% Claims with> $0 Paid	95-100	99.86	Yes	100.00	Yes	.	N/A	0.14	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$34	Yes	$39	Yes	.	N/A	15.25	.	No
% Claims with TPL	>0 - 15	0.03	Yes	0.06	Yes	.	N/A	90.18	.	No
Aver. TPL Paid for claims with TPL	N/A	$72	N/A	$76	N/A	.	N/A	5.51	.	Yes
% Family Planning Claims (program type=2)	N/A	0.77	N/A	0.80	N/A	.	N/A	4.51	.	Yes
% Drug Claims (TOS 16)	95-99	99.23	No	100.00	No	.	N/A	0.77	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.83	Yes	99.80	Yes	.	N/A	-0.03	.	Yes
% Claims with Medispan	98-100	90.19	No	96.21	No	.	N/A	6.68	.	Yes
% Claims with AHFS	98-100	99.83	Yes	99.80	Yes	.	N/A	-0.03	.	Yes
% Claims with Generic (GTC)	98-100	99.83	Yes	99.80	Yes	.	N/A	-0.03	.	Yes
% Claims with GC3	98-100	99.83	Yes	99.80	Yes	.	N/A	-0.03	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.56	N/A	79.58	N/A	.	N/A	-20.07	.	No
% Products (codes 4-6)	N/A	0.20	N/A	20.20	N/A	.	N/A	9841.85	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	1915.85	.	No
% Claims with Smart Key	98-100	99.83	Yes	99.80	Yes	.	N/A	-0.03	.	Yes
% OTC-Drug Class	N/A	17.04	N/A	16.04	N/A	.	N/A	-5.88	.	Yes
% Prescription-Drug Class	N/A	82.72	N/A	83.76	N/A	.	N/A	1.25	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	52.39	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	29.13	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	102,489	N/A	107,127	N/A	.	N/A	4.53	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$619,483,664	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	13.77	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	79.02	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	0.96	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	6.25	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	102,058	N/A	106,887	N/A	.	N/A	4.73	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	76,316	N/A	83,009	N/A	.	N/A	8.77	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.52	Yes	99.74	Yes	.	N/A	0.22	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	98.91	Yes	98.59	Yes	.	N/A	-0.32	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	200	N/A	50	N/A	.	N/A	-75.00	.	N/A	No
% with County Code	>=95%	99.67	Yes	96.62	Yes	.	N/A	-3.06	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.89	Yes	2.01	Yes	.	N/A	6.74	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	95.59	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	1.35	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	1.97	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.32	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	3.63	Yes	3.52	Yes	.	N/A	-3.00	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	59.89	Yes	60.54	Yes	.	N/A	1.08	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	11.99	Yes	11.93	Yes	.	N/A	-0.51	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	52.84	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	18,587	N/A	19,411	N/A	.	N/A	4.43	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	92.79	Yes	91.52	Yes	.	N/A	-1.37	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	92.71	Yes	91.22	Yes	.	N/A	-1.60	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	52.77	Yes	53.08	Yes	.	N/A	0.59	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	928	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	81.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	2.16	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	16.16	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.32	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	7.33	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.68	Yes	99.52	Yes	.	N/A	-0.16	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.96	Yes	99.72	Yes	.	N/A	-0.24	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	99.96	Yes	100.00	Yes	.	N/A	0.04	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	12,108	N/A	12,688	N/A	.	N/A	4.79	.	10% (+/-)	Yes
11: Aged, Cash	N/A	1,667	N/A	1,633	N/A	.	N/A	-2.04	.	10% (+/-)	Yes
21: Aged, MN	N/A	4,101	N/A	4,394	N/A	.	N/A	7.14	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	390	N/A	604	N/A	.	N/A	54.87	.	10% (+/-)	No
41: Other Aged	N/A	5,950	N/A	6,057	N/A	.	N/A	1.80	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	12,677	N/A	13,368	N/A	.	N/A	5.45	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	6,108	N/A	6,161	N/A	.	N/A	0.87	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,463	N/A	2,660	N/A	.	N/A	8.00	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	239	N/A	434	N/A	.	N/A	81.59	.	10% (+/-)	No
42: Other Disabled	N/A	3,867	N/A	4,113	N/A	.	N/A	6.36	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	60,715	N/A	64,433	N/A	.	N/A	6.12	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	13,287	N/A	12,464	N/A	.	N/A	-6.19	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	153	N/A	194	N/A	.	N/A	26.80	.	10% (+/-)	No
24: AFDC Child, MN	N/A	1,731	N/A	1,774	N/A	.	N/A	2.48	.	10% (+/-)	Yes
34: Child Poverty	N/A	35,302	N/A	40,478	N/A	.	N/A	14.66	.	10% (+/-)	No
44: Other Child	N/A	7,614	N/A	6,869	N/A	.	N/A	-9.78	.	10% (+/-)	Yes
48: Foster Care Child	N/A	2,628	N/A	2,654	N/A	.	N/A	0.99	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	16,554	N/A	16,397	N/A	.	N/A	-0.95	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	6,064	N/A	5,534	N/A	.	N/A	-8.74	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	174	N/A	206	N/A	.	N/A	18.39	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	1,827	N/A	2,441	N/A	.	N/A	33.61	.	10% (+/-)	No
35: Adult, Poverty	N/A	3,054	N/A	2,819	N/A	.	N/A	-7.69	.	10% (+/-)	Yes
45: Other Adult	N/A	5,435	N/A	5,397	N/A	.	N/A	-0.70	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	83,400	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	99.19	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.81	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.41	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	15,184	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	237	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	2.69	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	2,873	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.02	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	10,149	N/A	2,873	N/A	.	N/A	-71.69	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.30	N/A	0.00	N/A	.	N/A	-100.00	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	1.24	N/A	0.00	N/A	.	N/A	-100.00	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	83.92	N/A	88.97	N/A	.	N/A	6.01	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	14.54	N/A	11.03	N/A	.	N/A	-24.13	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	2,246	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	83,400	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	2.60	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	97.40	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$4,177,420	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$4,177,420	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.12	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.12	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$155	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$155	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$4,177,420	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	2,873	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$3,802,631	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$200,142	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$17,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$656,635	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$2,928,067	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,324	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$70	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$229	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$1,019	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	73,417	N/A	84,606	N/A	.	N/A	15.24	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	61,957	N/A	70,342	N/A	.	N/A	13.53	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	52,322	N/A	63,932	N/A	.	N/A	22.19	.	15% (+/-)	No
MAX Aged Total	N/A	882	N/A	1,114	N/A	.	N/A	26.30	.	10% (+/-)	No
11: Aged, Cash	N/A	337	N/A	365	N/A	.	N/A	8.31	.	10% (+/-)	Yes
21: Aged, MN	N/A	200	N/A	248	N/A	.	N/A	24.00	.	10% (+/-)	No
31: Aged, Poverty	N/A	7	N/A	23	N/A	.	N/A	228.57	.	10% (+/-)	No
41: Other Aged	N/A	338	N/A	478	N/A	.	N/A	41.42	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	5,897	N/A	6,272	N/A	.	N/A	6.36	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	3,792	N/A	3,972	N/A	.	N/A	4.75	.	10% (+/-)	Yes
22: Disabled, MN	N/A	526	N/A	564	N/A	.	N/A	7.22	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	3	N/A	6	N/A	.	N/A	100.00	.	10% (+/-)	No
42: Other Disabled	N/A	1,576	N/A	1,730	N/A	.	N/A	9.77	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	52,193	N/A	61,862	N/A	.	N/A	18.53	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	11,139	N/A	11,648	N/A	.	N/A	4.57	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	150	N/A	194	N/A	.	N/A	29.33	.	10% (+/-)	No
24: AFDC Child, MN	N/A	1,535	N/A	1,770	N/A	.	N/A	15.31	.	10% (+/-)	No
34: Child Poverty	N/A	30,648	N/A	39,002	N/A	.	N/A	27.26	.	10% (+/-)	No
44: Other Child	N/A	6,380	N/A	6,649	N/A	.	N/A	4.22	.	10% (+/-)	Yes
48: Foster Care Child	N/A	2,341	N/A	2,599	N/A	.	N/A	11.02	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	14,445	N/A	15,358	N/A	.	N/A	6.32	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	5,352	N/A	5,262	N/A	.	N/A	-1.68	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	171	N/A	206	N/A	.	N/A	20.47	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	1,452	N/A	2,029	N/A	.	N/A	39.74	.	10% (+/-)	No
35: Adult, Poverty	N/A	2,840	N/A	2,769	N/A	.	N/A	-2.50	.	10% (+/-)	Yes
45: Other Adult	N/A	4,630	N/A	5,092	N/A	.	N/A	9.98	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	928	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$226,334,309	N/A	$250,223,136	N/A	.	N/A	10.55	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$3,083	N/A	$2,958	N/A	.	N/A	-4.07	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,653	N/A	$3,557	N/A	.	N/A	-2.62	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$12,450	N/A	$9,078	N/A	.	N/A	-27.08	.	15% (+/-)	No
11: Aged, Cash	N/A	$6,283	N/A	$5,780	N/A	.	N/A	-8.01	.	15% (+/-)	Yes
21: Aged, MN	N/A	$15,887	N/A	$9,770	N/A	.	N/A	-38.50	.	15% (+/-)	No
31: Aged, Poverty	N/A	$454	N/A	$53	N/A	.	N/A	-88.44	.	15% (+/-)	No
41: Other Aged	N/A	$16,813	N/A	$11,671	N/A	.	N/A	-30.58	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$14,744	N/A	$14,722	N/A	.	N/A	-0.15	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$15,974	N/A	$16,228	N/A	.	N/A	1.59	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$10,409	N/A	$10,833	N/A	.	N/A	4.07	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$89	N/A	$302	N/A	.	N/A	240.79	.	15% (+/-)	No
42: Other Disabled	N/A	$13,259	N/A	$12,582	N/A	.	N/A	-5.11	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,928	N/A	$1,936	N/A	.	N/A	0.44	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,386	N/A	$1,383	N/A	.	N/A	-0.23	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$759	N/A	$556	N/A	.	N/A	-26.74	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$1,686	N/A	$1,917	N/A	.	N/A	13.72	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$1,216	N/A	$1,168	N/A	.	N/A	-3.96	.	15% (+/-)	Yes
44: Other Child	N/A	$3,758	N/A	$4,361	N/A	.	N/A	16.04	.	15% (+/-)	No
48: Foster Care Child	N/A	$9,067	N/A	$9,860	N/A	.	N/A	8.75	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,925	N/A	$1,823	N/A	.	N/A	-5.26	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,994	N/A	$2,088	N/A	.	N/A	4.67	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$669	N/A	$616	N/A	.	N/A	-7.91	.	15% (+/-)	Yes
25: AFDC Adult, MN	N/A	$1,952	N/A	$1,810	N/A	.	N/A	-7.28	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,200	N/A	$2,025	N/A	.	N/A	-7.95	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,713	N/A	$1,495	N/A	.	N/A	-12.74	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$27,543,886	N/A	$25,215,954	N/A	.	N/A	-8.45	.	15% (+/-)	Yes
IP: Number of Users	N/A	6,880	N/A	6,943	N/A	.	N/A	0.92	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,003	N/A	$3,632	N/A	.	N/A	-9.28	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	6	N/A	5	N/A	.	N/A	-14.16	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,329,233	N/A	$1,779,331	N/A	.	N/A	33.86	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	173	N/A	172	N/A	.	N/A	-0.58	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$7,683	N/A	$10,345	N/A	.	N/A	34.64	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$1,369,673	N/A	$1,681,670	N/A	.	N/A	22.78	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	29	N/A	35	N/A	.	N/A	20.69	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$47,230	N/A	$48,048	N/A	.	N/A	1.73	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$10,874,994	N/A	$10,485,422	N/A	.	N/A	-3.58	.	15% (+/-)	Yes
NF Number of Users	N/A	442	N/A	399	N/A	.	N/A	-9.73	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$24,604	N/A	$26,279	N/A	.	N/A	6.81	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$13,751,287	N/A	$14,672,435	N/A	.	N/A	6.70	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	41,647	N/A	46,691	N/A	.	N/A	12.11	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$330	N/A	$314	N/A	.	N/A	-4.83	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$3,689,873	N/A	$4,116,578	N/A	.	N/A	11.56	.	15% (+/-)	Yes
Dental: Number of Users	N/A	20,139	N/A	22,609	N/A	.	N/A	12.26	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$183	N/A	$182	N/A	.	N/A	-0.62	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$6,649,008	N/A	$2,635,194	N/A	.	N/A	-60.37	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	17,805	N/A	10,541	N/A	.	N/A	-40.80	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$373	N/A	$250	N/A	.	N/A	-33.06	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$15,839,530	N/A	$21,960,257	N/A	.	N/A	38.64	.	15% (+/-)	No
OPD Number of Users	N/A	28,018	N/A	34,102	N/A	.	N/A	21.71	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$565	N/A	$644	N/A	.	N/A	13.91	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$40,210,828	N/A	$33,563,253	N/A	.	N/A	-16.53	.	15% (+/-)	No
Clinic: Number of Users	N/A	18,717	N/A	22,309	N/A	.	N/A	19.19	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$2,148	N/A	$1,504	N/A	.	N/A	-29.97	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$2,929,765	N/A	$4,054,665	N/A	.	N/A	38.40	.	15% (+/-)	No
HH: Number of Users	N/A	1,648	N/A	1,753	N/A	.	N/A	6.37	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,778	N/A	$2,313	N/A	.	N/A	30.11	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$6,511,540	N/A	$2,353,465	N/A	.	N/A	-63.86	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	33,729	N/A	31,549	N/A	.	N/A	-6.46	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$193	N/A	$75	N/A	.	N/A	-61.36	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$21,226,263	N/A	$27,905,786	N/A	.	N/A	31.47	.	15% (+/-)	No
Drugs: Number of Users	N/A	46,319	N/A	53,797	N/A	.	N/A	16.14	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$458	N/A	$519	N/A	.	N/A	13.19	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$53,517,761	N/A	$45,943,266	N/A	.	N/A	-14.15	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$4,355	N/A	$2,899	N/A	.	N/A	-33.43	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$12,289	N/A	$15,848	N/A	.	N/A	28.96	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$645,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$279	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$833,464	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	45	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$18,521	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$141,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	184	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$768	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$4,067,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,134	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$343,969	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	614	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$560	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,315,181	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	14,137	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$721,207	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$80,134	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$29,252,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	11,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,649	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$7,646,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	465	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$16,443	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$375	N/A	$298	N/A	.	N/A	-20.56	.	15% (+/-)	No
Aged	N/A	$678	N/A	$467	N/A	.	N/A	-31.11	.	15% (+/-)	No
Disabled	N/A	$1,743	N/A	$1,450	N/A	.	N/A	-16.81	.	15% (+/-)	No
Child	N/A	$205	N/A	$153	N/A	.	N/A	-25.31	.	15% (+/-)	No
Adult	N/A	$413	N/A	$399	N/A	.	N/A	-3.39	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$185	N/A	$165	N/A	.	N/A	-10.84	.	15% (+/-)	Yes
Aged	N/A	$7,836	N/A	$5,371	N/A	.	N/A	-31.46	.	15% (+/-)	No
Disabled	N/A	$790	N/A	$840	N/A	.	N/A	6.35	.	15% (+/-)	Yes
Child	N/A	$38	N/A	$44	N/A	.	N/A	13.68	.	15% (+/-)	Yes
Adult	N/A	$1	N/A	$0	N/A	.	N/A	-53.79	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$289	N/A	$330	N/A	.	N/A	14.08	.	15% (+/-)	Yes
Aged	N/A	$1,138	N/A	$1,070	N/A	.	N/A	-5.99	.	15% (+/-)	Yes
Disabled	N/A	$1,671	N/A	$1,952	N/A	.	N/A	16.78	.	15% (+/-)	No
Child	N/A	$119	N/A	$147	N/A	.	N/A	23.39	.	15% (+/-)	No
Adult	N/A	$288	N/A	$352	N/A	.	N/A	22.00	.	15% (+/-)	No
All Other Services	N/A	$2,216	N/A	$2,165	N/A	.	N/A	-2.32	.	15% (+/-)	Yes
Aged	N/A	$2,798	N/A	$2,170	N/A	.	N/A	-22.44	.	15% (+/-)	No
Disabled	N/A	$10,525	N/A	$10,480	N/A	.	N/A	-0.42	.	15% (+/-)	Yes
Child	N/A	$1,560	N/A	$1,593	N/A	.	N/A	2.11	.	15% (+/-)	Yes
Adult	N/A	$1,160	N/A	$1,073	N/A	.	N/A	-7.52	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	9.37	N/A	8.21	N/A	.	N/A	-12.43	.	15% (+/-)	Yes
Aged	N/A	12.02	N/A	9.43	N/A	.	N/A	-21.57	.	15% (+/-)	No
Disabled	N/A	18.77	N/A	16.23	N/A	.	N/A	-13.54	.	15% (+/-)	Yes
Child	N/A	6.64	N/A	5.77	N/A	.	N/A	-13.17	.	15% (+/-)	Yes
Adult	N/A	15.22	N/A	14.66	N/A	.	N/A	-3.72	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.88	N/A	0.72	N/A	.	N/A	-18.22	.	15% (+/-)	No
Aged	N/A	32.31	N/A	20.83	N/A	.	N/A	-35.55	.	15% (+/-)	No
Disabled	N/A	2.88	N/A	2.92	N/A	.	N/A	1.21	.	15% (+/-)	Yes
Child	N/A	0.35	N/A	0.30	N/A	.	N/A	-13.31	.	15% (+/-)	Yes
Adult	N/A	0.04	N/A	0.03	N/A	.	N/A	-37.30	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	19.34	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	63.09	N/A	63.59	N/A	.	N/A	0.78	.	15% (+/-)	Yes
Aged	N/A	78.23	N/A	62.84	N/A	.	N/A	-19.68	.	15% (+/-)	No
Disabled	N/A	80.62	N/A	79.88	N/A	.	N/A	-0.92	.	15% (+/-)	Yes
Child	N/A	59.61	N/A	61.26	N/A	.	N/A	2.77	.	15% (+/-)	Yes
Adult	N/A	67.59	N/A	66.35	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	81.59	N/A	79.03	N/A	.	N/A	-3.14	.	15% (+/-)	Yes
Aged	N/A	76.30	N/A	61.22	N/A	.	N/A	-19.77	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	89.62	N/A	89.13	N/A	.	N/A	-0.55	.	15% (+/-)	Yes
Child	N/A	81.51	N/A	79.48	N/A	.	N/A	-2.49	.	15% (+/-)	Yes
Adult	N/A	78.93	N/A	74.39	N/A	.	N/A	-5.76	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	5	N/A	.	N/A	-14.16	.	15% (+/-)	Yes
Aged	N/A	10	N/A	7	N/A	.	N/A	-26.91	.	15% (+/-)	No
Disabled	N/A	14	N/A	12	N/A	.	N/A	-10.23	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-11.62	.	15% (+/-)	Yes
Adult	N/A	4	N/A	3	N/A	.	N/A	-14.53	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	205	N/A	165	N/A	.	N/A	-19.39	.	15% (+/-)	No
Aged	N/A	297	N/A	254	N/A	.	N/A	-14.59	.	15% (+/-)	Yes
Disabled	N/A	216	N/A	173	N/A	.	N/A	-19.87	.	15% (+/-)	No
Child	N/A	57	N/A	52	N/A	.	N/A	-9.71	.	15% (+/-)	Yes
Adult	N/A	28	N/A	15	N/A	.	N/A	-47.06	.	15% (+/-)	No
% Enrollees with Delivery	N/A	6.14	N/A	5.46	N/A	.	N/A	-11.09	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,134,963	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5,900	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,390,528	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5,288	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$263	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,058,674	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,252	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$489	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$36,695,310	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,483	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$24,744	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	18,492	N/A	19,408	N/A	.	N/A	4.95	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	17,523	N/A	18,142	N/A	.	N/A	3.53	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	15,070	N/A	16,313	N/A	.	N/A	8.25	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	5.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	5.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	89.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	11.20	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	11,196	N/A	11,574	N/A	.	N/A	3.38	.	10% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	1,330	N/A	1,268	N/A	.	N/A	-4.66	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,890	N/A	4,146	N/A	.	N/A	6.58	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	380	N/A	581	N/A	.	N/A	52.89	.	10% (+/-)	No
41: Other Aged	N/A	5,596	N/A	5,579	N/A	.	N/A	-0.30	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	6,654	N/A	7,096	N/A	.	N/A	6.64	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	2,255	N/A	2,189	N/A	.	N/A	-2.93	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,913	N/A	2,096	N/A	.	N/A	9.57	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	234	N/A	428	N/A	.	N/A	82.91	.	10% (+/-)	No
42: Other Disabled	N/A	2,252	N/A	2,383	N/A	.	N/A	5.82	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	17,979	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	4.77	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.98	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	94.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	50.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	49.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.29	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$343,890,260	N/A	$356,242,524	N/A	.	N/A	3.59	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$18,597	N/A	$18,355	N/A	.	N/A	-1.30	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$19,625	N/A	$19,636	N/A	.	N/A	0.06	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$18,592	N/A	$18,319	N/A	.	N/A	-1.47	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$9,055	N/A	$9,485	N/A	.	N/A	4.74	.	15% (+/-)	Yes
21: Aged, MN	N/A	$18,122	N/A	$18,137	N/A	.	N/A	0.08	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$800	N/A	$2,095	N/A	.	N/A	161.99	.	15% (+/-)	No
41: Other Aged	N/A	$22,394	N/A	$22,151	N/A	.	N/A	-1.09	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$20,014	N/A	$19,905	N/A	.	N/A	-0.55	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$24,527	N/A	$25,398	N/A	.	N/A	3.55	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$13,439	N/A	$13,405	N/A	.	N/A	-0.25	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$614	N/A	$1,492	N/A	.	N/A	142.89	.	15% (+/-)	No
42: Other Disabled	N/A	$23,097	N/A	$23,883	N/A	.	N/A	3.41	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$4,910,330	N/A	$3,255,843	N/A	.	N/A	-33.69	.	15% (+/-)	No
IP: Number of Users	N/A	3,128	N/A	2,286	N/A	.	N/A	-26.92	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,570	N/A	$1,424	N/A	.	N/A	-9.27	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	5	N/A	5	N/A	.	N/A	1.91	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$366,702	N/A	$132,880	N/A	.	N/A	-63.76	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	11	N/A	4	N/A	.	N/A	-63.64	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$33,337	N/A	$33,220	N/A	.	N/A	-0.35	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	$171,624,112	N/A	$173,490,996	N/A	.	N/A	1.09	.	15% (+/-)	Yes
NF Number of Users	N/A	$6,764	N/A	$6,815	N/A	.	N/A	0.75	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$25,373	N/A	$25,457	N/A	.	N/A	0.33	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$3,277,370	N/A	$1,706,740	N/A	.	N/A	-47.92	.	15% (+/-)	No
Physician: Number of Users	N/A	12,681	N/A	10,629	N/A	.	N/A	-16.18	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$258	N/A	$161	N/A	.	N/A	-37.87	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$140,140	N/A	$152,054	N/A	.	N/A	8.50	.	15% (+/-)	Yes
Dental: Number of Users	N/A	794	N/A	813	N/A	.	N/A	2.39	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$176	N/A	$187	N/A	.	N/A	5.97	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$572,235	N/A	$247,234	N/A	.	N/A	-56.80	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	5,548	N/A	3,590	N/A	.	N/A	-35.29	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$103	N/A	$69	N/A	.	N/A	-33.23	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$4,852,868	N/A	$6,094,752	N/A	.	N/A	25.59	.	15% (+/-)	No
OPD Number of Users	N/A	8,677	N/A	8,951	N/A	.	N/A	3.16	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$559	N/A	$681	N/A	.	N/A	21.75	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$26,763,739	N/A	$6,136,629	N/A	.	N/A	-77.07	.	15% (+/-)	No
Clinic: Number of Users	N/A	5,503	N/A	5,646	N/A	.	N/A	2.60	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$4,863	N/A	$1,087	N/A	.	N/A	-77.65	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$785,795	N/A	$986,268	N/A	.	N/A	25.51	.	15% (+/-)	No
HH: Number of Users	N/A	525	N/A	518	N/A	.	N/A	-1.33	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,497	N/A	$1,904	N/A	.	N/A	27.21	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$586,798	N/A	$347,114	N/A	.	N/A	-40.85	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	6,530	N/A	8,643	N/A	.	N/A	32.36	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$90	N/A	$40	N/A	.	N/A	-55.31	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$34,563,980	N/A	$41,591,712	N/A	.	N/A	20.33	.	15% (+/-)	No
Drugs: Number of Users	N/A	16,276	N/A	16,829	N/A	.	N/A	3.40	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$2,124	N/A	$2,471	N/A	.	N/A	16.38	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$80,060,062	N/A	$67,658,471	N/A	.	N/A	-15.49	.	15% (+/-)	No
Other Services: Number of Users	N/A	$4,571	N/A	$4,107	N/A	.	N/A	-10.15	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$17,515	N/A	$16,474	N/A	.	N/A	-5.94	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,805,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,582	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$699	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,086,082	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	92	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$22,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,049,780	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$845	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$311,607	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	166	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,877	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$83,968	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	198	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$424	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,457,294	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	6,140	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$400	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,887,914	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$53,480	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$27,876,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,829	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$7,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$15,836,359	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,131	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,002	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$266	N/A	$168	N/A	.	N/A	-36.82	.	15% (+/-)	No
Aged	N/A	$182	N/A	$122	N/A	.	N/A	-32.74	.	15% (+/-)	No
Disabled	N/A	$379	N/A	$219	N/A	.	N/A	-42.14	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$9,301	N/A	$8,946	N/A	.	N/A	-3.82	.	15% (+/-)	Yes
Aged	N/A	$14,495	N/A	$14,154	N/A	.	N/A	-2.35	.	15% (+/-)	Yes
Disabled	N/A	$1,458	N/A	$1,381	N/A	.	N/A	-5.25	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,869	N/A	$2,143	N/A	.	N/A	14.65	.	15% (+/-)	Yes
Aged	N/A	$1,545	N/A	$1,745	N/A	.	N/A	12.97	.	15% (+/-)	Yes
Disabled	N/A	$2,464	N/A	$2,831	N/A	.	N/A	14.90	.	15% (+/-)	Yes
All Other Services	N/A	$7,159	N/A	$7,099	N/A	.	N/A	-0.84	.	15% (+/-)	Yes
Aged	N/A	$2,370	N/A	$2,297	N/A	.	N/A	-3.09	.	15% (+/-)	Yes
Disabled	N/A	$15,708	N/A	$15,474	N/A	.	N/A	-1.49	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.92	N/A	11.78	N/A	.	N/A	-30.37	.	15% (+/-)	No
Aged	N/A	16.20	N/A	11.34	N/A	.	N/A	-29.98	.	15% (+/-)	No
Disabled	N/A	18.02	N/A	12.39	N/A	.	N/A	-31.26	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	36.61	N/A	35.13	N/A	.	N/A	-4.03	.	15% (+/-)	Yes
Aged	N/A	57.52	N/A	56.06	N/A	.	N/A	-2.54	.	15% (+/-)	Yes
Disabled	N/A	4.96	N/A	4.65	N/A	.	N/A	-6.23	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	88.02	N/A	86.71	N/A	.	N/A	-1.48	.	15% (+/-)	Yes
Aged	N/A	89.09	N/A	87.94	N/A	.	N/A	-1.29	.	15% (+/-)	Yes
Disabled	N/A	86.58	N/A	85.17	N/A	.	N/A	-1.62	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	86.55	N/A	83.09	N/A	.	N/A	-3.99	.	15% (+/-)	Yes
Aged	N/A	82.89	N/A	78.13	N/A	.	N/A	-5.74	.	15% (+/-)	Yes
Disabled	N/A	92.67	N/A	91.07	N/A	.	N/A	-1.73	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	5	N/A	5	N/A	.	N/A	1.91	.	15% (+/-)	Yes
Aged	N/A	5	N/A	5	N/A	.	N/A	10.47	.	15% (+/-)	Yes
Disabled	N/A	6	N/A	6	N/A	.	N/A	-7.68	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	310	N/A	259	N/A	.	N/A	-16.33	.	15% (+/-)	No
Aged	N/A	312	N/A	261	N/A	.	N/A	-16.41	.	15% (+/-)	No
Disabled	N/A	277	N/A	237	N/A	.	N/A	-14.31	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$71,496	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	340	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$175,004	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1421	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$118,885	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	661	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$180	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$88,341,545	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2810	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$31,438	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	91,909	N/A	104,014	N/A	.	N/A	13.17	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	79,480	N/A	88,484	N/A	.	N/A	11.33	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	85.07	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	91.68	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	92.00	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	83.58	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	79.84	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	67,392	N/A	80,244	N/A	.	N/A	19.07	.	15% (+/-)	No
MAX Aged Total	N/A	12,078	N/A	12,688	N/A	.	N/A	5.05	.	10% (+/-)	Yes
11: Aged, Cash	N/A	1,667	N/A	1,633	N/A	.	N/A	-2.04	.	10% (+/-)	Yes
21: Aged, MN	N/A	4,090	N/A	4,394	N/A	.	N/A	7.43	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	387	N/A	604	N/A	.	N/A	56.07	.	10% (+/-)	No
41: Other Aged	N/A	5,934	N/A	6,057	N/A	.	N/A	2.07	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	12,551	N/A	13,368	N/A	.	N/A	6.51	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	6,047	N/A	6,161	N/A	.	N/A	1.89	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,439	N/A	2,660	N/A	.	N/A	9.06	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	237	N/A	434	N/A	.	N/A	83.12	.	10% (+/-)	No
42: Other Disabled	N/A	3,828	N/A	4,113	N/A	.	N/A	7.45	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	52,198	N/A	61,877	N/A	.	N/A	18.54	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	11,139	N/A	11,650	N/A	.	N/A	4.59	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	150	N/A	194	N/A	.	N/A	29.33	.	10% (+/-)	No
24: AFDC Child, MN	N/A	1,535	N/A	1,770	N/A	.	N/A	15.31	.	10% (+/-)	No
34: Child Poverty	N/A	30,650	N/A	39,005	N/A	.	N/A	27.26	.	10% (+/-)	No
44: Other Child	N/A	6,383	N/A	6,659	N/A	.	N/A	4.32	.	10% (+/-)	Yes
48: Foster Care Child	N/A	2,341	N/A	2,599	N/A	.	N/A	11.02	.	10% (+/-)	No
54: 1115 Child	N/A	2,341	N/A	2,599	N/A	.	N/A	11.02	.	10% (+/-)	No
MAX Adult Total	N/A	15,078	N/A	16,080	N/A	.	N/A	6.65	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	5,409	N/A	5,309	N/A	.	N/A	-1.85	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	171	N/A	206	N/A	.	N/A	20.47	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	1,754	N/A	2,441	N/A	.	N/A	39.17	.	10% (+/-)	No

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	2,890	N/A	2,815	N/A	.	N/A	-2.60	.	10% (+/-)	Yes
45: Other Adult	N/A	4,854	N/A	5,309	N/A	.	N/A	9.37	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$570,224,569	N/A	$606,465,660	N/A	.	N/A	6.36	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$6,204	N/A	$5,831	N/A	.	N/A	-6.02	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$7,174	N/A	$6,854	N/A	.	N/A	-4.47	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$18,144	N/A	$17,507	N/A	.	N/A	-3.51	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$8,495	N/A	$8,657	N/A	.	N/A	1.91	.	15% (+/-)	Yes
21: Aged, MN	N/A	$18,013	N/A	$17,665	N/A	.	N/A	-1.93	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$793	N/A	$2,017	N/A	.	N/A	154.25	.	15% (+/-)	No
41: Other Aged	N/A	$22,076	N/A	$21,324	N/A	.	N/A	-3.41	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$17,538	N/A	$17,473	N/A	.	N/A	-0.37	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$19,163	N/A	$19,486	N/A	.	N/A	1.68	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$12,786	N/A	$12,860	N/A	.	N/A	0.58	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$608	N/A	$1,476	N/A	.	N/A	142.84	.	15% (+/-)	No
42: Other Disabled	N/A	$19,047	N/A	$19,130	N/A	.	N/A	0.44	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,929	N/A	$1,939	N/A	.	N/A	0.51	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$1,386	N/A	$1,386	N/A	.	N/A	-0.02	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$759	N/A	$556	N/A	.	N/A	-26.74	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$1,686	N/A	$1,917	N/A	.	N/A	13.72	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$1,216	N/A	$1,168	N/A	.	N/A	-3.96	.	15% (+/-)	Yes
44: Other Child	N/A	$3,767	N/A	$4,376	N/A	.	N/A	16.15	.	15% (+/-)	No
48: Foster Care Child	N/A	$9,067	N/A	$9,860	N/A	.	N/A	8.75	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,008	N/A	$1,915	N/A	.	N/A	-4.65	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$2,008	N/A	$2,085	N/A	.	N/A	3.83	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$669	N/A	$616	N/A	.	N/A	-7.91	.	15% (+/-)	Yes
25: AFDC Adult, MN	N/A	$2,315	N/A	$2,250	N/A	.	N/A	-2.84	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,200	N/A	$2,033	N/A	.	N/A	-7.57	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,831	N/A	$1,578	N/A	.	N/A	-13.79	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$32,454,216	N/A	$28,471,797	N/A	.	N/A	-12.27	.	15% (+/-)	Yes
IP: Number of Users	N/A	10,008	N/A	9,229	N/A	.	N/A	-7.78	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,243	N/A	$3,085	N/A	.	N/A	-4.87	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	5	N/A	.	N/A	-9.92	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$1,695,935	N/A	$1,912,211	N/A	.	N/A	12.75	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	184	N/A	176	N/A	.	N/A	-4.35	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$9,217	N/A	$10,865	N/A	.	N/A	17.88	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$1,369,673	N/A	$1,681,670	N/A	.	N/A	22.78	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	29	N/A	35	N/A	.	N/A	20.69	.	15% (+/-)	No

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State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$47,230	N/A	$48,048	N/A	.	N/A	1.73	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$182,499,106	N/A	$183,976,418	N/A	.	N/A	0.81	.	15% (+/-)	Yes
NF Number of Users	N/A	$7,206	N/A	$7,214	N/A	.	N/A	0.11	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$25,326	N/A	$25,503	N/A	.	N/A	0.70	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$17,028,657	N/A	$16,379,175	N/A	.	N/A	-3.81	.	15% (+/-)	Yes
Physician: Number of Users	N/A	54,328	N/A	57,320	N/A	.	N/A	5.51	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$313	N/A	$286	N/A	.	N/A	-8.83	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$3,830,013	N/A	$4,268,632	N/A	.	N/A	11.45	.	15% (+/-)	Yes
Dental: Number of Users	N/A	20,933	N/A	23,422	N/A	.	N/A	11.89	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$183	N/A	$182	N/A	.	N/A	-0.39	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$7,221,243	N/A	$2,882,428	N/A	.	N/A	-60.08	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	23,353	N/A	14,131	N/A	.	N/A	-39.49	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$309	N/A	$204	N/A	.	N/A	-34.03	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$20,692,398	N/A	$28,055,009	N/A	.	N/A	35.58	.	15% (+/-)	No
OPD Number of Users	N/A	36,695	N/A	43,053	N/A	.	N/A	17.33	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$564	N/A	$652	N/A	.	N/A	15.56	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$66,974,567	N/A	$39,699,882	N/A	.	N/A	-40.72	.	15% (+/-)	No
Clinic: Number of Users	N/A	24,220	N/A	27,955	N/A	.	N/A	15.42	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$2,765	N/A	$1,420	N/A	.	N/A	-48.64	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$3,715,560	N/A	$5,040,933	N/A	.	N/A	35.67	.	15% (+/-)	No
HH: Number of Users	N/A	2,173	N/A	2,271	N/A	.	N/A	4.51	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,710	N/A	$2,220	N/A	.	N/A	29.82	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$7,098,338	N/A	$2,700,579	N/A	.	N/A	-61.95	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	40,259	N/A	40,192	N/A	.	N/A	-0.17	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$176	N/A	$67	N/A	.	N/A	-61.89	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$55,790,243	N/A	$69,497,498	N/A	.	N/A	24.57	.	15% (+/-)	No
Drugs: Number of Users	N/A	62,595	N/A	70,626	N/A	.	N/A	12.83	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$891	N/A	$984	N/A	.	N/A	10.40	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$133,577,823	N/A	$113,601,737	N/A	.	N/A	-14.95	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$8,926	N/A	$7,006	N/A	.	N/A	-21.51	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$14,965	N/A	$16,215	N/A	.	N/A	8.35	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,451,277	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	4,893	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$501	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,919,546	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	137	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$21,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,191,038	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,426	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$835	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$4,379,161	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,464	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,991	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$427,937	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	812	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$527	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$7,772,475	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	20,277	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$383	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$3,609,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	63	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$57,288	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$57,129,078	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	14,871	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,842	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$23,482,468	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,596	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,713	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$353	N/A	$274	N/A	.	N/A	-22.48	.	15% (+/-)	No
Aged	N/A	$218	N/A	$153	N/A	.	N/A	-30.04	.	15% (+/-)	No
Disabled	N/A	$1,020	N/A	$797	N/A	.	N/A	-21.87	.	15% (+/-)	No
Child	N/A	$205	N/A	$154	N/A	.	N/A	-25.03	.	15% (+/-)	No
Adult	N/A	$419	N/A	$396	N/A	.	N/A	-5.38	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$2,019	N/A	$1,803	N/A	.	N/A	-10.68	.	15% (+/-)	Yes
Aged	N/A	$14,009	N/A	$13,383	N/A	.	N/A	-4.47	.	15% (+/-)	Yes
Disabled	N/A	$1,144	N/A	$1,127	N/A	.	N/A	-1.46	.	15% (+/-)	Yes
Child	N/A	$38	N/A	$44	N/A	.	N/A	13.73	.	15% (+/-)	Yes
Adult	N/A	$1	N/A	$0	N/A	.	N/A	-53.93	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$607	N/A	$668	N/A	.	N/A	10.07	.	15% (+/-)	Yes
Aged	N/A	$1,515	N/A	$1,686	N/A	.	N/A	11.27	.	15% (+/-)	Yes
Disabled	N/A	$2,091	N/A	$2,418	N/A	.	N/A	15.63	.	15% (+/-)	No
Child	N/A	$119	N/A	$148	N/A	.	N/A	23.69	.	15% (+/-)	No
Adult	N/A	$333	N/A	$414	N/A	.	N/A	24.35	.	15% (+/-)	No
All Other Services	N/A	$3,211	N/A	$3,085	N/A	.	N/A	-3.90	.	15% (+/-)	Yes
Aged	N/A	$2,402	N/A	$2,286	N/A	.	N/A	-4.81	.	15% (+/-)	Yes
Disabled	N/A	$13,273	N/A	$13,131	N/A	.	N/A	-1.07	.	15% (+/-)	Yes
Child	N/A	$1,561	N/A	$1,594	N/A	.	N/A	2.13	.	15% (+/-)	Yes
Adult	N/A	$1,196	N/A	$1,105	N/A	.	N/A	-7.59	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	10.89	N/A	8.87	N/A	.	N/A	-18.52	.	15% (+/-)	No
Aged	N/A	15.90	N/A	11.18	N/A	.	N/A	-29.70	.	15% (+/-)	No
Disabled	N/A	18.37	N/A	14.19	N/A	.	N/A	-22.76	.	15% (+/-)	No
Child	N/A	6.65	N/A	5.78	N/A	.	N/A	-13.09	.	15% (+/-)	Yes
Adult	N/A	15.32	N/A	14.55	N/A	.	N/A	-5.05	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	8.07	N/A	7.14	N/A	.	N/A	-11.49	.	15% (+/-)	Yes
Aged	N/A	55.68	N/A	52.96	N/A	.	N/A	-4.88	.	15% (+/-)	Yes
Disabled	N/A	3.98	N/A	3.84	N/A	.	N/A	-3.67	.	15% (+/-)	Yes
Child	N/A	0.35	N/A	0.30	N/A	.	N/A	-12.86	.	15% (+/-)	Yes
Adult	N/A	0.04	N/A	0.02	N/A	.	N/A	-37.49	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	68.11	N/A	67.90	N/A	.	N/A	-0.30	.	15% (+/-)	Yes
Aged	N/A	88.29	N/A	85.73	N/A	.	N/A	-2.90	.	15% (+/-)	Yes
Disabled	N/A	83.78	N/A	82.69	N/A	.	N/A	-1.30	.	15% (+/-)	Yes

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State: NH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	59.61	N/A	61.27	N/A	.	N/A	2.78	.	15% (+/-)	Yes
Adult	N/A	68.30	N/A	67.06	N/A	.	N/A	-1.82	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	82.59	N/A	79.79	N/A	.	N/A	-3.39	.	15% (+/-)	Yes
Aged	N/A	82.41	N/A	76.65	N/A	.	N/A	-6.99	.	15% (+/-)	Yes
Disabled	N/A	91.24	N/A	90.16	N/A	.	N/A	-1.18	.	15% (+/-)	Yes
Child	N/A	81.51	N/A	79.49	N/A	.	N/A	-2.49	.	15% (+/-)	Yes
Adult	N/A	79.27	N/A	74.83	N/A	.	N/A	-5.60	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	5	N/A	.	N/A	-9.92	.	15% (+/-)	Yes
Aged	N/A	5	N/A	5	N/A	.	N/A	7.16	.	15% (+/-)	Yes
Disabled	N/A	10	N/A	9	N/A	.	N/A	-5.73	.	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	.	N/A	-11.26	.	15% (+/-)	Yes
Adult	N/A	4	N/A	3	N/A	.	N/A	-14.63	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	301	N/A	252	N/A	.	N/A	-16.35	.	15% (+/-)	No
Aged	N/A	311	N/A	260	N/A	.	N/A	-16.32	.	15% (+/-)	No
Disabled	N/A	256	N/A	214	N/A	.	N/A	-16.32	.	15% (+/-)	No
Child	N/A	57	N/A	51	N/A	.	N/A	-10.15	.	15% (+/-)	Yes
Adult	N/A	28	N/A	15	N/A	.	N/A	-47.06	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,206,459	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	6,240	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$193	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,565,532	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	6,709	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$233	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,177,559	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6,913	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$460	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$125,036,855	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,293	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$29,126	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	125,428	N/A	146,195	N/A	.	N/A	16.56	.	No
% Encounter Claims *	N/A	16.19	N/A	30.42	N/A	.	N/A	87.88	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	105,120	N/A	101,724	N/A	.	N/A	-3.23	.	Yes
% Crossover	5-20	36.60	No	36.98	No	.	N/A	1.04	.	Yes
% Adjusted Claims	> 1%	1.17	Yes	0.93	No	.	N/A	-20.71	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$7,181	N/A	$7,236	N/A	.	N/A	0.78	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	66,651	N/A	64,110	N/A	.	N/A	-3.81	.	Yes
% Claims with> $0 Paid	95-100	99.78	Yes	100.00	Yes	.	N/A	0.22	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$5,322	Yes	$5,284	Yes	.	N/A	-0.72	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$695	N/A	$728	N/A	.	N/A	4.63	.	Yes
% Claims with TPL	>0 - 10	6.69	Yes	6.55	Yes	.	N/A	-1.96	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$1,251	N/A	$1,058	N/A	.	N/A	-15.43	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.68	Yes	99.84	Yes	.	N/A	0.16	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.17	Yes	99.61	Yes	.	N/A	0.44	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.46	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	7.78	No	7.38	Yes	.	N/A	-5.13	.	Yes
Average Covered Days (> 0 day	2-<8	7.64	No	7.23	Yes	.	N/A	-5.35	.	Yes
% Begin Date = Admit Date	95-100	99.51	Yes	99.54	Yes	.	N/A	0.04	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.90	Yes	99.88	Yes	.	N/A	-0.03	.	Yes
% Family Planning Claims (pgm	>0-5	0.10	Yes	0.12	Yes	.	N/A	26.02	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.29	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	8.06	Yes	8.71	Yes	.	N/A	8.07	.	Yes
% Claims with PDX, where length=4	15-75	27.99	Yes	27.61	Yes	.	N/A	-1.34	.	Yes
% Claims with PDX, where length=5	25-70	63.95	No	63.68	Yes	.	N/A	-0.43	.	Yes
% Claims with a procedure code	35-70	55.34	Yes	54.65	Yes	.	N/A	-1.25	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.51	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.64	N/A	99.31	N/A	.	N/A	-0.33	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.64	N/A	99.31	N/A	.	N/A	-0.33	.	Yes
% Claims with DRG	>=90	.	N/A	97.13	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	10.94	N/A	11.13	N/A	.	N/A	1.81	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	12.01	N/A	12.90	N/A	.	N/A	7.39	.	Yes
Patient Status										
% Home	75-90	86.04	Yes	84.61	Yes	.	N/A	-1.67	.	Yes
% Transferred	1-10	7.29	Yes	13.01	No	.	N/A	78.44	.	No
% Still a Patient	>0 - 2	0.41	Yes	0.35	Yes	.	N/A	-14.38	.	Yes
% Died	>0 - 3	2.14	Yes	2.03	Yes	.	N/A	-4.93	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	38,469	N/A	37,614	N/A	.	N/A	-2.22	.	Yes
% Claims with> $0 Paic	N/A	99.85	N/A	100.00	N/A	.	N/A	0.15	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$929	N/A	$915	N/A	.	N/A	-1.57	.	Yes
% Claims with TPL	N/A	0.31	N/A	0.16	N/A	.	N/A	-47.57	.	No
Aver. TPL Paid -claims with TPL	N/A	$1,234	N/A	$474	N/A	.	N/A	-61.60	.	No
% Claims withUB-92 Accommodation Codes	95-100	99.88	Yes	99.99	Yes	.	N/A	0.12	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.23	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.88	Yes	99.84	N/A	.	N/A	-0.03	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	12.21	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	9.01	No	8.36	No	.	N/A	-7.17	.	Yes
% Begin Date = Admit Date	95-100	99.85	Yes	99.85	Yes	.	N/A	-0.01	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	96.80	Yes	4.46	Yes	.	N/A	-95.39	.	No
% Claims with PDX, where length=3	5-30	8.86	Yes	9.41	Yes	.	N/A	6.27	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

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State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	43.38	Yes	42.68	Yes	.	N/A	-1.62	.	Yes
% Claims with PDX, where length=5	25-70	47.76	Yes	47.91	Yes	.	N/A	0.31	.	Yes
% Claims with a procedure code	35-70	57.10	Yes	55.96	Yes	.	N/A	-2.00	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.60	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.61	N/A	99.66	N/A	.	N/A	0.05	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.61	N/A	99.66	N/A	.	N/A	0.05	.	Yes
% Claims with DRG	>=90	.	N/A	99.45	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	483,007	N/A	451,793	N/A	.	N/A	-6.46	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	483,007	N/A	451,793	N/A	.	N/A	-6.46	.	Yes
% Crossover	5-20	0.49	No	0.27	No	.	N/A	-44.34	.	No
% Adjusted Claims	> 1%	63.19	Yes	59.67	Yes	.	N/A	-5.57	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$3,783	N/A	$3,960	N/A	.	N/A	4.68	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	480,627	N/A	450,554	N/A	.	N/A	-6.26	.	Yes
% Claims with> $0 Paid	N/A	99.72	N/A	100.00	N/A	.	N/A	0.28	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$100	No	$104	No	.	N/A	4.00	.	Yes
ICF/MR (TOS 05)	N/A	$266	N/A	$289	N/A	.	N/A	8.75	.	Yes
Aged/MH (TOS 02)	N/A	$289	N/A	$290	N/A	.	N/A	0.49	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$334	N/A	$323	N/A	.	N/A	-3.40	.	Yes
% NF (TOS 07)	75-99	84.69	Yes	88.65	Yes	.	N/A	4.68	.	Yes
% NF claims with NF Covered Days	N/A	98.64	N/A	97.77	N/A	.	N/A	-0.88	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	0.31	.	Yes
% ICF/MR (TOS 05)	>0-20	13.46	Yes	9.29	Yes	.	N/A	-30.99	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	99.46	N/A	99.54	N/A	.	N/A	0.08	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	0.37	.	Yes
% Aged/MH (TOS 02)	>0-10	0.35	Yes	0.32	Yes	.	N/A	-7.51	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	99.82	N/A	100.00	N/A	.	N/A	0.18	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-1.54	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	1.50	Yes	1.74	Yes	.	N/A	15.52	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	26	N/A	26	N/A	.	N/A	1.60	.	Yes
% Claims with Leave Days	1-20	7.85	Yes	7.54	Yes	.	N/A	-3.88	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	23.20	Yes	22.18	Yes	.	N/A	-4.37	.	Yes
% Claims with DX, where length=4	15-75	68.99	No	67.38	Yes	.	N/A	-2.32	.	Yes

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1998-1999 MAX LT Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	7.82	No	10.43	No	.	N/A	33.47	.	No
Patient Status										
% Home	1-5	0.34	No	0.36	No	.	N/A	4.40	.	Yes
% Still a Patien	8-98	96.75	Yes	96.19	Yes	.	N/A	-0.57	.	Yes
% Died	>0-5	1.29	Yes	1.45	Yes	.	N/A	12.10	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,380	N/A	1,239	N/A	.	N/A	-47.94	.	No
% Claims with> $0 Paic	N/A	91.97	N/A	100.00	N/A	.	N/A	8.73	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$681	N/A	$753	N/A	.	N/A	10.58	.	Yes
% NF (TOS 07)	75-99	93.11	Yes	87.57	Yes	.	N/A	-5.95	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	6.81	Yes	12.35	No	.	N/A	81.42	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.08	Yes	0.08	Yes	.	N/A	-3.95	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	20.59	Yes	20.82	Yes	.	N/A	1.14	.	Yes
% Claims with DX, where length=4	15-75	67.73	No	58.43	Yes	.	N/A	-13.73	.	Yes
% Claims with DX, where length=5	25-70	11.68	No	20.74	No	.	N/A	77.58	.	No
Patient Status										
% Home	1-5	2.10	Yes	5.73	No	.	N/A	172.77	.	No
% Still a Patien	8-98	85.17	Yes	80.47	Yes	.	N/A	-5.52	.	Yes
% Died	>0-5	1.09	Yes	0.32	Yes	.	N/A	-70.45	.	No

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1998-1999 MAX OT Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	22,047,015	N/A	24,914,263	N/A	.	N/A	13.01	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	6.64	N/A	12.49	N/A	.	N/A	87.93	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	21.23	N/A	19.00	N/A	.	N/A	-10.49	.	Yes
Total FFS Claims	N/A	20,582,218	N/A	17,069,565	N/A	.	N/A	-17.07	.	No
% Crossover	5-20	9.43	Yes	3.66	No	.	N/A	-61.21	.	No
% Adjusted Claims	> 1%	3.13	Yes	9.21	Yes	.	N/A	194.27	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$130	N/A	$104	N/A	.	N/A	-20.12	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	19.92	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	1.79	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$142	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$17	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	18,640,596	N/A	16,444,976	N/A	.	N/A	-11.78	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	34.20	N/A	10.34	N/A	.	N/A	-69.76	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.91	N/A	11.24	N/A	.	N/A	-19.16	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	15.09	N/A	0.88	N/A	.	N/A	-94.14	.	No
% Other Claims with Span Bills/All Other Claims	N/A	36.23	N/A	10.78	N/A	.	N/A	-70.24	.	No
% Claims W/ Service Place 11- Office	50-90	15.29	No	25.15	No	.	N/A	64.50	.	No
% Claims W/ Service Place 12 - Home	>0-5	22.75	No	45.63	No	.	N/A	100.59	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.80	Yes	3.10	Yes	.	N/A	10.55	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.90	Yes	0.91	Yes	.	N/A	0.38	.	Yes
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	15.78	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	1.82	Yes	5.69	No	.	N/A	212.46	.	No
% Claims with TPL	>0 - 15	0.02	Yes	0.03	Yes	.	N/A	69.49	.	No
Aver. TPL Paid -claims with TPL	N/A	$131	N/A	$149	N/A	.	N/A	14.44	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	9.32	No	8.07	No	.	N/A	-13.42	.	Yes
% claims MAX TOS 09: Dental	2-20	4.09	Yes	3.23	Yes	.	N/A	-21.07	.	No
% claims MAX TOS 10: Other Practioner	0.5-8	2.10	Yes	0.79	Yes	.	N/A	-62.51	.	No
% claims MAX TOS 11: OPD	3-25	8.51	Yes	14.19	Yes	.	N/A	66.78	.	No
% claims MAX TOS 12: Clinic	2-25	10.05	Yes	6.37	Yes	.	N/A	-36.62	.	No
% claims MAX TOS 13: HH	>0-25	3.87	Yes	5.13	Yes	.	N/A	32.62	.	No
% claims MAX TOS 15: Lab/Xray	4-20	14.34	Yes	4.87	Yes	.	N/A	-66.04	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	26.16	No	7.70	Yes	.	N/A	-70.58	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.47	Yes	2.88	No	.	N/A	-16.97	.	No
% claims MAX TOS 26: Transportation	>1	15.75	No	11.26	Yes	.	N/A	-28.51	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	25.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	1.19	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.28	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	5.91	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	2.94	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$95	N/A	$83	N/A	.	N/A	-12.54	.	Yes
08: Physicians	$20-90	$30	Yes	$30	Yes	.	N/A	-0.71	.	Yes
09: Dental	$10-60	$22	Yes	$23	Yes	.	N/A	2.84	.	Yes
10: Other Practioner	$10-100	$55	Yes	$20	Yes	.	N/A	-64.25	.	No
11: OPD	$20-100	$179	No	$113	No	.	N/A	-37.29	.	No
12: Clinic	$20-100	$64	Yes	$21	Yes	.	N/A	-67.25	.	No
13: HH	N/A	$155	N/A	$76	N/A	.	N/A	-50.89	.	No
15: Lab/Xray	10-60	$23	Yes	$17	Yes	.	N/A	-25.31	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$142	N/A	$245	N/A	.	N/A	72.33	.	No
51: DME	N/A	$82	Yes	$87	N/A	.	N/A	5.45	.	Yes
26: Transportation	N/A	$31	N/A	$30	N/A	.	N/A	-3.75	.	Yes
30: PCS	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$632	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,148	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,088	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$87	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$85	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.53	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.92	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	6.78	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$21	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$37	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$276	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	62.59	Yes	85.22	Yes	.	N/A	36.15	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.37	Yes	99.16	Yes	.	N/A	-0.21	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	21.85	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	14.25	Yes	15.25	Yes	.	N/A	7.02	.	Yes
% Claims with DX, where length=4	40-70	55.17	No	53.80	Yes	.	N/A	-2.48	.	Yes
% Claims with DX, where length=5	20-55	30.58	Yes	30.95	Yes	.	N/A	1.20	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	91.39	N/A	100.00	N/A	.	N/A	9.42	.	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	49.02	N/A	100.00	N/A	.	N/A	104.01	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	89.39	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	13.77	N/A	32.28	N/A	.	N/A	134.45	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	79.28	N/A	64.08	N/A	.	N/A	-19.17	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	6.96	N/A	3.65	N/A	.	N/A	-47.59	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	73.69	No	100.00	Yes	.	N/A	35.70	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,941,622	N/A	624,589	N/A	.	N/A	-67.83	.	No
% Claims with> $0 Paid	>95%	99.99	N/A	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	7.93	N/A	12.90	N/A	.	N/A	62.72	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	21.44	N/A	21.21	N/A	.	N/A	-1.04	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	6.10	N/A	7.25	N/A	.	N/A	18.95	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	53.26	N/A	28.47	N/A	.	N/A	-46.55	.	No
% claims MAX TOS 10: Other Practioner	N/A	8.38	N/A	4.35	N/A	.	N/A	-48.13	.	No

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1998-1999 MAX OT Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	11.96	N/A	40.49	N/A	.	N/A	238.58	.	No
% claims MAX TOS 12: Clinic	N/A	0.94	N/A	1.40	N/A	.	N/A	48.71	.	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	11.70	N/A	4.70	N/A	.	N/A	-59.87	.	No
% claims MAX TOS 19: Other Services	N/A	9.02	N/A	20.14	N/A	.	N/A	123.35	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	4.67	N/A	0.23	N/A	.	N/A	-95.03	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$35	N/A	$76	N/A	.	N/A	116.97	.	No
% Claims with DX	N/A	95.33	N/A	99.77	N/A	.	N/A	4.66	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	45.40	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	10.37	Yes	15.16	Yes	.	N/A	46.20	.	No
% Claims with DX, where length=4	40-70	51.15	No	48.05	Yes	.	N/A	-6.07	.	Yes
% Claims with DX, where length=5	20-55	38.47	Yes	36.79	Yes	.	N/A	-4.39	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	9,186,352	N/A	12,052,561	N/A	.	N/A	31.20	.	No
% Encounter Claims *	N/A	0.00	N/A	15.92	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	9,186,352	N/A	10,133,252	N/A	.	N/A	10.31	.	Yes
% Adjusted Claims	> 1%	1.71	Yes	1.32	Yes	.	N/A	-22.48	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$61	N/A	$84	N/A	.	N/A	38.62	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	9,186,352	N/A	10,133,252	N/A	.	N/A	10.31	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$47	Yes	$52	Yes	.	N/A	8.84	.	Yes
% Claims with TPL	>0 - 15	0.07	Yes	0.09	Yes	.	N/A	23.57	.	No
Aver. TPL Paid for claims with TPL	N/A	$65	N/A	$148	N/A	.	N/A	126.52	.	No
% Family Planning Claims (program type=2)	N/A	0.80	N/A	0.84	N/A	.	N/A	4.76	.	Yes
% Drug Claims (TOS 16)	95-99	99.20	No	100.00	No	.	N/A	0.81	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	98.72	Yes	98.92	Yes	.	N/A	0.19	.	Yes
% Claims with Medispan	98-100	87.19	No	93.61	No	.	N/A	7.36	.	Yes
% Claims with AHFS	98-100	98.72	Yes	98.92	Yes	.	N/A	0.19	.	Yes
% Claims with Generic (GTC)	98-100	98.72	Yes	98.92	Yes	.	N/A	0.19	.	Yes
% Claims with GC3	98-100	98.72	Yes	98.92	Yes	.	N/A	0.19	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	97.73	N/A	77.15	N/A	.	N/A	-21.06	.	No
% Products (codes 4-6)	N/A	0.34	N/A	21.44	N/A	.	N/A	6169.27	.	No
% HRI (code 7)	N/A	0.64	N/A	0.29	N/A	.	N/A	-54.18	.	No
% Claims with Smart Key	98-100	98.72	Yes	98.92	Yes	.	N/A	0.19	.	Yes
% OTC-Drug Class	N/A	3.58	N/A	3.51	N/A	.	N/A	-2.10	.	Yes
% Prescription-Drug Class	N/A	95.13	N/A	95.41	N/A	.	N/A	0.29	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	39.14	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	36.78	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	905,478	N/A	905,802	N/A	.	N/A	0.04	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$4,553,925,853	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	12.59	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	26.19	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	11.24	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	7.69	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.99	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	41.14	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	897,730	N/A	869,612	N/A	.	N/A	-3.13	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	691,302	N/A	689,707	N/A	.	N/A	-0.23	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.47	Yes	98.91	No	.	N/A	-0.56	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	87.80	No	90.22	Yes	.	N/A	2.76	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	148	N/A	12	N/A	.	N/A	-91.89	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.95	Yes	99.99	Yes	.	N/A	0.05	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.66	Yes	1.95	Yes	.	N/A	17.53	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	30.08	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	34.53	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.26	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	22.36	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	11.45	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	4.29	Yes	4.16	Yes	.	N/A	-3.06	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	54.80	Yes	56.20	Yes	.	N/A	2.54	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	15.49	Yes	16.32	Yes	.	N/A	5.35	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	58.71	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	171,465	N/A	178,150	N/A	.	N/A	3.90	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	86.72	No	88.15	No	.	N/A	1.65	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	85.91	No	87.53	No	.	N/A	1.88	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	42.65	Yes	42.98	Yes	.	N/A	0.77	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	7,163	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	63.53	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	20.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	15.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	16.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	14.63	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.83	Yes	99.91	Yes	.	N/A	0.08	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.68	Yes	99.69	Yes	.	N/A	0.02	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	92.77	Yes	88.17	Yes	.	N/A	-4.95	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	113,168	N/A	115,251	N/A	.	N/A	1.84	.	10% (+/-)	Yes
11: Aged, Cash	N/A	35,975	N/A	35,866	N/A	.	N/A	-0.30	.	10% (+/-)	Yes
21: Aged, MN	N/A	3,512	N/A	3,831	N/A	.	N/A	9.08	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	34,449	N/A	35,852	N/A	.	N/A	4.07	.	10% (+/-)	Yes
41: Other Aged	N/A	39,232	N/A	39,702	N/A	.	N/A	1.20	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	172,691	N/A	167,214	N/A	.	N/A	-3.17	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	133,975	N/A	129,635	N/A	.	N/A	-3.24	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,279	N/A	1,246	N/A	.	N/A	-2.58	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	22,492	N/A	24,661	N/A	.	N/A	9.64	.	10% (+/-)	Yes
42: Other Disabled	N/A	14,945	N/A	11,672	N/A	.	N/A	-21.90	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	437,202	N/A	443,135	N/A	.	N/A	1.36	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	160,211	N/A	135,473	N/A	.	N/A	-15.44	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	1,691	N/A	542	N/A	.	N/A	-67.95	.	10% (+/-)	No
34: Child Poverty	N/A	149,564	N/A	191,148	N/A	.	N/A	27.80	.	10% (+/-)	No
44: Other Child	N/A	106,447	N/A	97,204	N/A	.	N/A	-8.68	.	10% (+/-)	Yes
48: Foster Care Child	N/A	19,289	N/A	18,768	N/A	.	N/A	-2.70	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	168,860	N/A	144,012	N/A	.	N/A	-14.72	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	83,065	N/A	67,317	N/A	.	N/A	-18.96	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	4	N/A	3	N/A	.	N/A	-25.00	.	10% (+/-)	No
35: Adult, Poverty	N/A	29,678	N/A	25,066	N/A	.	N/A	-15.54	.	10% (+/-)	No
45: Other Adult	N/A	56,113	N/A	51,626	N/A	.	N/A	-8.00	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	687,684	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	93.82	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.23	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.46	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	2.42	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	4.06	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	157,048	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	22,973	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	731	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	61.11	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	531,449	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	95.69	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	4.31	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	1.74	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	11.76	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	567,663	N/A	531,449	N/A	.	N/A	-6.38	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	5.35	N/A	3.61	N/A	.	N/A	-32.51	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	3.21	N/A	3.06	N/A	.	N/A	-4.49	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	67.14	N/A	73.04	N/A	.	N/A	8.79	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	24.30	N/A	20.29	N/A	.	N/A	-16.53	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	367,154	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	687,684	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	52.43	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	1.30	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	46.27	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$616,157,051	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$612,348,468	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$3,808,583	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.03	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	3.72	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$140	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$141	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$612,349,022	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	508,548	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$3,808,029	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	22,901	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$205,208,556	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$47,831,725	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$7,021,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$7,788,308	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$142,566,884	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$404	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$15	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$280	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	195,037	N/A	186,011	N/A	.	N/A	-4.63	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	137,457	N/A	136,024	N/A	.	N/A	-1.04	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	126,459	N/A	126,708	N/A	.	N/A	0.20	.	15% (+/-)	Yes
MAX Aged Total	N/A	14,349	N/A	14,023	N/A	.	N/A	-2.27	.	10% (+/-)	Yes
11: Aged, Cash	N/A	5,301	N/A	5,166	N/A	.	N/A	-2.55	.	10% (+/-)	Yes
21: Aged, MN	N/A	271	N/A	511	N/A	.	N/A	88.56	.	10% (+/-)	No
31: Aged, Poverty	N/A	6,234	N/A	5,046	N/A	.	N/A	-19.06	.	10% (+/-)	No
41: Other Aged	N/A	2,543	N/A	3,300	N/A	.	N/A	29.77	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	88,030	N/A	85,782	N/A	.	N/A	-2.55	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	81,071	N/A	79,092	N/A	.	N/A	-2.44	.	10% (+/-)	Yes
22: Disabled, MN	N/A	550	N/A	478	N/A	.	N/A	-13.09	.	10% (+/-)	No
32: Disabled, Poverty	N/A	3,850	N/A	3,757	N/A	.	N/A	-2.42	.	10% (+/-)	Yes
42: Other Disabled	N/A	2,559	N/A	2,455	N/A	.	N/A	-4.06	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	56,024	N/A	54,913	N/A	.	N/A	-1.98	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	10,081	N/A	10,820	N/A	.	N/A	7.33	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	1,689	N/A	538	N/A	.	N/A	-68.15	.	10% (+/-)	No
34: Child Poverty	N/A	21,789	N/A	21,510	N/A	.	N/A	-1.28	.	10% (+/-)	Yes
44: Other Child	N/A	4,606	N/A	4,548	N/A	.	N/A	-1.26	.	10% (+/-)	Yes
48: Foster Care Child	N/A	17,859	N/A	17,497	N/A	.	N/A	-2.03	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	30,825	N/A	31,293	N/A	.	N/A	1.52	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	7,628	N/A	6,830	N/A	.	N/A	-10.46	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	4	N/A	3	N/A	.	N/A	-25.00	.	10% (+/-)	No
35: Adult, Poverty	N/A	7,869	N/A	7,717	N/A	.	N/A	-1.93	.	10% (+/-)	Yes
45: Other Adult	N/A	15,324	N/A	16,743	N/A	.	N/A	9.26	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	6,470	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,154,495,547	N/A	$1,378,544,165	N/A	.	N/A	19.41	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$5,919	N/A	$7,411	N/A	.	N/A	25.20	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$8,399	N/A	$10,135	N/A	.	N/A	20.66	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$4,648	N/A	$7,151	N/A	.	N/A	53.87	.	15% (+/-)	No
11: Aged, Cash	N/A	$7,039	N/A	$8,286	N/A	.	N/A	17.72	.	15% (+/-)	No
21: Aged, MN	N/A	$4,946	N/A	$9,226	N/A	.	N/A	86.55	.	15% (+/-)	No
31: Aged, Poverty	N/A	$2,672	N/A	$3,194	N/A	.	N/A	19.55	.	15% (+/-)	No
41: Other Aged	N/A	$4,475	N/A	$11,105	N/A	.	N/A	148.16	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,661	N/A	$11,268	N/A	.	N/A	5.69	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$10,432	N/A	$10,931	N/A	.	N/A	4.78	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$4,131	N/A	$7,028	N/A	.	N/A	70.12	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$6,358	N/A	$7,559	N/A	.	N/A	18.89	.	15% (+/-)	No
42: Other Disabled	N/A	$25,801	N/A	$28,617	N/A	.	N/A	10.92	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$2,021	N/A	$2,683	N/A	.	N/A	32.75	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$290	N/A	$510	N/A	.	N/A	76.00	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$501	N/A	$658	N/A	.	N/A	31.16	.	15% (+/-)	No
34: Child, Poverty	N/A	$258	N/A	$471	N/A	.	N/A	82.63	.	15% (+/-)	No
44: Other Child	N/A	$595	N/A	$6,191	N/A	.	N/A	940.56	.	15% (+/-)	No
48: Foster Care Child	N/A	$5,661	N/A	$5,897	N/A	.	N/A	4.17	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,170	N/A	$5,252	N/A	.	N/A	348.90	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,187	N/A	$1,213	N/A	.	N/A	2.24	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$773	N/A	$3,247	N/A	.	N/A	319.96	.	15% (+/-)	No
35: Adult, Poverty	N/A	$1,984	N/A	$1,622	N/A	.	N/A	-18.22	.	15% (+/-)	No
45: Other Adult	N/A	$744	N/A	$8,573	N/A	.	N/A	1052.35	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$224,659,989	N/A	$245,386,510	N/A	.	N/A	9.23	.	15% (+/-)	Yes
IP: Number of Users	N/A	21,872	N/A	25,163	N/A	.	N/A	15.05	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$10,272	N/A	$9,752	N/A	.	N/A	-5.06	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	15	N/A	13	N/A	.	N/A	-8.22	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$1,969,834	N/A	$1,545,270	N/A	.	N/A	-21.55	.	15% (+/-)	No
MH Aged: Number of Users	N/A	36	N/A	32	N/A	.	N/A	-11.11	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$54,718	N/A	$48,290	N/A	.	N/A	-11.75	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$54,922,755	N/A	$59,456,303	N/A	.	N/A	8.25	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	1,096	N/A	1,117	N/A	.	N/A	1.92	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$50,112	N/A	$53,229	N/A	.	N/A	6.22	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$169,251,851	N/A	$118,074,226	N/A	.	N/A	-30.24	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	1,247	N/A	1,151	N/A	.	N/A	-7.70	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$135,727	N/A	$102,584	N/A	.	N/A	-24.42	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$12,811,835	N/A	$121,060,657	N/A	.	N/A	844.91	.	15% (+/-)	No
NF Number of Users	N/A	990	N/A	3,668	N/A	.	N/A	270.51	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$12,941	N/A	$33,005	N/A	.	N/A	155.03	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$27,798,096	N/A	$30,387,217	N/A	.	N/A	9.31	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	94,561	N/A	94,849	N/A	.	N/A	0.30	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$294	N/A	$320	N/A	.	N/A	8.98	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$5,066,743	N/A	$5,045,576	N/A	.	N/A	-0.42	.	15% (+/-)	Yes
Dental: Number of Users	N/A	33,848	N/A	33,405	N/A	.	N/A	-1.31	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$150	N/A	$151	N/A	.	N/A	0.90	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$9,593,654	N/A	$1,840,222	N/A	.	N/A	-80.82	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	38,496	N/A	24,996	N/A	.	N/A	-35.07	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$249	N/A	$74	N/A	.	N/A	-70.46	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$132,007,531	N/A	$171,962,426	N/A	.	N/A	30.27	.	15% (+/-)	No
OPD Number of Users	N/A	79,667	N/A	85,807	N/A	.	N/A	7.71	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$1,657	N/A	$2,004	N/A	.	N/A	20.95	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$35,251,156	N/A	$9,861,750	N/A	.	N/A	-72.02	.	15% (+/-)	No
Clinic: Number of Users	N/A	30,526	N/A	29,286	N/A	.	N/A	-4.06	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$1,155	N/A	$337	N/A	.	N/A	-70.84	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$32,646,454	N/A	$27,077,155	N/A	.	N/A	-17.06	.	15% (+/-)	No
HH: Number of Users	N/A	7,121	N/A	6,590	N/A	.	N/A	-7.46	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$4,585	N/A	$4,109	N/A	.	N/A	-10.38	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$32,243,632	N/A	$9,705,833	N/A	.	N/A	-69.90	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	91,782	N/A	68,541	N/A	.	N/A	-25.32	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$351	N/A	$142	N/A	.	N/A	-59.69	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$158,707,350	N/A	$197,927,806	N/A	.	N/A	24.71	.	15% (+/-)	No
Drugs: Number of Users	N/A	106,565	N/A	106,001	N/A	.	N/A	-0.53	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,489	N/A	$1,867	N/A	.	N/A	25.38	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$198,860,275	N/A	$120,767,740	N/A	.	N/A	-39.27	.	15% (+/-)	No
Other Services: Number of Users	N/A	$18,615	N/A	$8,218	N/A	.	N/A	-55.85	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$10,683	N/A	$14,696	N/A	.	N/A	37.56	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$18,814,563	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	16,926	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,112	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$69,900,399	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	6,165	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$11,338	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$39,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	66	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$592	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$73,889,340	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	7,559	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$9,775	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,843,727	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	372	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,644	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$25,532,530	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	32,000	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$798	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$1,765,624	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	78	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$22,636	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$41,781,086	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,972	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$9,741,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,711	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,693	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$1,152	N/A	$1,319	N/A	.	N/A	14.53	.	15% (+/-)	Yes
Aged	N/A	$977	N/A	$1,136	N/A	.	N/A	16.33	.	15% (+/-)	No
Disabled	N/A	$2,068	N/A	$2,193	N/A	.	N/A	6.01	.	15% (+/-)	Yes
Child	N/A	$272	N/A	$373	N/A	.	N/A	37.01	.	15% (+/-)	No
Adult	N/A	$432	N/A	$667	N/A	.	N/A	54.42	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$1,225	N/A	$1,614	N/A	.	N/A	31.70	.	15% (+/-)	No
Aged	N/A	$633	N/A	$2,445	N/A	.	N/A	286.27	.	15% (+/-)	No
Disabled	N/A	$2,112	N/A	$2,504	N/A	.	N/A	18.56	.	15% (+/-)	No
Child	N/A	$784	N/A	$907	N/A	.	N/A	15.75	.	15% (+/-)	No
Adult	N/A	$0	N/A	$38	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$814	N/A	$1,064	N/A	.	N/A	30.76	.	15% (+/-)	No
Aged	N/A	$671	N/A	$912	N/A	.	N/A	35.94	.	15% (+/-)	No
Disabled	N/A	$1,578	N/A	$1,902	N/A	.	N/A	20.56	.	15% (+/-)	No
Child	N/A	$138	N/A	$186	N/A	.	N/A	34.64	.	15% (+/-)	No
Adult	N/A	$80	N/A	$376	N/A	.	N/A	369.28	.	15% (+/-)	No
All Other Services	N/A	$2,722	N/A	$3,414	N/A	.	N/A	25.44	.	15% (+/-)	No
Aged	N/A	$2,365	N/A	$2,657	N/A	.	N/A	12.36	.	15% (+/-)	Yes
Disabled	N/A	$4,891	N/A	$4,669	N/A	.	N/A	-4.55	.	15% (+/-)	Yes
Child	N/A	$825	N/A	$1,217	N/A	.	N/A	47.50	.	15% (+/-)	No
Adult	N/A	$653	N/A	$4,171	N/A	.	N/A	538.58	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.21	N/A	13.53	N/A	.	N/A	20.63	.	15% (+/-)	No
Aged	N/A	10.91	N/A	11.94	N/A	.	N/A	9.52	.	15% (+/-)	Yes
Disabled	N/A	17.09	N/A	17.36	N/A	.	N/A	1.57	.	15% (+/-)	Yes
Child	N/A	3.64	N/A	6.43	N/A	.	N/A	76.75	.	15% (+/-)	No
Adult	N/A	10.46	N/A	16.19	N/A	.	N/A	54.81	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.72	N/A	3.20	N/A	.	N/A	85.69	.	15% (+/-)	No
Aged	N/A	3.46	N/A	9.78	N/A	.	N/A	182.84	.	15% (+/-)	No
Disabled	N/A	2.31	N/A	4.29	N/A	.	N/A	85.33	.	15% (+/-)	No
Child	N/A	1.48	N/A	1.59	N/A	.	N/A	7.55	.	15% (+/-)	Yes
Adult	N/A	0.00	N/A	0.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	18.40	N/A	0.67	N/A	.	N/A	-96.35	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	54.64	N/A	56.99	N/A	.	N/A	4.30	.	15% (+/-)	Yes
Aged	N/A	61.21	N/A	66.16	N/A	.	N/A	8.08	.	15% (+/-)	Yes
Disabled	N/A	73.55	N/A	75.44	N/A	.	N/A	2.58	.	15% (+/-)	Yes
Child	N/A	36.77	N/A	37.02	N/A	.	N/A	0.68	.	15% (+/-)	Yes
Adult	N/A	40.36	N/A	37.32	N/A	.	N/A	-7.53	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	66.91	N/A	68.41	N/A	.	N/A	2.24	.	15% (+/-)	Yes
Aged	N/A	64.85	N/A	66.23	N/A	.	N/A	2.13	.	15% (+/-)	Yes

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Disabled	N/A	81.14	N/A	81.87	N/A	.	N/A	0.90	.	15% (+/-)	Yes
Child	N/A	48.80	N/A	50.18	N/A	.	N/A	2.82	.	15% (+/-)	Yes
Adult	N/A	72.77	N/A	64.52	N/A	.	N/A	-11.34	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	15	N/A	13	N/A	.	N/A	-8.22	.	15% (+/-)	Yes
Aged	N/A	11	N/A	12	N/A	.	N/A	10.23	.	15% (+/-)	Yes
Disabled	N/A	17	N/A	17	N/A	.	N/A	0.09	.	15% (+/-)	Yes
Child	N/A	12	N/A	10	N/A	.	N/A	-20.08	.	15% (+/-)	No
Adult	N/A	6	N/A	5	N/A	.	N/A	-10.81	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	257	N/A	242	N/A	.	N/A	-5.89	.	15% (+/-)	Yes
Aged	N/A	203	N/A	232	N/A	.	N/A	14.25	.	15% (+/-)	Yes
Disabled	N/A	277	N/A	261	N/A	.	N/A	-5.56	.	15% (+/-)	Yes
Child	N/A	242	N/A	180	N/A	.	N/A	-25.61	.	15% (+/-)	No
Adult	N/A	.	N/A	169	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	1.92	N/A	3.88	N/A	.	N/A	101.98	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,669,144	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	9,952	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$168	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,119,341	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	9,616	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$324	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$117,140,949	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$27,248	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	135,030	N/A	175,053	N/A	.	N/A	29.64	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	105,542	N/A	142,784	N/A	.	N/A	35.29	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	118,942	N/A	154,318	N/A	.	N/A	29.74	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	7.19	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	63.41	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	10.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	3.75	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	14.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	4.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.32	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	68,471	N/A	100,309	N/A	.	N/A	46.50	.	10% (+/-)	No

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11: Aged, Cash	N/A	28,922	N/A	30,091	N/A	.	N/A	4.04	.	10% (+/-)	Yes
21: Aged, MN	N/A	1,065	N/A	3,320	N/A	.	N/A	211.74	.	10% (+/-)	No
31: Aged, Poverty	N/A	26,928	N/A	30,559	N/A	.	N/A	13.48	.	10% (+/-)	No
41: Other Aged	N/A	11,556	N/A	36,339	N/A	.	N/A	214.46	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	66,449	N/A	69,757	N/A	.	N/A	4.98	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	40,327	N/A	39,777	N/A	.	N/A	-1.36	.	10% (+/-)	Yes
22: Disabled, MN	N/A	586	N/A	768	N/A	.	N/A	31.06	.	10% (+/-)	No
32: Disabled, Poverty	N/A	17,700	N/A	20,111	N/A	.	N/A	13.62	.	10% (+/-)	No
42: Other Disabled	N/A	7,836	N/A	9,101	N/A	.	N/A	16.14	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	163,943	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	8.26	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	91.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	60.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	37.68	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,190,799,051	N/A	$2,328,840,879	N/A	.	N/A	95.57	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$8,819	N/A	$13,304	N/A	.	N/A	50.86	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$11,283	N/A	$16,310	N/A	.	N/A	44.56	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$5,333	N/A	$12,843	N/A	.	N/A	140.80	.	15% (+/-)	No
11: Aged, Cash	N/A	$5,301	N/A	$7,004	N/A	.	N/A	32.11	.	15% (+/-)	No
21: Aged, MN	N/A	$7,214	N/A	$16,741	N/A	.	N/A	132.06	.	15% (+/-)	No
31: Aged, Poverty	N/A	$2,176	N/A	$3,313	N/A	.	N/A	52.24	.	15% (+/-)	No
41: Other Aged	N/A	$12,598	N/A	$25,336	N/A	.	N/A	101.12	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$12,412	N/A	$12,437	N/A	.	N/A	0.20	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$8,435	N/A	$8,528	N/A	.	N/A	1.10	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$5,106	N/A	$9,360	N/A	.	N/A	83.30	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$5,710	N/A	$6,082	N/A	.	N/A	6.52	.	15% (+/-)	Yes
42: Other Disabled	N/A	$48,564	N/A	$43,819	N/A	.	N/A	-9.77	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$59,913,016	N/A	$77,754,055	N/A	.	N/A	29.78	.	15% (+/-)	No
IP: Number of Users	N/A	23,127	N/A	32,084	N/A	.	N/A	38.73	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$2,591	N/A	$2,423	N/A	.	N/A	-6.45	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	12	N/A	11	N/A	.	N/A	-2.60	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$10,977,348	N/A	$10,617,283	N/A	.	N/A	-3.28	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	191	N/A	276	N/A	.	N/A	44.50	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$57,473	N/A	$38,468	N/A	.	N/A	-33.07	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$72,804	N/A	$78,647	N/A	.	N/A	8.03	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	7	N/A	3	N/A	.	N/A	-57.14	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$10,401	N/A	$26,216	N/A	.	N/A	152.06	.	15% (+/-)	No

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$326,406,685	N/A	$240,014,715	N/A	.	N/A	-26.47	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	2,547	N/A	2,447	N/A	.	N/A	-3.93	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$128,153	N/A	$98,085	N/A	.	N/A	-23.46	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$89,436,626	N/A	$1,062,604,537	N/A	.	N/A	1088.11	.	15% (+/-)	No
NF Number of Users	N/A	$7,707	N/A	$40,472	N/A	.	N/A	425.13	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$11,605	N/A	$26,255	N/A	.	N/A	126.25	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$18,568,102	N/A	$5,982,759	N/A	.	N/A	-67.78	.	15% (+/-)	No
Physician: Number of Users	N/A	75,598	N/A	73,869	N/A	.	N/A	-2.29	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$246	N/A	$81	N/A	.	N/A	-67.03	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$4,467,836	N/A	$6,115,744	N/A	.	N/A	36.88	.	15% (+/-)	No
Dental: Number of Users	N/A	23,892	N/A	41,090	N/A	.	N/A	71.98	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$187	N/A	$149	N/A	.	N/A	-20.41	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$5,464,755	N/A	$566,394	N/A	.	N/A	-89.64	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	28,940	N/A	18,636	N/A	.	N/A	-35.60	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$189	N/A	$30	N/A	.	N/A	-83.90	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$58,634,226	N/A	$78,869,702	N/A	.	N/A	34.51	.	15% (+/-)	No
OPD Number of Users	N/A	54,755	N/A	68,374	N/A	.	N/A	24.87	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$1,071	N/A	$1,154	N/A	.	N/A	7.72	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$39,432,176	N/A	$4,143,387	N/A	.	N/A	-89.49	.	15% (+/-)	No
Clinic: Number of Users	N/A	14,880	N/A	10,970	N/A	.	N/A	-26.28	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$2,650	N/A	$378	N/A	.	N/A	-85.75	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$47,686,947	N/A	$35,981,075	N/A	.	N/A	-24.55	.	15% (+/-)	No
HH: Number of Users	N/A	7,592	N/A	7,283	N/A	.	N/A	-4.07	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$6,281	N/A	$4,940	N/A	.	N/A	-21.35	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$4,174,078	N/A	$1,254,155	N/A	.	N/A	-69.95	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	45,821	N/A	24,255	N/A	.	N/A	-47.07	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$91	N/A	$52	N/A	.	N/A	-43.24	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$193,880,528	N/A	$314,575,186	N/A	.	N/A	62.25	.	15% (+/-)	No
Drugs: Number of Users	N/A	95,091	N/A	134,071	N/A	.	N/A	40.99	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$2,039	N/A	$2,346	N/A	.	N/A	15.08	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$284,431,499	N/A	$188,633,837	N/A	.	N/A	-33.68	.	15% (+/-)	No
Other Services: Number of Users	N/A	$30,762	N/A	$29,260	N/A	.	N/A	-4.88	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$9,246	N/A	$6,447	N/A	.	N/A	-30.28	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$33,649,222	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	33,881	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$993	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$175,117,243	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	14,387	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$12,172	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$33,346	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	53	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$629	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$544,429	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	53	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$10,272	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$6,871,900	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,465	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$14,476,035	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	39,180	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$369	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$9,279,078	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	749	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$30,876,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,995	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$6,181	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$30,773,588	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	5,165	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,958	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$444	N/A	$444	N/A	.	N/A	0.11	.	15% (+/-)	Yes
Aged	N/A	$362	N/A	$359	N/A	.	N/A	-0.67	.	15% (+/-)	Yes
Disabled	N/A	$528	N/A	$583	N/A	.	N/A	10.40	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,161	N/A	$7,502	N/A	.	N/A	137.31	.	15% (+/-)	No
Aged	N/A	$1,662	N/A	$8,904	N/A	.	N/A	435.78	.	15% (+/-)	No
Disabled	N/A	$4,712	N/A	$6,007	N/A	.	N/A	27.48	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,436	N/A	$1,797	N/A	.	N/A	25.16	.	15% (+/-)	No
Aged	N/A	$864	N/A	$1,292	N/A	.	N/A	49.48	.	15% (+/-)	No
Disabled	N/A	$2,025	N/A	$2,423	N/A	.	N/A	19.60	.	15% (+/-)	No
All Other Services	N/A	$3,771	N/A	$3,560	N/A	.	N/A	-5.60	.	15% (+/-)	Yes
Aged	N/A	$2,444	N/A	$2,288	N/A	.	N/A	-6.39	.	15% (+/-)	Yes
Disabled	N/A	$5,136	N/A	$3,425	N/A	.	N/A	-33.32	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	17.13	N/A	18.33	N/A	.	N/A	7.01	.	15% (+/-)	Yes
Aged	N/A	14.25	N/A	16.47	N/A	.	N/A	15.57	.	15% (+/-)	No
Disabled	N/A	20.10	N/A	21.50	N/A	.	N/A	6.94	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	7.72	N/A	24.60	N/A	.	N/A	218.72	.	15% (+/-)	No
Aged	N/A	10.50	N/A	34.59	N/A	.	N/A	229.58	.	15% (+/-)	No
Disabled	N/A	4.87	N/A	11.92	N/A	.	N/A	144.81	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	70.42	N/A	76.59	N/A	.	N/A	8.76	.	15% (+/-)	Yes
Aged	N/A	61.39	N/A	72.81	N/A	.	N/A	18.60	.	15% (+/-)	No
Disabled	N/A	79.74	N/A	81.31	N/A	.	N/A	1.97	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	74.08	N/A	73.68	N/A	.	N/A	-0.54	.	15% (+/-)	Yes
Aged	N/A	66.12	N/A	67.87	N/A	.	N/A	2.64	.	15% (+/-)	Yes
Disabled	N/A	82.29	N/A	80.35	N/A	.	N/A	-2.36	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	12	N/A	11	N/A	.	N/A	-2.60	.	15% (+/-)	Yes
Aged	N/A	11	N/A	11	N/A	.	N/A	-1.97	.	15% (+/-)	Yes
Disabled	N/A	12	N/A	12	N/A	.	N/A	-1.38	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	229	N/A	263	N/A	.	N/A	14.61	.	15% (+/-)	Yes
Aged	N/A	197	N/A	255	N/A	.	N/A	29.57	.	15% (+/-)	No
Disabled	N/A	302	N/A	297	N/A	.	N/A	-1.71	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,142,657	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	6965	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$164	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$658,721	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2466	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$267	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$188,476,797	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9268	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$20,336	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	330,067	N/A	361,064	N/A	.	N/A	9.39	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	242,999	N/A	278,808	N/A	.	N/A	14.74	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	77.22	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	77.26	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	85.32	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	54.90	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	76.14	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	245,401	N/A	281,026	N/A	.	N/A	14.52	.	15% (+/-)	Yes
MAX Aged Total	N/A	82,820	N/A	114,332	N/A	.	N/A	38.05	.	10% (+/-)	No
11: Aged, Cash	N/A	34,223	N/A	35,257	N/A	.	N/A	3.02	.	10% (+/-)	Yes
21: Aged, MN	N/A	1,336	N/A	3,831	N/A	.	N/A	186.75	.	10% (+/-)	No
31: Aged, Poverty	N/A	33,162	N/A	35,605	N/A	.	N/A	7.37	.	10% (+/-)	Yes
41: Other Aged	N/A	14,099	N/A	39,639	N/A	.	N/A	181.15	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	154,479	N/A	155,539	N/A	.	N/A	0.69	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	121,398	N/A	118,869	N/A	.	N/A	-2.08	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,136	N/A	1,246	N/A	.	N/A	9.68	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	21,550	N/A	23,868	N/A	.	N/A	10.76	.	10% (+/-)	No
42: Other Disabled	N/A	10,395	N/A	11,556	N/A	.	N/A	11.17	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	56,057	N/A	54,959	N/A	.	N/A	-1.96	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	10,081	N/A	10,820	N/A	.	N/A	7.33	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	1,691	N/A	541	N/A	.	N/A	-68.01	.	10% (+/-)	No
34: Child Poverty	N/A	21,790	N/A	21,511	N/A	.	N/A	-1.28	.	10% (+/-)	Yes
44: Other Child	N/A	4,606	N/A	4,580	N/A	.	N/A	-0.56	.	10% (+/-)	Yes
48: Foster Care Child	N/A	17,889	N/A	17,507	N/A	.	N/A	-2.14	.	10% (+/-)	Yes
54: 1115 Child	N/A	17,889	N/A	17,507	N/A	.	N/A	-2.14	.	10% (+/-)	Yes
MAX Adult Total	N/A	30,902	N/A	36,234	N/A	.	N/A	17.25	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	7,663	N/A	6,864	N/A	.	N/A	-10.43	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	4	N/A	3	N/A	.	N/A	-25.00	.	10% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	7,888	N/A	7,735	N/A	.	N/A	-1.94	.	10% (+/-)	Yes
45: Other Adult	N/A	15,347	N/A	21,632	N/A	.	N/A	40.95	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,345,294,598	N/A	$3,707,385,044	N/A	.	N/A	58.08	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$7,106	N/A	$10,268	N/A	.	N/A	44.51	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$9,651	N/A	$13,297	N/A	.	N/A	37.77	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$5,215	N/A	$12,145	N/A	.	N/A	132.90	.	15% (+/-)	No
11: Aged, Cash	N/A	$5,570	N/A	$7,191	N/A	.	N/A	29.10	.	15% (+/-)	No
21: Aged, MN	N/A	$6,754	N/A	$15,738	N/A	.	N/A	133.03	.	15% (+/-)	No
31: Aged, Poverty	N/A	$2,269	N/A	$3,296	N/A	.	N/A	45.25	.	15% (+/-)	No
41: Other Aged	N/A	$11,133	N/A	$24,151	N/A	.	N/A	116.94	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$11,414	N/A	$11,792	N/A	.	N/A	3.31	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$9,769	N/A	$10,127	N/A	.	N/A	3.67	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$4,634	N/A	$8,465	N/A	.	N/A	82.67	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$5,826	N/A	$6,315	N/A	.	N/A	8.39	.	15% (+/-)	Yes
42: Other Disabled	N/A	$42,960	N/A	$40,590	N/A	.	N/A	-5.52	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$2,032	N/A	$2,703	N/A	.	N/A	33.00	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$290	N/A	$510	N/A	.	N/A	76.00	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$501	N/A	$663	N/A	.	N/A	32.36	.	15% (+/-)	No
34: Child, Poverty	N/A	$258	N/A	$471	N/A	.	N/A	82.47	.	15% (+/-)	No
44: Other Child	N/A	$595	N/A	$6,378	N/A	.	N/A	972.01	.	15% (+/-)	No
48: Foster Care Child	N/A	$5,691	N/A	$5,903	N/A	.	N/A	3.73	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,171	N/A	$9,277	N/A	.	N/A	692.12	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,191	N/A	$1,219	N/A	.	N/A	2.35	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$773	N/A	$3,247	N/A	.	N/A	319.96	.	15% (+/-)	No
35: Adult, Poverty	N/A	$1,984	N/A	$1,629	N/A	.	N/A	-17.89	.	15% (+/-)	No
45: Other Adult	N/A	$744	N/A	$14,570	N/A	.	N/A	1858.78	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$284,573,005	N/A	$323,140,565	N/A	.	N/A	13.55	.	15% (+/-)	Yes
IP: Number of Users	N/A	44,999	N/A	57,247	N/A	.	N/A	27.22	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$6,324	N/A	$5,645	N/A	.	N/A	-10.74	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	13	N/A	12	N/A	.	N/A	-6.34	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$12,947,182	N/A	$12,162,553	N/A	.	N/A	-6.06	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	227	N/A	308	N/A	.	N/A	35.68	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$57,036	N/A	$39,489	N/A	.	N/A	-30.77	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$54,995,559	N/A	$59,534,950	N/A	.	N/A	8.25	.	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	1,103	N/A	1,120	N/A	.	N/A	1.54	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$49,860	N/A	$53,156	N/A	.	N/A	6.61	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$495,658,536	N/A	$358,088,941	N/A	.	N/A	-27.75	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	3,794	N/A	3,598	N/A	.	N/A	-5.17	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$130,643	N/A	$99,524	N/A	.	N/A	-23.82	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$102,248,461	N/A	$1,183,665,194	N/A	.	N/A	1057.64	.	15% (+/-)	No
NF Number of Users	N/A	$8,697	N/A	$44,140	N/A	.	N/A	407.53	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$11,757	N/A	$26,816	N/A	.	N/A	128.09	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$46,366,198	N/A	$36,369,976	N/A	.	N/A	-21.56	.	15% (+/-)	No
Physician: Number of Users	N/A	170,159	N/A	168,718	N/A	.	N/A	-0.85	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$272	N/A	$216	N/A	.	N/A	-20.89	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$9,534,579	N/A	$11,161,320	N/A	.	N/A	17.06	.	15% (+/-)	No
Dental: Number of Users	N/A	57,740	N/A	74,495	N/A	.	N/A	29.02	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$165	N/A	$150	N/A	.	N/A	-9.27	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$15,058,409	N/A	$2,406,616	N/A	.	N/A	-84.02	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	67,436	N/A	43,632	N/A	.	N/A	-35.30	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$223	N/A	$55	N/A	.	N/A	-75.30	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$190,641,757	N/A	$250,832,128	N/A	.	N/A	31.57	.	15% (+/-)	No
OPD Number of Users	N/A	134,422	N/A	154,181	N/A	.	N/A	14.70	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$1,418	N/A	$1,627	N/A	.	N/A	14.71	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$74,683,332	N/A	$14,005,137	N/A	.	N/A	-81.25	.	15% (+/-)	No
Clinic: Number of Users	N/A	45,406	N/A	40,256	N/A	.	N/A	-11.34	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$1,645	N/A	$348	N/A	.	N/A	-78.85	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$80,333,401	N/A	$63,058,230	N/A	.	N/A	-21.50	.	15% (+/-)	No
HH: Number of Users	N/A	14,713	N/A	13,873	N/A	.	N/A	-5.71	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$5,460	N/A	$4,545	N/A	.	N/A	-16.75	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$36,417,710	N/A	$10,959,988	N/A	.	N/A	-69.90	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	137,603	N/A	92,796	N/A	.	N/A	-32.56	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$265	N/A	$118	N/A	.	N/A	-55.37	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$352,587,878	N/A	$512,502,992	N/A	.	N/A	45.35	.	15% (+/-)	No
Drugs: Number of Users	N/A	201,656	N/A	240,072	N/A	.	N/A	19.05	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,748	N/A	$2,135	N/A	.	N/A	22.10	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$483,291,774	N/A	$309,401,577	N/A	.	N/A	-35.98	.	15% (+/-)	No
Other Services: Number of Users	N/A	$49,377	N/A	$37,478	N/A	.	N/A	-24.10	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$9,788	N/A	$8,256	N/A	.	N/A	-15.65	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$52,463,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	50,807	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,033	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$245,017,642	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	20,552	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$11,922	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$72,395	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	119	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$608	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$74,433,769	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	7,612	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$9,778	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$9,715,627	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,435	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,770	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$40,008,565	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	71,180	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$562	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$11,044,702	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	827	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$13,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$72,657,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	13,398	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,423	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$40,515,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	6,876	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,892	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$862	N/A	$895	N/A	.	N/A	3.80	.	15% (+/-)	Yes
Aged	N/A	$468	N/A	$455	N/A	.	N/A	-2.92	.	15% (+/-)	Yes
Disabled	N/A	$1,406	N/A	$1,471	N/A	.	N/A	4.62	.	15% (+/-)	Yes
Child	N/A	$273	N/A	$373	N/A	.	N/A	36.69	.	15% (+/-)	No
Adult	N/A	$431	N/A	$604	N/A	.	N/A	40.09	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$2,017	N/A	$4,469	N/A	.	N/A	121.51	.	15% (+/-)	No
Aged	N/A	$1,484	N/A	$8,112	N/A	.	N/A	446.76	.	15% (+/-)	No
Disabled	N/A	$3,231	N/A	$4,075	N/A	.	N/A	26.15	.	15% (+/-)	No
Child	N/A	$783	N/A	$908	N/A	.	N/A	15.90	.	15% (+/-)	No
Adult	N/A	$0	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$1,068	N/A	$1,419	N/A	.	N/A	32.88	.	15% (+/-)	No
Aged	N/A	$831	N/A	$1,245	N/A	.	N/A	49.90	.	15% (+/-)	No
Disabled	N/A	$1,770	N/A	$2,136	N/A	.	N/A	20.63	.	15% (+/-)	No
Child	N/A	$139	N/A	$187	N/A	.	N/A	34.77	.	15% (+/-)	No
Adult	N/A	$82	N/A	$764	N/A	.	N/A	834.56	.	15% (+/-)	No
All Other Services	N/A	$3,151	N/A	$3,485	N/A	.	N/A	10.60	.	15% (+/-)	Yes
Aged	N/A	$2,430	N/A	$2,333	N/A	.	N/A	-4.00	.	15% (+/-)	Yes
Disabled	N/A	$4,996	N/A	$4,111	N/A	.	N/A	-17.73	.	15% (+/-)	No
Child	N/A	$835	N/A	$1,235	N/A	.	N/A	47.86	.	15% (+/-)	No
Adult	N/A	$653	N/A	$7,848	N/A	.	N/A	1101.34	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	13.63	N/A	15.86	N/A	.	N/A	16.30	.	15% (+/-)	No
Aged	N/A	13.67	N/A	15.91	N/A	.	N/A	16.41	.	15% (+/-)	No
Disabled	N/A	18.39	N/A	19.22	N/A	.	N/A	4.51	.	15% (+/-)	Yes
Child	N/A	3.64	N/A	6.43	N/A	.	N/A	76.92	.	15% (+/-)	No
Adult	N/A	10.48	N/A	15.55	N/A	.	N/A	48.41	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	4.18	N/A	13.58	N/A	.	N/A	225.08	.	15% (+/-)	No
Aged	N/A	9.28	N/A	31.55	N/A	.	N/A	240.10	.	15% (+/-)	No
Disabled	N/A	3.41	N/A	7.71	N/A	.	N/A	125.94	.	15% (+/-)	No
Child	N/A	1.48	N/A	1.59	N/A	.	N/A	7.65	.	15% (+/-)	Yes
Adult	N/A	0.00	N/A	0.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	61.10	N/A	66.49	N/A	.	N/A	8.83	.	15% (+/-)	Yes
Aged	N/A	61.36	N/A	71.99	N/A	.	N/A	17.33	.	15% (+/-)	No
Disabled	N/A	76.21	N/A	78.08	N/A	.	N/A	2.45	.	15% (+/-)	Yes

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State: NJ

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	36.80	N/A	37.06	N/A	.	N/A	0.72	.	15% (+/-)	Yes
Adult	N/A	40.39	N/A	44.02	N/A	.	N/A	8.99	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	69.85	N/A	70.97	N/A	.	N/A	1.61	.	15% (+/-)	Yes
Aged	N/A	65.90	N/A	67.67	N/A	.	N/A	2.68	.	15% (+/-)	Yes
Disabled	N/A	81.64	N/A	81.19	N/A	.	N/A	-0.55	.	15% (+/-)	Yes
Child	N/A	48.82	N/A	50.21	N/A	.	N/A	2.85	.	15% (+/-)	Yes
Adult	N/A	72.75	N/A	69.00	N/A	.	N/A	-5.15	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	13	N/A	12	N/A	.	N/A	-6.34	.	15% (+/-)	Yes
Aged	N/A	11	N/A	11	N/A	.	N/A	-0.81	.	15% (+/-)	Yes
Disabled	N/A	15	N/A	14	N/A	.	N/A	-1.60	.	15% (+/-)	Yes
Child	N/A	12	N/A	10	N/A	.	N/A	-20.07	.	15% (+/-)	No
Adult	N/A	6	N/A	6	N/A	.	N/A	-3.10	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	236	N/A	260	N/A	.	N/A	10.24	.	15% (+/-)	Yes
Aged	N/A	197	N/A	254	N/A	.	N/A	28.86	.	15% (+/-)	No
Disabled	N/A	292	N/A	286	N/A	.	N/A	-2.15	.	15% (+/-)	Yes
Child	N/A	242	N/A	180	N/A	.	N/A	-25.53	.	15% (+/-)	No
Adult	N/A	.	N/A	144	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$2,811,801	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	16,917	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$166	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,778,062	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	12,082	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$313	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$305,617,746	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	13,567	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$22,527	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	90,211	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	18.24	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	73,753	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	86.83	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.64	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,019	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	9,716	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$4,411	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$922	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	1.15	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,699	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	98.76	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	69.08	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.63	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.79	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.82	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	98.91	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.90	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	7.00	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	20.51	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	72.49	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	57.12	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.75	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.84	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.82	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	76.33	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	21.68	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	27.96	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	89.30	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	8.44	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.85	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.70	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	64,037	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$234	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$443	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.44	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.23	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.44	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.72	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	2.81	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	0.41	No	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	0.44	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.60	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	17.20	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	37.99	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	44.80	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.22	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.93	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.33	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	90,725	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	90,725	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	8.12	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	9.37	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$1,060	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	83,355	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$92	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$162	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$198	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	86.22	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.10	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	23	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	5.69	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	93.11	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	22	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	8.09	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	18	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	2.78	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	0.32	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	0.76	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	7.22	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	92.02	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.80	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.95	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.13	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	7,370	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$292	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.80	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.14	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.04	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	6,220,463	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	24.62	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	46.35	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,806,007	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	24.56	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.53	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$330	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	61.48	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$183	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	1,362,500	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	16.23	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	3.87	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	92.51	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	17.05	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	32.42	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	3.24	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	5.19	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	1.01	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.99	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	11.32	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	30.09	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.13	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$76	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	11.81	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	4.49	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	2.86	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	7.79	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	26.44	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.27	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	6.77	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	10.30	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.96	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	15.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.08	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.32	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.28	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.06	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.08	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.97	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	7.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$159	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$64	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$42	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$46	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$189	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$34	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$399	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$26	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$409	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$86	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$194	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$108	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,995	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$4,508	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$200	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$919	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	1.14	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	3.44	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	4.24	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	9.67	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$74	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$45	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$66	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$941	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	84.54	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	13.96	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	2.50	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	52.35	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	45.10	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	98.78	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	23.35	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	8.77	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	67.87	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	443,507	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	11.60	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	5.51	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	30.77	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	11.92	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	68.89	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	7.01	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	4.97	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	4.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	0.80	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	10.35	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	2.11	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	.	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	2,049,235	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	42.11	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,186,211	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.02	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	1,186,211	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$37	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.12	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$25	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	1.27	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	94.64	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	5.36	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.96	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	95.43	No	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	90.99	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	95.43	No	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	95.43	No	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	95.43	No	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.02	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	16.39	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	95.43	No	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	8.87	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	86.56	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	46.46	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	25.93	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	380,456	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$1,057,051,428	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	7.03	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	14.98	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	19.78	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	6.75	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	1.91	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	49.55	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	378,433	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	291,076	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.43	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	97.82	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.92	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.41	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	0.13	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	26.36	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	2.49	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	17.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	50.66	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.97	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.73	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	68.16	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	7.59	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	51.20	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	39,530	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	93.30	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	94.58	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	38.50	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	607	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	48.60	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	7.91	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	43.49	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.82	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	4.94	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.93	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.98	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	90.00	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	21,753	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	10,129	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	5,424	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	6,200	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	48,645	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	43,980	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,941	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,724	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	243,350	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	62,920	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	161,274	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	11,881	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	3,386	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	3,889	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	64,685	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	34,089	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	8,299	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	22,297	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	289,624	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	91.57	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.02	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.38	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	2.19	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	3.83	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	6.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	62,591	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	2,175	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	78.03	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	295,276	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	5.39	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	295,276	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.35	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	9.32	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	74.59	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	15.75	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	208,254	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	289,624	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	72.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	28.00	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$525,878,839	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$525,878,839	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.15	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.15	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$525,878,839	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	295,276	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$146,079,381	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$21,962,762	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$13,741,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$2,723,654	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$107,651,578	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$74	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$47	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$9	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$365	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	45,758	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	23,669	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	21,157	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	507	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	159	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	118	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	230	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	4,052	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	3,723	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	59	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	270	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	23,109	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	3,847	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	13,408	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,675	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	552	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	627	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	18,090	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	4,127	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	3,120	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	10,843	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	561	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$83,687,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$1,829	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,536	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$7,527	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,764	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$315	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$13,136	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$12,259	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$11,070	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,892	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$30,920	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$967	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$639	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$882	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$367	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$10,981	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$444	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$434	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$516	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$649	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$19,360,176	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	3,111	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$6,223	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$12,701,340	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	362	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$35,087	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$7,142,991	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	115	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$62,113	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$13,677,468	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	449	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$30,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$3,570,971	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	10,273	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$348	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$423,379	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	1,207	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$351	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$275,745	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	2,550	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$108	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$9,970,693	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	12,716	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$784	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$2,224,148	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	4,547	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$489	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$290,535	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	173	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,679	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$726,682	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	5,329	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$136	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$2,480,068	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	7,282	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$341	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$2,296,883	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$1,024	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,243	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,264,124	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	1,241	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,019	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$185,897	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	220	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$845	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$15,536	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	34	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$457	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$10,333	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	90	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$335,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	30	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$11,189	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,357,030	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,605	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,338,916	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	38	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$61,550	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$2,203,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	786	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,803	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$425,445	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	42	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,130	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$423	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$702	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,802	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$173	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$733	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,595	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$366	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$54	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$390	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$405	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$18	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$619	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$840	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,569	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$391	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$244	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	6.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	15.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5.75	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	2.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	24.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	15.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	32.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	30.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	13.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	48.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	48.13	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	64.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	50.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	41.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	242	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	238	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	286	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	161	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	4.22	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$886,338	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3,466	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$256	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$5,253	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	52	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$101	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$734,247	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2,340	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$314	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$9,663,657	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	8,675	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,114	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$4,568,318	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	178	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$25,665	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	37,399	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	33,281	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	33,381	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	7.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	21.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	10.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	60.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	9.97	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.34	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	20,227	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	9,002	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	5,288	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	5,937	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	17,073	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	13,111	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,827	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,135	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	35,792	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.60	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	6.99	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	92.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	59.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	38.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$298,736,030	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$7,988	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$8,976	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,214	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$2,623	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$841	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$23,259	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,760	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,308	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$918	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$41,580	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$16,215,114	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	18,592	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$872	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$6,460	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$808	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$1,536	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$1,536	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$7,876,542	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	164	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$48,028	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$140,005,822	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$6,210	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$22,545	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$7,281,630	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	27,391	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$266	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$1,638,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	5,367	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$305	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,218,605	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	9,621	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$2,348,890	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	5,645	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$416	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$3,929,849	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	8,245	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$477	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$988,354	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	285	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$3,468	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$140,240	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	2,637	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$35,481,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	22,669	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,565	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$31,090,481	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$9,320	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,336	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,037,304	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	7,852	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$769	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$889,616	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	502	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$71,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	390	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$184	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$92,391	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	625	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$148	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,267,907	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	215	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,897	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,974,033	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	9,755	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$407	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$28,593,857	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	572	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$49,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$2,949,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	1,570	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,879	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,531,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	636	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,270	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$434	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$355	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$528	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,954	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,924	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$949	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$709	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,236	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,651	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,227	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,352	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	49.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	44.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	55.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	17.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	26.98	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	60.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	56.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	65.88	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	86.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	88.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	250	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	248	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	259	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$29,717	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	159	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$187	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$32,257	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	409	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$79	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,348,477	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4928	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$274	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,643,284	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	3156	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$521	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$60,996,007	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2043	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$29,856	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	83,157	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	56,950	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	68.48	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	87.05	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	85.77	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	52.96	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	46.97	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	54,539	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	20,734	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	9,161	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	5,406	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	6,167	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	21,125	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	16,834	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,886	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,405	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	23,113	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	3,847	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	13,412	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,675	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	552	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	552	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	18,185	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	4,164	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	3,130	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	10,891	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$382,423,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$4,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$6,715	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,198	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$2,661	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$830	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$22,881	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,623	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,361	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$937	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$39,531	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$967	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$639	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$882	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$367	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$10,981	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$444	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$437	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$524	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$648	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$35,575,290	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	21,703	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,639	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$6,460	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$808	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$12,702,876	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	363	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$34,994	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$15,019,533	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	279	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$53,833	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$153,683,290	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$6,659	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$23,079	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$10,852,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	37,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$2,061,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	6,574	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$314	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,494,350	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	12,171	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$12,319,583	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	18,361	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$671	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$6,153,997	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	12,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$481	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$1,278,889	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	458	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$866,922	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	7,966	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$109	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$37,961,420	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	29,951	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$33,387,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$10,344	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,301,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,093	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$803	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,075,513	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	722	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,490	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$87,154	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	424	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$206	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$102,724	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	715	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,603,569	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	245	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,545	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,331,063	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	13,360	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$399	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$30,932,773	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	610	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$50,709	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,152,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,356	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,187	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,957,434	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	678	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,262	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$428	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$363	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$964	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$173	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$2,182	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,916	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,380	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$366	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$457	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$701	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,077	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$19	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,533	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,217	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,202	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$391	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$245	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	26.10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	43.97	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	48.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	5.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5.88	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	8.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	26.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	36.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	55.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	59.04	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NM

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	13.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	65.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	83.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	50.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	41.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	249	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	248	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	161	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	28	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$916,055	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3,625	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$253	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$37,510	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	461	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$81	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,082,724	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	7,268	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$287	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$11,306,941	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	11,831	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$956	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$65,564,325	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,221	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$29,520	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	17,778	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	17,778	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	11.85	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.54	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$11,670	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	15,671	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$4,889	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$603	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.24	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,780	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	.	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.85	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	8.11	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.41	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	3.68	No	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	10.75	No	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	85.58	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	100.00	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	17.51	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	23.78	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	93.38	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	3.31	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	1.52	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.80	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	2,107	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$794	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	.	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	8.04	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	3.75	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	22.83	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	73.42	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	100.00	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	40,574	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	40,574	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.57	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	4.33	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,602	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	40,342	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$80	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$252	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	86.21	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	95.72	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	8.68	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	5.08	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	47.52	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	4.32	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	23.66	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	72.03	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	2.38	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	89.26	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.32	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	232	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$966	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	0.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	99.14	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.86	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	0.86	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	4.31	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	94.83	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	97.41	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	2.59	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	2,214,554	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	21.34	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,741,993	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	19.59	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.69	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$148	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	18.35	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	2.99	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$157	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$54	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	1,400,662	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	34.65	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	5.02	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	10.25	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.92	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.57	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	17.95	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.74	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$73	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	3.14	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	16.51	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	2.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	13.86	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	6.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	1.54	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	36.45	No	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	6.55	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	1.16	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	1.31	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.73	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	3.82	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	3.76	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.30	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.05	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.56	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$111	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$61	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$55	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$59	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$61	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$151	No	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$372	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$73	No	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$220	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$161	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$193	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$226	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$450	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,910	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.29	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.58	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	3.30	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$163	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$86	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$346	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	80.55	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	90.22	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	2.64	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	21.60	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	75.76	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	89.95	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	10.05	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	341,331	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	3.23	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	3.63	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	2.71	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	81.71	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	5.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	1.38	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	0.64	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.29	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$22	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.47	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	6.55	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	25.67	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	67.78	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	94.57	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	5.43	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	896,931	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	896,931	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	7.84	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	896,931	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$48	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.25	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.40	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	96.28	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	78.59	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	21.32	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	1.96	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	97.95	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	45.92	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.99	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	153,519	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$466,062,712	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	12.20	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	39.64	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	25.50	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	22.66	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	139,700	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	99,136	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	89.75	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	97.20	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.84	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.92	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.58	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	57.75	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	19.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	2.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	18.44	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	6.02	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	60.71	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	11.60	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	43.05	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	23,941	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	91.62	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	90.89	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	37.23	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	2,191	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	88.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	5.43	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	6.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	3.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	98.61	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.99	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	73.82	No	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	15,857	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	7,095	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	4,747	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	4,015	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	25,266	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	19,606	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	4,121	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,539	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	73,712	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	17,587	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	774	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	35,591	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	15,145	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,615	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	24,827	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	8,363	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	736	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	9,658	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	6,070	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	98,791	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	90.58	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.03	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	7.34	No	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	2.06	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	9.65	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	19,192	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	47.47	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	66,316	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	2.39	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	66,316	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.87	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	0.34	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	74.65	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	24.13	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	38,322	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	98,791	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	38.82	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	61.18	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$59,294,743	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$55,856,317	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$3,438,426	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.95	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.82	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$59,294,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	66,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$34,089,733	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$9,307,582	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$2,078,576	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,144,145	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$21,559,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$514	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$140	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$31	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$17	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$325	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	50,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	37,745	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	32,171	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	1,345	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	1,113	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	96	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	136	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	15,662	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	14,954	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	85	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	623	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	24,206	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	4,500	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	316	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	10,382	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,540	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,468	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	8,779	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	2,575	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	338	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	4,027	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	1,839	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	2,067	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$215,133,119	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$4,301	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$5,700	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$7,328	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,151	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$128	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$13,860	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,102	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,871	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,078	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$15,746	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,996	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$942	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$994	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$821	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$770	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$7,106	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,619	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,728	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,228	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,704	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,351	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$52,656,446	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	6,055	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$8,696	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$45,491	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$11,373	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$12,928,997	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	475	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$27,219	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$17,830,683	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	219	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$81,419	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$10,392,955	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	445	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$23,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,628,060	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	10,839	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$150	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$4,200,552	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	8,494	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,439,052	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	4,539	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$317	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$9,208,557	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	17,514	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$526	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$8,612,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	8,396	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,026	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$5,141,509	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	914	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$5,625	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$27,571,628	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	28,147	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$980	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$20,569,547	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	26,171	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$786	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$10,631,855	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,911	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,165	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,052,691	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,845	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$534	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,094,581	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	167	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$6,267,506	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,551	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,377	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$20,360,642	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,809	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,345	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,155,567	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	972	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,189	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$249,700	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	58	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,305	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$552,291	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	7,057	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$78	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$1,053	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$591	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$824	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,493	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,794	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$446	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$33	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$411	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$810	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,046	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$97	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$84	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,014	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,637	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,834	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$911	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	12.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	16.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	6.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20.87	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	2.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.44	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	52.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	66.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	71.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	42.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	43.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	73.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	75.09	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	84.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	67.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	69.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	22	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	22	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	148	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	216	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	218	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	7.13	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$695,480	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2,045	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$340	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$570,480	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2,382	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$239	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$5,259,414	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	429	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$12,260	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	23,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	17,807	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	19,763	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	4.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	24.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	58.50	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	12.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	2.35	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	7.99	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	13,932	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	5,485	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	4,645	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	3,802	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	9,379	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	4,447	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	4,025	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	907	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	21,905	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.28	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.68	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.93	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.36	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.98	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$131,204,099	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$5,615	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$7,368	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$6,069	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,141	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$17,427	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$4,960	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$5,032	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$392	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$24,877	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$4,699,653	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	1,976	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,378	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$239,102	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	175	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$1,366	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$8,805	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$2,201	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$8,410,594	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	96	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$87,610	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$61,768,242	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$3,342	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$18,482	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,532	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$1,968,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	3,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$638	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$256,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	3,276	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$78	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$966,513	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	4,967	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$2,484,451	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	2,444	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,017	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$2,766,241	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	380	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$7,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$5,321,710	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	15,158	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$351	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$21,306,482	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	12,620	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,688	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$9,989,950	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,988	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,003	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$994,350	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,178	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$457	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,492,692	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,290	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,708	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$3,663,777	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	2,197	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,668	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,835,248	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	451	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,069	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$531,978	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	513	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,037	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$222,007	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	78	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$2,846	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$201,671	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,310	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$201	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$142	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$287	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,014	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,997	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$912	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$819	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,051	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,488	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,050	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	8.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	15.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	54.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	56.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	49.78	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	72.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	71.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	73.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	228	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	233	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	200	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$29,647	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	159	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$85,376	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	686	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$10,584,994	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1557	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,798	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	73,384	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	55,552	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	75.70	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	76.77	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	82.09	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	69.65	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	72.38	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	51,934	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	15,277	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	6,598	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	4,741	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	3,938	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	25,041	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	19,401	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	4,110	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,530	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	24,207	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	4,500	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	316	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	10,382	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,540	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,469	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	4,469	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	8,828	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	2,586	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	339	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	4,046	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	1,857	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$346,337,218	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$4,720	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$6,234	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$6,180	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,818	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$228	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$17,304	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,551	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,991	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$407	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$21,159	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,998	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$942	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$994	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$821	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$770	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$7,112	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,620	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,731	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,233	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,705	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,349	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$57,356,099	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	8,031	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$7,142	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$284,593	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	179	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$1,590	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$12,937,802	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	479	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$27,010	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$26,241,277	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	315	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$83,306	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$72,161,197	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$3,787	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$19,055	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,629,592	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	10,847	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$150	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$6,168,725	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	11,577	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$533	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,695,422	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	7,815	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$217	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$10,175,070	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	22,481	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$453	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$11,096,815	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	10,840	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,024	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$7,907,750	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,294	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$6,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$32,893,338	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	43,305	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$760	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$41,876,029	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	38,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,080	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$20,621,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$9,899	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,047,041	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	6,023	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$506	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$4,587,273	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,457	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,148	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$9,931,283	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	6,748	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,472	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$22,195,890	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4,260	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,210	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,687,545	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,485	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$471,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	136	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,468	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$753,962	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	10,367	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$73	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$782	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$340	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,626	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$591	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,521	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,777	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,711	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$446	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$32	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$571	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$818	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,048	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$87	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,846	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,246	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,166	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,202	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$909	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	10.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9.58	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	6.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20.83	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	6.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	52.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	57.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	63.40	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	42.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	43.63	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	73.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	72.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	80.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	67.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	69.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	209	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	233	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	210	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$725,127	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2,204	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$329	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$655,856	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,068	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$214	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$15,844,408	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,986	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,978	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	808,573	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	7.96	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	744,204	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	15.22	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	60.98	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$6,692	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	630,958	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$6,771	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,171	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.08	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,621	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	.	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.84	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	5.82	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	86.88	No	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.50	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.50	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	8.28	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	24.18	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	67.54	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	70.66	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.15	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.20	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.20	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	77.32	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	15.20	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	15.21	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	86.45	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	11.20	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.88	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.48	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	113,246	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$976	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$628	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	.	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	9.00	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.74	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	5.45	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.59	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	41.45	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	47.96	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	66.52	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.56	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.18	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.18	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	91.42	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	6,010,250	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	6,010,250	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	2.13	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	75.31	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$1,393	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	5,882,258	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$135	No	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$439	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$539	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$581	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	88.49	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.96	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	7	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	10.45	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	8	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.45	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	98.76	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	17	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.61	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	99.86	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	12	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.73	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	19.07	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	17.71	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	59.37	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	22.53	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.36	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	99.37	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.09	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	127,992	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$791	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	96.74	Yes	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	3.23	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	16.58	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	17.18	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	49.43	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	33.01	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	1.98	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.20	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.26	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	120,052,781	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	4.40	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	4.75	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	6.88	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	100,809,015	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	9.65	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	25.73	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$147	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	7.25	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.18	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$155	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$131	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$213	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	91,084,935	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	11.10	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	45.12	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	2.64	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.63	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.76	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	28.17	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	3.87	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.41	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	7.86	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	5.20	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.39	No	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	9.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	13.38	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	9.44	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	3.07	No	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	11.55	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.50	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	6.77	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	22.93	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.94	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	4.13	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.03	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.95	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.02	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$31	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$40	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$18	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$118	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$120	No	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$86	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$15	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$180	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$32	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$229	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$12	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$2,369	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.44	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	9.75	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$71	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$34	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$188	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	59.02	No	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	96.68	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	21.67	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	12.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	52.77	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	34.80	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	98.03	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	14.19	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	4.01	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	81.79	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.29	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	9,724,080	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	51.89	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	7.30	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	13.57	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	5.96	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	1.19	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	10.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	0.37	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	6.65	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	2.44	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.22	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$96	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	97.15	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	18.71	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	11.41	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	48.09	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	40.49	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.95	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	71.18	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	1.28	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	27.54	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	42,814,533	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.95	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	42,306,869	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.95	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$68	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	42,306,869	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$49	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.50	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$47	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	1.29	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	92.66	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.62	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.06	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	15.08	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	84.62	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	43.74	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.60	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	3,403,888	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$25,289,222,481	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	12.91	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	60.10	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	3.25	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	6.62	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.18	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	16.91	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	3,403,171	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	2,772,795	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.98	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	90.07	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	45,021	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.32	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.63	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.20	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	28.78	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	23.77	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.42	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	22.99	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	21.12	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	3.08	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	43.88	No	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	13.50	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	63.15	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	562,166	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	85.74	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	83.75	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	34.55	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	38,585	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	42.83	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	15.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	42.08	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	45.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	8.49	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	98.17	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	92.53	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	387,990	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	180,660	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	207,206	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	124	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	664,623	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	528,533	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	136,090	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	1,488,546	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	617,244	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	613,857	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	154,122	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	16,145	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	86,986	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	192	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	862,012	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	252,852	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	228,748	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	15,514	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	364,898	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	2,769,295	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.48	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.07	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.07	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.31	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	1.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	4.63	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	723,937	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	1,484	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	36.18	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	1,231,208	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	95.46	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.93	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	4.82	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	5.16	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	1.14	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.64	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	1,186,536	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	1.28	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	9.97	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	58.10	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	30.65	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	722,924	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	2,769,295	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	22.96	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.77	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	75.96	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$1,235,241,457	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$1,188,443,303	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$19,698,849	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$27,099,305	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.88	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.90	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.41	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.25	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$139	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$185	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$79	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$1,225,024,630	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	1,175,292	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$3,972,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	11,244	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$6,244,112	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	44,672	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$2,479,789,417	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$770,392,947	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$148,656,789	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$407,417,337	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$1,153,322,344	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$2,110	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$655	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$347	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$981	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	1,694,726	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	1,337,443	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	1,264,503	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	59,554	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	23,557	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	35,874	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	123	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	343,163	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	292,116	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	51,047	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	799,095	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	245,341	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	370,916	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	94,256	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	8,924	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	79,539	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	119	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	492,914	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	93,620	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	133,582	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	14,393	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	251,319	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	35,908	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$9,761,623,028	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$5,760	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$7,299	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$12,527	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$12,486	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$12,558	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$11,075	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$17,395	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$16,794	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$20,837	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,716	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,362	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,560	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,127	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,461	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$4,261	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$2,041	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$3,398	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,643	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,458	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,300	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$4,241	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$3,003,591,232	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	273,176	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$10,995	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$108,675,170	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	7,310	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$14,867	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$210,754,712	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	7,227	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$29,162	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$859,730,865	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	4,580	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$187,714	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$837,256,425	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	19,337	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$43,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$178,496,385	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	783,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$228	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$95,336,973	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	415,172	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,808,141	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	97,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$778,459,685	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	809,551	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$962	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$792,770,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	456,578	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,736	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$245,842,527	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	72,091	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$3,410	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$32,332,768	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	495,046	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$847,616,860	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	987,556	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$858	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$653,532,945	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$198,631	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$68,236,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	102,406	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$666	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$316,660,508	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	19,984	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$15,846	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$10,997,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	13,660	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$805	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$488,096,928	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	106,456	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,585	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$214,044	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,737	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$123	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$8,207,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	986	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,324	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$74,682,060	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	255,643	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$292	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$1,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,687	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$619	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,806	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,190	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,623	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,491	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$52	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$500	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$605	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,617	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$378	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$7,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$865	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,163	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	19.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	12.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	2.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	24.30	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	58.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	73.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	52.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	58.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	76.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	60.62	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	84.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	72.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	77.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	203	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	263	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	226	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	50	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	34	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	7.66	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$24,135,402	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	119,119	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$203	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$4,513	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	61	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$74	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$489,211,604	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	14,969	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$32,682	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	533,153	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	492,017	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	477,061	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	2.76	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	36.77	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	60.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	5.39	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.19	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	314,617	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	148,819	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	165,797	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	1	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	212,943	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	139,616	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	73,327	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	498,605	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.86	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	17.81	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	80.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	62.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	36.76	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$11,759,832,901	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$22,057	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$23,901	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$21,242	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$13,832	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$27,894	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$9,224	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$23,621	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$16,307	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$37,545	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$593,216,921	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	108,069	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$5,489	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$117,758,372	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	5,869	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$20,064	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$1,475,950	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	68	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$21,705	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$1,228,590,000	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	6,522	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$188,376	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$4,284,083,830	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$120,963	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$35,416	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$401,862,000	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	351,071	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$1,145	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$32,143,678	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	111,025	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$290	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$15,929,135	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	152,184	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$206,900,260	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	238,806	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$866	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$719,859,975	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	103,296	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$6,969	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$441,866,314	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	77,218	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$5,722	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$15,262,653	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	210,787	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$72	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$813,066,840	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	378,861	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,146	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$1,210,998,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$119,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$10,152	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$126,696,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	167,874	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$755	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,313,845,382	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	77,608	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$16,929	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,015,702	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	7,725	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$908	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$77,260,477	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	15,069	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,127	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$500,805	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,780	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$180	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$18,029,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,627	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$72,108,470	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	202,075	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$357	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$1,113	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,145	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,047	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$10,563	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$12,689	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$7,680	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,525	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$999	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,288	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$8,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$6,410	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$12,606	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	20.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.35	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	24.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	34.45	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10.84	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	71.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	62.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	86.58	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	89.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	271	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	270	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	275	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$2,076,517	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	10655	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$32	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$1,160,823,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	21251	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$54,624	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	2,227,879	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	1,829,460	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	82.12	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	87.92	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.48	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	75.12	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	80.77	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	1,741,564	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	374,171	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	172,376	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	201,671	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	124	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	556,106	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	431,732	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	124,374	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	799,144	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	245,345	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	370,954	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	94,257	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	8,925	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	79,544	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	79,544	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	498,458	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	94,872	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	134,926	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: NY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	14,438	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	254,222	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$21,521,455,929	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$9,660	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$11,764	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$19,855	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$13,648	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$25,166	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$11,060	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$19,779	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$16,637	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$30,688	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,717	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,362	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,561	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,127	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,483	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$4,261	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$2,041	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$3,453	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,699	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,498	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,296	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$4,307	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$3,596,808,153	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	381,245	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$9,434	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$226,433,542	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	13,179	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$17,181	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$212,230,662	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	7,295	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$29,093	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$2,088,320,865	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	11,102	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$188,103	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$5,121,340,255	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$140,300	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$36,503	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$580,358,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	1,134,463	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$512	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$127,480,651	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	526,197	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$242	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$20,737,276	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	249,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$83	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$985,359,945	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	1,048,357	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$940	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,512,630,864	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	559,874	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$2,702	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$687,708,841	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	149,309	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,606	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$47,595,421	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	705,833	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$67	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$1,660,683,700	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	1,366,417	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,215	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$1,864,531,730	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$317,915	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,865	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$194,932,641	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	270,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$721	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,630,505,890	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	97,592	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$16,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$18,012,969	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	21,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$842	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$565,357,405	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	121,525	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,652	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$714,849	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	4,517	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$158	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$26,237,085	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3,350	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$7,832	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$146,790,530	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	457,718	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$321	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$1,614	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,390	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,025	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$619	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,806	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,433	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$11,564	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,712	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$745	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$936	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,874	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$396	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$3,867	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$5,965	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$9,169	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$865	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,191	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	17.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	12.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	20.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	7.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	31.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.44	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	61.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	60.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	77.65	N/A	.	N/A	.	.	15% (+/-)	N/A

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Child	N/A	.	N/A	52.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	58.22	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	80.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	86.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	72.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	77.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	256	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	252	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	50	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	40	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$26,211,919	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	129,774	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$202	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$4,705	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	67	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$70	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$1,650,034,781	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	36,220	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$45,556	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	223,571	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	223,571	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	25.58	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.65	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$22,246	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	166,380	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$4,971	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,120	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	1.16	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,571	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.76	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.46	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.46	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.43	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.90	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	98.43	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.57	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.26	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.57	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	20-50	.	N/A	29.02	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	64.41	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	55.26	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.75	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.84	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.84	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	99.20	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	19.12	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	20.40	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	84.34	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	14.19	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.05	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.95	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	57,191	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$854	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	1.52	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$1,349	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	98.50	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.65	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	13.04	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.97	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.74	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.50	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.58	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	.	N/A	43.21	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	47.21	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	45.39	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.86	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.55	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.55	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.24	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	867,274	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	867,274	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	7.15	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	13.70	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,747	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	805,252	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$96	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$191	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$309	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$447	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	88.12	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.97	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	11.76	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	22	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.12	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	10	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	3.71	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	0.12	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	6.87	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	16.62	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	.	N/A	76.51	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.09	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	62,022	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$381	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.85	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.15	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	99.83	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	12.50	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	56.64	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	30.85	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.09	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	45,241,650	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	6.13	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	42,468,282	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	7.92	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.70	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$76	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	6.13	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$123	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	39,103,041	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	16.24	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	23.03	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	3.21	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.33	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	3.92	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	16.12	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	2.88	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.21	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$32	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	13.85	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	3.67	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	1.31	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	6.79	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	1.96	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	1.98	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	14.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	20.96	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	4.05	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	4.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	13.97	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.28	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.55	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	1.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	10.12	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.63	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$41	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$26	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$23	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$65	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$57	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$23	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$48	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$19	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$93	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$24	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$116	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$64	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.08	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.47	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	21.78	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$73	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$79	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$48	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	90.17	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.84	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	22.36	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	5.27	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	48.74	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	45.98	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	35.99	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	6.75	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	54.42	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	3,365,241	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	66.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	7.67	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	11.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	1.91	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	1.24	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	7.75	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	3.53	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.33	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$38	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	84.99	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	85.83	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	45.82	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	10.84	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	49.53	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	39.62	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	21,838,972	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	21,838,972	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.09	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$60	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	21,838,972	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$37	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.54	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.90	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.34	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	80.24	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	19.70	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	11.47	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	88.47	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	50.22	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	30.57	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	1,393,580	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$6,542,916,866	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	11.55	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	59.45	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	15.98	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	13.03	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	.	N/A	1,386,016	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	1,062,905	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.39	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	97.40	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	13,434	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.78	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	62.67	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	32.48	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	2.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.71	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.13	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	58.23	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	10.75	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	52.64	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	219,622	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	92.58	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	92.72	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	31.72	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,548	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	36.44	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	20.46	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	43.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	6.71	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.39	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	94.63	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	147,090	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	36,161	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	12,758	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	98,171	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	259,344	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	180,079	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	12,320	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	66,945	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	754,642	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	216,389	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	11,248	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	316,304	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	172,433	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	38,268	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	224,722	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	70,527	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	10,015	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	41,530	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	102,650	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,061,583	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	97.79	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	2.21	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	4.82	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	286,974	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	45,856	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	30.44	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	421,835	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.22	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	421,835	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	1.55	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	76.06	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	22.37	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	251,918	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,061,583	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	23.23	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	76.77	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$341,062,889	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$341,062,889	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$113	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$113	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$341,062,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	421,835	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$208,151,614	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$72,434,423	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$629,361	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$13,207,478	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$121,880,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$493	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$31	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$289	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	745,035	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	607,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	533,311	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	10,708	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	5,379	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	555	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	4,774	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	170,751	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	141,984	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	267	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	28,500	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	433,680	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	79,236	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	6,245	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	210,346	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	100,085	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	37,768	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	129,754	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	28,782	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	6,335	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	31,772	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	62,865	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	3,498	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,564,441,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,442	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,222	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$9,740	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$11,880	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$346	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$8,420	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,533	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$10,111	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,317	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$12,718	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,021	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,084	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$883	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$857	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$975	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,951	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,680	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,178	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$978	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,181	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,269	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$700,507,536	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	101,072	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$6,931	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$23,939	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$7,980	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$3,983,166	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	726	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$5,486	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$194,178,193	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,806	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$69,201	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$184,556,065	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	7,576	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$24,361	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$191,938,260	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	495,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$388	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$26,026,510	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	171,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$152	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$9,697,522	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	123,538	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$78	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$146,365,273	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	360,596	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$406	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$36,323,100	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	108,940	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$333	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$26,696,682	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	19,688	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,356	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$109,166,018	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	384,525	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$284	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$368,870,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	480,745	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$767	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$118,713,726	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$53,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,225	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$13,065,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	38,067	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$343	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,621,171	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,733	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$806	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$122,784,222	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	80,402	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,527	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,345,629	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,861	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$820	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$7,270,718	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,144	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,356	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$50,412,827	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	141,636	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$356	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$159,125,528	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	98,437	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,617	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$321,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	90	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,567	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$940	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,846	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$346	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$580	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$514	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,564	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,939	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,181	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,690	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$207	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,493	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,150	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$891	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	13.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	15.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	10.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	16.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	16.35	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	3.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	64.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	63.63	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	84.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	57.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	63.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	66.93	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	92.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	75.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	73.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	235	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	256	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	245	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	26	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	7.42	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$13,586,938	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	35,502	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$383	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,804,425	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	10,210	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$177	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$12,582,223	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	42,113	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$299	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$118,634,237	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	7,034	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$16,866	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	219,146	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	203,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	185,701	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	5.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	14.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	80.81	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.34	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	11.27	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	136,373	N/A	.	N/A	.	.	10% (+/-)	N/A

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11: Aged, Cash	N/A	.	N/A	30,773	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	12,203	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	93,397	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	82,047	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	32,466	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	12,027	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	37,554	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	202,726	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	2.28	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.33	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.89	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.51	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$3,405,928,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$15,542	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$16,755	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$16,771	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,070	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$944	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$21,706	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$13,611	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,834	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,243	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$22,566	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$80,122,764	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	46,875	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,709	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$110,877	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	85	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$1,304	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$13,199	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$6,600	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$352,456,679	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	5,364	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$65,708	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,840,038,929	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$73,739	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$24,953	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$53,438,924	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	166,736	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$321	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$7,485,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	55,862	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,964,135	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	87,317	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$57	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$53,968,636	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	104,705	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$515	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$17,179,231	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	16,169	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,062	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$15,024,765	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	6,612	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$2,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$6,076,841	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	40,449	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$150	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$426,978,466	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	179,406	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,380	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$290,198,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$65,246	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,448	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$25,238,182	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	60,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$418	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$3,097,117	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,523	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$879	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$110,763,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	24,335	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,552	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$532,304	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,425	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$220	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$17,625,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	3,360	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,246	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$31,714,822	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	79,135	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$401	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$51,173,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	22,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,286	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,256,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,646	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,801	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$366	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$286	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$10,005	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$12,706	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,604	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,948	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,789	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,224	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$3,223	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,990	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,288	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	21.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	36.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	50.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	81.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	77.14	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	88.51	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	88.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	89.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	263	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	298	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: OH

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$436,421	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2187	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$200	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$49,842	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	505	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$374,378	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2909	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$287,418,609	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	26519	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$10,838	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	964,181	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	810,660	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	84.08	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	92.14	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	92.67	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	78.50	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	76.88	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	719,013	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	147,081	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	36,152	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	12,758	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	98,171	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	252,798	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	174,450	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	12,294	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	66,054	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	433,777	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	79,237	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	6,245	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	210,363	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	100,095	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	37,837	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	37,837	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	130,339	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	28,917	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	6,366	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	.	N/A	31,936	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	63,120	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$5,970,369,341	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$6,192	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$7,365	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$16,259	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,637	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$918	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$21,060	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,532	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,687	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,245	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$18,317	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,022	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,084	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$883	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$858	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$976	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,950	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,683	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,181	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$985	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,179	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,274	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$780,630,300	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	147,947	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$5,276	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$134,816	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	88	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$1,532	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$3,996,365	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	728	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$5,490	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$546,634,872	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	8,170	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$66,908	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$2,024,594,994	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$81,315	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$24,898	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$245,377,184	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	662,001	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$371	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$33,512,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	226,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$148	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$14,661,657	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	210,855	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$70	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$200,333,909	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	465,301	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$431	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$53,502,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	125,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$428	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$41,721,447	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	26,300	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,586	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$115,242,859	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	424,974	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$271	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$795,848,765	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	660,151	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,206	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$408,912,433	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$118,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,448	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$38,303,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	98,421	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$389	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,718,288	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	9,256	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$834	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$233,547,607	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	104,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,230	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,877,933	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	5,286	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$544	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$24,896,034	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	4,504	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,528	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$82,127,649	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	220,771	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$372	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$210,298,917	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	120,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,741	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,577,673	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,736	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,789	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$810	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$400	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$346	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$580	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$2,671	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$12,114	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,128	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$825	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,745	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,863	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,886	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,001	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,582	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$892	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	15.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.40	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	10.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	16.93	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	9.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	68.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	83.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	82.02	N/A	.	N/A	.	.	15% (+/-)	N/A

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Child	N/A	.	N/A	57.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	63.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	81.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	86.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	91.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	75.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	73.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	264	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	263	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	274	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	30	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$14,023,359	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	37,689	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$372	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,854,267	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	10,715	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$173	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$12,956,601	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	45,022	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$406,052,846	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	33,553	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$12,102	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	78,485	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	3.78	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	75,520	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	61.95	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.78	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,041	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	28,734	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$2,256	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$668	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.39	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,050	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	93.66	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.25	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	3.37	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	3.38	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.32	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.35	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.33	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.51	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	21.92	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	68.57	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	54.01	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.82	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.92	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	24.42	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	22.45	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	91.80	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	6.13	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	1.04	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.02	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	46,786	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,692	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.97	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$1,213	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	51.18	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	46.45	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.34	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.06	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.36	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.16	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.47	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	31.70	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	58.83	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	27.87	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.87	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.85	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	257,238	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	257,238	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	4.30	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.12	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$769	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	246,167	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$50	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$138	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$347	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$276	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	85.22	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.22	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	9.22	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	5.55	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	9	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	6.24	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	6.21	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	20.74	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	18.17	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	61.09	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.65	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	5.33	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	11,071	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$645	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.94	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.05	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	96.63	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	14.40	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	49.27	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	36.30	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	9,008,917	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	7.12	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	24.46	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	6,164,227	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	26.25	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.51	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$74	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	13.92	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	12.41	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$114	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$14	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	4,546,281	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	12.40	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	3.89	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	39.35	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	12.95	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	23.45	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	20.03	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	6.54	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	2.69	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.35	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	5.29	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	22.55	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.10	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	15.50	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	5.45	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.84	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	6.55	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	11.47	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.16	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	5.90	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	21.77	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	3.35	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	0.62	No	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	2.71	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	3.60	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.93	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	16.99	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	2.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$96	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$65	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$29	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$56	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$103	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$71	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$135	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$19	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$64	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$92	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$266	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$150	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$479	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$1,144	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.32	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	1.59	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	18.81	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$89	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$153	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$192	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	85.65	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.87	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	20.16	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	19.96	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	36.76	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	43.26	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.17	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	23.92	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	75.48	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.59	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.41	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	1,617,946	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	5.18	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	10.81	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	5.83	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	4.79	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	68.28	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	1.51	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	6.35	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	3.33	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.26	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	0.32	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	6.78	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	9.43	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	3.61	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$22	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.56	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.85	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	12.76	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	48.82	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	38.42	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	97.17	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	78.82	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	21.18	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	4,093,355	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	7.94	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	3,768,463	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	6.96	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$48	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	3,768,463	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$46	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.80	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$34	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.64	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.05	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	80.07	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	19.83	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	1.25	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	98.67	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	45.46	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.27	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	534,663	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$1,385,493,832	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	14.16	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	24.98	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	14.81	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	18.30	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.65	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	27.08	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	533,438	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	395,419	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.73	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	95.55	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	8,190	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	0.77	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	64.40	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	17.06	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	12.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	5.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	5.31	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	62.99	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	12.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	46.04	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	89,656	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	96.12	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	96.17	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	39.08	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	24,776	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	6.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	91.18	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	2.25	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	13.35	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	76.79	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.68	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.37	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	86.46	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	63,123	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	22,444	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	894	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	10,617	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	29,168	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	72,777	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	53,964	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,340	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,725	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	10,748	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	315,065	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	32,010	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,040	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	263,642	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	9,814	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	7,559	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	82,473	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	10,163	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	4,418	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	34,278	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	33,614	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	395,910	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	95.46	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.09	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.50	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.95	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	5.84	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	25,452	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	66.04	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	352,306	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	52.59	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	48.88	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.70	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.21	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	352,306	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.07	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	4.62	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	76.32	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	18.98	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	202,180	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	395,910	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	24.03	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	24.11	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	51.85	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$146,774,078	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$132,567,253	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$14,206,825	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.91	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.89	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$12	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$132,840,622	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	185,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$13,933,456	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	167,044	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$79,099,117	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$24,838,128	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$5,647,296	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$12,508,156	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$36,105,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$427	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$30	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	259,145	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	180,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	175,357	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	2,204	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	706	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	50	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	237	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	1,211	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	29,259	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	23,354	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,214	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	121	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	4,570	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	182,054	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	12,623	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	1,913	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	156,566	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,053	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	6,899	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	45,628	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	4,163	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	4,118	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	20,371	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	16,976	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	19,410	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$503,498,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$1,943	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,797	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$4,228	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$1,762	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$1,976	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$149	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$6,557	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,909	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$3,550	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$2,772	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$143	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$38,155	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$976	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$730	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$389	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$782	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,282	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$5,238	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,223	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$993	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,081	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,549	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$922	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$98,105,964	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	34,206	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,868	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$29,334,810	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,571	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$18,673	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$40,703,026	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	751	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$54,198	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$30,946,421	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	2,323	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$13,322	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$36,287,262	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	105,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$343	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$6,523,399	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	31,332	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$208	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,907,695	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	29,019	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$66	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$22,436,881	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	86,157	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$260	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$19,701,268	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	30,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$638	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$550,006	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,808	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$304	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$3,980,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	61,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$55,203,828	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	129,770	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$26,234,655	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$21,871	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,200	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,676,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	5,665	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$296	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,688,661	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,182	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$17,448,418	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	16,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,471,129	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,300	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,901	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$9,392,710	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	25,439	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$369	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$20,831,405	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	2,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$22,247,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	20,093	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$53,003,394	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,417	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$37,405	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$391	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$559	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$390	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,457	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$150	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$113	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$962	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$805	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,449	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$509	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$539	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	13.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	8.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	28.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	19.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.84	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	50.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	40.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	73.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	46.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	51.74	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	62.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	43.38	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	80.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	59.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	174	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	240	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	236	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	62	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	8.51	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,196,599	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	6,287	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$228,752	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	983	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$233	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$14,394,619	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	16,111	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$893	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$76,413,076	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$29,378	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	89,031	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	75,834	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	76,951	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	1.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	10.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	76.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	7.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	4.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.30	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.96	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	60,666	N/A	.	N/A	.	.	10% (+/-)	N/A

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11: Aged, Cash	N/A	.	N/A	21,488	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	844	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	10,380	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	27,954	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	27,973	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	15,345	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,093	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,594	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	5,941	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	83,384	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.09	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.24	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	57.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	40.74	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$653,928,383	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$7,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$8,623	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$7,000	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$2,158	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$576	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$302	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$13,402	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,174	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$2,806	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$1,673	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$473	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$30,485	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$20,889,519	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	18,270	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,143	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$270,567	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$30,063	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$22,300	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$4,460	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$53,596,383	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,312	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$40,851	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$286,815,427	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$22,817	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$12,570	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$14,407,697	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	63,091	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$228	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$224,829	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	1,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$163	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$358,379	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	9,931	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$36	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$13,472,691	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	35,534	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$14,763,259	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	16,154	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$914	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$323,026	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,412	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$229	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$163,524	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	3,479	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$47	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$104,476,743	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	64,163	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,628	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$35,362,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$20,605	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,716	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,746,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	13,159	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$28,252,021	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	9,198	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,072	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$5,113,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,226	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$4,171	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,431,107	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	727	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,969	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$5,843,981	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	20,316	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$31,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	33	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$942	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$13,871,492	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	8,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$52,480,000	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,184	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$44,324	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$235	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$245	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,827	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,653	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,170	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,192	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,208	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,084	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	20.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	17.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	27.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	34.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	72.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	66.30	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	78.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	79.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	252	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	251	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	263	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: OK

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$11,978	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	106	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$113	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$52,654	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	755	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$70	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,106,168	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	2526	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$438	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$87,719,832	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	10118	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$8,670	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	348,176	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	255,870	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	73.49	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.04	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	84.01	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	66.29	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	73.12	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	252,307	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	62,870	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	22,194	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	894	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	10,617	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	29,165	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	57,232	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	38,699	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,307	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,715	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	10,511	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	182,068	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	12,623	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	1,914	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	156,574	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,055	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	6,902	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	6,902	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	46,006	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	4,217	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	4,268	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	20,401	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	17,120	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,157,426,492	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,324	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,523	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$6,902	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$2,145	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$654	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$299	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$13,118	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,549	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$3,255	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$2,252	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$466	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$33,819	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$977	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$730	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$389	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$782	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,302	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$5,237	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,224	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,002	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$1,080	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,548	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$929	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$118,995,483	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	52,476	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,268	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$270,567	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$30,063	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$29,357,110	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,576	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$18,628	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$94,299,409	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,063	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$45,710	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$317,761,848	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$25,140	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$12,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$50,694,959	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	168,903	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$300	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$6,748,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	32,708	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$206	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$2,266,074	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	38,950	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$58	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$35,909,572	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	121,691	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$295	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$34,464,527	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	47,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$733	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$873,032	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	3,220	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$271	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$4,143,876	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	64,612	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$159,680,571	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	193,933	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$823	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$61,596,657	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$42,476	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,450	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,422,706	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	18,824	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$182	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$31,940,682	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	10,380	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,077	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$22,562,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	17,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,255	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$3,902,236	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,027	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$1,925	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$15,236,691	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	45,755	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$333	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$20,862,475	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,397	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$36,118,734	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	28,694	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,259	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$105,483,394	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$40,555	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$342	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$235	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$664	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$557	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,269	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,324	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,480	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$150	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$459	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,149	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,255	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,270	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$509	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$541	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	15.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	8.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	28.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	8.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	33.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.28	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	55.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	73.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	69.76	N/A	.	N/A	.	.	15% (+/-)	N/A

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Child	N/A	.	N/A	46.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	51.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	66.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	77.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	79.97	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	59.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	240	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	250	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	251	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	62	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,208,577	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	6,393	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$281,406	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1,738	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$15,500,787	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	18,637	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$832	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$164,132,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	12,719	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$12,905	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	62,831	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	61.76	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	24,027	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	13.33	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.35	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,605	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	20,824	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,024	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$795	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	1.91	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,935	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.51	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.28	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.58	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	3.82	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	3.76	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	1.11	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.03	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	5.99	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	20-50	.	N/A	20.41	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	73.60	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	56.69	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.81	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	79.19	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	24.84	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	27.29	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	90.90	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	8.27	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.84	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	3,203	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$885	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	2.81	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$1,210	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.19	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.94	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.68	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.68	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.46	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.08	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	.	N/A	40.62	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	49.30	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	53.33	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.87	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.94	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	76.80	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	98,734	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	98,734	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	3.87	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,682	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	98,734	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$74	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$856	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$301	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$258	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	92.57	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	98.20	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	2.22	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.53	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	4.68	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	26	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	22.10	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	55.89	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	.	N/A	22.00	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	2.16	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	94.26	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	2.19	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	.	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	.	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	.	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	.	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	.	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	21,358,574	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	28.78	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	51.66	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	4,177,531	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	6.82	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.86	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$122	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	22.99	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	48.74	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.80	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$164	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$26	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$4	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	3,892,736	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	12.37	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	3.18	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	15.37	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	13.65	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	16.54	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	11.91	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	2.94	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.12	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	14.54	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	7.94	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.38	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	8.33	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	0.77	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	3.34	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	12.27	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	3.16	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.15	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	5.58	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	9.85	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.47	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	31.75	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.51	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	4.85	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.76	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.27	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.49	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	13.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.01	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$103	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$71	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$29	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$141	No	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$56	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$96	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$20	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$346	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$11	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$79	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$326	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$32	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$308	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,008	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$95	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$428	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.28	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.72	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.39	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	12.12	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$90	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$97	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$163	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$415	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	51.08	No	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	29.13	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	3.92	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	42.86	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	53.21	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.95	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	26.27	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	7.71	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	66.02	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	45.47	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	284,795	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.52	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	6.72	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	13.27	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	0.61	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	15.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	1.18	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	48.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	2.88	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	4.34	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	21.57	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	0.66	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.22	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	13.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$126	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.80	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	48.95	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	12.61	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	35.66	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	51.73	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	58.13	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	25.21	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	16.66	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	2,979,054	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	2,979,054	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.58	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$63	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	2,979,054	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$45	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.53	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$58	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.87	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	96.78	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.48	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.30	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.20	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	6.22	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	93.76	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	50.42	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	32.48	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	560,337	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$1,676,852,156	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	2.93	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	4.49	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	15.14	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	12.24	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	2.18	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	62.99	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	543,964	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	378,161	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	97.13	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	95.88	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	1,916	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	92.50	No	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.07	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	78.89	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	4.29	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	2.04	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	10.99	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.02	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	3.76	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	47.27	No	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	7.72	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	38.68	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	67,508	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	96.14	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	96.44	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	44.67	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,770	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	93.08	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	0.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	6.66	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	36.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.43	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.98	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	92.12	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	40,639	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	12,797	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,745	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,445	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	22,652	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	59,189	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	44,555	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	4,665	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,608	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	7,361	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	232,623	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	41,793	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	3,687	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	146,560	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	27,075	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	13,508	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	211,262	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	16,214	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	2,670	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	14,015	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	16,400	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	161,963	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	385,142	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	97.28	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.11	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.39	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	1.21	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	6.72	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	45,473	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	6,347	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	92.97	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	505,741	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	86.32	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	94.14	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	95.46	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.09	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	4.69	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	56.17	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	24.05	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.37	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	504,477	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	6.72	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	10.13	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	43.82	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	39.33	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	332,722	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	385,142	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.11	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	2.55	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	3.56	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.38	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	4.90	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	1.94	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	69.18	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.37	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.25	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	1.94	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	4.86	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	9.84	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$764,631,816	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$570,179,910	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$193,971,282	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$480,624	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	2.70	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.02	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.82	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.88	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$191	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$170	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$4	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$734,764,100	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	436,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$29,836,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	67,905	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$31,307	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	1,264	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$491,120,429	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$33,198,893	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$134,457,453	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$62,953,354	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$260,510,729	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,125	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$76	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$308	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$597	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	77,806	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	54,291	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	41,378	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	359	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	41	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	28	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	42	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	248	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	6,509	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	5,789	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	148	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	15	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	557	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	38,954	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	5,918	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	946	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	23,616	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,594	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	3,880	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	31,733	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	2,254	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	787	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	2,773	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	2,541	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	23,378	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	816	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$146,583,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$1,884	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,700	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$8,403	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$6,113	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$3,142	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$971	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$10,634	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,584	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,209	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$6,438	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$14,577	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$995	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$520	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$487	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,497	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$3,070	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,331	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,782	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$570	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,294	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$879	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$1,366	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$28,070,107	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	8,296	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,384	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$92,402	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$18,480	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$11,065,298	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	239	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$46,298	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$9,146,637	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	35	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$261,332	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$7,216,298	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	414	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$17,431	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$10,894,529	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	27,948	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$390	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$268,645	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	2,121	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$5,848,550	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	9,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$605	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$14,794,853	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	20,910	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$708	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$4,174,634	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	10,494	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$330,799	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	339	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$976	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,928,739	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	19,555	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$18,245,661	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	35,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$517	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$11,336,003	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$2,581	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,082,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,903	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$373	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$181,878	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	313	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$581	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,717,809	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,542	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$449,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	782	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$234,141	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	526	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$445	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$307,465	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	51	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,029	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,818,644	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	9,587	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$398	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$860,688	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	101	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,522	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,401,120	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	4,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,703	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$12,274	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,046	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$361	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$160	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$967	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$481	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$354	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,568	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,295	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$274	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$235	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,125	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,471	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$182	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$935	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,550	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,850	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$659	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	10.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15.13	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	31.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.87	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	45.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	75.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	77.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	42.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	42.76	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	61.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	75.49	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	85.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	56.51	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	62.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	175	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	208	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	201	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	158	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	36	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	7.74	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$991,949	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2,896	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$343	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,696,304	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	6,534	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$413	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,062,567	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,280	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$830	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$15,032,620	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,830	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$8,215	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	29,586	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	26,381	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	23,161	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	2.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	14.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	41.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	5.41	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	10.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	23.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	12.12	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	18,876	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	1,770	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,608	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,213	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	12,285	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	10,404	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	2,257	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	3,969	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,262	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,916	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	27,490	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.05	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	1.01	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	55.69	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	42.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.66	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$265,631,185	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$8,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$10,069	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$9,065	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,906	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$2,721	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,009	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$12,170	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,990	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,104	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$6,135	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$2,001	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$24,197	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$3,168,182	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	2,310	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,372	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$3,458,247	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	65	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$53,204	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$22,353,596	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	80	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$279,420	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$84,116,385	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$5,806	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$14,488	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,299,684	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	11,843	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$110	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$49,348	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	295	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$193,722	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	2,071	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$94	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$25,132,362	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	8,575	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$2,931	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$479,294	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	1,305	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$367	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$38,499	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	41	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$939	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$161,755	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	3,892	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$42	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$52,711,593	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	22,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,339	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$37,044,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$8,022	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,424,475	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	6,804	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$356	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,462,251	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3,176	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$460	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$14,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	29	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$509	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$51,509	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	157	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$328	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$18,269	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	244	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$75	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$59,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,946	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,908,575	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	7,745	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$505	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$19,644,747	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,470	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,953	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,304,937	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,789	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,619	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$330,191	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	126	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,621	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$82	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,716	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,782	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,302	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,679	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$3,374	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,538	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	7.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	6.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.43	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	20.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	28.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	76.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	77.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	78.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	204	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	204	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	212	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$52,609	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	245	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$215	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$220,340	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	953	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$231	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$178,816	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	116	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,542	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$58,301,449	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9581	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,085	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	107,392	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	80,672	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	75.12	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	89.69	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.22	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	66.50	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	69.69	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	64,539	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	19,235	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	1,811	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	1,636	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	3,255	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	12,533	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	16,913	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	8,046	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	4,117	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	2,277	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	2,473	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	38,956	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	5,918	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	946	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	23,616	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	4,594	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	3,882	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	3,882	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	32,037	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	2,271	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	789	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	.	N/A	2,777	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	2,546	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	23,654	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$412,214,647	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,838	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$5,110	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$9,053	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$7,865	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$2,728	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,008	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$12,139	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,219	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,899	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$6,146	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,989	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$22,030	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$996	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$520	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$487	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,497	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$3,076	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,348	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,802	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$569	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,293	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$878	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$1,388	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$31,238,289	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	10,606	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,945	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$3,550,649	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	70	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$50,724	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$11,065,298	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	239	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$46,298	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$31,500,233	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	115	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$273,915	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$91,332,683	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$6,220	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$14,684	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$12,194,213	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	39,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$306	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$317,993	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	2,416	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$132	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$6,042,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	11,746	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$514	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$39,927,215	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	29,485	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$1,354	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$4,653,928	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	11,799	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$394	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$369,298	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	380	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$972	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$2,090,494	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	23,447	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$89	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$70,957,254	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	57,835	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,227	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$48,380,202	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$10,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,563	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,506,830	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	9,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$361	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,644,129	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3,489	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$471	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$7,732,566	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,571	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,388	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$501,266	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	939	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$534	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$252,410	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	770	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$328	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$366,659	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	66	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,555	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$7,727,219	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	17,332	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$446	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$20,505,435	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,571	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$7,976	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$14,706,057	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	7,134	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,061	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$342,465	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	132	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,594	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$291	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$84	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$454	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$484	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,371	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,507	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$274	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$9	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$661	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,214	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,607	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,043	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$496	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$667	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	9.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	6.94	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	6.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	28.99	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.18	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	53.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.58	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	76.31	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: OR

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	42.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	42.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	65.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	76.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	81.29	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	56.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	62.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	201	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	204	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	207	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	158	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,044,558	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3,141	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$333	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$2,916,644	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	7,487	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$390	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,241,383	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1,396	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$889	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$73,334,069	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	11,411	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$6,427	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	147,915	N/A	123,082	N/A	.	N/A	-16.79	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	147,915	N/A	123,082	N/A	.	N/A	-16.79	.	No
% Crossover	5-20	24.06	No	23.99	No	.	N/A	-0.29	.	Yes
% Adjusted Claims	> 1%	78.42	Yes	0.67	No	.	N/A	-99.14	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$3,483	N/A	$11,657	N/A	.	N/A	234.65	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	112,330	N/A	93,556	N/A	.	N/A	-16.71	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,335	Yes	$3,893	Yes	.	N/A	-10.18	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$651	N/A	$813	N/A	.	N/A	24.82	.	No
% Claims with TPL	>0 - 10	0.70	Yes	0.65	Yes	.	N/A	-7.16	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$4,279	N/A	$3,248	N/A	.	N/A	-24.09	.	No
% Claims with UB-92 Accommodation Codes	95-100	21.06	No	98.58	Yes	.	N/A	368.09	.	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	19.86	No	98.38	Yes	.	N/A	395.49	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.08	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.69	Yes	4.82	Yes	.	N/A	-27.96	.	No
Average Covered Days (> 0 day	2-<8	6.70	Yes	4.85	Yes	.	N/A	-27.65	.	No
% Begin Date = Admit Date	95-100	97.59	Yes	98.21	Yes	.	N/A	0.64	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.12	Yes	97.31	Yes	.	N/A	-1.82	.	Yes
% Family Planning Claims (pgm	>0-5	0.88	Yes	1.48	Yes	.	N/A	67.47	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.84	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	7.16	Yes	7.30	Yes	.	N/A	1.94	.	Yes
% Claims with PDX, where length=4	15-75	25.53	Yes	24.29	Yes	.	N/A	-4.85	.	Yes
% Claims with PDX, where length=5	25-70	67.31	No	68.41	Yes	.	N/A	1.63	.	Yes
% Claims with a procedure code	35-70	51.36	Yes	51.27	Yes	.	N/A	-0.18	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.99	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	82.83	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	16.65	N/A	18.12	N/A	.	N/A	8.80	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	16.89	N/A	17.95	N/A	.	N/A	6.28	.	Yes
Patient Status										
% Home	75-90	86.08	Yes	88.31	Yes	.	N/A	2.59	.	Yes
% Transferred	1-10	4.85	Yes	9.12	Yes	.	N/A	88.19	.	No
% Still a Patient	>0 - 2	1.83	Yes	0.20	Yes	.	N/A	-89.15	.	No
% Died	>0 - 3	0.92	Yes	0.96	Yes	.	N/A	3.91	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	35,585	N/A	29,526	N/A	.	N/A	-17.03	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$841	N/A	$827	N/A	.	N/A	-1.68	.	Yes
% Claims with TPL	N/A	0.51	N/A	0.32	N/A	.	N/A	-36.74	.	No
Aver. TPL Paid -claims with TPL	N/A	$329	N/A	$543	N/A	.	N/A	64.93	.	No
% Claims withUB-92 Accommodation Codes	95-100	24.22	No	99.93	Yes	.	N/A	312.64	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.20	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	24.24	No	99.97	N/A	.	N/A	312.34	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.66	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	6.87	Yes	6.64	Yes	.	N/A	-3.41	.	Yes
% Begin Date = Admit Date	95-100	99.74	Yes	99.88	Yes	.	N/A	0.13	.	Yes
% Claims with IP TOS	95-100	99.99	Yes	99.74	Yes	.	N/A	-0.24	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	93.97	Yes	6.19	Yes	.	N/A	-93.42	.	No
% Claims with PDX, where length=3	5-30	7.84	Yes	8.47	Yes	.	N/A	7.95	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	43.99	Yes	43.10	Yes	.	N/A	-2.04	.	Yes
% Claims with PDX, where length=5	25-70	48.16	Yes	48.44	Yes	.	N/A	0.56	.	Yes
% Claims with a procedure code	35-70	43.00	Yes	42.49	Yes	.	N/A	-1.19	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.19	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	99.99	N/A	.	N/A	-0.01	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	99.99	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	89.33	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	790,033	N/A	659,402	N/A	.	N/A	-16.53	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	790,033	N/A	659,402	N/A	.	N/A	-16.53	.	No
% Crossover	5-20	0.83	No	0.88	No	.	N/A	6.17	.	Yes
% Adjusted Claims	> 1%	7.91	Yes	68.39	Yes	.	N/A	765.10	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$3,701	N/A	$3,066	N/A	.	N/A	-17.16	.	No
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	783,470	N/A	653,586	N/A	.	N/A	-16.58	.	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$101	No	$107	No	.	N/A	5.88	.	Yes
ICF/MR (TOS 05)	N/A	$236	N/A	$246	N/A	.	N/A	4.32	.	Yes
Aged/MH (TOS 02)	N/A	$290	N/A	$313	N/A	.	N/A	7.83	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$365	N/A	$303	N/A	.	N/A	-16.91	.	No
% NF (TOS 07)	75-99	83.69	Yes	89.77	Yes	.	N/A	7.27	.	Yes
% NF claims with NF Covered Days	N/A	99.13	N/A	99.14	N/A	.	N/A	0.01	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-1.07	.	Yes
% ICF/MR (TOS 05)	>0-20	7.94	Yes	8.32	Yes	.	N/A	4.80	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	99.93	N/A	99.93	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	29	N/A	.	N/A	-0.38	.	Yes
% Aged/MH (TOS 02)	>0-10	0.70	Yes	0.68	Yes	.	N/A	-3.44	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	92.10	N/A	100.00	N/A	.	N/A	8.58	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	0.88	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	7.67	No	1.23	Yes	.	N/A	-83.90	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	13.68	N/A	100.00	N/A	.	N/A	630.93	.	No
Avg days for IP Psych. < 21 claims with Covered Days	N/A	23	N/A	26	N/A	.	N/A	12.95	.	Yes
% Claims with Leave Days	1-20	6.82	Yes	7.49	Yes	.	N/A	9.89	.	Yes
% Claims with DX	95-100	99.53	Yes	100.00	Yes	.	N/A	0.47	.	Yes
% Claims with DX, where length=3	5-30	21.08	Yes	21.22	Yes	.	N/A	0.66	.	Yes
% Claims with DX, where length=4	15-75	56.78	No	58.75	No	.	N/A	3.46	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	22.14	Yes	20.03	Yes	.	N/A	-9.52	.	Yes
Patient Status										
% Home	1-5	0.89	No	0.70	No	.	N/A	-21.42	.	No
% Still a Patien	8-98	63.32	Yes	0.02	No	.	N/A	-99.96	.	No
% Died	>0-5	1.30	Yes	1.46	Yes	.	N/A	12.33	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	6,563	N/A	5,816	N/A	.	N/A	-11.38	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,041	N/A	$1,052	N/A	.	N/A	1.01	.	Yes
% NF (TOS 07)	75-99	96.97	Yes	97.70	Yes	.	N/A	0.75	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	2.86	Yes	2.15	Yes	.	N/A	-24.97	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.17	Yes	0.15	Yes	.	N/A	-7.67	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	19.23	Yes	19.86	Yes	.	N/A	3.28	.	Yes
% Claims with DX, where length=4	15-75	56.42	No	54.85	No	.	N/A	-2.79	.	Yes
% Claims with DX, where length=5	25-70	24.35	Yes	25.29	Yes	.	N/A	3.88	.	Yes
Patient Status										
% Home	1-5	3.41	Yes	3.28	Yes	.	N/A	-3.78	.	Yes
% Still a Patien	8-98	49.00	Yes	0.07	No	.	N/A	-99.86	.	No
% Died	>0-5	3.44	Yes	2.75	Yes	.	N/A	-20.11	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	29,942,256	N/A	28,898,905	N/A	.	N/A	-3.48	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	54.03	N/A	59.22	N/A	.	N/A	9.60	.	Yes
Total FFS Claims	N/A	29,942,256	N/A	11,786,248	N/A	.	N/A	-60.64	.	No
% Crossover	5-20	3.20	No	7.42	Yes	.	N/A	131.66	.	No
% Adjusted Claims	> 1%	13.40	Yes	3.00	Yes	.	N/A	-77.62	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$143	N/A	$74	N/A	.	N/A	-48.30	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	32.12	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	27.10	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$184	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$66	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	28,982,749	N/A	10,911,301	N/A	.	N/A	-62.35	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	56.83	N/A	2.92	N/A	.	N/A	-94.87	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.07	N/A	0.34	N/A	.	N/A	369.16	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	21.81	N/A	34.44	N/A	.	N/A	57.93	.	No
% Other Claims with Span Bills/All Other Claims	N/A	58.67	N/A	2.98	N/A	.	N/A	-94.93	.	No
% Claims W/ Service Place 11- Office	50-90	17.43	No	38.44	No	.	N/A	120.49	.	No
% Claims W/ Service Place 12 - Home	>0-5	3.61	Yes	8.59	No	.	N/A	138.15	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.20	Yes	4.83	Yes	.	N/A	119.77	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.22	Yes	0.51	Yes	.	N/A	130.09	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	7.74	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	19.27	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	0.43	Yes	1.85	Yes	.	N/A	331.82	.	No
% Claims with TPL	>0 - 15	0.08	Yes	0.19	Yes	.	N/A	152.73	.	No
Aver. TPL Paid -claims with TPL	N/A	$45	N/A	$41	N/A	.	N/A	-9.00	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	19.16	Yes	20.00	Yes	.	N/A	4.35	.	Yes
% claims MAX TOS 09: Dental	2-20	7.02	Yes	6.12	Yes	.	N/A	-12.77	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	16.76	No	2.77	Yes	.	N/A	-83.48	.	No
% claims MAX TOS 11: OPD	3-25	6.85	Yes	8.37	Yes	.	N/A	22.16	.	No
% claims MAX TOS 12: Clinic	2-25	6.48	Yes	2.80	Yes	.	N/A	-56.84	.	No
% claims MAX TOS 13: HH	>0-25	0.42	Yes	0.51	Yes	.	N/A	22.36	.	No
% claims MAX TOS 15: Lab/Xray	4-20	20.80	No	20.65	No	.	N/A	-0.72	.	Yes
% claims MAX TOS 16: Drugs	<3	0.03	Yes	0.00	Yes	.	N/A	-100.00	.	No
% claims MAX TOS 19: Other Services	<25	5.31	Yes	15.10	Yes	.	N/A	184.58	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	2.72	Yes	3.29	Yes	.	N/A	20.91	.	No
% claims MAX TOS 26: Transportation	>1	2.05	Yes	0.50	No	.	N/A	-75.69	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.33	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.23	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.18	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	16.31	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.97	Yes	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$97	N/A	$56	N/A	.	N/A	-42.18	.	No
08: Physicians	$20-90	$39	Yes	$40	Yes	.	N/A	1.08	.	Yes
09: Dental	$10-60	$21	Yes	$30	Yes	.	N/A	42.10	.	No
10: Other Practioner	$10-100	$30	Yes	$27	Yes	.	N/A	-8.66	.	Yes
11: OPD	$20-100	$69	Yes	$65	Yes	.	N/A	-6.51	.	Yes
12: Clinic	$20-100	$59	Yes	$73	Yes	.	N/A	24.67	.	No
13: HH	N/A	$753	N/A	$735	N/A	.	N/A	-2.38	.	Yes
15: Lab/Xray	10-60	$17	Yes	$16	Yes	.	N/A	-6.65	.	Yes
16: Drugs	10-60	$47	Yes	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$166	N/A	$113	N/A	.	N/A	-31.49	.	No
51: DME	N/A	$72	Yes	$60	N/A	.	N/A	-16.15	.	No
26: Transportation	N/A	$24	N/A	$59	N/A	.	N/A	150.86	.	No
30: PCS	N/A	.	N/A	$89	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$26	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$20	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,608	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$2,293	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$49	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.44	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.69	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	1.27	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$82	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$103	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$414	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	57.49	No	88.13	Yes	.	N/A	53.29	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.80	Yes	99.51	Yes	.	N/A	-0.29	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	24.08	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	3.63	No	5.25	Yes	.	N/A	44.72	.	No
% Claims with DX, where length=4	40-70	37.34	Yes	54.59	Yes	.	N/A	46.19	.	No
% Claims with DX, where length=5	20-55	59.02	No	40.11	Yes	.	N/A	-32.04	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	17.89	N/A	43.06	N/A	.	N/A	140.74	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	82.11	N/A	55.10	N/A	.	N/A	-32.90	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	68.99	No	100.00	Yes	.	N/A	44.95	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	959,507	N/A	874,947	N/A	.	N/A	-8.81	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	2.48	N/A	3.58	N/A	.	N/A	44.27	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.00	N/A	0.73	N/A	.	N/A	-27.35	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	34.48	N/A	89.19	N/A	.	N/A	158.65	.	No
% Other Claims with Span Bills/All Other Claims	N/A	2.58	N/A	3.64	N/A	.	N/A	41.10	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	36.17	N/A	33.91	N/A	.	N/A	-6.24	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.52	N/A	5.43	N/A	.	N/A	19.92	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	5.99	N/A	1.95	N/A	.	N/A	-67.51	.	No
% claims MAX TOS 12: Clinic	N/A	11.94	N/A	16.71	N/A	.	N/A	39.95	.	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	.	N/A	39.92	.	No
% claims MAX TOS 15: Lab/Xray	N/A	27.08	N/A	28.92	N/A	.	N/A	6.79	.	Yes
% claims MAX TOS 19: Other Services	N/A	12.53	N/A	12.77	N/A	.	N/A	1.95	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	0.80	N/A	0.24	N/A	.	N/A	-70.15	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$19	N/A	$14	N/A	.	N/A	-28.65	.	No
% Claims with DX	N/A	99.76	N/A	99.93	N/A	.	N/A	0.17	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.95	Yes	99.98	Yes	.	N/A	0.04	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	47.92	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	16.06	Yes	18.14	Yes	.	N/A	12.93	.	Yes
% Claims with DX, where length=4	40-70	47.40	Yes	45.85	Yes	.	N/A	-3.29	.	Yes
% Claims with DX, where length=5	20-55	36.54	Yes	36.02	Yes	.	N/A	-1.42	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	70.27	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	15,476,871	N/A	12,448,200	N/A	.	N/A	-19.57	.	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	15,476,871	N/A	12,448,200	N/A	.	N/A	-19.57	.	No
% Adjusted Claims	> 1%	7.99	Yes	0.06	No	.	N/A	-99.23	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$48	N/A	$128	N/A	.	N/A	168.12	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	15,476,871	N/A	12,448,200	N/A	.	N/A	-19.57	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$40	Yes	$45	Yes	.	N/A	13.24	.	Yes
% Claims with TPL	>0 - 15	1.50	Yes	1.97	Yes	.	N/A	31.40	.	No
Aver. TPL Paid for claims with TPL	N/A	$37	N/A	$39	N/A	.	N/A	5.15	.	Yes
% Family Planning Claims (program type=2)	N/A	0.70	N/A	0.65	N/A	.	N/A	-7.50	.	Yes
% Drug Claims (TOS 16)	95-99	99.30	No	100.00	No	.	N/A	0.71	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.95	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.92	Yes	99.79	Yes	.	N/A	-0.13	.	Yes
% Claims with Medispan	98-100	89.23	No	95.29	No	.	N/A	6.80	.	Yes
% Claims with AHFS	98-100	99.92	Yes	99.79	Yes	.	N/A	-0.13	.	Yes
% Claims with Generic (GTC)	98-100	99.92	Yes	99.79	Yes	.	N/A	-0.13	.	Yes
% Claims with GC3	98-100	99.92	Yes	99.79	Yes	.	N/A	-0.13	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.34	N/A	79.22	N/A	.	N/A	-20.26	.	No
% Products (codes 4-6)	N/A	0.04	N/A	20.55	N/A	.	N/A	54570.77	.	No
% HRI (code 7)	N/A	0.45	N/A	0.01	N/A	.	N/A	-97.60	.	No
% Claims with Smart Key	98-100	99.92	Yes	99.79	Yes	.	N/A	-0.13	.	Yes
% OTC-Drug Class	N/A	6.54	N/A	6.22	N/A	.	N/A	-4.89	.	Yes
% Prescription-Drug Class	N/A	93.29	N/A	93.57	N/A	.	N/A	0.29	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	44.06	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.43	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	1,744,455	N/A	1,696,058	N/A	.	N/A	-2.77	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$6,087,641,610	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	13.89	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	27.24	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	45.21	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	13.65	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	1,743,824	N/A	1,694,804	N/A	.	N/A	-2.81	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	1,410,424	N/A	1,381,890	N/A	.	N/A	-2.02	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.96	Yes	99.91	Yes	.	N/A	-0.04	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	99.20	Yes	99.14	Yes	.	N/A	-0.06	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	131	N/A	4	N/A	.	N/A	-96.95	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.07	Yes	1.92	Yes	.	N/A	79.25	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	59.55	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	28.90	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	8.32	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.32	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	3.09	Yes	3.18	Yes	.	N/A	2.64	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	50.21	Yes	51.82	Yes	.	N/A	3.22	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	11.34	Yes	11.88	Yes	.	N/A	4.78	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	63.24	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	282,754	N/A	290,403	N/A	.	N/A	2.71	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	92.83	Yes	93.09	Yes	.	N/A	0.28	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	92.85	Yes	93.06	Yes	.	N/A	0.23	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	26.65	No	29.49	No	.	N/A	10.64	.	10% (+/-)	No
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	.	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	.	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	.	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	.	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	.	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.65	Yes	99.55	Yes	.	N/A	-0.10	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.20	Yes	99.37	Yes	.	N/A	0.17	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	99.81	Yes	99.90	Yes	.	N/A	0.09	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	195,643	N/A	200,993	N/A	.	N/A	2.73	.	10% (+/-)	Yes
11: Aged, Cash	N/A	73,633	N/A	75,373	N/A	.	N/A	2.36	.	10% (+/-)	Yes
21: Aged, MN	N/A	28,316	N/A	29,013	N/A	.	N/A	2.46	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	51,387	N/A	58,871	N/A	.	N/A	14.56	.	10% (+/-)	No
41: Other Aged	N/A	42,307	N/A	37,736	N/A	.	N/A	-10.80	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	361,892	N/A	339,960	N/A	.	N/A	-6.06	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	229,170	N/A	237,130	N/A	.	N/A	3.47	.	10% (+/-)	Yes
22: Disabled, MN	N/A	5,112	N/A	5,092	N/A	.	N/A	-0.39	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	79,581	N/A	78,453	N/A	.	N/A	-1.42	.	10% (+/-)	Yes
42: Other Disabled	N/A	48,029	N/A	19,285	N/A	.	N/A	-59.85	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	804,313	N/A	803,593	N/A	.	N/A	-0.09	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	265,172	N/A	217,063	N/A	.	N/A	-18.14	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	3,758	N/A	1,852	N/A	.	N/A	-50.72	.	10% (+/-)	No
24: AFDC Child, MN	N/A	55,346	N/A	45,286	N/A	.	N/A	-18.18	.	10% (+/-)	No
34: Child Poverty	N/A	297,509	N/A	328,617	N/A	.	N/A	10.46	.	10% (+/-)	No
44: Other Child	N/A	139,883	N/A	165,992	N/A	.	N/A	18.66	.	10% (+/-)	No
48: Foster Care Child	N/A	42,645	N/A	44,783	N/A	.	N/A	5.01	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	381,846	N/A	350,258	N/A	.	N/A	-8.27	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	139,988	N/A	84,811	N/A	.	N/A	-39.42	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	3,768	N/A	1,754	N/A	.	N/A	-53.45	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	59,437	N/A	55,321	N/A	.	N/A	-6.92	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	62,717	N/A	75,876	N/A	.	N/A	20.98	.	10% (+/-)	No
45: Other Adult	N/A	115,936	N/A	132,496	N/A	.	N/A	14.28	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,371,001	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	94.25	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.70	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	4.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	18.36	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	284,300	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	61.02	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	1,034,226	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	95.18	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	57.18	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	39.43	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	2.69	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	1,128,377	N/A	1,034,226	N/A	.	N/A	-8.34	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	4.67	N/A	6.95	N/A	.	N/A	48.77	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	17.71	N/A	20.01	N/A	.	N/A	12.95	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	59.54	N/A	52.98	N/A	.	N/A	-11.02	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	18.07	N/A	20.07	N/A	.	N/A	11.05	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	804,523	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,371,006	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	26.04	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	2.63	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	28.94	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	42.38	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$2,223,514,786	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$1,706,641,857	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$516,872,929	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.77	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.46	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$97	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$2,137,383,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	984,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$86,131,410	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	49,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$694,936,295	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$121,917,763	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$282,360,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$107,234,008	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$183,424,408	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$706	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$287	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$109	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	422,389	N/A	534,528	N/A	.	N/A	26.55	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	264,607	N/A	330,105	N/A	.	N/A	24.75	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	270,217	N/A	374,466	N/A	.	N/A	38.58	.	15% (+/-)	No
MAX Aged Total	N/A	8,190	N/A	7,312	N/A	.	N/A	-10.72	.	10% (+/-)	No
11: Aged, Cash	N/A	2,894	N/A	2,375	N/A	.	N/A	-17.93	.	10% (+/-)	No
21: Aged, MN	N/A	1,455	N/A	1,440	N/A	.	N/A	-1.03	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	1,370	N/A	1,570	N/A	.	N/A	14.60	.	10% (+/-)	No
41: Other Aged	N/A	2,471	N/A	1,927	N/A	.	N/A	-22.02	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	107,373	N/A	99,001	N/A	.	N/A	-7.80	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	65,579	N/A	66,328	N/A	.	N/A	1.14	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,416	N/A	1,472	N/A	.	N/A	3.95	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	25,516	N/A	25,982	N/A	.	N/A	1.83	.	10% (+/-)	Yes
42: Other Disabled	N/A	14,862	N/A	5,219	N/A	.	N/A	-64.88	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	132,452	N/A	278,708	N/A	.	N/A	110.42	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	23,086	N/A	30,789	N/A	.	N/A	33.37	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	902	N/A	678	N/A	.	N/A	-24.83	.	10% (+/-)	No
24: AFDC Child, MN	N/A	11,590	N/A	20,950	N/A	.	N/A	80.76	.	10% (+/-)	No
34: Child Poverty	N/A	51,876	N/A	151,772	N/A	.	N/A	192.57	.	10% (+/-)	No
44: Other Child	N/A	22,223	N/A	54,112	N/A	.	N/A	143.50	.	10% (+/-)	No
48: Foster Care Child	N/A	22,775	N/A	20,407	N/A	.	N/A	-10.40	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	174,322	N/A	149,507	N/A	.	N/A	-14.24	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	37,718	N/A	19,820	N/A	.	N/A	-47.45	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	2,254	N/A	775	N/A	.	N/A	-65.62	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	29,232	N/A	24,698	N/A	.	N/A	-15.51	.	10% (+/-)	No
35: Adult, Poverty	N/A	48,924	N/A	58,723	N/A	.	N/A	20.03	.	10% (+/-)	No
45: Other Adult	N/A	56,194	N/A	45,491	N/A	.	N/A	-19.05	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,082,429,418	N/A	$1,058,375,991	N/A	.	N/A	-2.22	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,563	N/A	$1,980	N/A	.	N/A	-22.74	.	15% (+/-)	No

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State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,091	N/A	$3,206	N/A	.	N/A	-21.62	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$10,114	N/A	$9,906	N/A	.	N/A	-2.06	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$8,793	N/A	$10,053	N/A	.	N/A	14.33	.	15% (+/-)	Yes
21: Aged, MN	N/A	$11,473	N/A	$10,114	N/A	.	N/A	-11.85	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$5,736	N/A	$4,830	N/A	.	N/A	-15.80	.	15% (+/-)	No
41: Other Aged	N/A	$13,288	N/A	$13,704	N/A	.	N/A	3.13	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,428	N/A	$6,019	N/A	.	N/A	-6.37	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$8,024	N/A	$7,070	N/A	.	N/A	-11.89	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$11,353	N/A	$10,400	N/A	.	N/A	-8.40	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$2,444	N/A	$2,333	N/A	.	N/A	-4.52	.	15% (+/-)	Yes
42: Other Disabled	N/A	$5,755	N/A	$9,767	N/A	.	N/A	69.71	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,309	N/A	$947	N/A	.	N/A	-27.65	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$851	N/A	$1,066	N/A	.	N/A	25.37	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$1,045	N/A	$793	N/A	.	N/A	-24.15	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$914	N/A	$878	N/A	.	N/A	-3.97	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$724	N/A	$716	N/A	.	N/A	-1.04	.	15% (+/-)	Yes
44: Other Child	N/A	$884	N/A	$584	N/A	.	N/A	-34.00	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,733	N/A	$3,524	N/A	.	N/A	-5.61	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$780	N/A	$844	N/A	.	N/A	8.12	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,026	N/A	$1,206	N/A	.	N/A	17.56	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$755	N/A	$535	N/A	.	N/A	-29.10	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$643	N/A	$625	N/A	.	N/A	-2.66	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$714	N/A	$520	N/A	.	N/A	-27.16	.	15% (+/-)	No
45: Other Adult	N/A	$746	N/A	$1,227	N/A	.	N/A	64.56	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$295,508,761	N/A	$232,332,998	N/A	.	N/A	-21.38	.	15% (+/-)	No
IP: Number of Users	N/A	44,346	N/A	48,855	N/A	.	N/A	10.17	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$6,664	N/A	$4,756	N/A	.	N/A	-28.63	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	10	N/A	6	N/A	.	N/A	-40.45	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$2,120,085	N/A	$1,978,647	N/A	.	N/A	-6.67	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	49	N/A	22	N/A	.	N/A	-55.10	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$43,267	N/A	$89,939	N/A	.	N/A	107.87	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$28,698,894	N/A	$40,224,579	N/A	.	N/A	40.16	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,652	N/A	1,977	N/A	.	N/A	19.67	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$17,372	N/A	$20,346	N/A	.	N/A	17.12	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$107,144,610	N/A	$76,561,478	N/A	.	N/A	-28.54	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	1,289	N/A	892	N/A	.	N/A	-30.80	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$83,122	N/A	$85,831	N/A	.	N/A	3.26	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$135,606,888	N/A	$136,670,230	N/A	.	N/A	0.78	.	15% (+/-)	Yes
NF Number of Users	N/A	4,718	N/A	4,388	N/A	.	N/A	-6.99	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$28,742	N/A	$31,146	N/A	.	N/A	8.36	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$55,598,512	N/A	$67,188,254	N/A	.	N/A	20.85	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	168,627	N/A	244,248	N/A	.	N/A	44.85	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$330	N/A	$275	N/A	.	N/A	-16.57	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$6,962,149	N/A	$14,126,138	N/A	.	N/A	102.90	.	15% (+/-)	No
Dental: Number of Users	N/A	55,401	N/A	79,271	N/A	.	N/A	43.09	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$126	N/A	$178	N/A	.	N/A	41.80	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$22,599,830	N/A	$6,046,374	N/A	.	N/A	-73.25	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	77,330	N/A	50,039	N/A	.	N/A	-35.29	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$292	N/A	$121	N/A	.	N/A	-58.65	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$32,642,426	N/A	$45,598,819	N/A	.	N/A	39.69	.	15% (+/-)	No
OPD Number of Users	N/A	109,281	N/A	151,762	N/A	.	N/A	38.87	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$299	N/A	$300	N/A	.	N/A	0.59	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$22,158,911	N/A	$16,759,814	N/A	.	N/A	-24.37	.	15% (+/-)	No
Clinic: Number of Users	N/A	39,598	N/A	48,484	N/A	.	N/A	22.44	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$560	N/A	$346	N/A	.	N/A	-38.23	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$15,831,934	N/A	$24,425,234	N/A	.	N/A	54.28	.	15% (+/-)	No
HH: Number of Users	N/A	6,852	N/A	6,415	N/A	.	N/A	-6.38	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$2,311	N/A	$3,808	N/A	.	N/A	64.79	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$30,940,965	N/A	$27,983,941	N/A	.	N/A	-9.56	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	141,646	N/A	171,891	N/A	.	N/A	21.35	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$218	N/A	$163	N/A	.	N/A	-25.47	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$193,968,255	N/A	$190,891,255	N/A	.	N/A	-1.59	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	167,891	N/A	247,529	N/A	.	N/A	47.43	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,155	N/A	$771	N/A	.	N/A	-33.25	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$32,523,588	N/A	$94,309,932	N/A	.	N/A	189.97	.	15% (+/-)	No
Other Services: Number of Users	N/A	$14,021	N/A	$25,231	N/A	.	N/A	79.95	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,320	N/A	$3,738	N/A	.	N/A	61.14	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,291,327	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	14,868	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$154	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,362,409	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	971	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$3,463	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,671,365	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,335	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$501	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$9	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$9	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$347,282	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	811	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$428	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,156,596	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	423	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,098	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$13,850,767	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	41,769	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$332	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$7,419,655	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	631	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$11,759	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$42,745,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	46,207	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$925	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$700	N/A	$435	N/A	.	N/A	-37.87	.	15% (+/-)	No
Aged	N/A	$1,194	N/A	$910	N/A	.	N/A	-23.79	.	15% (+/-)	No
Disabled	N/A	$1,725	N/A	$1,197	N/A	.	N/A	-30.61	.	15% (+/-)	No
Child	N/A	$392	N/A	$221	N/A	.	N/A	-43.63	.	15% (+/-)	No
Adult	N/A	$279	N/A	$305	N/A	.	N/A	9.38	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$648	N/A	$478	N/A	.	N/A	-26.22	.	15% (+/-)	No
Aged	N/A	$7,462	N/A	$7,642	N/A	.	N/A	2.41	.	15% (+/-)	Yes
Disabled	N/A	$1,803	N/A	$1,754	N/A	.	N/A	-2.72	.	15% (+/-)	Yes
Child	N/A	$141	N/A	$92	N/A	.	N/A	-34.96	.	15% (+/-)	No
Adult	N/A	$1	N/A	$3	N/A	.	N/A	97.65	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$459	N/A	$357	N/A	.	N/A	-22.23	.	15% (+/-)	No
Aged	N/A	$887	N/A	$830	N/A	.	N/A	-6.43	.	15% (+/-)	Yes
Disabled	N/A	$1,452	N/A	$1,298	N/A	.	N/A	-10.65	.	15% (+/-)	Yes
Child	N/A	$87	N/A	$107	N/A	.	N/A	22.39	.	15% (+/-)	No
Adult	N/A	$110	N/A	$178	N/A	.	N/A	61.46	.	15% (+/-)	No
All Other Services	N/A	$748	N/A	$710	N/A	.	N/A	-5.04	.	15% (+/-)	Yes
Aged	N/A	$570	N/A	$523	N/A	.	N/A	-8.27	.	15% (+/-)	Yes
Disabled	N/A	$1,443	N/A	$1,770	N/A	.	N/A	22.70	.	15% (+/-)	No
Child	N/A	$687	N/A	$528	N/A	.	N/A	-23.14	.	15% (+/-)	No
Adult	N/A	$375	N/A	$358	N/A	.	N/A	-4.59	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	10.50	N/A	9.14	N/A	.	N/A	-12.94	.	15% (+/-)	Yes
Aged	N/A	12.42	N/A	10.54	N/A	.	N/A	-15.09	.	15% (+/-)	No
Disabled	N/A	15.90	N/A	12.21	N/A	.	N/A	-23.24	.	15% (+/-)	No
Child	N/A	8.90	N/A	8.26	N/A	.	N/A	-7.23	.	15% (+/-)	Yes
Adult	N/A	8.29	N/A	8.68	N/A	.	N/A	4.64	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.82	N/A	1.36	N/A	.	N/A	-25.25	.	15% (+/-)	No
Aged	N/A	26.85	N/A	25.16	N/A	.	N/A	-6.28	.	15% (+/-)	Yes
Disabled	N/A	3.99	N/A	4.14	N/A	.	N/A	3.65	.	15% (+/-)	Yes
Child	N/A	0.86	N/A	0.46	N/A	.	N/A	-46.53	.	15% (+/-)	No
Adult	N/A	0.03	N/A	0.03	N/A	.	N/A	-2.52	.	15% (+/-)	Yes
% with ratio of LT days/enroll days > 1	N/A	7.45	N/A	0.43	N/A	.	N/A	-94.28	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	39.75	N/A	46.31	N/A	.	N/A	16.50	.	15% (+/-)	No
Aged	N/A	52.45	N/A	45.73	N/A	.	N/A	-12.81	.	15% (+/-)	Yes
Disabled	N/A	64.54	N/A	59.98	N/A	.	N/A	-7.07	.	15% (+/-)	Yes
Child	N/A	37.80	N/A	50.93	N/A	.	N/A	34.72	.	15% (+/-)	No
Adult	N/A	25.37	N/A	28.68	N/A	.	N/A	13.04	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	59.88	N/A	58.88	N/A	.	N/A	-1.67	.	15% (+/-)	Yes
Aged	N/A	47.01	N/A	40.33	N/A	.	N/A	-14.21	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	71.09	N/A	67.13	N/A	.	N/A	-5.57	.	15% (+/-)	Yes
Child	N/A	71.61	N/A	66.53	N/A	.	N/A	-7.10	.	15% (+/-)	Yes
Adult	N/A	44.68	N/A	40.08	N/A	.	N/A	-10.30	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	10	N/A	6	N/A	.	N/A	-40.45	.	15% (+/-)	No
Aged	N/A	13	N/A	11	N/A	.	N/A	-21.21	.	15% (+/-)	No
Disabled	N/A	15	N/A	12	N/A	.	N/A	-20.70	.	15% (+/-)	No
Child	N/A	10	N/A	4	N/A	.	N/A	-64.30	.	15% (+/-)	No
Adult	N/A	4	N/A	4	N/A	.	N/A	15.52	.	15% (+/-)	No
Avg # LT Days per User	N/A	256	N/A	205	N/A	.	N/A	-19.92	.	15% (+/-)	No
Aged	N/A	304	N/A	258	N/A	.	N/A	-15.21	.	15% (+/-)	No
Disabled	N/A	280	N/A	226	N/A	.	N/A	-19.09	.	15% (+/-)	No
Child	N/A	86	N/A	67	N/A	.	N/A	-21.20	.	15% (+/-)	No
Adult	N/A	31	N/A	36	N/A	.	N/A	19.16	.	15% (+/-)	No
% Enrollees with Delivery	N/A	4.22	N/A	5.10	N/A	.	N/A	20.90	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$4,126,269	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	24,759	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$4,845,649	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	17,141	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,234,184	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	11,677	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$277	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$5,860,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	567	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$10,336	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	193,058	N/A	175,906	N/A	.	N/A	-8.88	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	160,806	N/A	130,658	N/A	.	N/A	-18.75	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	163,614	N/A	146,804	N/A	.	N/A	-10.27	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	13.09	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	134,767	N/A	125,926	N/A	.	N/A	-6.56	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	36,458	N/A	27,900	N/A	.	N/A	-23.47	.	10% (+/-)	No
21: Aged, MN	N/A	25,764	N/A	26,543	N/A	.	N/A	3.02	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	35,290	N/A	38,502	N/A	.	N/A	9.10	.	10% (+/-)	Yes
41: Other Aged	N/A	37,255	N/A	32,981	N/A	.	N/A	-11.47	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	54,636	N/A	48,275	N/A	.	N/A	-11.64	.	10% (+/-)	No
12: Disabled, Cash	N/A	24,339	N/A	19,802	N/A	.	N/A	-18.64	.	10% (+/-)	No
22: Disabled, MN	N/A	2,521	N/A	2,322	N/A	.	N/A	-7.89	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	19,902	N/A	19,402	N/A	.	N/A	-2.51	.	10% (+/-)	Yes
42: Other Disabled	N/A	7,874	N/A	6,749	N/A	.	N/A	-14.29	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	161,411	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.31	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.36	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	60.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	38.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$2,341,890,373	N/A	$2,109,159,048	N/A	.	N/A	-9.94	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$12,131	N/A	$11,990	N/A	.	N/A	-1.16	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$14,563	N/A	$16,143	N/A	.	N/A	10.84	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$14,186	N/A	$13,872	N/A	.	N/A	-2.22	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,031	N/A	$5,720	N/A	.	N/A	13.70	.	15% (+/-)	Yes
21: Aged, MN	N/A	$19,453	N/A	$17,828	N/A	.	N/A	-8.35	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$6,749	N/A	$5,516	N/A	.	N/A	-18.26	.	15% (+/-)	No
41: Other Aged	N/A	$26,550	N/A	$27,339	N/A	.	N/A	2.97	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,847	N/A	$7,459	N/A	.	N/A	-4.95	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$3,616	N/A	$3,438	N/A	.	N/A	-4.93	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$18,382	N/A	$15,066	N/A	.	N/A	-18.04	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$3,683	N/A	$3,140	N/A	.	N/A	-14.73	.	15% (+/-)	Yes
42: Other Disabled	N/A	$28,081	N/A	$29,056	N/A	.	N/A	3.47	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$42,277,703	N/A	$29,525,351	N/A	.	N/A	-30.16	.	15% (+/-)	No
IP: Number of Users	N/A	27,844	N/A	20,741	N/A	.	N/A	-25.51	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,518	N/A	$1,424	N/A	.	N/A	-6.25	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	9	N/A	8	N/A	.	N/A	-6.77	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$38,462,721	N/A	$37,026,709	N/A	.	N/A	-3.73	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	701	N/A	490	N/A	.	N/A	-30.10	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$54,868	N/A	$75,565	N/A	.	N/A	37.72	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$323,040	N/A	$273,738	N/A	.	N/A	-15.26	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	11	N/A	13	N/A	.	N/A	18.18	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$29,367	N/A	$21,057	N/A	.	N/A	-28.30	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$203,485,044	N/A	$153,591,384	N/A	.	N/A	-24.52	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	2,535	N/A	1,826	N/A	.	N/A	-27.97	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$80,270	N/A	$84,114	N/A	.	N/A	4.79	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$1,670,848,253	N/A	$1,554,695,149	N/A	.	N/A	-6.95	.	15% (+/-)	Yes
NF Number of Users	N/A	$67,756	N/A	$60,242	N/A	.	N/A	-11.09	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$24,660	N/A	$25,807	N/A	.	N/A	4.65	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$7,703,015	N/A	$5,612,482	N/A	.	N/A	-27.14	.	15% (+/-)	No
Physician: Number of Users	N/A	89,006	N/A	68,243	N/A	.	N/A	-23.33	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$87	N/A	$82	N/A	.	N/A	-4.97	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$1,904,816	N/A	$1,862,480	N/A	.	N/A	-2.22	.	15% (+/-)	Yes
Dental: Number of Users	N/A	22,215	N/A	16,195	N/A	.	N/A	-27.10	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$86	N/A	$115	N/A	.	N/A	34.12	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,558,318	N/A	$590,857	N/A	.	N/A	-62.08	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	31,364	N/A	22,488	N/A	.	N/A	-28.30	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$50	N/A	$26	N/A	.	N/A	-47.12	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$5,734,958	N/A	$1,478,197	N/A	.	N/A	-74.22	.	15% (+/-)	No
OPD Number of Users	N/A	28,590	N/A	10,216	N/A	.	N/A	-64.27	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$201	N/A	$145	N/A	.	N/A	-27.87	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$8,975,210	N/A	$2,867,342	N/A	.	N/A	-68.05	.	15% (+/-)	No
Clinic: Number of Users	N/A	11,875	N/A	7,594	N/A	.	N/A	-36.05	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$756	N/A	$378	N/A	.	N/A	-50.04	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$6,963,991	N/A	$10,228,321	N/A	.	N/A	46.87	.	15% (+/-)	No
HH: Number of Users	N/A	1,611	N/A	2,025	N/A	.	N/A	25.70	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$4,323	N/A	$5,051	N/A	.	N/A	16.85	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$2,821,927	N/A	$1,890,981	N/A	.	N/A	-32.99	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	66,186	N/A	52,395	N/A	.	N/A	-20.84	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$43	N/A	$36	N/A	.	N/A	-15.35	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$314,091,360	N/A	$267,679,139	N/A	.	N/A	-14.78	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	146,963	N/A	119,562	N/A	.	N/A	-18.64	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$2,137	N/A	$2,239	N/A	.	N/A	4.75	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$20,454,857	N/A	$15,039,838	N/A	.	N/A	-26.47	.	15% (+/-)	No
Other Services: Number of Users	N/A	$33,052	N/A	$26,876	N/A	.	N/A	-18.69	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$619	N/A	$560	N/A	.	N/A	-9.58	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$276,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$101	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$7,619,753	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,259	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,052	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$633,940	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	1,159	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$547	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$30	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$662	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	30	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$142,709	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	23	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,205	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$4,040,703	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	13,568	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$298	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$477,480	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	200	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,387	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$11,903,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	9,517	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,251	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$219	N/A	$168	N/A	.	N/A	-23.35	.	15% (+/-)	No
Aged	N/A	$178	N/A	$129	N/A	.	N/A	-27.31	.	15% (+/-)	No
Disabled	N/A	$331	N/A	$261	N/A	.	N/A	-20.98	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$9,910	N/A	$9,923	N/A	.	N/A	0.14	.	15% (+/-)	Yes
Aged	N/A	$12,243	N/A	$12,065	N/A	.	N/A	-1.45	.	15% (+/-)	Yes
Disabled	N/A	$4,816	N/A	$4,686	N/A	.	N/A	-2.70	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,627	N/A	$1,522	N/A	.	N/A	-6.47	.	15% (+/-)	Yes
Aged	N/A	$1,518	N/A	$1,402	N/A	.	N/A	-7.67	.	15% (+/-)	Yes
Disabled	N/A	$1,994	N/A	$1,869	N/A	.	N/A	-6.24	.	15% (+/-)	Yes
All Other Services	N/A	$373	N/A	$377	N/A	.	N/A	1.02	.	15% (+/-)	Yes
Aged	N/A	$247	N/A	$276	N/A	.	N/A	11.54	.	15% (+/-)	Yes
Disabled	N/A	$702	N/A	$642	N/A	.	N/A	-8.49	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.42	N/A	11.79	N/A	.	N/A	-18.25	.	15% (+/-)	No
Aged	N/A	14.36	N/A	11.25	N/A	.	N/A	-21.69	.	15% (+/-)	No
Disabled	N/A	15.41	N/A	13.38	N/A	.	N/A	-13.18	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	36.69	N/A	35.50	N/A	.	N/A	-3.25	.	15% (+/-)	Yes
Aged	N/A	48.90	N/A	46.09	N/A	.	N/A	-5.74	.	15% (+/-)	Yes
Disabled	N/A	9.05	N/A	9.12	N/A	.	N/A	0.84	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	76.12	N/A	67.97	N/A	.	N/A	-10.71	.	15% (+/-)	Yes
Aged	N/A	79.18	N/A	69.12	N/A	.	N/A	-12.71	.	15% (+/-)	Yes
Disabled	N/A	73.18	N/A	66.43	N/A	.	N/A	-9.22	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	61.53	N/A	52.22	N/A	.	N/A	-15.13	.	15% (+/-)	No
Aged	N/A	56.67	N/A	46.38	N/A	.	N/A	-18.17	.	15% (+/-)	No
Disabled	N/A	77.02	N/A	68.35	N/A	.	N/A	-11.26	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	9	N/A	8	N/A	.	N/A	-6.77	.	15% (+/-)	Yes
Aged	N/A	9	N/A	8	N/A	.	N/A	-5.02	.	15% (+/-)	Yes
Disabled	N/A	10	N/A	9	N/A	.	N/A	-10.59	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	308	N/A	249	N/A	.	N/A	-19.18	.	15% (+/-)	No
Aged	N/A	306	N/A	246	N/A	.	N/A	-19.55	.	15% (+/-)	No
Disabled	N/A	330	N/A	282	N/A	.	N/A	-14.62	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$280,832	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1419	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$198	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$237,671	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	3006	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$79	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$134,929	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1956	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$30,175,732	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3335	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,048	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	615,447	N/A	710,434	N/A	.	N/A	15.43	.	15% (+/-)	**No**
# FFS Recipients	N/A	425,413	N/A	460,763	N/A	.	N/A	8.31	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	64.86	No	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	73.38	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	71.66	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	69.41	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	42.32	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	433,831	N/A	521,269	N/A	.	N/A	20.15	.	15% (+/-)	No
MAX Aged Total	N/A	142,957	N/A	133,238	N/A	.	N/A	-6.80	.	10% (+/-)	Yes
11: Aged, Cash	N/A	39,352	N/A	30,275	N/A	.	N/A	-23.07	.	10% (+/-)	No
21: Aged, MN	N/A	27,219	N/A	27,983	N/A	.	N/A	2.81	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	36,660	N/A	40,072	N/A	.	N/A	9.31	.	10% (+/-)	Yes
41: Other Aged	N/A	39,726	N/A	34,908	N/A	.	N/A	-12.13	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	162,009	N/A	147,276	N/A	.	N/A	-9.09	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	89,918	N/A	86,130	N/A	.	N/A	-4.21	.	10% (+/-)	Yes
22: Disabled, MN	N/A	3,937	N/A	3,794	N/A	.	N/A	-3.63	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	45,418	N/A	45,384	N/A	.	N/A	-0.07	.	10% (+/-)	Yes
42: Other Disabled	N/A	22,736	N/A	11,968	N/A	.	N/A	-47.36	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	132,460	N/A	278,720	N/A	.	N/A	110.42	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	23,086	N/A	30,790	N/A	.	N/A	33.37	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	902	N/A	678	N/A	.	N/A	-24.83	.	10% (+/-)	No
24: AFDC Child, MN	N/A	11,591	N/A	20,955	N/A	.	N/A	80.79	.	10% (+/-)	No
34: Child Poverty	N/A	51,877	N/A	151,774	N/A	.	N/A	192.57	.	10% (+/-)	No
44: Other Child	N/A	22,224	N/A	54,114	N/A	.	N/A	143.49	.	10% (+/-)	No
48: Foster Care Child	N/A	22,780	N/A	20,409	N/A	.	N/A	-10.41	.	10% (+/-)	No
54: 1115 Child	N/A	22,780	N/A	20,409	N/A	.	N/A	-10.41	.	10% (+/-)	No
MAX Adult Total	N/A	177,941	N/A	151,200	N/A	.	N/A	-15.03	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	40,097	N/A	20,378	N/A	.	N/A	-49.18	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	2,255	N/A	776	N/A	.	N/A	-65.59	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	29,496	N/A	24,792	N/A	.	N/A	-15.95	.	10% (+/-)	No

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	49,266	N/A	59,131	N/A	.	N/A	20.02	.	10% (+/-)	No
45: Other Adult	N/A	56,827	N/A	46,123	N/A	.	N/A	-18.84	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$3,424,319,791	N/A	$3,167,535,039	N/A	.	N/A	-7.50	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$5,564	N/A	$4,459	N/A	.	N/A	-19.87	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$8,049	N/A	$6,875	N/A	.	N/A	-14.60	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$13,953	N/A	$13,654	N/A	.	N/A	-2.14	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,307	N/A	$6,060	N/A	.	N/A	14.18	.	15% (+/-)	Yes
21: Aged, MN	N/A	$19,026	N/A	$17,431	N/A	.	N/A	-8.39	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$6,711	N/A	$5,489	N/A	.	N/A	-18.20	.	15% (+/-)	No
41: Other Aged	N/A	$25,725	N/A	$26,586	N/A	.	N/A	3.35	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,907	N/A	$6,491	N/A	.	N/A	-6.02	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$6,831	N/A	$6,235	N/A	.	N/A	-8.73	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$15,854	N/A	$13,255	N/A	.	N/A	-16.39	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$2,987	N/A	$2,678	N/A	.	N/A	-10.33	.	15% (+/-)	Yes
42: Other Disabled	N/A	$13,487	N/A	$20,644	N/A	.	N/A	53.07	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,310	N/A	$947	N/A	.	N/A	-27.66	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$851	N/A	$1,066	N/A	.	N/A	25.38	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$1,045	N/A	$793	N/A	.	N/A	-24.15	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$914	N/A	$880	N/A	.	N/A	-3.74	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$724	N/A	$716	N/A	.	N/A	-1.11	.	15% (+/-)	Yes
44: Other Child	N/A	$884	N/A	$584	N/A	.	N/A	-34.00	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,734	N/A	$3,524	N/A	.	N/A	-5.63	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$771	N/A	$848	N/A	.	N/A	10.03	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$982	N/A	$1,194	N/A	.	N/A	21.59	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$755	N/A	$535	N/A	.	N/A	-29.14	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$639	N/A	$627	N/A	.	N/A	-1.80	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$710	N/A	$517	N/A	.	N/A	-27.20	.	15% (+/-)	No
45: Other Adult	N/A	$745	N/A	$1,245	N/A	.	N/A	67.23	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$337,786,464	N/A	$261,858,349	N/A	.	N/A	-22.48	.	15% (+/-)	No
IP: Number of Users	N/A	72,190	N/A	69,596	N/A	.	N/A	-3.59	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$4,679	N/A	$3,763	N/A	.	N/A	-19.59	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	10	N/A	7	N/A	.	N/A	-30.54	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$40,582,806	N/A	$39,005,356	N/A	.	N/A	-3.89	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	750	N/A	512	N/A	.	N/A	-31.73	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$54,110	N/A	$76,182	N/A	.	N/A	40.79	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$29,021,934	N/A	$40,498,317	N/A	.	N/A	39.54	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,663	N/A	1,990	N/A	.	N/A	19.66	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$17,452	N/A	$20,351	N/A	.	N/A	16.61	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$310,629,654	N/A	$230,152,862	N/A	.	N/A	-25.91	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	3,824	N/A	2,718	N/A	.	N/A	-28.92	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$81,232	N/A	$84,677	N/A	.	N/A	4.24	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$1,806,455,141	N/A	$1,691,365,379	N/A	.	N/A	-6.37	.	15% (+/-)	Yes
NF Number of Users	N/A	$72,474	N/A	$64,630	N/A	.	N/A	-10.82	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$24,926	N/A	$26,170	N/A	.	N/A	4.99	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$63,301,527	N/A	$72,800,736	N/A	.	N/A	15.01	.	15% (+/-)	No
Physician: Number of Users	N/A	257,633	N/A	312,491	N/A	.	N/A	21.29	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$246	N/A	$233	N/A	.	N/A	-5.18	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$8,866,965	N/A	$15,988,618	N/A	.	N/A	80.32	.	15% (+/-)	No
Dental: Number of Users	N/A	77,616	N/A	95,466	N/A	.	N/A	23.00	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$114	N/A	$167	N/A	.	N/A	46.60	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$24,158,148	N/A	$6,637,231	N/A	.	N/A	-72.53	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	108,694	N/A	72,527	N/A	.	N/A	-33.27	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$222	N/A	$92	N/A	.	N/A	-58.83	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$38,377,384	N/A	$47,077,016	N/A	.	N/A	22.67	.	15% (+/-)	No
OPD Number of Users	N/A	137,871	N/A	161,978	N/A	.	N/A	17.49	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$278	N/A	$291	N/A	.	N/A	4.41	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$31,134,121	N/A	$19,627,156	N/A	.	N/A	-36.96	.	15% (+/-)	No
Clinic: Number of Users	N/A	51,473	N/A	56,078	N/A	.	N/A	8.95	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$605	N/A	$350	N/A	.	N/A	-42.14	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$22,795,925	N/A	$34,653,555	N/A	.	N/A	52.02	.	15% (+/-)	No
HH: Number of Users	N/A	8,463	N/A	8,440	N/A	.	N/A	-0.27	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$2,694	N/A	$4,106	N/A	.	N/A	52.43	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$33,762,892	N/A	$29,874,922	N/A	.	N/A	-11.52	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	207,832	N/A	224,286	N/A	.	N/A	7.92	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$162	N/A	$133	N/A	.	N/A	-18.01	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$508,059,615	N/A	$458,570,394	N/A	.	N/A	-9.74	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	314,854	N/A	367,091	N/A	.	N/A	16.59	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$1,614	N/A	$1,249	N/A	.	N/A	-22.58	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$52,978,445	N/A	$109,349,770	N/A	.	N/A	106.40	.	15% (+/-)	No
Other Services: Number of Users	N/A	$47,073	N/A	$52,107	N/A	.	N/A	10.69	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,125	N/A	$2,099	N/A	.	N/A	86.46	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,568,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	17,620	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$146	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$10,982,162	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,230	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,925	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,305,305	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,494	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$513	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$26	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$347,944	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	841	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$414	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,299,305	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	446	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,155	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$17,891,470	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	55,337	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$323	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$7,897,135	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	831	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,503	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$54,649,331	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	55,724	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$981	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$549	N/A	$369	N/A	.	N/A	-32.84	.	15% (+/-)	No
Aged	N/A	$236	N/A	$172	N/A	.	N/A	-27.09	.	15% (+/-)	No
Disabled	N/A	$1,255	N/A	$890	N/A	.	N/A	-29.05	.	15% (+/-)	No
Child	N/A	$392	N/A	$221	N/A	.	N/A	-43.61	.	15% (+/-)	No
Adult	N/A	$275	N/A	$306	N/A	.	N/A	11.31	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$3,553	N/A	$2,817	N/A	.	N/A	-20.73	.	15% (+/-)	No
Aged	N/A	$11,969	N/A	$11,823	N/A	.	N/A	-1.23	.	15% (+/-)	Yes
Disabled	N/A	$2,819	N/A	$2,715	N/A	.	N/A	-3.69	.	15% (+/-)	Yes
Child	N/A	$141	N/A	$92	N/A	.	N/A	-34.88	.	15% (+/-)	No
Adult	N/A	$1	N/A	$3	N/A	.	N/A	98.49	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$826	N/A	$645	N/A	.	N/A	-21.81	.	15% (+/-)	No
Aged	N/A	$1,482	N/A	$1,370	N/A	.	N/A	-7.53	.	15% (+/-)	Yes
Disabled	N/A	$1,635	N/A	$1,485	N/A	.	N/A	-9.17	.	15% (+/-)	Yes
Child	N/A	$88	N/A	$107	N/A	.	N/A	22.00	.	15% (+/-)	No
Adult	N/A	$111	N/A	$182	N/A	.	N/A	64.07	.	15% (+/-)	No
All Other Services	N/A	$631	N/A	$628	N/A	.	N/A	-0.42	.	15% (+/-)	Yes
Aged	N/A	$266	N/A	$289	N/A	.	N/A	8.88	.	15% (+/-)	Yes
Disabled	N/A	$1,193	N/A	$1,401	N/A	.	N/A	17.40	.	15% (+/-)	No
Child	N/A	$687	N/A	$528	N/A	.	N/A	-23.16	.	15% (+/-)	No
Adult	N/A	$370	N/A	$358	N/A	.	N/A	-3.17	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.73	N/A	9.80	N/A	.	N/A	-16.48	.	15% (+/-)	No
Aged	N/A	14.25	N/A	11.21	N/A	.	N/A	-21.35	.	15% (+/-)	No
Disabled	N/A	15.74	N/A	12.59	N/A	.	N/A	-19.98	.	15% (+/-)	No
Child	N/A	8.90	N/A	8.26	N/A	.	N/A	-7.21	.	15% (+/-)	Yes
Adult	N/A	8.17	N/A	8.66	N/A	.	N/A	6.04	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	12.76	N/A	9.81	N/A	.	N/A	-23.09	.	15% (+/-)	No
Aged	N/A	47.63	N/A	44.94	N/A	.	N/A	-5.65	.	15% (+/-)	Yes
Disabled	N/A	5.70	N/A	5.77	N/A	.	N/A	1.32	.	15% (+/-)	Yes
Child	N/A	0.86	N/A	0.46	N/A	.	N/A	-46.44	.	15% (+/-)	No
Adult	N/A	0.04	N/A	0.03	N/A	.	N/A	-2.86	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	51.16	N/A	51.67	N/A	.	N/A	1.00	.	15% (+/-)	Yes
Aged	N/A	77.65	N/A	67.84	N/A	.	N/A	-12.64	.	15% (+/-)	Yes
Disabled	N/A	67.45	N/A	62.09	N/A	.	N/A	-7.94	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: PA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	37.80	N/A	50.93	N/A	.	N/A	34.71	.	15% (+/-)	No
Adult	N/A	25.00	N/A	28.65	N/A	.	N/A	14.60	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	60.40	N/A	57.23	N/A	.	N/A	-5.24	.	15% (+/-)	Yes
Aged	N/A	56.12	N/A	46.04	N/A	.	N/A	-17.95	.	15% (+/-)	No
Disabled	N/A	73.09	N/A	67.53	N/A	.	N/A	-7.61	.	15% (+/-)	Yes
Child	N/A	71.61	N/A	66.53	N/A	.	N/A	-7.10	.	15% (+/-)	Yes
Adult	N/A	43.96	N/A	39.93	N/A	.	N/A	-9.17	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	10	N/A	7	N/A	.	N/A	-30.54	.	15% (+/-)	No
Aged	N/A	9	N/A	8	N/A	.	N/A	-6.21	.	15% (+/-)	Yes
Disabled	N/A	13	N/A	11	N/A	.	N/A	-18.75	.	15% (+/-)	No
Child	N/A	10	N/A	4	N/A	.	N/A	-64.29	.	15% (+/-)	No
Adult	N/A	4	N/A	4	N/A	.	N/A	15.92	.	15% (+/-)	No
Avg # LT Days per User	N/A	303	N/A	244	N/A	.	N/A	-19.33	.	15% (+/-)	No
Aged	N/A	306	N/A	247	N/A	.	N/A	-19.42	.	15% (+/-)	No
Disabled	N/A	307	N/A	255	N/A	.	N/A	-16.83	.	15% (+/-)	No
Child	N/A	86	N/A	67	N/A	.	N/A	-21.25	.	15% (+/-)	No
Adult	N/A	30	N/A	36	N/A	.	N/A	20.50	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$4,407,101	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	26,178	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$168	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$5,083,320	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	20,147	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$252	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,369,113	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	13,633	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$247	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$36,036,407	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,902	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,235	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	35,232	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	64.69	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	12,442	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	43.40	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	4.41	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$14,687	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	7,042	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$9,146	No	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$1,108	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.45	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$4,738	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.39	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.01	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	18.99	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	1.07	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	6.66	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	8.25	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	98.61	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.23	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.90	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.92	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	31.07	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	62.01	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.00	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	4.63	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	10.66	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	70.02	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	26.48	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	2.06	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.43	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	5,400	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$834	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.07	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$986	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	99.15	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.00	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	5.54	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	1.06	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	6.39	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.26	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	99.96	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.98	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	8.87	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	41.11	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	50.02	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.06	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	66.67	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	66.67	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	113,187	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	113,187	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.04	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	34.45	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,698	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	113,147	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$137	No	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$400	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$697	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$692	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	98.33	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.51	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	17	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	1.15	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	19	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	11.86	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	45.03	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	41.56	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	12.44	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.90	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	93.78	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.05	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	40	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,120	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	0.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	92.50	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	7.50	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	95.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	26.32	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	73.68	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	3,569,393	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	20.60	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	27.35	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,854,482	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	16.68	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	8.19	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$7,151	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	34.48	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$99	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	1,545,197	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	13.95	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	8.58	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	82.48	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	11.78	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	58.34	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	6.85	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	4.40	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.74	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.62	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	10.51	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.18	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$145	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	12.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	17.49	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	1.20	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	8.06	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	1.11	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	3.43	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	8.30	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	19.22	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	5.14	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	1.25	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.78	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.78	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	9.39	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	7.56	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	3.76	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$120	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$38	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$36	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$23	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$158	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$138	No	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$323	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$12	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$101	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$139	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$76	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$317	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,897	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$555	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$144	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$559	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.54	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	3.47	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$138	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$27	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$83	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$261	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	16.98	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	11.02	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	63.24	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	25.74	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	28.05	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	71.95	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.02	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	309,285	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.98	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	9.82	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	8.90	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	9.97	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	46.75	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	7.75	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	13.51	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	2.31	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	17.50	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	6.53	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	0.57	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	5.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$3,401	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.78	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	44.38	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	9.24	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	46.58	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	44.18	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	1,990,483	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	13.24	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,726,931	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.03	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$179	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	1,726,931	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$46	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.19	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$75	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	99.88	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.12	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.90	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	81.13	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	18.66	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.80	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	6.92	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	92.89	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	47.39	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.76	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	170,934	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$1,952,393,302	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	5.97	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	28.97	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	9.00	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	4.71	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	1.55	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.76	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	49.04	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	169,491	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	139,704	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.10	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	9	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	88.93	No	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.87	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	53.08	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	9.58	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.13	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	18.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	16.15	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	3.11	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	50.97	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	12.89	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	63.19	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	31,518	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	94.65	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	94.72	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	41.21	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	418	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	57.42	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	6.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	36.36	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	9.09	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.80	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	91.96	Yes	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	18,140	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	5,318	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	5,413	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	966	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	6,443	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	32,899	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	26,011	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,856	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	417	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	4,615	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	77,708	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	38,968	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	6	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	13,961	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	6,388	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,915	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	13,470	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	40,744	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	19,587	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	180	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	1,439	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	18,873	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	665	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	139,111	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	92.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.10	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	2.37	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	4.48	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	7.52	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	48,944	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	4,627	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	65.11	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	110,358	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	2.24	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	110,358	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	1.39	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	63.82	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	34.79	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	85,739	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	139,111	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	62.10	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	37.90	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$114,741,277	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$114,741,277	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.95	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.95	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$114,741,277	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	110,358	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$57,495,456	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$14,011,817	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$3,089,478	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$1,162,114	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$39,232,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$521	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$28	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$355	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	28,320	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	21,479	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	22,035	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	957	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	315	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	121	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	21	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	500	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	17,901	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	15,213	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	321	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	9	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	2,358	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	7,193	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	1,079	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	1	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	774	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	163	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,267	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	909	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	2,269	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	653	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	7	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	252	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	1,328	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	29	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	390	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$246,829,041	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$8,716	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$11,492	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$16,347	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$15,507	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$25,007	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,845	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$15,306	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$11,984	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$11,442	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$17,388	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$5,632	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$14,766	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$2,185	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$240	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$138	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$779	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$3,517	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$235	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$417	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$537	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$52	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$430	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$347	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$896	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$46,784,353	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	3,026	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$15,461	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$129,705	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$25,941	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$13,816,370	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	228	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$60,598	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$4,262,378	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	39	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$109,292	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$54,982,779	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	883	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$62,268	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$11,012,920	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	14,821	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$743	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$1,489,281	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	6,849	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$217	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,283,761	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	4,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$276	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$15,999,599	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	14,645	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$1,092	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$1,699,909	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	2,999	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$567	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$6,129,784	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,436	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,269	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$2,633,378	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	11,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$25,425,576	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	17,086	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,488	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$10,861,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,630	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,346	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$466,861	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,659	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$176	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$510,531	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	202	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,527	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$300,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	522	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$20,839,648	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,631	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,739	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$206,415	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,823	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$6,002,824	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	6,475	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$927	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,909,965	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	224	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,991	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$6,815,499	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,531	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,232	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$12,159,599	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,499	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,112	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$1,652	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,498	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,362	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$163	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$2,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$6,257	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,469	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$702	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$23	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$898	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$770	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,323	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$46	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$3,581	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$6,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,829	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,117	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$185	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	10.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	15.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	14.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	3.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	2.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	4.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	60.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	36.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	16.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	73.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	72.41	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	86.49	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	54.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	28.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	226	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	250	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	241	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	69	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	186	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	2.44	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$337,154	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	297	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$1,135	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$3,879	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	42	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$92	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$956,171	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,106	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$308	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$3,658,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	474	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,718	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	30,813	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	27,990	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	27,021	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	2.87	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	1.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	2.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	93.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	1.78	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.63	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	17,175	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	4,997	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	5,291	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	944	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	5,943	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	13,464	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	9,337	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,524	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	408	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	2,195	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	28,811	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.66	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	5.70	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	92.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	56.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	42.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,533,167,621	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$49,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$54,776	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$42,251	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$47,433	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$36,220	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$4,792	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$49,213	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$59,938	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$59,280	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$54,142	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$9,033	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$76,226	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$8,104,100	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	4,549	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,782	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$48,746	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	32	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$1,523	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$22,533	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$11,267	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$2,082,377	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$138,825	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$373,971,227	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$10,647	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$35,125	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$664,600,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	18,423	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$36,075	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$1,634,536	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	10,098	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$122,805,497	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	9,381	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$13,091	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$3,495,556	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	12,365	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$283	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$2,399,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	2,169	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,106	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$10,465,891	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	1,877	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$5,576	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$189,029,729	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	13,800	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$13,698	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$52,456,027	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	26,163	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,005	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$2,381,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$541	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$5,641,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,271	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$2,484	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,175,479	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	844	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$179,931	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	149	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,208	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$60,823,557	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,266	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$18,623	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$603,719	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	129	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,680	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,004,190	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	5,596	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$358	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$42,233	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$21,117	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$9,104,145	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	1,736	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,244	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$19,762,200	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,159	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$9,153	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$263	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$178	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$374	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$12,207	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$14,345	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$9,637	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,702	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,343	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,180	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$35,585	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$26,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$47,747	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	14.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	17.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	34.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	51.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	13.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	84.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	85.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	85.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	80.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	89.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	273	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	297	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$249,061	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	90	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$2,767	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$262,148	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$18,725	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,818,347	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2023	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$899	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$10,275,877	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2105	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$4,882	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	59,133	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	49,469	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	83.66	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	89.77	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	90.11	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	57.29	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	32.14	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	49,057	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	18,132	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	5,312	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	5,412	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	965	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	6,443	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	31,365	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	24,550	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,845	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	417	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	4,553	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	7,281	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	1,124	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	1	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	790	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	171	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	4,276	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	4,276	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	2,355	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	671	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	7	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	258	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	1,390	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	29	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,779,996,662	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$30,102	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$35,982	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$40,883	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$45,540	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$35,969	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$4,771	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$46,581	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$32,569	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$29,636	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$47,748	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$8,959	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$44,396	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$2,161	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$236	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$136	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$743	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$3,510	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	$245	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$607	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$523	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$52	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$665	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$896	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$54,888,453	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	7,575	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$7,246	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$178,451	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$4,823	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$13,838,903	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	230	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$60,169	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$6,344,755	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$117,495	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$428,954,006	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$11,530	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$37,203	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$675,613,828	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	33,244	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$20,323	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$3,123,817	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	16,947	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$184	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$124,089,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	14,025	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$8,848	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$19,495,155	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	27,010	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$722	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$4,099,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	5,168	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$793	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$16,595,675	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	3,313	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$5,009	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$191,663,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	25,605	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$7,485	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$77,881,603	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	43,249	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,801	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$13,243,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$9,033	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,466	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$6,108,119	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	4,930	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$1,239	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$1,686,010	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,046	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,612	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$480,125	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	671	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$716	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$81,663,205	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	6,897	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$11,840	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$810,134	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	183	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,427	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$8,007,014	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	12,071	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$663	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$2,952,198	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	226	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$13,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$15,919,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	7,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,191	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$31,921,799	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,658	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,727	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$928	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$300	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,509	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$239	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$161	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$7,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$13,918	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$6,117	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$694	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,317	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,691	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$55	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$20,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$25,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$23,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$1,105	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$369	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	12.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	15.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	3.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	2.93	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	20.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	50.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	73.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	79.70	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: RI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	35.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	17.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	77.25	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	87.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	54.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	28.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	269	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	279	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	69	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	186	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$586,215	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	387	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$1,515	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$266,027	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	56	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$4,750	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,774,518	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	5,129	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$541	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$13,934,013	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,579	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$5,403	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	284,246	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	284,246	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	63.38	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	104,096	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$2,872	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$708	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.70	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,698	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.95	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.65	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.06	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.06	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	97.74	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	2.25	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.42	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	7.50	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	18.76	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	73.73	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	59.61	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.94	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.97	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.97	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	24.52	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	25.67	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	91.31	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	7.70	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.99	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	180,150	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$293	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.57	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.21	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.57	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.68	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	2.78	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	0.55	No	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	93.11	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.07	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	6.42	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	48.67	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	44.91	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	21.53	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.02	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	34.54	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	34.54	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.38	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
All LT Claims			
Total Number of Claims	N/A	196,145	N/A
% Encounter Claims *	N/A	0.00	N/A
% Supplemental Claims	N/A	0.00	N/A
Total FFS Claims	N/A	196,145	N/A
% Crossover	5-20	0.11	No
% Adjusted Claims	> 1%	0.00	No
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)			
Total Number of Claims	N/A	195,939	N/A
% Claims with> $0 Paid	N/A	100.00	N/A
% Claims with< $0 Paid	0	0.00	Yes
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)			
NF (TOS 07)	$50-$100	$74	Yes
ICF/MR (TOS 05)	N/A	$184	N/A
Aged/MH (TOS 02)	N/A	$124	N/A
IP Psych. < 21 (TOS 04)	N/A	$275	N/A
% NF (TOS 07)	75-99	79.00	Yes
% NF claims with NF Covered Days	N/A	100.00	N/A
Avg days for NF claims with Covered Days	N/A	28	N/A
% ICF/MR (TOS 05)	>0-20	14.39	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A
% Aged/MH (TOS 02)	>0-10	2.51	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A
Avg days for Aged/MH claims with Covered Days	N/A	29	N/A
% IP Psych. < 21 (TOS 04)	>0-5	4.10	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	14	N/A
% Claims with Leave Days	1-20	0.00	No
% Claims with DX	95-100	4.10	No
% Claims with DX, where length=3	5-30	7.60	Yes
% Claims with DX, where length=4	20-50	22.63	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
% Claims with DX, where length=5	20-50	69.77	No
Patient Status			
% Home	1-5	0.66	No
% Still a Patien	8-98	3.30	No
% Died	>0-5	0.00	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)			
Total Number of Claims	N/A	206	N/A
% Claims with> $0 Paic	N/A	100.00	N/A
% Claims with< $0 Paic	0	0.00	Yes
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$880	N/A
% NF (TOS 07)	75-99	0.00	No
% ICF/MR (TOS 05)	>0-20	0.00	No
% Aged/MH (TOS 02)	>0-10	0.00	No
% IP Psych. < 21 (TOS 04)	>0-5	100.00	No
% Claims with DX	95-100	70.87	No
% Claims with DX, where length=3	5-30	0.00	No
% Claims with DX, where length=4	20-50	0.68	No
% Claims with DX, where length=5	20-50	17.12	No
Patient Status			
% Home	1-5	0.00	No
% Still a Patien	8-98	0.00	No
% Died	>0-5	0.00	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
All OT Claims			
Total Number of Claims	N/A	18,107,210	N/A
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A
% Supplemental Claims	N/A	0.00	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	1.13	N/A
Total FFS Claims	N/A	17,901,817	N/A
% Crossover	5-20	16.59	Yes
% Adjusted Claims	> 1%	0.00	No
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	0.46	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.67	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	$83	Yes
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	$112	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A
Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation			
Total Number of Claims	N/A	14,931,920	N/A
% Claims with> $0 Paid	>95%	100.00	Yes
% Claims with< $0 Paid	0	0.00	Yes
% Claims with Span Bill	N/A	1.53	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.52	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	0.00	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.22	N/A
% Claims W/ Service Place 11- Office	50-90	24.33	No
% Claims W/ Service Place 12 - Home	>0-5	23.07	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.55	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.05	Yes
% Claims W/ Service Place 23 - ER	1-10	2.88	Yes
% Claims w/ Service Place 22 - OPD	>0-10	10.66	No
% Claims W/ Service Place 99 - Unknown/Other	<5	14.81	No
% Claims with TPL	>0 - 15	0.27	Yes
Aver. TPL Paid -claims with TPL	N/A	$44	N/A
PERCENT CLAIMS/MAX TOS			
% claims MAX TOS 08: Physicians	10-35	23.47	Yes
% claims MAX TOS 09: Dental	2-20	6.29	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.32	Yes
% claims MAX TOS 11: OPD	3-25	7.45	Yes
% claims MAX TOS 12: Clinic	2-25	20.18	Yes
% claims MAX TOS 13: HH	>0-25	1.48	Yes
% claims MAX TOS 15: Lab/Xray	4-20	8.08	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes
% claims MAX TOS 19: Other Services	<25	0.49	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
% claims MAX TOS 51: DME	>3	2.73	No
% claims MAX TOS 26: Transportation	>1	2.00	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A
% claims MAX TOS 25: Abortions	N/A	0.00	N/A
% claims MAX TOS 30: PCS	>0	20.00	Yes
% claims MAX TOS 31: TCM	>0	1.90	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.64	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.29	No
% claims MAX TOS 35: Hospice	>0	0.03	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.14	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.16	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	0.00	N/A
% claims MAX TOS 52: Residential Care	N/A	0.20	N/A
% claims MAX TOS 53: Pysch. Services	>1	3.11	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)			
Total	N/A	$57	N/A
08: Physicians	$20-90	$42	Yes
09: Dental	$10-60	$20	Yes
10: Other Practioner	$10-100	$29	Yes
11: OPD	$20-100	$125	No
12: Clinic	$20-100	$59	Yes
13: HH	N/A	$65	N/A
15: Lab/Xray	10-60	$12	Yes
16: Drugs	10-60	.	No
19: Other Services	N/A	$554	N/A
51: DME	N/A	$81	N/A
26: Transportation	N/A	$107	N/A
30: PCS	N/A	$25	N/A
31: Targeted Case Managemen	N/A	$157	N/A
33: Rehabiltation	N/A	$152	N/A
34: PT/OT/speech/hear	N/A	$32	N/A
35: Hospice	N/A	$581	N/A
52: Residential Care	N/A	$1,818	N/A
53: Pysch. Services	N/A	$73	N/A
54: Adult Day Care	N/A	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)			
% Family Planning (code 2)	N/A	6.80	N/A
% RHC (code 3)	N/A	1.07	N/A
% FQHC (code 4)	N/A	0.92	N/A
% IHS (code 5)	N/A	0.00	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
% Waiver (code 6,7)	N/A	20.36	N/A
AVERAGE EXPENDITURES BY PROGRAM			
Family Planning (code 2)	N/A	$99	N/A
RHC (code 3)	N/A	$55	N/A
FQHC (code 4)	N/A	$74	N/A
IHS (code 5)	N/A	.	N/A
Waiver (code 6, 7)	N/A	$27	N/A
% Claims with DX	> 60	78.44	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.23	Yes
% Claims with 1 DX that have 2 DX	N/A	24.51	N/A
% Claims with DX, where length=3	5-30	8.14	Yes
% Claims with DX, where length=4	20-50	47.39	Yes
% Claims with DX, where length=5	20-50	44.45	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	100.00	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.99	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	43.02	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	9.96	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	47.02	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes
% Claims with TOS 08 with Physician Specialty	N/A	100.00	N/A
Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation c			
Total Number of Claims	N/A	2,969,897	N/A
% Claims with> $0 Paid	>95%	100.00	Yes
% Claims with< $0 Paid	0	0.00	Yes
% Claims with Span Bill	N/A	4.17	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.91	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.08	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)			
% claims MAX TOS 08: Physicians	N/A	69.76	N/A
% claims MAX TOS 10: Other Practioner	N/A	2.55	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
% claims MAX TOS 11: OPD	N/A	1.86	N/A
% claims MAX TOS 12: Clinic	N/A	6.25	N/A
% claims MAX TOS 13: HH	N/A	0.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.81	N/A
% claims MAX TOS 19: Other Services	N/A	2.65	N/A
% claims MAX TOS 51: DME	N/A	9.89	N/A
% claims MAX TOS 26: Transportation	N/A	6.04	N/A
% claims MAX TOS 30: PCS	N/A	0.00	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.14	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A
% claims MAX TOS 52: Residential Care	N/A	0.20	N/A
% claims MAX TOS 53: Pysch. Services	N/A	3.11	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A
Average Amount Paid	N/A	$23	N/A
% Claims with DX	N/A	88.85	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	88.57	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A
% Claims with DX, where length=3	5-30	12.50	Yes
% Claims with DX, where length=4	20-50	47.50	Yes
% Claims with DX, where length=5	20-50	39.78	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	91.17	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	76.58	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	23.42	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: SC

Measure	Expected Range	1999 Value	1999 Within Range
All RX Claims			
Total Number of Claims	N/A	5,263,166	N/A
% Encounter Claims *	N/A	0.00	N/A
% Supplemental Claims	N/A	0.00	N/A
Total FFS Claims	N/A	5,263,166	N/A
% Adjusted Claims	> 1%	0.00	No
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A
FFS Claims (Type of Claim=1)			
Total Number of Claims	N/A	5,263,166	N/A
% Claims with> $0 Paid	95-100	100.00	Yes
% Claims with< $0 Paid	0	0.00	Yes
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$56	Yes
% Claims with TPL	>0 - 15	0.42	Yes
Aver. TPL Paid for claims with TPL	N/A	$67	N/A
% Family Planning Claims (program type=2)	N/A	1.75	N/A
% Drug Claims (TOS 16)	95-99	100.00	No
% DME Claims (TOS 51)	>0 - 6	0.00	No
% Drug Claims with Quantity	>98	100.00	Yes
% Drug Claims with Days Supply	>98	99.97	Yes
% Claims with HICL	98-100	99.66	Yes
% Claims with Medispan	98-100	95.70	No
% Claims with AHFS	98-100	99.66	Yes
% Claims with Generic (GTC)	98-100	99.66	Yes
% Claims with GCS	98-100	99.66	Yes
NDC Configuration Indicator			
% Prescription (codes 0-3)	N/A	80.51	N/A
% Products (codes 4-6)	N/A	19.13	N/A
% HRI (code 7)	N/A	0.00	N/A
% Claims with Smart Key	98-100	99.66	Yes
% OTC-Drug Class	N/A	2.96	N/A
% Prescription-Drug Class	N/A	96.70	N/A
% Multiple Source (Code Y	N/A	43.95	N/A
% Single Source (Code N	N/A	36.75	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	758,480	N/A	.	N/A	.	.		N/A
Total Medicaid Amount Paid	N/A	.	N/A	$2,110,303,585	N/A	.	N/A	.	.		N/A
% with no services (code 0)	N/A	.	N/A	14.85	N/A	.	N/A	.	.		N/A
% with FFS only claims (code 1)	N/A	.	N/A	81.65	N/A	.	N/A	.	.		N/A
% with only cap claims (code 2)	N/A	.	N/A	0.69	N/A	.	N/A	.	.		N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	2.82	N/A	.	N/A	.	.		N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	757,964	N/A	.	N/A	.	.		N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	630,491	N/A	.	N/A	.	.		N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.92	Yes	.	N/A	.	.		N/A
% Records with Valid SSN Format	>=90%	.	N/A	94.86	Yes	.	N/A	.	.		N/A
#SSNs with duplicate records	N/A	.	N/A	78	N/A	.	N/A	.	.		N/A
% with County Code	>=95%	.	N/A	99.97	Yes	.	N/A	.	.		N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.99	Yes	.	N/A	.	.		N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	0.79	Yes	.	N/A	.	.		N/A
% White (Code 1)	N/A	.	N/A	39.13	N/A	.	N/A	.	.		N/A
% Black (Code 2)	N/A	.	N/A	55.76	N/A	.	N/A	.	.		N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.12	N/A	.	N/A	.	.		N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.92	N/A	.	N/A	.	.		N/A
% Unknown (Code 9)	<5%	.	N/A	3.90	Yes	.	N/A	.	.		N/A
% Age 0	2-8%	.	N/A	4.40	Yes	.	N/A	.	.		N/A
% Age 0-20 Years	49-74%	.	N/A	57.65	Yes	.	N/A	.	.		N/A
% Age > 64 Years	5-18%	.	N/A	10.52	Yes	.	N/A	.	.		N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	63.91	No	.	N/A	.	.		N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	119,023	N/A	.	N/A	.	.		N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	95.02	Yes	.	N/A	.	.		N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	94.93	Yes	.	N/A	.	.		N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	36.06	Yes	.	N/A	.	.		N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	3,644	N/A	.	N/A	.	.		N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	54.28	N/A	.	N/A	.	.		N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	6.72	N/A	.	N/A	.	.		N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	39.00	N/A	.	N/A	.	.		N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.14	N/A	.	N/A	.	.		N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	3.27	N/A	.	N/A	.	.		N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.69	Yes	.	N/A	.	.		N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.97	Yes	.	N/A	.	.		N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	82.66	Yes	.	N/A	.	.		N/A

1998-1999 MAX PSF Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	79,552	N/A	.	N/A	.	.		N/A
11: Aged, Cash	N/A	.	N/A	36,616	N/A	.	N/A	.	.		N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
31: Aged, Poverty	N/A	.	N/A	24,329	N/A	.	N/A	.	.		N/A
41: Other Aged	N/A	.	N/A	18,607	N/A	.	N/A	.	.		N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
MAX Disabled Total	N/A	.	N/A	118,813	N/A	.	N/A	.	.		N/A
12: Disabled, Cash	N/A	.	N/A	89,064	N/A	.	N/A	.	.		N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
32: Disabled, Poverty	N/A	.	N/A	22,067	N/A	.	N/A	.	.		N/A
42: Other Disabled	N/A	.	N/A	7,682	N/A	.	N/A	.	.		N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
MAX Child Total	N/A	.	N/A	381,282	N/A	.	N/A	.	.		N/A
14: AFDC Child, Cash	N/A	.	N/A	50,057	N/A	.	N/A	.	.		N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
34: Child Poverty	N/A	.	N/A	275,495	N/A	.	N/A	.	.		N/A
44: Other Child	N/A	.	N/A	48,380	N/A	.	N/A	.	.		N/A
48: Foster Care Child	N/A	.	N/A	7,350	N/A	.	N/A	.	.		N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
MAX Adult Total	N/A	.	N/A	178,262	N/A	.	N/A	.	.		N/A
15: AFDC Adult, Cash	N/A	.	N/A	25,615	N/A	.	N/A	.	.		N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
35: Adult, Poverty	N/A	.	N/A	21,175	N/A	.	N/A	.	.		N/A
45: Other Adult	N/A	.	N/A	131,472	N/A	.	N/A	.	.		N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	629,747	N/A	.	N/A	.	.		N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	86.35	Yes	.	N/A	.	.		N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.		N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.00	Yes	.	N/A	.	.		N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.		N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	13.64	No	.	N/A	.	.		N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.		N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	6.19	Yes	.	N/A	.	.		N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	38,474	N/A	.	N/A	.	.		N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	44,807	N/A	.	N/A	.	.		N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.		N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	3.54	N/A	.	N/A	.	.		N/A
# Of Total MC Enrollees	N/A	.	N/A	26,796	N/A	.	N/A	.	.		N/A
% HMO/HIO (Dups)	N/A	.	N/A	42.16	N/A	.	N/A	.	.		N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% PACE (Dups)	N/A	.	N/A	1.79	N/A	.	N/A	.	.		N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A

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% Other MC (Dups)	N/A	.	N/A	56.53	N/A	.	N/A	.	.		N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.06	N/A	.	N/A	.	.		N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.44	N/A	.	N/A	.	.		N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	26,796	N/A	.	N/A	.	.		N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	1.69	N/A	.	N/A	.	.		N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	8.90	N/A	.	N/A	.	.		N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	82.17	N/A	.	N/A	.	.		N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	7.24	N/A	.	N/A	.	.		N/A
Total Non-PCCM MC PYE	N/A	.	N/A	17,696	N/A	.	N/A	.	.		N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	629,747	N/A	.	N/A	.	.		N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	1.26	N/A	.	N/A	.	.		N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % Other MC only (Code 5)	N/A	.	N/A	1.56	N/A	.	N/A	.	.		N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
June % FFS Only (Code 16)	N/A	.	N/A	97.19	N/A	.	N/A	.	.		N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.		N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$20,455,392	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$6,910,947	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$13,544,445	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.97	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.91	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$96	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$75	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$112	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$6,932,366	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	11,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$13,523,026	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	15,498	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$7,633,427	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$1,545,049	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$119,999	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$920,913	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$5,047,466	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$676	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$11	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$82	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$447	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	627,716	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	519,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	511,912	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	4,029	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	2,090	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	1,133	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	806	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	74,976	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	66,414	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,141	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	3,421	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	372,315	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	48,697	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	270,024	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	46,333	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	7,261	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	176,348	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	25,059	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	21,086	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	130,203	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	3,635	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,181,755,407	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$1,883	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,275	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$5,678	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,744	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$2,518	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$9,950	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,676	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,266	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$10,479	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$11,420	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$924	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,016	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$679	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$7,599	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,006	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,992	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,870	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$676	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$280,752,804	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	77,671	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,615	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$991,599	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	26	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$38,138	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,528,781	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,370	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$23,014	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$65,763,755	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,019	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$64,538	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$20,986,167	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	1,024	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$20,494	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$141,698,467	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	370,563	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$382	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$16,638,731	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	125,880	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$132	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$5,244,615	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	71,532	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$73	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$122,483,685	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	248,477	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$493	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$138,436,991	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	295,263	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$469	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$11,788,770	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	7,982	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,477	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$14,017,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	206,192	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$133,790,022	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	355,826	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$40,129,912	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$7,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,643	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,226,429	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	24,870	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$291	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$16,711,580	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	2,780	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$38,309,089	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	23,923	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,601	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$12,509,088	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4,968	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,518	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,385,660	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,911	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$725	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,343,490	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	398	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,888	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$25,012,254	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	82,710	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$302	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$21,048,836	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	834	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$25,238	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$23,980,150	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	35,076	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$684	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$447	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,055	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,586	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$334	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$190	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,478	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$736	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$101	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,032	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,942	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$661	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$570	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	12.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.97	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	17.26	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	10.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	14.29	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	2.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	56.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	58.92	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	75.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	60.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	40.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	80.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	68.97	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	87.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	84.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	70.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	206	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	243	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	264	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	86	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	8.42	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$61,994,865	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	134,208	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$462	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$8,619,592	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	45,062	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$191	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$9,899,279	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	40,677	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$17,708,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	3,319	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$5,335	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	118,950	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	113,127	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	108,058	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	5.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	78.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	16.25	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.06	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.09	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	75,512	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	34,516	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	23,195	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	17,801	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	42,784	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	21,636	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	16,899	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	4,249	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	111,511	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.61	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	3.17	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	96.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	51.69	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	46.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$879,301,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$7,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$7,773	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$7,024	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,139	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,367	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$17,383	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,930	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$5,572	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$5,321	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$30,316	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$64,128,629	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	58,496	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,096	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$16,759,935	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	437	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$38,352	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$256,242	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	180	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$1,424	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$88,475,378	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,473	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$60,065	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$298,075,227	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$16,462	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$18,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$36,043,666	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	100,752	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$358	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$1,291,196	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	9,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$138	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,129,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	29,126	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$39	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$26,090,733	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	25,915	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$1,007	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$50,919,698	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	34,182	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$1,490	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$2,448,990	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	2,078	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,179	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$723,271	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	11,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$63	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$157,929,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	97,397	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,622	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$2,843,660	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$7,563	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,594,289	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	26,986	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$281	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$58,749,943	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	12,850	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$5,619,052	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	6,704	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$838	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,773,141	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	597	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,970	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$121,620	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	627	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$194	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$402,645	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	63	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,391	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$14,618,157	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	40,264	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$363	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$33,502,031	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	1,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$26,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$9,753,905	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	7,803	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,250	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$539	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$493	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$622	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,019	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,337	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,328	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,722	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,249	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	49.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	49.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	49.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	15.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	81.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	86.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	91.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	91.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	92.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	256	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	250	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	298	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$46,572,840	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3731	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$12,483	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,277,706	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	12836	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$563,644	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6610	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$85	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$65,269,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	13971	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$4,672	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	746,666	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	632,664	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	84.73	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	94.37	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	90.88	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	85.91	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	73.83	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	619,971	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	79,541	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	36,606	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	24,328	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	18,607	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	117,760	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	88,050	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	22,040	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	7,670	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	372,324	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	48,697	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	270,027	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	46,334	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	7,266	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	7,266	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	176,986	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	25,269	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	21,138	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	130,579	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$2,061,057,071	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,760	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,258	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$6,956	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,230	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$3,327	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$17,061	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,768	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,850	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$6,524	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$21,888	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$924	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$1,016	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$679	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$7,605	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,056	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$2,328	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,869	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$678	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$344,881,433	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	136,167	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$2,533	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$17,751,534	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	463	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$38,340	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,785,023	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,550	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$20,506	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$154,239,133	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,492	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$61,894	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$319,061,394	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$17,486	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$18,247	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$177,742,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	471,315	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$377	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$17,929,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	135,232	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$6,373,913	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	100,658	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$63	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$148,574,418	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	274,392	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$541	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$189,356,689	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	329,445	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$575	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$14,237,760	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	10,060	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,415	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$14,740,570	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	217,622	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$68	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$291,719,910	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	453,223	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$644	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$42,973,572	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$14,674	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,929	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$14,820,718	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	51,856	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$286	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$75,461,523	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	15,630	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,828	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$43,928,141	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	30,627	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,434	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$14,282,229	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	5,565	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,566	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,507,280	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,538	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$594	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,746,135	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	461	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,957	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$39,630,411	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	122,974	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$322	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$54,550,867	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,114	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$25,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$33,734,055	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	42,879	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$787	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$462	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$521	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,236	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$335	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$700	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,941	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,571	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$391	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,091	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$103	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,208	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,403	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,690	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$661	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$618	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	18.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.63	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	29.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	10.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	14.30	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	2.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.71	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	3.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	60.70	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	78.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	79.41	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SC

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	60.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	41.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	82.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	90.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	89.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	84.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	70.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	248	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	250	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	284	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	86	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$108,567,705	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	137,939	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$787	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$9,897,298	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	57,898	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$171	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$10,462,923	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	47,287	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$221	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$82,977,493	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	17,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$4,799	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	18,265	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	18,265	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	20.87	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	6.38	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,152	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	14,454	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,926	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$901	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	2.98	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,624	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.42	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	87.93	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.81	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.19	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.11	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.33	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.35	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	99.42	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.50	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	10.37	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	21.90	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	67.73	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	52.71	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.06	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	77.31	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	22.73	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	23.68	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	86.93	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	11.28	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	1.01	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.77	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	3,811	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$836	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.68	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$600	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.05	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.05	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.00	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.29	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	0.05	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	8.50	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	100.00	No	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.03	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	64,008	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	64,008	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	1.43	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.22	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,356	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	63,095	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$65	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$218	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$204	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$224	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	92.09	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	4.81	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.65	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	2.46	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	18.01	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	3.38	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	0.16	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	11.76	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	45.10	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	43.14	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.22	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	94.22	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.98	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	913	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$1,156	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	99.89	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.11	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	1,895,657	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	1.06	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	31.71	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,274,391	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	18.91	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.70	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$615	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	13.46	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	18.59	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$9	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	1,033,354	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	8.42	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	8.56	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	37.35	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	8.34	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	48.61	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	2.66	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	7.88	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.08	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.06	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	19.16	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	9.61	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.94	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$59	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	43.18	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	0.01	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	9.63	No	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	6.45	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	14.82	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.20	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	8.38	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	2.80	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	3.98	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	3.22	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	2.23	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.80	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.76	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	2.32	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$132	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$45	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$154	No	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$36	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$222	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$137	No	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$212	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$25	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$1,690	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$90	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$77	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$153	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$983	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$74	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,253	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$238	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$239	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	2.63	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.04	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	10.96	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	2.05	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$133	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$78	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$2,281	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	88.15	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.71	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	41.63	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	7.60	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	58.05	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	34.35	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	87.72	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	74.23	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	14.42	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	1.36	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	9.99	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	54.78	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	241,037	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.21	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	5.84	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	17.02	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	4.80	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	55.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	8.29	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	8.50	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	8.53	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	10.24	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	6.72	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	1.92	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.77	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$29	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	.	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	950,613	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	950,613	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.07	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$49	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	950,613	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$41	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.56	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	1.12	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.63	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	95.10	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.63	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.63	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.63	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.47	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.13	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.63	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	2.79	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	96.84	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	44.45	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	32.62	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	95,531	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$376,102,766	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	2.64	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	5.64	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	13.18	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	71.88	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	6.55	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	95,437	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	71,336	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.90	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	96.71	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	1,168	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.56	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	99.92	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.62	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	59.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	36.11	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	3.61	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.66	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	62.67	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	12.50	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	49.64	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	17,161	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	96.51	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	97.35	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	45.00	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	327	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	62.39	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	14.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	22.94	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.53	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	18.04	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.91	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.92	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	85.66	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	10,114	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	2,416	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	2,191	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	5,507	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	16,061	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	12,956	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,399	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,706	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	54,521	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	15,213	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	36	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	28,593	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	9,066	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	1,613	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	14,741	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	7,869	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	43	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	3,978	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	2,851	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	71,267	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	92.93	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	4.37	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	2.70	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	12.01	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	2,146	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	92.09	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	87,885	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	89.38	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	76.96	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	89.63	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.19	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	78,551	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	11.21	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	18.65	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	57.08	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	13.06	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	18,406	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	71,267	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	69.12	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	30.66	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$3,348,652	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$2,319,094	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,029,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	1.14	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.60	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$5	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$3,186,155	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	78,551	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$162,497	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	9,334	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	78,276	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	65,571	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	56,403	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	268	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	150	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	19	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	99	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	8,834	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	8,402	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	7	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	425	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	54,520	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	15,213	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	36	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	28,593	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	9,065	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	1,613	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	14,654	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	7,801	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	43	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	3,968	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	2,842	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	327	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$188,508,653	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,408	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,875	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$11,208	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$8,739	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$165	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$17,067	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,343	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$10,012	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$153	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$17,066	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,178	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$540	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$778	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,291	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,860	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,040	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,924	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$793	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,333	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,967	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$55,161,025	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	11,028	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$5,002	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$100,633	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$33,544	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$6,773,323	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	338	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$20,039	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$7,024,549	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	107	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$65,650	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$6,369,717	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	367	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$17,356	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$19,511,493	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	42,702	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$457	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$16,037	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	38	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$422	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$3,346,512	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	22,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$151	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$14,315,812	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	26,983	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$531	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$19,408,827	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	28,722	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$676	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$425,309	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	386	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,102	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$2,064,638	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	18,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$16,437,871	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	40,243	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$408	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$18,697,357	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$4,741	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,052,781	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	4,984	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$412	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$915,002	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	452	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,024	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$7,665,282	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,663	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,609	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,321,141	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,894	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$698	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$7,097	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,549	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,996,117	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	15,619	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$3,583,118	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$705	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,982	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,750	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$349	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$772	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$259	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$6,795	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$72	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,008	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,131	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$81	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,235	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$677	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,144	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	14.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	19.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	10.29	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	25.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.03	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	38.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.50	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	51.41	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	66.79	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	62.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	49.79	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	50.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	81.26	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	69.40	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	86.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	80.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	81.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	22	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	144	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	185	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	34	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	8.71	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$861,543	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	4,730	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$182	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,410,902	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	6,548	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$215	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$815,870	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,124	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$261	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$23,665,419	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	18,799	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,259	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$18,214,913	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	620	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$29,379	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	17,161	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	14,715	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	14,933	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	2.25	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	11.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	18.93	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	5.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	5.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.54	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	54.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.95	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	9,846	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	2,266	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	2,172	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	5,408	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	7,227	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	4,554	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,392	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,281	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	16,116	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.89	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.26	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	57.38	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	41.40	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$184,059,109	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$10,725	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$12,508	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$10,908	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,454	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$431	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$18,239	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,567	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,310	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$675	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$29,342	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$4,666,907	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	3,128	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,492	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$2,262,651	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	51	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$44,366	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$50,885	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$25,443	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$11,062,826	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	158	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$70,018	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$96,869,129	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$5,617	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$17,246	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$3,121,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	11,300	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$276	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$474	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$616,042	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	6,063	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$102	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$3,050,933	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	6,590	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$463	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$2,278,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	4,285	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$532	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$23,867	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	21	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$302,311	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	6,247	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$48	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$22,536,839	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	11,714	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,924	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$30,594,737	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$3,394	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$9,014	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$617,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,675	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$231	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,614,093	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,208	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$469,358	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	235	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,997	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$37,893	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	330	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$56,817	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	29	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$1,959	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$704,351	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,343	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$211	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$2,105,997	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	645	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$12,189	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,219	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$272	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$374	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$6,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,810	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,251	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,378	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,716	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$637	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,565	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	18.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	17.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.69	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	33.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	51.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10.65	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	68.26	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	71.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	64.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.59	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	84.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	266	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	281	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$69,353	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	306	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$227	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$181,099	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1700	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$53,028	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	456	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$116	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$1,785,822	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	1102	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,621	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$30,131,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1181	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$25,514	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	95,437	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	80,286	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	84.12	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.38	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	87.62	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	82.88	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	84.06	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	71,336	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	10,114	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	2,416	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	2,191	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	5,507	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	16,061	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	12,956	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,399	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,706	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	54,521	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	15,213	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	36	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	28,593	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	9,066	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	1,613	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	1,613	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	14,741	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	7,869	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	43	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: SD

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	3,978	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	2,851	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$372,567,762	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,904	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,641	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$10,916	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$3,782	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$429	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$18,218	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,444	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$9,413	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$673	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$26,284	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,178	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,090	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$540	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$778	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$2,291	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$2,860	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,047	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,939	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$793	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,329	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,970	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$59,827,932	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	14,156	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,226	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$2,363,284	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	54	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$43,765	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$6,824,208	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	340	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$20,071	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$18,087,375	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	265	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$68,254	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$103,238,846	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$5,984	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$17,252	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$22,633,425	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	54,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$419	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$16,511	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	47	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$351	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$3,962,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	28,170	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$141	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$17,366,745	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	33,573	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$517	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$21,686,943	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	33,007	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$657	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$449,176	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	407	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,104	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$2,366,949	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	24,409	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$97	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$38,974,710	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	51,957	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$750	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$49,292,094	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$8,135	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$6,059	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,670,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	7,659	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$349	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$3,529,095	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,660	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,126	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$8,134,640	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	1,898	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$4,286	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,359,034	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,224	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$611	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$63,914	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$2,062	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$3,700,468	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	18,962	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$5,689,115	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,887	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,971	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$12,189	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,219	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$627	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$237	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,681	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$349	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$775	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,757	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,365	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$72	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$408	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,242	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$81	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,501	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$658	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$5,156	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$677	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,146	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	14.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	17.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	10.29	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	25.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	6.93	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	50.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7.80	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.39	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	54.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	71.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	63.45	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	49.79	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	50.41	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	80.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	74.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	85.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	80.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	81.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	266	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	244	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	34	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$930,896	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	5,036	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$185	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$1,592,001	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	8,248	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$193	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$868,898	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,580	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$25,451,241	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	19,901	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,279	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$48,346,526	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,801	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$26,844	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	235,636	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	67.40	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	76,808	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	100.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	.	No	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	.	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	.	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	.	No	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	.	No	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	.	No	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	.	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	.	No	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with PDX, where length=4	20-50	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	.	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	.	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	.	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	.	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	.	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	.	No	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	.	No	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	76,808	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$246	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$8,957	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.33	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.08	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.41	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	5.23	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	11.43	No	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	88.19	No	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.73	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	43.73	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	.	N/A	33.09	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	20-50	.	N/A	23.18	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	0.41	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.99	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.64	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.64	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	221,082	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	221,082	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	10.39	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.62	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$3,062	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	198,117	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$73	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$390	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	90.42	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	28	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	9.58	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	6.25	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	19.66	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	63.37	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	.	N/A	16.97	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.76	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	95.67	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.70	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	22,965	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$125	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	99.87	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	13.96	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	53.28	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	32.74	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	1.50	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	89.65	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.78	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	50,764,413	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	32.11	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	62.30	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	2,836,155	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	100.00	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	5.24	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$321	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	46.56	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	45.21	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$125	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$22	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	.	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	.	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	.	No	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	.	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	.	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	.	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	.	No	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	.	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	.	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	.	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	.	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	.	No	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	.	No	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	.	No	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	.	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	.	No	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	.	No	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	.	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	2,836,155	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.49	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	14.96	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	5.54	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	14.93	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	39.91	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	9.04	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	0.94	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	15.72	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	11.95	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	13.96	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	6.73	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$109	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.60	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	38.59	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	13.90	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	N/A	38.58	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	N/A	47.52	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	0.48	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	96.42	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	55.82	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	44.18	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	25,118,745	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	.	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	.	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	.	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	.	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	.	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	.	No	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	.	No	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	1,613,135	N/A	.	N/A	.	.		N/A
Total Medicaid Amount Paid	N/A	.	N/A	$3,273,257,739	N/A	.	N/A	.	.		N/A
% with no services (code 0)	N/A	.	N/A	0.26	N/A	.	N/A	.	.		N/A
% with FFS only claims (code 1)	N/A	.	N/A	0.71	N/A	.	N/A	.	.		N/A
% with only cap claims (code 2)	N/A	.	N/A	20.02	N/A	.	N/A	.	.		N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.		N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	0.62	N/A	.	N/A	.	.		N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.88	N/A	.	N/A	.	.		N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	3.48	N/A	.	N/A	.	.		N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	74.02	N/A	.	N/A	.	.		N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	1,541,222	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	1,342,036	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	95.53	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	670	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	97.13	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.48	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	65.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	28.34	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.26	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	1.50	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	3.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	2.62	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	45.59	No	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	9.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	73.22	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	253,772	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	95.89	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	96.82	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	44.24	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	50,260	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	50.61	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	46.89	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	2.50	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.00	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	57.54	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.50	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.76	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	99.81	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	94,662	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	34,478	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	7,212	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	40,194	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	12,778	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	321,280	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	249,105	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	5,336	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	19,075	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	2,190	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	45,574	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	658,608	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	99,836	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	57,451	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	150,752	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	104,048	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	12,588	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	233,933	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	466,647	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	29,649	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	48,256	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	19,047	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	62,655	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	307,040	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,348,821	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	96.07	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.86	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.07	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	4.17	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	126,162	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	16,909	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	99.63	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	1,535,501	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	97.77	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	1,535,501	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	5.90	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	20.82	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	42.89	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	30.39	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	1,335,486	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,348,821	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	99.37	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	0.63	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$2,351,369,157	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$2,013,027,413	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$338,341,744	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.97	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.97	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$147	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$21	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$2,351,369,157	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	1,535,501	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$918,909,777	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$18,507,691	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$594,529,502	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$305,872,584	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$598	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$12	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$387	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	58	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	25	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	35	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	41	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	41	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	17	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	17	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	51	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$3,991	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$160	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$78	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$78	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$46	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$46	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$566	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$566	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$1,727	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$91	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$132	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$26	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$80	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$290	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$261	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$261	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$209	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$451	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$75	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$59	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$46	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.72	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	2.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	39.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	41.46	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	35.29	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	5,663	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	2,934	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	3,850	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	5.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	60.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	33.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	4.70	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	4,048	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	4,048	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	1,615	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,615	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	5,518	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.18	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	99.82	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	65.50	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	34.15	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$707,306	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$170	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$170	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$144,513	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	242	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$597	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,673	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$7	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$239	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$226,414	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	2,570	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$88	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$140	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$23	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$51,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	738	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$29,261	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	491	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$20,951	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	136	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$154	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$32,717	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	1,456	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$79,786	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$178	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$448	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$26,053	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	406	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$93,459	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	682	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$26	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$41	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$87	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	4.27	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	3.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.17	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	50.87	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	59.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	5,721	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	2,959	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	51.72	No	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	48.18	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	60.60	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	3,884	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	4,089	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	4,089	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	1,632	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	1,632	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$711,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$124	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$240	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$107	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$169	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$169	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$144,513	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	242	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$597	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$2,239	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$280	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$228,141	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	2,589	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$88	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$140	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$23	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$51,416	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	743	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$69	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$29,502	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	494	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$21,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	137	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$154	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$33,007	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	1,469	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$22	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$80,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$179	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$447	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$26,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	408	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$130	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$65	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$93,910	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	688	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$136	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$25	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$40	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$87	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$129	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	4.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	3.84	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.21	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: TN

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	50.76	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	47.42	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	59.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	37	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	506,949	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	506,949	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	22.36	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	6.93	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,337	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	393,589	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,477	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$957	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.66	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,240	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.40	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.15	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.31	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	3.67	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	3.63	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.47	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	97.60	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	2.41	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.79	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	8.87	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	18.95	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	72.18	No	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	59.10	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.68	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.57	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.57	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	94.89	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	28.30	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	29.59	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	95.09	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	4.21	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.06	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	0.64	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	113,360	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$729	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.52	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$592	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	99.91	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.24	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.83	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	12.86	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	5.69	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.03	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.90	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	43.74	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	46.35	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	100.00	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.26	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	99.16	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	1,362,075	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	1,362,075	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.55	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	30.60	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$1,923	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	1,354,580	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$64	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$162	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$174	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	83.82	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	20	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	15.92	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	23	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	96.66	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.17	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	99.87	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	75	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	1.03	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	49.06	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	14.36	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	66.69	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	18.89	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.46	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.27	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.39	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	7,495	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$3,587	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	0.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	26.27	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	73.73	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	4.78	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	17.38	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	73.12	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	64.31	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	21.40	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.27	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	61,790,925	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	7.75	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	57,000,249	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	24.44	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	6.51	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	5.48	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.32	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	1.95	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$204	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	$13	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$151	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	43,067,838	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.91	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	5.62	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	6.52	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	47.72	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	3.59	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	5.70	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.41	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	10.42	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	9.47	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	5.18	No	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	39.55	No	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	11.04	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	0.79	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	13.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	2.68	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.87	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	6.34	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	12.62	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.54	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	1.96	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	3.97	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.29	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.23	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.09	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.32	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	3.46	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$41	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$29	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$59	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$49	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$48	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$216	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$16	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$176	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$86	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$30	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$74	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$103	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$44	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,438	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$44	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.99	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.55	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.66	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	4.13	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$74	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$188	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	88.31	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	2.53	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	5.11	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	63.91	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	30.83	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	95.61	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	43.99	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	14.17	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	32.99	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	91.45	No	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	95.89	No	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	13,932,411	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	94.23	No	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	9.55	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	32.31	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	95.07	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	5.28	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	54.97	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	1.60	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	15.75	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	1.43	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	14.71	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	5.29	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	4.25	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.65	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.52	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	99.79	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	11.42	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	46.07	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	42.52	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	65.14	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	14.15	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	20.50	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	25,839,447	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	25,839,447	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	3.84	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$61	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	25,839,447	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$39	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.52	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	99.62	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.38	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	96.02	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	79.53	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	20.22	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.75	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	9.63	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	90.13	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	46.09	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	31.77	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	2,741,035	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$8,967,822,684	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	10.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	58.94	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	4.27	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	26.77	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	2,710,200	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	1,919,043	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	98.75	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	93.69	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	2,667	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.98	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.62	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	27.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	19.63	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.30	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	49.51	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.29	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	6.62	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	63.10	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	13.17	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	43.22	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	464,601	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	97.88	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	97.91	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	33.34	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	19,419	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	44.68	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	38.19	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	17.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.45	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	28.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.95	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	80.97	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	353,966	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	176,033	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	56,421	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	121,512	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	350,274	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	290,764	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	23,902	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	35,608	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	1,551,350	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	298,623	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	23,587	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,901	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	948,791	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	250,848	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	26,600	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	454,610	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	123,907	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	18,724	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	47,053	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	171,905	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	87,622	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	5,399	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	1,900,362	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	94.46	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.22	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.72	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	1.57	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	6.42	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	346,202	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	33,978	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	32.47	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	880,070	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	65.80	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	16.34	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	29.68	N/A	.	N/A	.	.	25% (+)	N/A

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% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	6.70	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	4.29	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.08	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	657,975	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	5.70	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	10.38	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	68.74	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	15.18	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	291,241	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	1,900,362	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	14.34	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	7.36	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	78.31	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$869,650,409	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$687,325,430	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$2,575,368	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$179,749,611	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.92	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.91	Yes	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.69	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$203	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$12	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$104	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$697,623,238	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	579,081	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$5,473,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	78,894	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Total Cap Payments	N/A	.	N/A	$166,553,553	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	222,095	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$551,508,854	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$153,420,690	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$17,304,703	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$144,208,875	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$236,574,586	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$952	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$30	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$249	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$409	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	1,697,669	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	1,460,165	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	1,113,700	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	6,599	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	2,501	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	893	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	3,205	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	196,576	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	186,070	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	265	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	10,241	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	1,133,380	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	209,462	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	21,941	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,842	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	700,015	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	173,908	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	25,212	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	361,114	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	90,178	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	17,281	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	45,245	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	130,541	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	74,698	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	3,171	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	17,560	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$3,721,007,182	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,192	N/A	.	N/A	.	.	15% (+/-)	N/A

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$2,548	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$8,255	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,213	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$625	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$12,754	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,882	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,641	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$873	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$13,469	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,040	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$887	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$1,169	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,983	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$765	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,769	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$4,702	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,055	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,760	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,141	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,388	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,454	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,757	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$1,247	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$1,153,627,250	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	279,595	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,126	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$142,004	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	17	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$8,353	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,271,427	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	4,139	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$7,555	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$339,085,967	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	5,802	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$58,443	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$112,125,346	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	6,256	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$17,923	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$612,439,069	N/A	.	N/A	.	.	15% (+/-)	N/A

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Physician: Number of Users	N/A	.	N/A	1,254,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$488	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$93,733,372	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	438,994	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$214	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$16,723,340	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	125,652	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$133	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$237,093,481	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	648,506	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$366	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$51,631,814	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	239,910	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$215	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$74,720,610	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	17,532	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$4,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$35,713,914	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	543,171	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$66	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$414,053,766	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	1,160,101	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$357	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$273,441,470	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$156,807	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,744	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$15,275,630	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	61,651	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$248	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$90,590,996	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	138,911	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$652	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$11,824,788	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4,137	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,858	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$3,183,713	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	5,416	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$588	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$10,974,876	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,235	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,887	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$79,210,724	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	205,642	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$385	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$43,136,463	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	55,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$784	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$680	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,287	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,994	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$352	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$981	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$284	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,812	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,202	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$21	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$244	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$801	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,023	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$146	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$984	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,355	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,664	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$530	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$926	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	16.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.09	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	11.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	32.82	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	0.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	23.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	13.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	68.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	53.96	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	77.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	69.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	60.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	83.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	75.10	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	85.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	84.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	80.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	226	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	249	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	277	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	40	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	11.87	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$23,620,483	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	109,069	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$217	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$30,014,607	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	161,532	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$186	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$18,500,803	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	58,451	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$317	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,752	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$100,422,902	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	17,512	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$5,735	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	433,450	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	370,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	385,500	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	2.56	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	11.41	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	57.57	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.93	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	1.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.38	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	16.05	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	4.51	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	14.35	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.55	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	323,876	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	152,466	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	55,431	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	115,979	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	108,463	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	61,074	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	23,542	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	23,847	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	407,548	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.65	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.68	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	65.66	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	32.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$3,759,765,216	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$8,674	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$10,150	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,126	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,516	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$901	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$15,011	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$10,348	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,670	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,668	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$28,338	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$100,598,533	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	85,303	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,179	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$6,933,974	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	1,768	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$3,922	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$69,898	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$5,825	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$459,274,977	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	7,883	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$58,261	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,321,323,799	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$82,535	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$16,009	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$134,016,822	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	315,550	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$622,555	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	3,560	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$175	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$5,385,143	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	84,615	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$64	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$320,785,115	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	189,297	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$1,695	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$16,217,111	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	33,862	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$479	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$2,219,604	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	5,798	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$383	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$111,094,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	223,922	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$496	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$452,603,981	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	289,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,565	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$690,570,868	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$128,175	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$5,388	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$18,625,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	72,360	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$257	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$20,032,284	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	19,439	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,031	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$7,217,484	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	4,062	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,777	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,189,745	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	3,299	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$361	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$43,607,759	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	5,160	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,451	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$32,375,127	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	104,779	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$309	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$14,158,577	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	9,945	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,424	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$232	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$202	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$306	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$4,124	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,977	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,606	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,044	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,028	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,093	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$3,274	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,920	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,344	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	19.68	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.52	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	17.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	21.13	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	24.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	12.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	66.74	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	68.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	62.64	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	81.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	81.66	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	79.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	259	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	300	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: TX

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$507,622	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2631	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$193	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$20,994,763	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	34205	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$614	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$3,307,760	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6547	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$505	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$231,528,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	67102	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$3,450	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	2,131,119	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	1,830,592	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	85.90	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	85.73	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	86.94	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	86.03	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	84.76	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	1,499,200	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	330,475	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	154,967	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	56,324	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	119,184	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	305,039	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	247,144	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	23,807	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	34,088	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	1,133,398	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	209,462	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	21,941	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	2,844	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	700,022	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	173,910	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	25,219	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	25,219	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	362,207	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	90,545	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	17,348	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	45,670	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	130,690	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	74,777	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	3,177	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$7,480,772,398	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,510	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,087	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$8,129	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,511	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$896	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$14,950	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,403	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,154	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,660	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$23,871	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,040	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$887	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$1,169	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$1,995	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$765	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,769	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$4,709	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$2,063	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,771	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,152	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$2,418	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,455	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,758	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	$1,252	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$1,254,225,783	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	364,898	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,437	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$7,075,978	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	1,785	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$3,964	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$31,341,325	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	4,151	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$7,550	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$798,360,944	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	13,685	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$58,338	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$1,433,449,145	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$88,791	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$16,144	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$746,455,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	1,570,257	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$475	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$94,355,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	442,554	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$22,108,483	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	210,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$105	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$557,878,596	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	837,803	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$666	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$67,848,925	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	273,772	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$248	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$76,940,214	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	23,330	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$3,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$146,808,376	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	767,093	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$191	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$866,657,747	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	1,449,391	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$598	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$964,012,338	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$284,982	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,383	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$33,901,054	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	134,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$253	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$110,623,280	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	158,350	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$699	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$19,042,272	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	8,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,323	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$4,373,458	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	8,715	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$502	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$54,582,635	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	6,395	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$8,535	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$111,585,851	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	310,421	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$359	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$57,295,040	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	64,955	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$882	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$589	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$352	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$984	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$3,974	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,056	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$21	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$407	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,024	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,048	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$149	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,450	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,908	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,906	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$530	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$929	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	17.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	11.30	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	32.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	5.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	24.18	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	68.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	72.19	N/A	.	N/A	.	.	15% (+/-)	N/A

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Child	N/A	.	N/A	69.33	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	60.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	83.11	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	81.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.45	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	84.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	80.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	254	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	252	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	289	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	40	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$24,128,105	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	111,700	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$216	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$51,009,370	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	195,737	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$261	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$21,808,563	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	64,998	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$336	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,752	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	14	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$197	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$331,951,066	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	84,614	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$3,923	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	20,395	N/A	20,006	N/A	.	N/A	-1.91	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	20,395	N/A	20,006	N/A	.	N/A	-1.91	.	Yes
% Crossover	5-20	9.10	Yes	9.63	Yes	.	N/A	5.84	.	Yes
% Adjusted Claims	> 1%	13.73	Yes	18.13	Yes	.	N/A	32.04	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$11,472	N/A	$8,306	N/A	.	N/A	-27.60	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	18,539	N/A	18,079	N/A	.	N/A	-2.48	.	Yes
% Claims with> $0 Paid	95-100	98.09	Yes	100.00	Yes	.	N/A	1.95	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$4,851	Yes	$4,670	Yes	.	N/A	-3.72	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,404	N/A	$1,384	N/A	.	N/A	-1.43	.	Yes
% Claims with TPL	>0 - 10	9.78	Yes	6.66	Yes	.	N/A	-31.94	.	No
Aver. TPL Paid for claims with TPL	N/A	$4,168	N/A	$2,591	N/A	.	N/A	-37.84	.	No
% Claims with UB-92 Accommodation Codes	95-100	98.59	Yes	99.91	Yes	.	N/A	1.33	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.10	Yes	99.14	Yes	.	N/A	0.04	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.31	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.50	Yes	3.39	Yes	.	N/A	-2.88	.	Yes
Average Covered Days (> 0 day	2-<8	3.49	Yes	3.37	Yes	.	N/A	-3.21	.	Yes
% Begin Date = Admit Date	95-100	99.93	Yes	99.93	Yes	.	N/A	0.00	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.93	Yes	99.82	Yes	.	N/A	-0.11	.	Yes
% Family Planning Claims (pgm	>0-5	0.07	Yes	0.23	Yes	.	N/A	223.41	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.93	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.97	Yes	7.42	Yes	.	N/A	6.35	.	Yes
% Claims with PDX, where length=4	20-50	14.61	No	13.44	No	.	N/A	-8.02	.	Yes
% Claims with PDX, where length=5	20-50	78.41	No	79.14	No	.	N/A	0.93	.	Yes
% Claims with a procedure code	35-70	66.20	Yes	61.26	Yes	.	N/A	-7.46	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.77	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.97	N/A	99.96	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	32.93	N/A	33.09	N/A	.	N/A	0.49	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	35.24	N/A	36.41	N/A	.	N/A	3.31	.	Yes
Patient Status										
% Home	75-90	94.57	No	94.65	No	.	N/A	0.08	.	Yes
% Transferred	1-10	2.31	Yes	4.49	Yes	.	N/A	94.09	.	No
% Still a Patient	>0 - 2	2.22	No	0.00	No	.	N/A	-100.00	.	No
% Died	>0 - 3	0.78	Yes	0.86	Yes	.	N/A	10.32	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,856	N/A	1,927	N/A	.	N/A	3.83	.	Yes
% Claims with> $0 Paic	N/A	90.36	N/A	100.00	N/A	.	N/A	10.67	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$746	N/A	$802	N/A	.	N/A	7.39	.	Yes
% Claims with TPL	N/A	0.16	N/A	0.10	N/A	.	N/A	-35.79	.	No
Aver. TPL Paid -claims with TPL	N/A	$9,879	N/A	$9,552	N/A	.	N/A	-3.32	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	89.98	No	100.00	Yes	.	N/A	11.14	.	Yes
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.15	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	98.33	Yes	99.95	N/A	.	N/A	1.65	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.18	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.32	Yes	5.59	Yes	.	N/A	5.14	.	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.90	Yes	.	N/A	-0.10	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	96.77	Yes	4.54	Yes	.	N/A	-95.31	.	No
% Claims with PDX, where length=3	5-30	10.78	Yes	11.94	Yes	.	N/A	10.76	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	40.30	Yes	37.31	Yes	.	N/A	-7.42	.	Yes
% Claims with PDX, where length=5	20-50	48.92	Yes	50.75	Yes	.	N/A	3.74	.	Yes
% Claims with a procedure code	35-70	53.93	Yes	49.20	Yes	.	N/A	-8.78	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.81	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.80	N/A	99.89	N/A	.	N/A	0.09	.	Yes
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	61,467	N/A	59,893	N/A	.	N/A	-2.56	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	61,467	N/A	59,893	N/A	.	N/A	-2.56	.	Yes
% Crossover	5-20	11.48	Yes	9.13	Yes	.	N/A	-20.46	.	No
% Adjusted Claims	> 1%	8.65	Yes	8.55	Yes	.	N/A	-1.10	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$2,051	N/A	$2,175	N/A	.	N/A	6.07	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	54,408	N/A	54,422	N/A	.	N/A	0.03	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$68	Yes	$71	Yes	.	N/A	4.31	.	Yes
ICF/MR (TOS 05)	N/A	$148	N/A	$158	N/A	.	N/A	6.65	.	Yes
Aged/MH (TOS 02)	N/A	$277	N/A	$277	N/A	.	N/A	0.14	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$386	N/A	$398	N/A	.	N/A	2.90	.	Yes
% NF (TOS 07)	75-99	81.59	Yes	81.12	Yes	.	N/A	-0.57	.	Yes
% NF claims with NF Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	0.15	.	Yes
% ICF/MR (TOS 05)	>0-20	17.75	Yes	17.13	Yes	.	N/A	-3.52	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	-0.24	.	Yes
% Aged/MH (TOS 02)	>0-10	0.11	Yes	0.34	Yes	.	N/A	211.78	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	1.18	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.55	Yes	1.41	Yes	.	N/A	158.18	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	28	N/A	28	N/A	.	N/A	1.43	.	Yes
% Claims with Leave Days	1-20	1.14	Yes	2.18	Yes	.	N/A	91.24	.	No
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	21.82	Yes	21.30	Yes	.	N/A	-2.38	.	Yes
% Claims with DX, where length=4	20-50	59.09	No	57.16	No	.	N/A	-3.26	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	19.09	No	21.54	Yes	.	N/A	12.82	.	Yes
Patient Status										
% Home	1-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	0.60	No	1.62	No	.	N/A	168.62	.	No
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	7,059	N/A	5,471	N/A	.	N/A	-22.50	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$537	N/A	$432	N/A	.	N/A	-19.66	.	No
% NF (TOS 07)	75-99	100.00	No	99.93	No	.	N/A	-0.07	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.07	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	13.94	Yes	12.92	Yes	.	N/A	-7.30	.	Yes
% Claims with DX, where length=4	20-50	57.08	No	55.22	No	.	N/A	-3.25	.	Yes
% Claims with DX, where length=5	20-50	28.98	Yes	31.86	Yes	.	N/A	9.92	.	Yes
Patient Status										
% Home	1-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	0.00	No	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	6.03	No	0.00	No	.	N/A	-100.00	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	3,995,731	N/A	3,444,256	N/A	.	N/A	-13.80	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	49.87	N/A	41.95	N/A	.	N/A	-15.88	.	No
Total FFS Claims	N/A	3,995,731	N/A	1,999,380	N/A	.	N/A	-49.96	.	No
% Crossover	5-20	5.09	Yes	10.13	Yes	.	N/A	98.89	.	No
% Adjusted Claims	> 1%	3.00	Yes	6.86	Yes	.	N/A	128.54	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$104	N/A	$136	N/A	.	N/A	30.65	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	1.60	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	40.35	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$117	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$42	Yes	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	3,792,187	N/A	1,796,814	N/A	.	N/A	-52.62	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	63.82	N/A	12.91	N/A	.	N/A	-79.78	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.43	N/A	11.05	N/A	.	N/A	-17.76	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	57.68	N/A	9.93	N/A	.	N/A	-82.78	.	No
% Other Claims with Span Bills/All Other Claims	N/A	65.30	N/A	13.27	N/A	.	N/A	-79.68	.	No
% Claims W/ Service Place 11- Office	50-90	20.22	No	46.52	No	.	N/A	130.05	.	No
% Claims W/ Service Place 12 - Home	>0-5	1.01	Yes	5.34	No	.	N/A	426.68	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.51	Yes	6.86	No	.	N/A	52.22	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.30	Yes	0.10	Yes	.	N/A	-66.28	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.81	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	16.50	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	4.15	Yes	19.12	No	.	N/A	360.52	.	No
% Claims with TPL	>0 - 15	0.42	Yes	0.97	Yes	.	N/A	130.48	.	No
Aver. TPL Paid -claims with TPL	N/A	$61	N/A	$63	N/A	.	N/A	2.07	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	18.39	Yes	20.65	Yes	.	N/A	12.29	.	Yes
% claims MAX TOS 09: Dental	2-20	21.16	No	23.05	No	.	N/A	8.93	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	2.27	Yes	0.78	Yes	.	N/A	-65.90	.	No
% claims MAX TOS 11: OPD	3-25	5.86	Yes	14.16	Yes	.	N/A	141.77	.	No
% claims MAX TOS 12: Clinic	2-25	8.51	Yes	2.52	Yes	.	N/A	-70.39	.	No
% claims MAX TOS 13: HH	>0-25	1.08	Yes	1.44	Yes	.	N/A	33.61	.	No
% claims MAX TOS 15: Lab/Xray	4-20	17.04	Yes	7.50	Yes	.	N/A	-55.98	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	10.72	Yes	7.56	Yes	.	N/A	-29.45	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.52	Yes	3.31	Yes	.	N/A	-6.05	.	Yes
% claims MAX TOS 26: Transportation	>1	3.84	Yes	3.03	Yes	.	N/A	-21.11	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.70	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	2.51	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	2.50	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.11	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.43	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	4.66	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	4.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.06	Yes	0.00	Yes	.	N/A	-100.00	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$81	N/A	$117	N/A	.	N/A	44.15	.	No
08: Physicians	$20-90	$61	Yes	$59	Yes	.	N/A	-2.99	.	Yes
09: Dental	$10-60	$30	Yes	$30	Yes	.	N/A	1.05	.	Yes
10: Other Practioner	$10-100	$34	Yes	$40	Yes	.	N/A	16.58	.	No
11: OPD	$20-100	$132	No	$71	Yes	.	N/A	-45.82	.	No
12: Clinic	$20-100	$165	No	$796	No	.	N/A	381.74	.	No
13: HH	N/A	$137	N/A	$120	N/A	.	N/A	-12.34	.	Yes
15: Lab/Xray	10-60	$17	Yes	$17	Yes	.	N/A	-2.09	.	Yes
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$390	N/A	$175	N/A	.	N/A	-55.03	.	No
51: DME	N/A	$101	Yes	$86	N/A	.	N/A	-14.38	.	Yes
26: Transportation	N/A	$48	N/A	$37	N/A	.	N/A	-22.03	.	No
30: PCS	N/A	.	N/A	$33	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$253	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$60	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,532	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$2,582	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$80	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$173	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.38	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.27	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	7.72	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$186	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$261	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$541	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	40.89	No	72.80	Yes	.	N/A	78.06	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	26.44	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	8.68	Yes	10.70	Yes	.	N/A	23.26	.	No
% Claims with DX, where length=4	20-50	46.13	Yes	55.04	No	.	N/A	19.31	.	No
% Claims with DX, where length=5	20-50	45.19	Yes	34.26	Yes	.	N/A	-24.18	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	76.48	N/A	100.00	N/A	.	N/A	30.76	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.96	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	37.07	N/A	37.84	N/A	.	N/A	2.07	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	45.08	N/A	29.66	N/A	.	N/A	-34.20	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.81	N/A	2.13	N/A	.	N/A	162.59	.	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	17.03	N/A	30.36	N/A	.	N/A	78.28	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.95	Yes	99.98	Yes	.	N/A	0.03	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	39.41	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	203,544	N/A	202,566	N/A	.	N/A	-0.48	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.60	Yes	.	N/A	-0.40	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	5.58	N/A	5.65	N/A	.	N/A	1.20	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	20.29	N/A	23.43	N/A	.	N/A	15.47	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	83.33	N/A	.	N/A	-16.67	.	No
% Other Claims with Span Bills/All Other Claims	N/A	3.29	N/A	2.21	N/A	.	N/A	-32.80	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	37.28	N/A	40.69	N/A	.	N/A	9.15	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	11.33	N/A	11.97	N/A	.	N/A	5.66	.	Yes

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	13.48	N/A	16.20	N/A	.	N/A	20.17	.	No
% claims MAX TOS 12: Clinic	N/A	8.06	N/A	9.00	N/A	.	N/A	11.75	.	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	.	N/A	0.48	.	Yes
% claims MAX TOS 15: Lab/Xray	N/A	20.01	N/A	11.54	N/A	.	N/A	-42.31	.	No
% claims MAX TOS 19: Other Services	N/A	0.68	N/A	3.26	N/A	.	N/A	381.98	.	No
% claims MAX TOS 51: DME	N/A	6.29	N/A	3.34	N/A	.	N/A	-46.90	.	No
% claims MAX TOS 26: Transportation	N/A	2.19	N/A	2.23	N/A	.	N/A	2.08	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	1.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	4.66	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	4.01	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$41	N/A	$33	N/A	.	N/A	-19.75	.	No
% Claims with DX	N/A	99.92	N/A	99.97	N/A	.	N/A	0.05	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	11.87	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	10.15	Yes	9.85	Yes	.	N/A	-3.00	.	Yes
% Claims with DX, where length=4	20-50	45.08	Yes	44.41	Yes	.	N/A	-1.48	.	Yes
% Claims with DX, where length=5	20-50	44.77	Yes	45.74	Yes	.	N/A	2.17	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	61.25	N/A	100.00	N/A	.	N/A	63.28	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	97.63	No	97.27	No	.	N/A	-0.36	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	78.79	N/A	82.30	N/A	.	N/A	4.46	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	12.28	N/A	12.97	N/A	.	N/A	5.69	.	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	8.94	N/A	4.73	N/A	.	N/A	-47.11	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	2,117,893	N/A	2,286,397	N/A	.	N/A	7.96	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	2,117,893	N/A	2,286,397	N/A	.	N/A	7.96	.	Yes
% Adjusted Claims	> 1%	2.83	Yes	2.13	Yes	.	N/A	-24.90	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$53	N/A	$59	N/A	.	N/A	11.53	.	Yes
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	2,117,893	N/A	2,286,397	N/A	.	N/A	7.96	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$35	Yes	$39	Yes	.	N/A	11.80	.	Yes
% Claims with TPL	>0 - 15	0.09	Yes	0.10	Yes	.	N/A	2.56	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$58	N/A	$39	N/A	.	N/A	-31.72	.	No
% Family Planning Claims (program type=2)	N/A	0.30	N/A	1.05	N/A	.	N/A	247.95	.	No
% Drug Claims (TOS 16)	95-99	99.70	No	100.00	No	.	N/A	0.30	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.90	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.95	Yes	98.22	Yes	.	N/A	-1.73	.	Yes
% Claims with Medispan	98-100	88.87	No	93.71	No	.	N/A	5.45	.	Yes
% Claims with AHFS	98-100	99.95	Yes	98.22	Yes	.	N/A	-1.73	.	Yes
% Claims with Generic (GTC)	98-100	99.95	Yes	98.22	Yes	.	N/A	-1.73	.	Yes
% Claims with GC3	98-100	99.95	Yes	98.22	Yes	.	N/A	-1.73	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.01	N/A	76.03	N/A	.	N/A	-23.21	.	No
% Products (codes 4-6)	N/A	0.05	N/A	22.17	N/A	.	N/A	42349.65	.	No
% HRI (code 7)	N/A	0.51	N/A	0.01	N/A	.	N/A	-98.31	.	No
% Claims with Smart Key	98-100	99.95	Yes	98.22	Yes	.	N/A	-1.73	.	Yes
% OTC-Drug Class	N/A	8.18	N/A	7.82	N/A	.	N/A	-4.33	.	Yes
% Prescription-Drug Class	N/A	91.40	N/A	90.40	N/A	.	N/A	-1.09	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	49.12	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	32.46	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	225,585	N/A	236,759	N/A	.	N/A	4.95	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$603,864,030	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	8.72	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	15.25	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	22.96	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	53.07	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	199,269	N/A	202,235	N/A	.	N/A	1.49	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	131,329	N/A	131,902	N/A	.	N/A	0.44	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	87.79	No	89.54	No	.	N/A	2.00	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	95.82	Yes	96.18	Yes	.	N/A	0.37	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	59	N/A	10	N/A	.	N/A	-83.05	.	N/A	No
% with County Code	>=95%	99.99	Yes	99.96	Yes	.	N/A	-0.03	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.51	Yes	99.29	Yes	.	N/A	-0.22	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.74	Yes	0.85	Yes	.	N/A	14.51	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	72.23	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	2.25	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	5.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	15.86	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.24	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	7.90	Yes	7.82	Yes	.	N/A	-0.98	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	64.63	Yes	64.51	Yes	.	N/A	-0.20	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	5.72	Yes	6.04	Yes	.	N/A	5.66	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	35.73	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	18,935	N/A	20,307	N/A	.	N/A	7.25	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	87.49	No	87.33	No	.	N/A	-0.19	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	88.12	No	88.07	No	.	N/A	-0.06	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	41.12	Yes	40.07	Yes	.	N/A	-2.55	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	342	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	79.53	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	3.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	17.25	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.29	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	1.17	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.94	Yes	99.79	Yes	.	N/A	-0.14	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.99	Yes	99.99	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.14	Yes	84.93	Yes	.	N/A	-5.78	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	10,803	N/A	11,477	N/A	.	N/A	6.24	.	10% (+/-)	Yes
11: Aged, Cash	N/A	3,203	N/A	3,175	N/A	.	N/A	-0.87	.	10% (+/-)	Yes
21: Aged, MN	N/A	720	N/A	779	N/A	.	N/A	8.19	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	4,318	N/A	2,997	N/A	.	N/A	-30.59	.	10% (+/-)	No
41: Other Aged	N/A	2,562	N/A	4,526	N/A	.	N/A	76.66	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	22,231	N/A	24,851	N/A	.	N/A	11.79	.	10% (+/-)	No
12: Disabled, Cash	N/A	12,687	N/A	14,401	N/A	.	N/A	13.51	.	10% (+/-)	No
22: Disabled, MN	N/A	1,295	N/A	1,349	N/A	.	N/A	4.17	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	5,728	N/A	6,075	N/A	.	N/A	6.06	.	10% (+/-)	Yes
42: Other Disabled	N/A	2,521	N/A	3,026	N/A	.	N/A	20.03	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	118,580	N/A	119,276	N/A	.	N/A	0.59	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	24,482	N/A	20,664	N/A	.	N/A	-15.60	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	2,213	N/A	2,050	N/A	.	N/A	-7.37	.	10% (+/-)	Yes
34: Child Poverty	N/A	5,797	N/A	4,886	N/A	.	N/A	-15.72	.	10% (+/-)	No
44: Other Child	N/A	80,253	N/A	85,338	N/A	.	N/A	6.34	.	10% (+/-)	Yes
48: Foster Care Child	N/A	5,835	N/A	6,338	N/A	.	N/A	8.62	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	47,630	N/A	46,631	N/A	.	N/A	-2.10	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	13,328	N/A	11,597	N/A	.	N/A	-12.99	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	2,258	N/A	2,274	N/A	.	N/A	0.71	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	14,335	N/A	14,431	N/A	.	N/A	0.67	.	10% (+/-)	Yes
45: Other Adult	N/A	17,709	N/A	18,329	N/A	.	N/A	3.50	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	131,574	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.51	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.48	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	12.04	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	24,466	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	2,415	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	89.93	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	181,869	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	56.03	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	99.79	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	43.99	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	44.62	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	131,372	N/A	181,869	N/A	.	N/A	38.44	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	6.26	N/A	5.49	N/A	.	N/A	-12.31	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	13.84	N/A	12.51	N/A	.	N/A	-9.60	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	60.30	N/A	60.68	N/A	.	N/A	0.63	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	19.61	N/A	21.32	N/A	.	N/A	8.76	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	119,289	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	131,574	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	43.22	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	47.48	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	9.27	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$48,261,855	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$6,431,464	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$41,830,391	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.86	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.07	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.83	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$34	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$29	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$31,679,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	101,900	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$16,582,739	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	79,969	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$187,252,523	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$19,141,372	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$6,100,435	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$50,057,552	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$111,953,164	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$1,838	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$188	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$60	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$491	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$1,099	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	63,801	N/A	88,961	N/A	.	N/A	39.44	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	56,261	N/A	69,109	N/A	.	N/A	22.84	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	26,786	N/A	50,156	N/A	.	N/A	87.25	.	15% (+/-)	No
MAX Aged Total	N/A	252	N/A	454	N/A	.	N/A	80.16	.	10% (+/-)	No
11: Aged, Cash	N/A	94	N/A	154	N/A	.	N/A	63.83	.	10% (+/-)	No
21: Aged, MN	N/A	16	N/A	21	N/A	.	N/A	31.25	.	10% (+/-)	No
31: Aged, Poverty	N/A	36	N/A	75	N/A	.	N/A	108.33	.	10% (+/-)	No
41: Other Aged	N/A	106	N/A	204	N/A	.	N/A	92.45	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	2,402	N/A	6,190	N/A	.	N/A	157.70	.	10% (+/-)	No
12: Disabled, Cash	N/A	1,515	N/A	3,973	N/A	.	N/A	162.24	.	10% (+/-)	No
22: Disabled, MN	N/A	252	N/A	349	N/A	.	N/A	38.49	.	10% (+/-)	No
32: Disabled, Poverty	N/A	348	N/A	1,226	N/A	.	N/A	252.30	.	10% (+/-)	No
42: Other Disabled	N/A	287	N/A	642	N/A	.	N/A	123.69	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	39,365	N/A	56,185	N/A	.	N/A	42.73	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	6,292	N/A	8,907	N/A	.	N/A	41.56	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	1,248	N/A	1,364	N/A	.	N/A	9.29	.	10% (+/-)	Yes
34: Child Poverty	N/A	2,306	N/A	2,547	N/A	.	N/A	10.45	.	10% (+/-)	No
44: Other Child	N/A	28,176	N/A	40,785	N/A	.	N/A	44.75	.	10% (+/-)	No
48: Foster Care Child	N/A	1,343	N/A	2,582	N/A	.	N/A	92.26	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	21,782	N/A	26,132	N/A	.	N/A	19.97	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	5,402	N/A	6,661	N/A	.	N/A	23.31	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	1,472	N/A	1,715	N/A	.	N/A	16.51	.	10% (+/-)	No
35: Adult, Poverty	N/A	6,582	N/A	7,711	N/A	.	N/A	17.15	.	10% (+/-)	No
45: Other Adult	N/A	8,326	N/A	10,045	N/A	.	N/A	20.65	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	178	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$90,251,166	N/A	$204,726,012	N/A	.	N/A	126.84	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,415	N/A	$2,301	N/A	.	N/A	62.69	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$1,604	N/A	$2,962	N/A	.	N/A	84.67	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,188	N/A	$10,089	N/A	.	N/A	94.46	.	15% (+/-)	No
11: Aged, Cash	N/A	$5,452	N/A	$14,255	N/A	.	N/A	161.49	.	15% (+/-)	No
21: Aged, MN	N/A	$4,073	N/A	$2,241	N/A	.	N/A	-44.98	.	15% (+/-)	No
31: Aged, Poverty	N/A	$1,171	N/A	$2,727	N/A	.	N/A	132.82	.	15% (+/-)	No
41: Other Aged	N/A	$6,487	N/A	$10,458	N/A	.	N/A	61.21	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$11,111	N/A	$13,566	N/A	.	N/A	22.10	.	15% (+/-)	No
12: Disabled, Cash	N/A	$10,660	N/A	$12,367	N/A	.	N/A	16.02	.	15% (+/-)	No
22: Disabled, MN	N/A	$5,153	N/A	$7,421	N/A	.	N/A	44.01	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$9,934	N/A	$15,198	N/A	.	N/A	52.99	.	15% (+/-)	No
42: Other Disabled	N/A	$20,151	N/A	$21,208	N/A	.	N/A	5.25	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$742	N/A	$1,185	N/A	.	N/A	59.74	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$605	N/A	$772	N/A	.	N/A	27.54	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$280	N/A	$389	N/A	.	N/A	38.69	.	15% (+/-)	No
34: Child, Poverty	N/A	$650	N/A	$952	N/A	.	N/A	46.50	.	15% (+/-)	No
44: Other Child	N/A	$651	N/A	$864	N/A	.	N/A	32.65	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,866	N/A	$8,328	N/A	.	N/A	115.44	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,518	N/A	$1,898	N/A	.	N/A	25.07	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$884	N/A	$1,366	N/A	.	N/A	54.49	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,650	N/A	$1,868	N/A	.	N/A	13.22	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$1,723	N/A	$2,150	N/A	.	N/A	24.75	.	15% (+/-)	No
45: Other Adult	N/A	$1,743	N/A	$2,063	N/A	.	N/A	18.38	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$29,179,572	N/A	$63,118,675	N/A	.	N/A	116.31	.	15% (+/-)	No
IP: Number of Users	N/A	6,269	N/A	12,220	N/A	.	N/A	94.93	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$4,655	N/A	$5,165	N/A	.	N/A	10.97	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	3	N/A	4	N/A	.	N/A	11.23	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$55,404	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$55,404	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$2,832,877	N/A	$7,010,926	N/A	.	N/A	147.48	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	60	N/A	95	N/A	.	N/A	58.33	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$47,215	N/A	$73,799	N/A	.	N/A	56.31	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$9,785,787	N/A	$19,543,345	N/A	.	N/A	99.71	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	119	N/A	340	N/A	.	N/A	185.71	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$82,234	N/A	$57,480	N/A	.	N/A	-30.10	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$892,581	N/A	$11,377,297	N/A	.	N/A	1174.65	.	15% (+/-)	No
NF Number of Users	N/A	115	N/A	508	N/A	.	N/A	341.74	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$7,762	N/A	$22,396	N/A	.	N/A	188.55	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$7,086,847	N/A	$17,758,307	N/A	.	N/A	150.58	.	15% (+/-)	No

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Physician: Number of Users	N/A	20,135	N/A	46,549	N/A	.	N/A	131.18	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$352	N/A	$381	N/A	.	N/A	8.39	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,220,643	N/A	$4,562,672	N/A	.	N/A	105.47	.	15% (+/-)	No
Dental: Number of Users	N/A	10,497	N/A	20,299	N/A	.	N/A	93.38	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$212	N/A	$225	N/A	.	N/A	6.25	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$318,674	N/A	$449,729	N/A	.	N/A	41.13	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	4,631	N/A	7,371	N/A	.	N/A	59.17	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$69	N/A	$61	N/A	.	N/A	-11.33	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$4,324,919	N/A	$14,555,448	N/A	.	N/A	236.55	.	15% (+/-)	No
OPD Number of Users	N/A	8,701	N/A	27,400	N/A	.	N/A	214.91	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$497	N/A	$531	N/A	.	N/A	6.87	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$4,582,421	N/A	$16,901,151	N/A	.	N/A	268.83	.	15% (+/-)	No
Clinic: Number of Users	N/A	2,647	N/A	7,877	N/A	.	N/A	197.58	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,731	N/A	$2,146	N/A	.	N/A	23.94	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$231,542	N/A	$1,701,860	N/A	.	N/A	635.01	.	15% (+/-)	No
HH: Number of Users	N/A	170	N/A	559	N/A	.	N/A	228.82	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,362	N/A	$3,044	N/A	.	N/A	123.53	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,641,609	N/A	$1,763,428	N/A	.	N/A	7.42	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	14,757	N/A	25,409	N/A	.	N/A	72.18	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$111	N/A	$69	N/A	.	N/A	-37.61	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$5,372,259	N/A	$19,536,708	N/A	.	N/A	263.66	.	15% (+/-)	No
Drugs: Number of Users	N/A	30,933	N/A	50,648	N/A	.	N/A	63.73	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$174	N/A	$386	N/A	.	N/A	122.10	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$3,790,013	N/A	$6,174,317	N/A	.	N/A	62.91	.	15% (+/-)	No
Other Services: Number of Users	N/A	$3,629	N/A	$5,596	N/A	.	N/A	54.20	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,044	N/A	$1,103	N/A	.	N/A	5.65	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$741,776	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,131	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$348	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$100,165	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	49	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$2,044	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,627,728	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,301	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,134,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,944	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$386	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$56,986	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,077	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$188,641	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,085	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,959,499	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	9,917	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$298	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$4,855,337	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	182	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$26,678	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$2,962,112	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,383	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,243	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,592,620	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	521	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,057	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$457	N/A	$710	N/A	.	N/A	55.13	.	15% (+/-)	No
Aged	N/A	$3,102	N/A	$2,482	N/A	.	N/A	-19.98	.	15% (+/-)	No
Disabled	N/A	$2,374	N/A	$3,036	N/A	.	N/A	27.90	.	15% (+/-)	No
Child	N/A	$178	N/A	$343	N/A	.	N/A	92.21	.	15% (+/-)	No
Adult	N/A	$720	N/A	$916	N/A	.	N/A	27.28	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$212	N/A	$427	N/A	.	N/A	101.64	.	15% (+/-)	No
Aged	N/A	$642	N/A	$5,628	N/A	.	N/A	776.13	.	15% (+/-)	No
Disabled	N/A	$5,093	N/A	$5,199	N/A	.	N/A	2.08	.	15% (+/-)	Yes
Child	N/A	$28	N/A	$55	N/A	.	N/A	93.98	.	15% (+/-)	No
Adult	N/A	$0	N/A	$7	N/A	.	N/A	1759.33	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$84	N/A	$220	N/A	.	N/A	160.81	.	15% (+/-)	No
Aged	N/A	$216	N/A	$766	N/A	.	N/A	255.00	.	15% (+/-)	No
Disabled	N/A	$715	N/A	$1,579	N/A	.	N/A	120.84	.	15% (+/-)	No
Child	N/A	$40	N/A	$84	N/A	.	N/A	107.77	.	15% (+/-)	No
Adult	N/A	$92	N/A	$180	N/A	.	N/A	94.81	.	15% (+/-)	No
All Other Services	N/A	$658	N/A	$945	N/A	.	N/A	43.56	.	15% (+/-)	No
Aged	N/A	$1,228	N/A	$1,212	N/A	.	N/A	-1.26	.	15% (+/-)	Yes
Disabled	N/A	$2,925	N/A	$3,752	N/A	.	N/A	28.26	.	15% (+/-)	No
Child	N/A	$494	N/A	$703	N/A	.	N/A	42.27	.	15% (+/-)	No
Adult	N/A	$698	N/A	$795	N/A	.	N/A	13.95	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	9.83	N/A	13.74	N/A	.	N/A	39.80	.	15% (+/-)	No
Aged	N/A	17.06	N/A	18.06	N/A	.	N/A	5.85	.	15% (+/-)	Yes
Disabled	N/A	12.99	N/A	15.35	N/A	.	N/A	18.15	.	15% (+/-)	No
Child	N/A	4.09	N/A	8.89	N/A	.	N/A	117.41	.	15% (+/-)	No
Adult	N/A	19.76	N/A	23.70	N/A	.	N/A	19.92	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.46	N/A	1.05	N/A	.	N/A	128.81	.	15% (+/-)	No
Aged	N/A	8.73	N/A	26.21	N/A	.	N/A	200.24	.	15% (+/-)	No
Disabled	N/A	10.32	N/A	12.41	N/A	.	N/A	20.17	.	15% (+/-)	No
Child	N/A	0.06	N/A	0.07	N/A	.	N/A	30.57	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.04	N/A	.	N/A	316.77	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	13.07	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	48.48	N/A	56.93	N/A	.	N/A	17.43	.	15% (+/-)	No
Aged	N/A	38.10	N/A	52.42	N/A	.	N/A	37.61	.	15% (+/-)	No
Disabled	N/A	61.74	N/A	72.49	N/A	.	N/A	17.41	.	15% (+/-)	No
Child	N/A	45.47	N/A	55.69	N/A	.	N/A	22.47	.	15% (+/-)	No
Adult	N/A	52.59	N/A	56.00	N/A	.	N/A	6.49	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	85.50	N/A	69.20	N/A	.	N/A	-19.07	.	15% (+/-)	No
Aged	N/A	73.02	N/A	67.62	N/A	.	N/A	-7.39	.	15% (+/-)	Yes

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Disabled	N/A	84.80	N/A	82.05	N/A	.	N/A	-3.25	.	15% (+/-)	Yes
Child	N/A	85.85	N/A	65.60	N/A	.	N/A	-23.59	.	15% (+/-)	No
Adult	N/A	85.09	N/A	73.92	N/A	.	N/A	-13.12	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	3	N/A	4	N/A	.	N/A	11.23	.	15% (+/-)	Yes
Aged	N/A	10	N/A	8	N/A	.	N/A	-19.56	.	15% (+/-)	No
Disabled	N/A	11	N/A	12	N/A	.	N/A	8.50	.	15% (+/-)	Yes
Child	N/A	4	N/A	3	N/A	.	N/A	-10.20	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	4.39	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	266	N/A	266	N/A	.	N/A	-0.02	.	15% (+/-)	Yes
Aged	N/A	197	N/A	269	N/A	.	N/A	36.98	.	15% (+/-)	No
Disabled	N/A	271	N/A	272	N/A	.	N/A	0.52	.	15% (+/-)	Yes
Child	N/A	296	N/A	190	N/A	.	N/A	-35.74	.	15% (+/-)	No
Adult	N/A	114	N/A	61	N/A	.	N/A	-46.34	.	15% (+/-)	No
% Enrollees with Delivery	N/A	7.79	N/A	10.58	N/A	.	N/A	35.79	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$552,783	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3,596	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$154	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$341,614	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1,899	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$180	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,147,077	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2,014	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$570	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$8,910,039	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	646	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$13,793	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	4,096	N/A	11,374	N/A	.	N/A	177.69	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	3,372	N/A	9,884	N/A	.	N/A	193.12	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	2,076	N/A	8,281	N/A	.	N/A	298.93	.	15% (+/-)	No
% EDB Only Dual (code 50)	N/A	.	N/A	12.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	4.17	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	33.36	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	4.94	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.46	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	43.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.34	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	12.97	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	2,323	N/A	6,905	N/A	.	N/A	197.24	.	10% (+/-)	No

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11: Aged, Cash	N/A	482	N/A	856	N/A	.	N/A	77.59	.	10% (+/-)	No
21: Aged, MN	N/A	337	N/A	681	N/A	.	N/A	102.08	.	10% (+/-)	No
31: Aged, Poverty	N/A	1,005	N/A	1,499	N/A	.	N/A	49.15	.	10% (+/-)	No
41: Other Aged	N/A	499	N/A	3,869	N/A	.	N/A	675.35	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	1,653	N/A	4,330	N/A	.	N/A	161.95	.	10% (+/-)	No
12: Disabled, Cash	N/A	470	N/A	1,156	N/A	.	N/A	145.96	.	10% (+/-)	No
22: Disabled, MN	N/A	386	N/A	559	N/A	.	N/A	44.82	.	10% (+/-)	No
32: Disabled, Poverty	N/A	719	N/A	2,250	N/A	.	N/A	212.93	.	10% (+/-)	No
42: Other Disabled	N/A	78	N/A	365	N/A	.	N/A	367.95	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	10,448	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.86	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	2.41	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	53.89	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	44.65	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.60	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.85	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$31,172,233	N/A	$147,364,976	N/A	.	N/A	372.74	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$7,610	N/A	$12,956	N/A	.	N/A	70.24	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$9,244	N/A	$14,909	N/A	.	N/A	61.28	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$5,646	N/A	$12,903	N/A	.	N/A	128.52	.	15% (+/-)	No
11: Aged, Cash	N/A	$3,695	N/A	$8,078	N/A	.	N/A	118.62	.	15% (+/-)	No
21: Aged, MN	N/A	$2,419	N/A	$5,924	N/A	.	N/A	144.96	.	15% (+/-)	No
31: Aged, Poverty	N/A	$6,407	N/A	$2,189	N/A	.	N/A	-65.84	.	15% (+/-)	No
41: Other Aged	N/A	$8,179	N/A	$19,350	N/A	.	N/A	136.58	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,784	N/A	$13,331	N/A	.	N/A	23.61	.	15% (+/-)	No
12: Disabled, Cash	N/A	$4,710	N/A	$5,345	N/A	.	N/A	13.48	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$2,798	N/A	$4,977	N/A	.	N/A	77.89	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$16,295	N/A	$17,749	N/A	.	N/A	8.92	.	15% (+/-)	Yes
42: Other Disabled	N/A	$36,103	N/A	$24,180	N/A	.	N/A	-33.03	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$1,508,754	N/A	$3,572,847	N/A	.	N/A	136.81	.	15% (+/-)	No
IP: Number of Users	N/A	488	N/A	1,593	N/A	.	N/A	226.43	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$3,092	N/A	$2,243	N/A	.	N/A	-27.46	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	.	N/A	-3.09	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$415,566	N/A	$1,349,920	N/A	.	N/A	224.84	.	15% (+/-)	No
MH Aged: Number of Users	N/A	14	N/A	26	N/A	.	N/A	85.71	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$29,683	N/A	$51,920	N/A	.	N/A	74.91	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$12,303,853	N/A	$24,025,167	N/A	.	N/A	95.27	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	161	N/A	455	N/A	.	N/A	182.61	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$76,421	N/A	$52,803	N/A	.	N/A	-30.91	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$8,900,871	N/A	$78,632,644	N/A	.	N/A	783.43	.	15% (+/-)	No
NF Number of Users	N/A	$1,011	N/A	$4,564	N/A	.	N/A	351.43	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$8,804	N/A	$17,229	N/A	.	N/A	95.69	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$390,353	N/A	$1,584,248	N/A	.	N/A	305.85	.	15% (+/-)	No
Physician: Number of Users	N/A	2,002	N/A	7,612	N/A	.	N/A	280.22	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$195	N/A	$208	N/A	.	N/A	6.74	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$122,540	N/A	$682,113	N/A	.	N/A	456.65	.	15% (+/-)	No
Dental: Number of Users	N/A	433	N/A	2,385	N/A	.	N/A	450.81	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$283	N/A	$286	N/A	.	N/A	1.06	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$57,764	N/A	$290,266	N/A	.	N/A	402.50	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	1,013	N/A	4,149	N/A	.	N/A	309.58	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$57	N/A	$70	N/A	.	N/A	22.69	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$930,168	N/A	$3,554,343	N/A	.	N/A	282.12	.	15% (+/-)	No
OPD Number of Users	N/A	1,022	N/A	3,996	N/A	.	N/A	291.00	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$910	N/A	$889	N/A	.	N/A	-2.27	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$456,557	N/A	$755,162	N/A	.	N/A	65.40	.	15% (+/-)	No
Clinic: Number of Users	N/A	456	N/A	1,570	N/A	.	N/A	244.30	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,001	N/A	$481	N/A	.	N/A	-51.96	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$35,836	N/A	$779,981	N/A	.	N/A	2076.53	.	15% (+/-)	No
HH: Number of Users	N/A	32	N/A	255	N/A	.	N/A	696.88	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,120	N/A	$3,059	N/A	.	N/A	173.13	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$509,127	N/A	$179,591	N/A	.	N/A	-64.73	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	1,517	N/A	4,882	N/A	.	N/A	221.82	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$336	N/A	$37	N/A	.	N/A	-89.04	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$2,526,615	N/A	$19,586,286	N/A	.	N/A	675.20	.	15% (+/-)	No
Drugs: Number of Users	N/A	2,541	N/A	8,879	N/A	.	N/A	249.43	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$994	N/A	$2,206	N/A	.	N/A	121.85	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$1,181,411	N/A	$2,272,881	N/A	.	N/A	92.39	.	15% (+/-)	No
Other Services: Number of Users	N/A	$419	N/A	$1,106	N/A	.	N/A	163.96	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,820	N/A	$2,055	N/A	.	N/A	-27.12	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$393,352	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	1,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$299	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$313,378	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	179	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,751	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,366	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	31	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$76	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$252,279	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	332	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$760	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$29,792	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	339	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$88	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$587,144	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	102	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,756	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,600,768	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,526	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$454	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$4,919,036	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	216	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$22,773	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$247,356	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	230	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,075	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,717,758	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	300	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$5,726	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$368	N/A	$314	N/A	.	N/A	-14.72	.	15% (+/-)	Yes
Aged	N/A	$285	N/A	$192	N/A	.	N/A	-32.75	.	15% (+/-)	No
Disabled	N/A	$491	N/A	$479	N/A	.	N/A	-2.50	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$5,278	N/A	$9,144	N/A	.	N/A	73.24	.	15% (+/-)	No
Aged	N/A	$3,897	N/A	$10,291	N/A	.	N/A	164.07	.	15% (+/-)	No
Disabled	N/A	$7,603	N/A	$7,610	N/A	.	N/A	0.09	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$617	N/A	$1,722	N/A	.	N/A	179.16	.	15% (+/-)	No
Aged	N/A	$572	N/A	$1,484	N/A	.	N/A	159.19	.	15% (+/-)	No
Disabled	N/A	$678	N/A	$2,117	N/A	.	N/A	212.11	.	15% (+/-)	No
All Other Services	N/A	$1,346	N/A	$1,776	N/A	.	N/A	31.90	.	15% (+/-)	No
Aged	N/A	$892	N/A	$937	N/A	.	N/A	5.05	.	15% (+/-)	Yes
Disabled	N/A	$2,010	N/A	$3,125	N/A	.	N/A	55.45	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.91	N/A	14.01	N/A	.	N/A	17.56	.	15% (+/-)	No
Aged	N/A	13.34	N/A	13.56	N/A	.	N/A	1.58	.	15% (+/-)	Yes
Disabled	N/A	10.41	N/A	14.62	N/A	.	N/A	40.49	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	28.83	N/A	44.13	N/A	.	N/A	53.04	.	15% (+/-)	No
Aged	N/A	40.72	N/A	58.94	N/A	.	N/A	44.74	.	15% (+/-)	No
Disabled	N/A	14.16	N/A	21.92	N/A	.	N/A	54.82	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	62.04	N/A	78.06	N/A	.	N/A	25.84	.	15% (+/-)	No
Aged	N/A	67.50	N/A	80.64	N/A	.	N/A	19.46	.	15% (+/-)	No
Disabled	N/A	54.99	N/A	74.20	N/A	.	N/A	34.94	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	78.76	N/A	79.65	N/A	.	N/A	1.13	.	15% (+/-)	Yes
Aged	N/A	80.93	N/A	79.42	N/A	.	N/A	-1.86	.	15% (+/-)	Yes
Disabled	N/A	76.71	N/A	80.18	N/A	.	N/A	4.53	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	7	N/A	7	N/A	.	N/A	-3.09	.	15% (+/-)	Yes
Aged	N/A	6	N/A	6	N/A	.	N/A	-3.72	.	15% (+/-)	Yes
Disabled	N/A	8	N/A	7	N/A	.	N/A	-3.60	.	15% (+/-)	Yes
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	242	N/A	260	N/A	.	N/A	7.24	.	15% (+/-)	Yes
Aged	N/A	228	N/A	251	N/A	.	N/A	10.38	.	15% (+/-)	Yes
Disabled	N/A	302	N/A	296	N/A	.	N/A	-2.00	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$32,438	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	159	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$204	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$33,759	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	366	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$92	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$25,731	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	256	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$101	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$8,526,791	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	612	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$13,933	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	67,897	N/A	100,335	N/A	.	N/A	47.78	.	15% (+/-)	**No**
# FFS Recipients	N/A	59,633	N/A	78,993	N/A	.	N/A	32.47	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	78.73	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	87.46	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	87.00	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	74.71	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	81.56	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	28,862	N/A	58,437	N/A	.	N/A	102.47	.	15% (+/-)	No
MAX Aged Total	N/A	2,575	N/A	7,359	N/A	.	N/A	185.79	.	10% (+/-)	No
11: Aged, Cash	N/A	576	N/A	1,010	N/A	.	N/A	75.35	.	10% (+/-)	No
21: Aged, MN	N/A	353	N/A	702	N/A	.	N/A	98.87	.	10% (+/-)	No
31: Aged, Poverty	N/A	1,041	N/A	1,574	N/A	.	N/A	51.20	.	10% (+/-)	No
41: Other Aged	N/A	605	N/A	4,073	N/A	.	N/A	573.22	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	4,055	N/A	10,520	N/A	.	N/A	159.43	.	10% (+/-)	No
12: Disabled, Cash	N/A	1,985	N/A	5,129	N/A	.	N/A	158.39	.	10% (+/-)	No
22: Disabled, MN	N/A	638	N/A	908	N/A	.	N/A	42.32	.	10% (+/-)	No
32: Disabled, Poverty	N/A	1,067	N/A	3,476	N/A	.	N/A	225.77	.	10% (+/-)	No
42: Other Disabled	N/A	365	N/A	1,007	N/A	.	N/A	175.89	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	39,368	N/A	56,187	N/A	.	N/A	42.72	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	6,292	N/A	8,909	N/A	.	N/A	41.59	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	1,248	N/A	1,364	N/A	.	N/A	9.29	.	10% (+/-)	Yes
34: Child Poverty	N/A	2,306	N/A	2,547	N/A	.	N/A	10.45	.	10% (+/-)	No
44: Other Child	N/A	28,179	N/A	40,785	N/A	.	N/A	44.74	.	10% (+/-)	No
48: Foster Care Child	N/A	1,343	N/A	2,582	N/A	.	N/A	92.26	.	10% (+/-)	No
54: 1115 Child	N/A	1,343	N/A	2,582	N/A	.	N/A	92.26	.	10% (+/-)	No
MAX Adult Total	N/A	21,874	N/A	26,269	N/A	.	N/A	20.09	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	5,414	N/A	6,678	N/A	.	N/A	23.35	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	1,514	N/A	1,773	N/A	.	N/A	17.11	.	10% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	6,590	N/A	7,720	N/A	.	N/A	17.15	.	10% (+/-)	No
45: Other Adult	N/A	8,356	N/A	10,098	N/A	.	N/A	20.85	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$121,423,399	N/A	$352,090,988	N/A	.	N/A	189.97	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$1,788	N/A	$3,509	N/A	.	N/A	96.22	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,036	N/A	$4,457	N/A	.	N/A	118.90	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$5,601	N/A	$12,729	N/A	.	N/A	127.25	.	15% (+/-)	No
11: Aged, Cash	N/A	$3,981	N/A	$9,020	N/A	.	N/A	126.54	.	15% (+/-)	No
21: Aged, MN	N/A	$2,493	N/A	$5,814	N/A	.	N/A	133.18	.	15% (+/-)	No
31: Aged, Poverty	N/A	$6,226	N/A	$2,215	N/A	.	N/A	-64.43	.	15% (+/-)	No
41: Other Aged	N/A	$7,882	N/A	$18,904	N/A	.	N/A	139.83	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,978	N/A	$13,469	N/A	.	N/A	22.70	.	15% (+/-)	No
12: Disabled, Cash	N/A	$9,251	N/A	$10,785	N/A	.	N/A	16.58	.	15% (+/-)	No
22: Disabled, MN	N/A	$3,728	N/A	$5,916	N/A	.	N/A	58.70	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$14,220	N/A	$16,849	N/A	.	N/A	18.49	.	15% (+/-)	No
42: Other Disabled	N/A	$23,560	N/A	$22,285	N/A	.	N/A	-5.41	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$742	N/A	$1,185	N/A	.	N/A	59.70	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$605	N/A	$774	N/A	.	N/A	27.81	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$280	N/A	$389	N/A	.	N/A	38.69	.	15% (+/-)	No
34: Child, Poverty	N/A	$650	N/A	$952	N/A	.	N/A	46.50	.	15% (+/-)	No
44: Other Child	N/A	$652	N/A	$864	N/A	.	N/A	32.55	.	15% (+/-)	No
48: Foster Care Child	N/A	$3,866	N/A	$8,328	N/A	.	N/A	115.44	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,521	N/A	$1,909	N/A	.	N/A	25.47	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$887	N/A	$1,384	N/A	.	N/A	56.10	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$1,640	N/A	$1,912	N/A	.	N/A	16.60	.	15% (+/-)	No
35: Adult, Poverty	N/A	$1,723	N/A	$2,149	N/A	.	N/A	24.73	.	15% (+/-)	No
45: Other Adult	N/A	$1,752	N/A	$2,071	N/A	.	N/A	18.24	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$30,688,326	N/A	$66,691,522	N/A	.	N/A	117.32	.	15% (+/-)	No
IP: Number of Users	N/A	6,757	N/A	13,813	N/A	.	N/A	104.43	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$4,542	N/A	$4,828	N/A	.	N/A	6.31	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	4	N/A	.	N/A	12.67	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$415,566	N/A	$1,405,324	N/A	.	N/A	238.17	.	15% (+/-)	No
MH Aged: Number of Users	N/A	14	N/A	27	N/A	.	N/A	92.86	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$29,683	N/A	$52,049	N/A	.	N/A	75.35	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$2,832,877	N/A	$7,010,926	N/A	.	N/A	147.48	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	60	N/A	95	N/A	.	N/A	58.33	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$47,215	N/A	$73,799	N/A	.	N/A	56.31	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$22,089,640	N/A	$43,568,512	N/A	.	N/A	97.24	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	280	N/A	795	N/A	.	N/A	183.93	.	15% (+/-)	No

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ICF/MR: Avg Medicaid Pd per User	N/A	$78,892	N/A	$54,803	N/A	.	N/A	-30.53	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$9,793,452	N/A	$90,009,941	N/A	.	N/A	819.08	.	15% (+/-)	No
NF Number of Users	N/A	$1,126	N/A	$5,072	N/A	.	N/A	350.44	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$8,698	N/A	$17,746	N/A	.	N/A	104.04	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$7,477,200	N/A	$19,342,555	N/A	.	N/A	158.69	.	15% (+/-)	No
Physician: Number of Users	N/A	22,137	N/A	54,161	N/A	.	N/A	144.66	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$338	N/A	$357	N/A	.	N/A	5.73	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,343,183	N/A	$5,244,785	N/A	.	N/A	123.83	.	15% (+/-)	No
Dental: Number of Users	N/A	10,930	N/A	22,684	N/A	.	N/A	107.54	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$214	N/A	$231	N/A	.	N/A	7.85	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$376,438	N/A	$739,995	N/A	.	N/A	96.58	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	5,644	N/A	11,520	N/A	.	N/A	104.11	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$67	N/A	$64	N/A	.	N/A	-3.69	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$5,255,087	N/A	$18,109,791	N/A	.	N/A	244.61	.	15% (+/-)	No
OPD Number of Users	N/A	9,723	N/A	31,396	N/A	.	N/A	222.90	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$540	N/A	$577	N/A	.	N/A	6.72	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$5,038,978	N/A	$17,656,313	N/A	.	N/A	250.39	.	15% (+/-)	No
Clinic: Number of Users	N/A	3,103	N/A	9,447	N/A	.	N/A	204.45	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$1,624	N/A	$1,869	N/A	.	N/A	15.09	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$267,378	N/A	$2,481,841	N/A	.	N/A	828.21	.	15% (+/-)	No
HH: Number of Users	N/A	202	N/A	814	N/A	.	N/A	302.97	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,324	N/A	$3,049	N/A	.	N/A	130.34	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$2,150,736	N/A	$1,943,019	N/A	.	N/A	-9.66	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	16,274	N/A	30,291	N/A	.	N/A	86.13	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$132	N/A	$64	N/A	.	N/A	-51.46	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$7,898,874	N/A	$39,122,994	N/A	.	N/A	395.30	.	15% (+/-)	No
Drugs: Number of Users	N/A	33,474	N/A	59,527	N/A	.	N/A	77.83	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$236	N/A	$657	N/A	.	N/A	178.52	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$4,971,424	N/A	$8,447,198	N/A	.	N/A	69.92	.	15% (+/-)	No
Other Services: Number of Users	N/A	$4,048	N/A	$6,702	N/A	.	N/A	65.56	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$1,228	N/A	$1,260	N/A	.	N/A	2.63	.	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,135,128	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	3,447	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$329	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$413,543	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	228	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$1,814	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,630,094	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	3,589	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$1,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,387,240	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,276	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$423	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$86,778	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,416	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$61	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$775,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	133	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,833	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$4,560,267	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	13,443	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$339	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$9,774,373	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	398	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$24,559	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$3,209,468	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$3,310,378	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	821	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,032	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$452	N/A	$665	N/A	.	N/A	47.06	.	15% (+/-)	No
Aged	N/A	$561	N/A	$333	N/A	.	N/A	-40.62	.	15% (+/-)	No
Disabled	N/A	$1,606	N/A	$1,984	N/A	.	N/A	23.48	.	15% (+/-)	No
Child	N/A	$179	N/A	$343	N/A	.	N/A	92.13	.	15% (+/-)	No
Adult	N/A	$718	N/A	$917	N/A	.	N/A	27.80	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$517	N/A	$1,415	N/A	.	N/A	173.51	.	15% (+/-)	No
Aged	N/A	$3,578	N/A	$10,003	N/A	.	N/A	179.54	.	15% (+/-)	No
Disabled	N/A	$6,116	N/A	$6,191	N/A	.	N/A	1.23	.	15% (+/-)	Yes
Child	N/A	$28	N/A	$55	N/A	.	N/A	93.99	.	15% (+/-)	No
Adult	N/A	$0	N/A	$7	N/A	.	N/A	1749.32	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$116	N/A	$390	N/A	.	N/A	235.17	.	15% (+/-)	No
Aged	N/A	$538	N/A	$1,439	N/A	.	N/A	167.78	.	15% (+/-)	No
Disabled	N/A	$700	N/A	$1,801	N/A	.	N/A	157.18	.	15% (+/-)	No
Child	N/A	$40	N/A	$84	N/A	.	N/A	107.29	.	15% (+/-)	No
Adult	N/A	$95	N/A	$186	N/A	.	N/A	94.90	.	15% (+/-)	No
All Other Services	N/A	$700	N/A	$1,039	N/A	.	N/A	48.51	.	15% (+/-)	No
Aged	N/A	$925	N/A	$954	N/A	.	N/A	3.15	.	15% (+/-)	Yes
Disabled	N/A	$2,552	N/A	$3,494	N/A	.	N/A	36.89	.	15% (+/-)	No
Child	N/A	$495	N/A	$704	N/A	.	N/A	42.26	.	15% (+/-)	No
Adult	N/A	$700	N/A	$799	N/A	.	N/A	14.03	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	9.95	N/A	13.77	N/A	.	N/A	38.34	.	15% (+/-)	No
Aged	N/A	13.71	N/A	13.83	N/A	.	N/A	0.91	.	15% (+/-)	Yes
Disabled	N/A	11.94	N/A	15.05	N/A	.	N/A	26.07	.	15% (+/-)	No
Child	N/A	4.09	N/A	8.89	N/A	.	N/A	117.33	.	15% (+/-)	No
Adult	N/A	19.70	N/A	23.66	N/A	.	N/A	20.10	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	2.17	N/A	5.94	N/A	.	N/A	173.30	.	15% (+/-)	No
Aged	N/A	37.59	N/A	56.92	N/A	.	N/A	51.42	.	15% (+/-)	No
Disabled	N/A	11.89	N/A	16.32	N/A	.	N/A	37.31	.	15% (+/-)	No
Child	N/A	0.06	N/A	0.07	N/A	.	N/A	30.58	.	15% (+/-)	No
Adult	N/A	0.01	N/A	0.04	N/A	.	N/A	177.56	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	49.30	N/A	59.33	N/A	.	N/A	20.34	.	15% (+/-)	No
Aged	N/A	64.62	N/A	78.90	N/A	.	N/A	22.09	.	15% (+/-)	No
Disabled	N/A	58.99	N/A	73.19	N/A	.	N/A	24.08	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: UT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	45.47	N/A	55.69	N/A	.	N/A	22.47	.	15% (+/-)	No
Adult	N/A	52.65	N/A	56.08	N/A	.	N/A	6.51	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	85.10	N/A	70.38	N/A	.	N/A	-17.29	.	15% (+/-)	No
Aged	N/A	80.16	N/A	78.69	N/A	.	N/A	-1.82	.	15% (+/-)	Yes
Disabled	N/A	81.50	N/A	81.28	N/A	.	N/A	-0.27	.	15% (+/-)	Yes
Child	N/A	85.85	N/A	65.60	N/A	.	N/A	-23.59	.	15% (+/-)	No
Adult	N/A	85.08	N/A	73.92	N/A	.	N/A	-13.11	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	4	N/A	.	N/A	12.67	.	15% (+/-)	Yes
Aged	N/A	7	N/A	6	N/A	.	N/A	-7.58	.	15% (+/-)	Yes
Disabled	N/A	10	N/A	10	N/A	.	N/A	3.14	.	15% (+/-)	Yes
Child	N/A	4	N/A	3	N/A	.	N/A	-10.13	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	4.36	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	247	N/A	261	N/A	.	N/A	5.57	.	15% (+/-)	Yes
Aged	N/A	227	N/A	252	N/A	.	N/A	10.95	.	15% (+/-)	Yes
Disabled	N/A	286	N/A	285	N/A	.	N/A	-0.22	.	15% (+/-)	Yes
Child	N/A	296	N/A	190	N/A	.	N/A	-35.74	.	15% (+/-)	No
Adult	N/A	76	N/A	61	N/A	.	N/A	-19.52	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$585,221	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	3,755	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$156	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$375,373	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	2,265	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$166	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,172,808	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2,270	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$517	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$17,436,830	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$13,861	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	115,512	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	15.34	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	97,790	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	36.48	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.09	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,045	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	62,114	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$3,853	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$855	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.69	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$2,726	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.97	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.71	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.50	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.51	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.38	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	98.97	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	2.46	Yes	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.61	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	11.93	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	33.68	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	54.38	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	57.81	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.86	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.02	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	28.59	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	1.01	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	86.48	Yes	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	10.65	No	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	1.53	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.34	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	35,676	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$810	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.86	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$456	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	0.09	No	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.31	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	0.09	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	8.19	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	6.16	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.90	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	99.81	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	1.01	No	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	26.61	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	34.43	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	38.95	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	43.81	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.00	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	99.87	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	99.87	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	389,123	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	389,123	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	7.98	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	4.31	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$1,391	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	358,053	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$66	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$238	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	$245	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$347	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	91.43	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	20	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	7.67	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	80.20	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	26	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.55	Yes	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	27	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.35	Yes	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	6	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	31.56	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	61.71	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	6.74	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.23	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.59	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.69	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	31,070	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$80	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	81.90	Yes	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	18.03	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	0.07	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	47.83	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	42.04	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	10.12	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	0.00	No	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	12,517,544	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	11.86	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	13.15	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	9,386,737	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	16.78	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.59	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$428	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	14.92	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$170	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	7,811,559	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	7.93	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	6.50	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	88.33	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	7.83	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	42.07	No	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	6.92	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	7.17	No	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.71	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	2.90	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	0.67	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.91	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$97	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	29.11	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	5.29	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	1.37	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	5.59	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	5.94	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	24.93	No	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	2.59	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	4.41	Yes	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	11.93	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.84	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.28	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.83	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.04	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.27	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.85	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	3.37	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.88	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$88	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$53	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$35	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$47	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$180	No	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$49	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$398	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$14	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$133	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$81	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$44	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$565	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$38	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$393	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,715	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,357	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$203	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$552	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.46	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.44	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.60	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	2.23	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$92	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$49	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$63	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$580	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	66.88	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	9.94	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	31.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	51.09	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	17.91	No	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	2.06	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	98.04	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	73.25	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	4.54	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	6.57	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	15.64	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	1,575,178	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	96.41	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	8.24	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	10.19	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	7.89	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	38.49	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	3.49	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	14.84	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	6.90	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	9.59	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	20.56	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	5.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.48	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$44	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	32.83	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	43.18	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	23.99	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	9,468,655	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	11.70	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	8,361,140	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	0.18	No	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$107	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	8,361,140	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$42	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.06	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$34	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.71	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	98.35	Yes	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	1.65	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.55	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	93.69	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.55	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.55	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.55	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	78.23	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	21.28	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.02	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.55	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	10.56	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	88.99	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	48.05	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	30.55	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	713,629	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$2,271,535,231	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	14.30	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	55.62	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	5.36	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	2.87	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.32	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.58	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	20.95	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	696,419	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	536,070	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	99.46	Yes	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	94.63	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	18,312	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.40	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	1.91	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	45.60	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	47.57	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	4.14	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	0.19	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.57	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	58.70	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	14.25	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	54.54	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	139,649	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	90.42	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	90.96	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	39.42	Yes	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	2,860	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	40.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	0.31	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	59.65	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.17	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	1.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	99.94	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.97	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	85.97	Yes	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	95,353	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	39,565	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	6,045	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	24,471	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	25,272	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	132,709	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	101,419	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	5,894	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	17,125	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	8,271	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	370,754	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	77,906	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	1,405	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	546	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	224,153	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	53,376	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	13,368	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	97,600	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	33,266	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	1,518	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	144	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	32,714	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	29,958	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	535,783	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	90.26	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	6.53	No	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	3.16	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	8.70	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	96,931	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	3,870	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	62.00	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	431,810	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	49.02	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	61.57	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	1.35	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	2.21	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	211,669	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.67	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	13.63	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	68.06	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	17.65	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	137,872	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	535,783	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	28.13	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	26.64	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	45.23	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$279,945,701	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$279,945,701	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.47	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$80	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$169	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$279,887,294	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	211,669	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$58,407	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	220,141	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$108,483,749	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$34,341,669	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,653,658	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$12,055,533	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$60,432,889	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$513	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$162	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$57	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$286	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	346,987	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	281,712	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	238,960	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	7,568	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	4,027	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	2,007	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	591	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	943	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	52,959	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	47,064	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	3,568	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	424	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,903	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	226,684	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	37,999	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	1,113	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	367	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	142,548	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	31,342	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	13,315	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	59,773	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	16,828	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	1,290	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	143	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	23,458	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	18,054	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	2,822	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$863,154,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,488	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,064	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$5,842	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$5,677	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$3,339	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$351	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$15,317	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$9,209	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$8,539	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$9,091	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$1,070	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$27,833	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$962	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$739	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$731	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$11,424	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$793	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,471	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,949	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,892	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,832	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,236	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$3,276	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,182	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,608	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$190,192,689	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	36,908	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$5,153	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$55,467	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$5,042	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$2,151,888	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	691	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$3,114	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$62,760,224	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	787	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$79,746	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$55,180,065	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	2,307	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$23,919	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$102,668,786	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	232,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$442	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$12,634,740	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	56,651	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,242,921	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	28,926	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$147	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$65,619,079	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	133,559	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$491	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$18,855,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	65,395	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$5,211,292	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	4,109	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,268	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$22,665,339	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	168,808	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$144,076,167	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	221,194	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$651	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$13,820,384	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$15,316	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$902	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$13,782,421	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	24,496	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$563	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$12,351,294	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,463	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$8,442	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$774,943	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,101	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$22,294,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	6,371	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,499	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$99,539	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,807	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$55	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,199,395	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	379	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,803	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$19,661,994	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	37,278	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$527	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$34,472,495	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	1,631	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$21,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$22,162,610	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	9,728	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,278	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$15,679,792	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,474	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,638	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$548	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$877	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,499	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$279	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$683	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$346	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$2,074	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$20	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$415	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,065	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,666	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$151	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$228	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,178	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,826	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,157	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$512	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$981	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	10.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	14.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	18.22	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	27.29	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.08	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	11.46	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	4.40	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	5.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	63.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	75.67	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	78.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	59.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.32	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.23	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	79.11	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	.	N/A	85.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	76.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	78.64	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	207	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	246	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	237	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	28	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	4.71	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$5,985,748	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	16,761	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$357	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$5,353,046	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	20,567	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$260	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,294,801	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	9,323	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$246	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$27,663,368	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1,893	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$14,614	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	137,763	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	115,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	119,868	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	1.50	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	18.83	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	55.09	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	7.68	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	1.08	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	9.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	4.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.24	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.80	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	86,372	N/A	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	34,203	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	4,032	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	23,874	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	24,263	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	50,902	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	25,837	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,267	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	16,660	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	6,138	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	129,678	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.95	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	3.93	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	95.12	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	53.11	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	45.12	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.70	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	1.07	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,019,587,644	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$7,401	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$8,836	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$7,240	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,800	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$10,804	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$433	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,785	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$7,708	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,329	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$8,834	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$777	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$31,906	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$42,434,650	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	28,861	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,470	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$13,443,145	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	681	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$19,740	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$10,049	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	11	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$914	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$105,735,395	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	1,470	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$71,929	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$382,354,727	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$23,919	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$15,985	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$13,300,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	89,759	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$148	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$51,267	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	216	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$237	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$1,034,765	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	21,082	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$49	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$34,667,068	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	64,848	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$535	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$12,000,357	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	18,907	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$635	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$760,950	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	706	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,078	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$1,529,637	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	49,968	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$31	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$187,769,881	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	88,996	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$2,110	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$19,708,594	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$35,697	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$552	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$27,274,374	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	36,269	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$752	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$68,282,902	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	8,683	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$7,864	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$3,830	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	27	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$142	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$1,977,953	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,020	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$655	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,972	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	92	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$21	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$455,165	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	67	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$6,794	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$11,639,915	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	25,949	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$449	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$54,947,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	4,362	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,597	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$16,813,979	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,315	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,163	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$21,857,905	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,159	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,124	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$308	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$293	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$328	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$3,641	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,537	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,363	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,243	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,567	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,089	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,276	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	20.95	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	21.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	20.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	18.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	25.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	6.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	64.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	66.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	60.75	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	79.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	78.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	81.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	251	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	248	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	273	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,668,775	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	9615	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$174	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$622,421	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	6254	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$100	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$297,904	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3879	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$77	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$72,706,855	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	9096	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$7,993	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	484,750	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	397,101	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	81.92	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	83.79	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	86.23	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	78.90	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	82.92	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	358,828	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	93,940	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	38,230	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	6,039	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	24,465	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	25,206	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	103,861	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	72,901	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	5,835	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	17,084	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	8,041	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	226,702	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	38,001	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	1,113	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	367	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	142,551	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	31,345	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	13,325	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	13,325	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	60,244	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	17,045	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	1,301	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	143	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	.	N/A	23,555	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	18,200	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,882,741,843	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$3,884	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,741	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$7,127	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$4,893	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$8,323	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$431	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,730	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$8,473	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$7,755	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$8,991	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$785	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$30,942	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$963	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$739	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$731	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$11,424	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$793	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,472	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$1,951	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,907	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,871	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$1,250	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$3,276	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$2,182	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,623	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$232,627,339	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	65,769	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,537	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$13,498,612	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	692	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	$19,507	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$2,161,937	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	702	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$3,080	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$168,495,619	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	2,257	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$74,655	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$437,534,792	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$26,226	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$16,683	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$115,968,788	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	321,869	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$360	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$12,686,007	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	56,867	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$5,277,686	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	50,008	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$106	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$100,286,147	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	198,407	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$505	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$30,855,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	84,302	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$366	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$5,972,242	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	4,815	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,240	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$24,194,976	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	218,776	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$111	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$331,846,048	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	310,190	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,070	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$33,528,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$51,013	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$657	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$41,056,795	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	60,765	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$676	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$80,634,196	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	10,146	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$7,947	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$778,773	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	4,128	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$24,272,597	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	9,391	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,585	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$101,511	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	1,899	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,654,560	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	446	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,952	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$31,301,909	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	63,227	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$495	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$89,419,511	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	5,993	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$14,921	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$38,976,589	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	15,043	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,591	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$37,537,697	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,633	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,332	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$480	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$340	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$925	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$279	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$684	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,282	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$4,131	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$2,206	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$20	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$685	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,229	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,617	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$151	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$237	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,437	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,427	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,725	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$513	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$987	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	13.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	20.83	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	19.19	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	27.26	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	6.05	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	24.75	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	5.32	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.24	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	63.99	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	67.48	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	69.67	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: VA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	.	N/A	59.81	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	64.47	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	78.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	78.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	76.36	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	78.69	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	245	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	248	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	258	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	20	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	26	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$7,654,523	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	26,376	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$290	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$5,975,467	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	26,821	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$223	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$2,592,705	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	13,202	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$100,370,223	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	10,989	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$9,134	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	7,664	N/A	6,901	N/A	.	N/A	-9.96	.	Yes
% Encounter Claims *	N/A	1.94	N/A	2.77	N/A	.	N/A	42.36	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	7,515	N/A	6,710	N/A	.	N/A	-10.71	.	Yes
% Crossover	5-20	46.37	No	51.88	No	.	N/A	11.87	.	Yes
% Adjusted Claims	> 1%	0.52	No	0.83	No	.	N/A	60.82	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$3,063	N/A	$4,494	N/A	.	N/A	46.71	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	4,030	N/A	3,229	N/A	.	N/A	-19.88	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,802	Yes	$4,120	Yes	.	N/A	8.38	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$721	N/A	$731	N/A	.	N/A	1.31	.	Yes
% Claims with TPL	>0 - 10	2.28	Yes	2.97	Yes	.	N/A	30.23	.	No
Aver. TPL Paid for claims with TPL	N/A	$1,264	N/A	$1,157	N/A	.	N/A	-8.50	.	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.98	Yes	99.94	Yes	.	N/A	-0.04	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.15	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.63	Yes	99.57	Yes	.	N/A	-0.06	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.81	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.09	Yes	5.53	Yes	.	N/A	8.67	.	Yes
Average Covered Days (> 0 day	2-<8	5.27	Yes	5.64	Yes	.	N/A	6.95	.	Yes
% Begin Date = Admit Date	95-100	98.78	Yes	98.23	Yes	.	N/A	-0.56	.	Yes
% IP Claims (MAX TOS 01)	95-100	99.83	Yes	99.75	Yes	.	N/A	-0.07	.	Yes
% Family Planning Claims (pgm	>0-5	0.15	Yes	0.25	Yes	.	N/A	66.41	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.56	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.50	Yes	4.96	No	.	N/A	-23.78	.	No
% Claims with PDX, where length=4	15-75	23.62	Yes	26.54	Yes	.	N/A	12.35	.	Yes
% Claims with PDX, where length=5	25-70	69.88	No	68.50	Yes	.	N/A	-1.96	.	Yes
% Claims with a procedure code	35-70	54.14	Yes	50.39	Yes	.	N/A	-6.94	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.07	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.73	N/A	100.00	N/A	.	N/A	0.28	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	98.67	N/A	98.40	N/A	.	N/A	-0.27	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	24.02	N/A	13.04	N/A	.	N/A	-45.72	.	No
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	12.06	N/A	13.94	N/A	.	N/A	15.56	.	No
Patient Status										
% Home	75-90	87.87	Yes	70.76	No	.	N/A	-19.46	.	No
% Transferred	1-10	5.98	Yes	26.97	No	.	N/A	351.06	.	No
% Still a Patient	>0 - 2	0.84	Yes	1.15	Yes	.	N/A	35.82	.	No
% Died	>0 - 3	0.92	Yes	1.11	Yes	.	N/A	21.43	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,485	N/A	3,481	N/A	.	N/A	-0.11	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$768	N/A	$812	N/A	.	N/A	5.82	.	Yes
% Claims with TPL	N/A	0.00	N/A	0.09	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$4,810	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	55.44	No	0.20	No	.	N/A	-99.64	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.29	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.09	No	0.20	N/A	.	N/A	133.60	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	11.43	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.76	Yes	5.95	Yes	.	N/A	3.17	.	Yes
% Begin Date = Admit Date	95-100	72.17	No	24.04	No	.	N/A	-66.68	.	No
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	17.27	No	100.00	Yes	.	N/A	478.90	.	No
Average Number of DX Codes (at least 1 DX)	>=2	0.50	No	1.02	No	.	N/A	103.84	.	No
% Claims with PDX, where length=	5-30	5.48	Yes	2.73	No	.	N/A	-50.21	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	35.22	Yes	8.62	No	.	N/A	-75.53	.	No
% Claims with PDX, where length=5	25-70	59.30	No	88.65	No	.	N/A	49.49	.	No
% Claims with a procedure code	35-70	44.65	Yes	100.00	No	.	N/A	123.97	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.00	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.06	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.06	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	34,286	N/A	34,561	N/A	.	N/A	0.80	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	34,286	N/A	34,561	N/A	.	N/A	0.80	.	Yes
% Crossover	5-20	10.01	Yes	8.85	Yes	.	N/A	-11.63	.	Yes
% Adjusted Claims	> 1%	4.15	Yes	5.34	Yes	.	N/A	28.64	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,984	N/A	$2,838	N/A	.	N/A	-4.90	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	30,853	N/A	31,503	N/A	.	N/A	2.11	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$85	Yes	$86	Yes	.	N/A	0.64	.	Yes
ICF/MR (TOS 05)	N/A	$365	N/A	$382	N/A	.	N/A	4.62	.	Yes
Aged/MH (TOS 02)	N/A	$481	N/A	$391	N/A	.	N/A	-18.78	.	No
IP Psych. < 21 (TOS 04)	N/A	$870	N/A	$899	N/A	.	N/A	3.29	.	Yes
% NF (TOS 07)	75-99	98.65	Yes	98.26	Yes	.	N/A	-0.40	.	Yes
% NF claims with NF Covered Days	N/A	99.43	N/A	99.67	N/A	.	N/A	0.24	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	28	N/A	.	N/A	-2.58	.	Yes
% ICF/MR (TOS 05)	>0-20	0.86	Yes	1.28	Yes	.	N/A	48.57	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	14	N/A	11	N/A	.	N/A	-20.76	.	No
% Aged/MH (TOS 02)	>0-10	0.22	Yes	0.09	Yes	.	N/A	-59.67	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	17	N/A	27	N/A	.	N/A	62.90	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.25	Yes	0.37	Yes	.	N/A	48.16	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	15	N/A	12	N/A	.	N/A	-20.07	.	No
% Claims with Leave Days	1-20	0.42	No	0.38	No	.	N/A	-11.03	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	26.37	Yes	24.93	Yes	.	N/A	-5.47	.	Yes
% Claims with DX, where length=4	15-75	57.86	No	59.32	Yes	.	N/A	2.52	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	15.76	No	15.75	No	.	N/A	-0.09	.	Yes
Patient Status										
% Home	1-5	0.60	No	0.53	No	.	N/A	-11.06	.	Yes
% Still a Patien	8-98	96.90	Yes	95.70	Yes	.	N/A	-1.24	.	Yes
% Died	>0-5	1.47	Yes	1.95	Yes	.	N/A	32.16	.	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,433	N/A	3,058	N/A	.	N/A	-10.92	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$617	N/A	$520	N/A	.	N/A	-15.69	.	No
% NF (TOS 07)	75-99	99.85	No	99.97	No	.	N/A	0.11	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.15	Yes	0.03	Yes	.	N/A	-77.55	.	No
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	57.70	No	100.00	Yes	.	N/A	73.30	.	No
% Claims with DX, where length=3	5-30	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	100.00	No	100.00	No	.	N/A	0.00	.	Yes
Patient Status										
% Home	1-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Still a Patien	8-98	42.30	Yes	0.00	No	.	N/A	-100.00	.	No
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	2,905,012	N/A	3,212,336	N/A	.	N/A	10.58	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	13.06	N/A	18.58	N/A	.	N/A	42.22	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	21.74	N/A	23.70	N/A	.	N/A	9.02	.	Yes
Total FFS Claims	N/A	2,525,515	N/A	1,854,100	N/A	.	N/A	-26.59	.	No
% Crossover	5-20	8.96	Yes	12.32	Yes	.	N/A	37.57	.	No
% Adjusted Claims	> 1%	0.35	No	2.80	Yes	.	N/A	691.18	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$468	N/A	$210	N/A	.	N/A	-55.20	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	28.19	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.92	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	$98	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$5	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	2,299,344	N/A	1,625,682	N/A	.	N/A	-29.30	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.84	Yes	.	N/A	-0.16	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	32.38	N/A	9.54	N/A	.	N/A	-70.53	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.76	N/A	1.90	N/A	.	N/A	-49.45	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	88.14	N/A	91.71	N/A	.	N/A	4.05	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	32.72	N/A	8.77	N/A	.	N/A	-73.19	.	No
% Claims W/ Service Place 11- Office	50-90	39.44	No	42.01	No	.	N/A	6.51	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.18	No	9.01	No	.	N/A	73.86	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	1.31	Yes	1.65	Yes	.	N/A	25.88	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.33	Yes	0.39	Yes	.	N/A	17.68	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	0.84	No	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	12.13	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	5.12	No	18.50	No	.	N/A	260.98	.	No
% Claims with TPL	>0 - 15	1.41	Yes	3.33	Yes	.	N/A	136.26	.	No
Aver. TPL Paid -claims with TPL	N/A	$40	N/A	$41	N/A	.	N/A	3.68	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	9.63	No	10.03	Yes	.	N/A	4.19	.	Yes
% claims MAX TOS 09: Dental	2-20	16.95	Yes	18.06	Yes	.	N/A	6.57	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.46	Yes	2.42	Yes	.	N/A	-29.99	.	No
% claims MAX TOS 11: OPD	3-25	3.82	Yes	10.43	Yes	.	N/A	173.30	.	No
% claims MAX TOS 12: Clinic	2-25	4.64	Yes	3.88	Yes	.	N/A	-16.34	.	No
% claims MAX TOS 13: HH	>0-25	1.14	Yes	1.79	Yes	.	N/A	56.49	.	No
% claims MAX TOS 15: Lab/Xray	4-20	7.17	Yes	3.74	No	.	N/A	-47.85	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	29.06	No	11.97	Yes	.	N/A	-58.81	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	3.82	Yes	3.61	Yes	.	N/A	-5.42	.	Yes
% claims MAX TOS 26: Transportation	>1	8.69	Yes	8.29	Yes	.	N/A	-4.67	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.17	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.50	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.01	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.02	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	24.16	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.65	Yes	0.09	Yes	.	N/A	-86.85	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$103	N/A	$118	N/A	.	N/A	14.78	.	Yes
08: Physicians	$20-90	$46	Yes	$42	Yes	.	N/A	-8.51	.	Yes
09: Dental	$10-60	$33	Yes	$39	Yes	.	N/A	18.15	.	No
10: Other Practioner	$10-100	$86	Yes	$109	No	.	N/A	27.11	.	No
11: OPD	$20-100	$112	No	$45	Yes	.	N/A	-59.58	.	No
12: Clinic	$20-100	$55	Yes	$39	Yes	.	N/A	-28.85	.	No
13: HH	N/A	$221	N/A	$171	N/A	.	N/A	-22.59	.	No
15: Lab/Xray	10-60	$18	Yes	$22	Yes	.	N/A	21.09	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$234	N/A	$554	N/A	.	N/A	136.81	.	No
51: DME	N/A	$47	Yes	$57	N/A	.	N/A	21.65	.	No
26: Transportation	N/A	$20	N/A	$20	N/A	.	N/A	3.94	.	Yes
30: PCS	N/A	.	N/A	$375	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$43	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$68	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,309	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$570	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$85	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	1.11	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	2.67	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	1.01	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	5.62	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$41	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$34	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$780	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	72.08	Yes	98.82	Yes	.	N/A	37.10	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	7.05	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	8.34	Yes	8.14	Yes	.	N/A	-2.42	.	Yes
% Claims with DX, where length=4	40-70	58.89	No	60.87	Yes	.	N/A	3.36	.	Yes
% Claims with DX, where length=5	20-55	32.77	Yes	30.99	Yes	.	N/A	-5.43	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	6.60	N/A	100.00	N/A	.	N/A	1416.08	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.27	N/A	100.00	N/A	.	N/A	37298.04	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	97.72	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	8.00	N/A	21.73	N/A	.	N/A	171.57	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	42.44	N/A	25.30	N/A	.	N/A	-40.38	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	18.10	N/A	51.59	N/A	.	N/A	185.07	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	74.30	No	100.00	Yes	.	N/A	34.59	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	17.22	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	226,171	N/A	228,418	N/A	.	N/A	0.99	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	99.98	Yes	.	N/A	-0.02	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	9.52	N/A	8.38	N/A	.	N/A	-11.92	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.90	N/A	12.87	N/A	.	N/A	-0.22	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	91.67	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	8.94	N/A	7.57	N/A	.	N/A	-15.38	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	66.42	N/A	68.48	N/A	.	N/A	3.11	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.63	N/A	3.63	N/A	.	N/A	0.11	.	Yes

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	14.42	N/A	15.38	N/A	.	N/A	6.69	.	Yes
% claims MAX TOS 12: Clinic	N/A	7.17	N/A	9.59	N/A	.	N/A	33.79	.	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	.	N/A	-100.00	.	No
% claims MAX TOS 15: Lab/Xray	N/A	0.03	N/A	0.06	N/A	.	N/A	86.21	.	No
% claims MAX TOS 19: Other Services	N/A	3.40	N/A	0.00	N/A	.	N/A	-100.00	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	1.17	N/A	2.56	N/A	.	N/A	119.30	.	No
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$36	N/A	$37	N/A	.	N/A	2.54	.	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	2.85	No	6.70	Yes	.	N/A	135.42	.	No
% Claims with DX, where length=4	40-70	29.12	Yes	65.97	Yes	.	N/A	126.58	.	No
% Claims with DX, where length=5	20-55	68.04	No	27.33	Yes	.	N/A	-59.83	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	42.35	N/A	100.00	N/A	.	N/A	136.13	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	43.43	No	100.00	Yes	.	N/A	130.25	.	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	1,320,640	N/A	1,859,639	N/A	.	N/A	40.81	.	No
% Encounter Claims *	N/A	0.00	N/A	1.07	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,320,640	N/A	1,839,751	N/A	.	N/A	39.31	.	No
% Adjusted Claims	> 1%	0.14	No	0.98	No	.	N/A	609.61	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$49	N/A	$40	N/A	.	N/A	-18.14	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	1,320,640	N/A	1,839,751	N/A	.	N/A	39.31	.	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$38	Yes	$42	Yes	.	N/A	10.18	.	Yes
% Claims with TPL	>0 - 15	1.71	Yes	1.91	Yes	.	N/A	11.44	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$42	N/A	$44	N/A	.	N/A	5.07	.	Yes
% Family Planning Claims (program type=2)	N/A	1.91	N/A	1.55	N/A	.	N/A	-18.97	.	No
% Drug Claims (TOS 16)	95-99	98.09	Yes	100.00	No	.	N/A	1.95	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.80	Yes	99.82	Yes	.	N/A	0.02	.	Yes
% Claims with Medispan	98-100	87.47	No	94.76	No	.	N/A	8.33	.	Yes
% Claims with AHFS	98-100	99.80	Yes	99.82	Yes	.	N/A	0.02	.	Yes
% Claims with Generic (GTC)	98-100	99.80	Yes	99.82	Yes	.	N/A	0.02	.	Yes
% Claims with GC3	98-100	99.80	Yes	99.82	Yes	.	N/A	0.02	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.00	N/A	79.98	N/A	.	N/A	-19.21	.	No
% Products (codes 4-6)	N/A	0.04	N/A	19.81	N/A	.	N/A	48086.51	.	No
% HRI (code 7)	N/A	0.75	N/A	0.02	N/A	.	N/A	-97.99	.	No
% Claims with Smart Key	98-100	99.80	Yes	99.82	Yes	.	N/A	0.02	.	Yes
% OTC-Drug Class	N/A	5.05	N/A	4.63	N/A	.	N/A	-8.29	.	Yes
% Prescription-Drug Class	N/A	94.75	N/A	95.19	N/A	.	N/A	0.46	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	43.93	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.70	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	138,010	N/A	143,603	N/A	.	N/A	4.05	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$445,466,527	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	8.11	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	33.61	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	6.45	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	10.31	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.41	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	41.10	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	136,412	N/A	142,051	N/A	.	N/A	4.13	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	100,007	N/A	114,275	N/A	.	N/A	14.27	.	10% (+/-)	No
% Recipients with at least one month of eligibility	99-100%	98.76	No	99.31	Yes	.	N/A	0.56	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	99.60	Yes	99.40	Yes	.	N/A	-0.20	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	0	N/A	0	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	99.48	Yes	98.72	Yes	.	N/A	-0.77	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.26	Yes	1.36	Yes	.	N/A	8.23	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	66.10	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	0.61	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.20	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.15	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	32.66	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	2.85	Yes	2.44	Yes	.	N/A	-14.24	.	10% (+/-)	No
% Age 0-20 Years	49-74%	47.78	No	47.39	No	.	N/A	-0.81	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	12.58	Yes	13.18	Yes	.	N/A	4.72	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	58.69	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	24,693	N/A	26,807	N/A	.	N/A	8.56	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	96.06	Yes	96.93	Yes	.	N/A	0.91	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	96.20	Yes	97.28	Yes	.	N/A	1.12	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	53.15	Yes	53.76	Yes	.	N/A	1.15	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	364	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	65.66	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	9.62	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	24.73	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.10	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	13.46	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.89	Yes	99.90	Yes	.	N/A	0.01	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	98.83	No	99.15	Yes	.	N/A	0.32	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	97.26	Yes	95.10	Yes	.	N/A	-2.22	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	15,930	N/A	17,333	N/A	.	N/A	8.81	.	10% (+/-)	Yes
11: Aged, Cash	N/A	2,373	N/A	2,202	N/A	.	N/A	-7.21	.	10% (+/-)	Yes
21: Aged, MN	N/A	2,922	N/A	3,191	N/A	.	N/A	9.21	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	7,006	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
41: Other Aged	N/A	3,629	N/A	3,587	N/A	.	N/A	-1.16	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	8,353	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	16,931	N/A	17,789	N/A	.	N/A	5.07	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	11,714	N/A	12,089	N/A	.	N/A	3.20	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,899	N/A	3,029	N/A	.	N/A	4.48	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	1,303	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
42: Other Disabled	N/A	1,015	N/A	1,009	N/A	.	N/A	-0.59	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	1,662	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	61,990	N/A	63,617	N/A	.	N/A	2.62	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	15,745	N/A	14,295	N/A	.	N/A	-9.21	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	418	N/A	420	N/A	.	N/A	0.48	.	10% (+/-)	Yes
24: AFDC Child, MN	N/A	3,961	N/A	3,315	N/A	.	N/A	-16.31	.	10% (+/-)	No
34: Child Poverty	N/A	36,062	N/A	37,938	N/A	.	N/A	5.20	.	10% (+/-)	Yes
44: Other Child	N/A	3,570	N/A	3,444	N/A	.	N/A	-3.53	.	10% (+/-)	Yes
48: Foster Care Child	N/A	2,234	N/A	2,272	N/A	.	N/A	1.70	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	1,933	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	41,406	N/A	43,261	N/A	.	N/A	4.48	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	7,360	N/A	6,606	N/A	.	N/A	-10.24	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	128	N/A	136	N/A	.	N/A	6.25	.	10% (+/-)	Yes
25: AFDC Adult, MN	N/A	4,280	N/A	3,671	N/A	.	N/A	-14.23	.	10% (+/-)	No
35: Adult, Poverty	N/A	26,567	N/A	1,986	N/A	.	N/A	-92.52	.	10% (+/-)	No
45: Other Adult	N/A	3,071	N/A	3,057	N/A	.	N/A	-0.46	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	27,805	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	115,142	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	90.07	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	9.93	No	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	10.86	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	20,792	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	725	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	58.96	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	83,756	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	99.70	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	19.40	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	2.98	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	63,989	N/A	83,503	N/A	.	N/A	30.50	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.07	N/A	0.16	N/A	.	N/A	121.56	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	2.71	N/A	3.22	N/A	.	N/A	18.65	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Child	N/A	56.86	N/A	53.00	N/A	.	N/A	-6.80	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	40.28	N/A	43.62	N/A	.	N/A	8.31	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	61,408	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	115,142	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	56.39	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	43.61	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$72,641,608	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$72,521,318	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$120,290	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	1.00	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$98	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$5	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$72,633,578	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	83,503	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$8,030	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	253	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$82,654,594	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$4,456,783	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$797,859	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$18,710,490	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$58,689,462	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$990	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$53	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$10	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$224	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$703	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	48,044	N/A	32,541	N/A	.	N/A	-32.27	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	38,740	N/A	23,993	N/A	.	N/A	-38.07	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	28,514	N/A	21,231	N/A	.	N/A	-25.54	.	15% (+/-)	No
MAX Aged Total	N/A	589	N/A	448	N/A	.	N/A	-23.94	.	10% (+/-)	No
11: Aged, Cash	N/A	89	N/A	68	N/A	.	N/A	-23.60	.	10% (+/-)	No
21: Aged, MN	N/A	125	N/A	111	N/A	.	N/A	-11.20	.	10% (+/-)	No
31: Aged, Poverty	N/A	284	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
41: Other Aged	N/A	91	N/A	78	N/A	.	N/A	-14.29	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	191	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	6,328	N/A	5,990	N/A	.	N/A	-5.34	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	5,445	N/A	5,216	N/A	.	N/A	-4.21	.	10% (+/-)	Yes
22: Disabled, MN	N/A	380	N/A	305	N/A	.	N/A	-19.74	.	10% (+/-)	No
32: Disabled, Poverty	N/A	53	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
42: Other Disabled	N/A	450	N/A	419	N/A	.	N/A	-6.89	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	50	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	25,601	N/A	19,362	N/A	.	N/A	-24.37	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	4,041	N/A	2,671	N/A	.	N/A	-33.90	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	111	N/A	66	N/A	.	N/A	-40.54	.	10% (+/-)	No
24: AFDC Child, MN	N/A	2,014	N/A	922	N/A	.	N/A	-54.22	.	10% (+/-)	No
34: Child Poverty	N/A	16,717	N/A	12,735	N/A	.	N/A	-23.82	.	10% (+/-)	No
44: Other Child	N/A	1,005	N/A	483	N/A	.	N/A	-51.94	.	10% (+/-)	No
48: Foster Care Child	N/A	1,713	N/A	674	N/A	.	N/A	-60.65	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	1,811	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	15,419	N/A	6,699	N/A	.	N/A	-56.55	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	1,635	N/A	1,012	N/A	.	N/A	-38.10	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	35	N/A	34	N/A	.	N/A	-2.86	.	10% (+/-)	Yes
25: AFDC Adult, MN	N/A	1,984	N/A	875	N/A	.	N/A	-55.90	.	10% (+/-)	No
35: Adult, Poverty	N/A	10,751	N/A	1,105	N/A	.	N/A	-89.72	.	10% (+/-)	No
45: Other Adult	N/A	1,014	N/A	592	N/A	.	N/A	-41.62	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	3,081	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	336	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$108,165,355	N/A	$94,928,927	N/A	.	N/A	-12.24	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,251	N/A	$2,917	N/A	.	N/A	29.57	.	15% (+/-)	No

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,792	N/A	$3,957	N/A	.	N/A	41.71	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,139	N/A	$6,009	N/A	.	N/A	16.93	.	15% (+/-)	No
11: Aged, Cash	N/A	$6,721	N/A	$7,238	N/A	.	N/A	7.70	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,885	N/A	$3,341	N/A	.	N/A	15.80	.	15% (+/-)	No
31: Aged, Poverty	N/A	$550	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	$21,009	N/A	$21,913	N/A	.	N/A	4.30	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	$628	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,718	N/A	$12,186	N/A	.	N/A	13.70	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$9,992	N/A	$11,331	N/A	.	N/A	13.39	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$6,022	N/A	$6,705	N/A	.	N/A	11.34	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,521	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	$24,542	N/A	$28,174	N/A	.	N/A	14.80	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	$921	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,056	N/A	$827	N/A	.	N/A	-21.66	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$791	N/A	$863	N/A	.	N/A	9.04	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$975	N/A	$948	N/A	.	N/A	-2.79	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	$952	N/A	$1,056	N/A	.	N/A	10.93	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$466	N/A	$543	N/A	.	N/A	16.41	.	15% (+/-)	No
44: Other Child	N/A	$833	N/A	$927	N/A	.	N/A	11.31	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$7,696	N/A	$6,378	N/A	.	N/A	-17.13	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$563	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$664	N/A	$450	N/A	.	N/A	-32.28	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$946	N/A	$782	N/A	.	N/A	-17.40	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$419	N/A	$187	N/A	.	N/A	-55.36	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$778	N/A	$602	N/A	.	N/A	-22.53	.	15% (+/-)	No
35: Adult, Poverty	N/A	$607	N/A	$777	N/A	.	N/A	28.06	.	15% (+/-)	No
45: Other Adult	N/A	$606	N/A	$425	N/A	.	N/A	-29.77	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$188	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$9,794,416	N/A	$8,176,796	N/A	.	N/A	-16.52	.	15% (+/-)	No
IP: Number of Users	N/A	1,661	N/A	1,396	N/A	.	N/A	-15.95	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$5,897	N/A	$5,857	N/A	.	N/A	-0.67	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	8	N/A	8	N/A	.	N/A	2.45	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$311,829	N/A	$30,991	N/A	.	N/A	-90.06	.	15% (+/-)	No
MH Aged: Number of Users	N/A	19	N/A	2	N/A	.	N/A	-89.47	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$16,412	N/A	$15,496	N/A	.	N/A	-5.58	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$805,761	N/A	$570,937	N/A	.	N/A	-29.14	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	23	N/A	26	N/A	.	N/A	13.04	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$35,033	N/A	$21,959	N/A	.	N/A	-37.32	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$596,444	N/A	$923,131	N/A	.	N/A	54.77	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	6	N/A	8	N/A	.	N/A	33.33	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$99,407	N/A	$115,391	N/A	.	N/A	16.08	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$4,545,386	N/A	$3,866,631	N/A	.	N/A	-14.93	.	15% (+/-)	Yes
NF Number of Users	N/A	226	N/A	172	N/A	.	N/A	-23.89	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$20,112	N/A	$22,480	N/A	.	N/A	11.77	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$4,323,038	N/A	$4,078,697	N/A	.	N/A	-5.65	.	15% (+/-)	Yes

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Physician: Number of Users	N/A	18,503	N/A	16,422	N/A	.	N/A	-11.25	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$234	N/A	$248	N/A	.	N/A	6.30	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,473,529	N/A	$2,013,318	N/A	.	N/A	-18.61	.	15% (+/-)	No
Dental: Number of Users	N/A	13,292	N/A	9,268	N/A	.	N/A	-30.27	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$186	N/A	$217	N/A	.	N/A	16.73	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$3,982,634	N/A	$3,252,455	N/A	.	N/A	-18.33	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	6,272	N/A	2,585	N/A	.	N/A	-58.79	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$635	N/A	$1,258	N/A	.	N/A	98.15	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$4,455,300	N/A	$4,739,017	N/A	.	N/A	6.37	.	15% (+/-)	Yes
OPD Number of Users	N/A	10,013	N/A	8,641	N/A	.	N/A	-13.70	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$445	N/A	$548	N/A	.	N/A	23.26	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,703,030	N/A	$724,764	N/A	.	N/A	-57.44	.	15% (+/-)	No
Clinic: Number of Users	N/A	4,843	N/A	3,285	N/A	.	N/A	-32.17	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$352	N/A	$221	N/A	.	N/A	-37.26	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,764,756	N/A	$1,840,209	N/A	.	N/A	4.28	.	15% (+/-)	Yes
HH: Number of Users	N/A	869	N/A	758	N/A	.	N/A	-12.77	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$2,031	N/A	$2,428	N/A	.	N/A	19.55	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,398,896	N/A	$820,218	N/A	.	N/A	-41.37	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	11,237	N/A	7,339	N/A	.	N/A	-34.69	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$124	N/A	$112	N/A	.	N/A	-10.22	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$11,151,811	N/A	$12,270,229	N/A	.	N/A	10.03	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	20,011	N/A	16,335	N/A	.	N/A	-18.37	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$557	N/A	$751	N/A	.	N/A	34.79	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$45,232,663	N/A	$35,867,711	N/A	.	N/A	-20.70	.	15% (+/-)	No
Other Services: Number of Users	N/A	$7,138	N/A	$4,463	N/A	.	N/A	-37.48	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$6,337	N/A	$8,037	N/A	.	N/A	26.82	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$719,984	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,285	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$315	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,395,116	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	366	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,544	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$8,490	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	57	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$149	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$27,367	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	19	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$1,440	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$1,882,087	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,686	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$511	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$210,836	N/A	.	N/A	.	.	15% (+/-)	N/A

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Residential Care: Number of Users	N/A	.	N/A	78	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$2,703	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$10,251,168	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,021	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,393	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$204	N/A	$251	N/A	.	N/A	23.26	.	15% (+/-)	No
Aged	N/A	$361	N/A	$456	N/A	.	N/A	26.51	.	15% (+/-)	No
Disabled	N/A	$1,007	N/A	$1,061	N/A	.	N/A	5.36	.	15% (+/-)	Yes
Child	N/A	$72	N/A	$49	N/A	.	N/A	-31.34	.	15% (+/-)	No
Adult	N/A	$89	N/A	$99	N/A	.	N/A	11.02	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$130	N/A	$166	N/A	.	N/A	27.17	.	15% (+/-)	No
Aged	N/A	$2,900	N/A	$3,103	N/A	.	N/A	7.00	.	15% (+/-)	Yes
Disabled	N/A	$538	N/A	$612	N/A	.	N/A	13.84	.	15% (+/-)	Yes
Child	N/A	$42	N/A	$17	N/A	.	N/A	-59.12	.	15% (+/-)	No
Adult	N/A	$4	N/A	$0	N/A	.	N/A	-97.83	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$232	N/A	$377	N/A	.	N/A	62.45	.	15% (+/-)	No
Aged	N/A	$820	N/A	$1,021	N/A	.	N/A	24.51	.	15% (+/-)	No
Disabled	N/A	$1,347	N/A	$1,657	N/A	.	N/A	23.08	.	15% (+/-)	No
Child	N/A	$58	N/A	$62	N/A	.	N/A	6.65	.	15% (+/-)	Yes
Adult	N/A	$42	N/A	$70	N/A	.	N/A	67.19	.	15% (+/-)	No
All Other Services	N/A	$1,679	N/A	$2,123	N/A	.	N/A	26.45	.	15% (+/-)	No
Aged	N/A	$1,058	N/A	$1,429	N/A	.	N/A	35.00	.	15% (+/-)	No
Disabled	N/A	$7,815	N/A	$8,856	N/A	.	N/A	13.32	.	15% (+/-)	Yes
Child	N/A	$880	N/A	$699	N/A	.	N/A	-20.64	.	15% (+/-)	No
Adult	N/A	$520	N/A	$280	N/A	.	N/A	-46.10	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	3.46	N/A	4.29	N/A	.	N/A	24.09	.	15% (+/-)	No
Aged	N/A	7.30	N/A	8.48	N/A	.	N/A	16.19	.	15% (+/-)	No
Disabled	N/A	11.54	N/A	11.92	N/A	.	N/A	3.33	.	15% (+/-)	Yes
Child	N/A	1.55	N/A	1.85	N/A	.	N/A	19.57	.	15% (+/-)	No
Adult	N/A	3.18	N/A	4.25	N/A	.	N/A	33.60	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.55	N/A	0.64	N/A	.	N/A	15.33	.	15% (+/-)	No
Aged	N/A	15.11	N/A	15.18	N/A	.	N/A	0.45	.	15% (+/-)	Yes
Disabled	N/A	2.26	N/A	2.04	N/A	.	N/A	-9.87	.	15% (+/-)	Yes
Child	N/A	0.11	N/A	0.08	N/A	.	N/A	-24.44	.	15% (+/-)	No
Adult	N/A	0.03	N/A	0.01	N/A	.	N/A	-53.97	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	21.53	N/A	0.00	N/A	.	N/A	-100.00	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	41.65	N/A	50.20	N/A	.	N/A	20.52	.	15% (+/-)	No
Aged	N/A	66.89	N/A	68.08	N/A	.	N/A	1.77	.	15% (+/-)	Yes
Disabled	N/A	79.77	N/A	80.15	N/A	.	N/A	0.47	.	15% (+/-)	Yes
Child	N/A	42.73	N/A	45.54	N/A	.	N/A	6.58	.	15% (+/-)	Yes
Adult	N/A	23.37	N/A	35.39	N/A	.	N/A	51.47	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	77.31	N/A	69.07	N/A	.	N/A	-10.66	.	15% (+/-)	Yes
Aged	N/A	41.43	N/A	44.20	N/A	.	N/A	6.69	.	15% (+/-)	Yes

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Disabled	N/A	88.61	N/A	87.95	N/A	.	N/A	-0.74	.	15% (+/-)	Yes
Child	N/A	75.86	N/A	71.10	N/A	.	N/A	-6.28	.	15% (+/-)	Yes
Adult	N/A	76.39	N/A	48.40	N/A	.	N/A	-36.65	.	15% (+/-)	No
Avg # IP Days per User	N/A	8	N/A	8	N/A	.	N/A	2.45	.	15% (+/-)	Yes
Aged	N/A	8	N/A	9	N/A	.	N/A	15.61	.	15% (+/-)	No
Disabled	N/A	12	N/A	12	N/A	.	N/A	-1.50	.	15% (+/-)	Yes
Child	N/A	6	N/A	5	N/A	.	N/A	-16.60	.	15% (+/-)	No
Adult	N/A	4	N/A	3	N/A	.	N/A	-11.92	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	237	N/A	200	N/A	.	N/A	-15.83	.	15% (+/-)	No
Aged	N/A	277	N/A	244	N/A	.	N/A	-12.06	.	15% (+/-)	Yes
Disabled	N/A	231	N/A	200	N/A	.	N/A	-13.59	.	15% (+/-)	Yes
Child	N/A	143	N/A	23	N/A	.	N/A	-83.73	.	15% (+/-)	No
Adult	N/A	223	N/A	6	N/A	.	N/A	-97.31	.	15% (+/-)	No
% Enrollees with Delivery	N/A	1.32	N/A	1.69	N/A	.	N/A	28.31	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$215,228	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1,680	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$128	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$483,030	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	2,522	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$176,131	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	742	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$237	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$25,275,886	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	900	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$28,084	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	24,379	N/A	26,007	N/A	.	N/A	6.68	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	22,270	N/A	23,648	N/A	.	N/A	6.19	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	20,731	N/A	22,731	N/A	.	N/A	9.65	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	5.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	0.52	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	37.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	1.85	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	16.86	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	5.50	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	32.67	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.03	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	6.91	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	15,295	N/A	16,752	N/A	.	N/A	9.53	.	10% (+/-)	Yes

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State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	2,265	N/A	2,105	N/A	.	N/A	-7.06	.	10% (+/-)	Yes
21: Aged, MN	N/A	2,781	N/A	3,034	N/A	.	N/A	9.10	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	6,711	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
41: Other Aged	N/A	3,538	N/A	3,509	N/A	.	N/A	-0.82	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	8,104	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	8,867	N/A	9,111	N/A	.	N/A	2.75	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	4,821	N/A	4,789	N/A	.	N/A	-0.66	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,270	N/A	2,277	N/A	.	N/A	0.31	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	1,234	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
42: Other Disabled	N/A	542	N/A	547	N/A	.	N/A	0.92	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	1,498	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	24,934	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.66	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	97.61	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	58.35	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	41.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.20	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.38	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$182,356,492	N/A	$194,191,519	N/A	.	N/A	6.49	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,480	N/A	$7,467	N/A	.	N/A	-0.18	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$8,188	N/A	$8,212	N/A	.	N/A	0.28	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,816	N/A	$6,764	N/A	.	N/A	-0.76	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,228	N/A	$5,992	N/A	.	N/A	14.61	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,711	N/A	$3,171	N/A	.	N/A	16.99	.	15% (+/-)	No
31: Aged, Poverty	N/A	$1,002	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	$22,087	N/A	$23,212	N/A	.	N/A	5.09	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	$1,188	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$8,760	N/A	$8,839	N/A	.	N/A	0.90	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$9,405	N/A	$9,550	N/A	.	N/A	1.55	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$5,848	N/A	$5,691	N/A	.	N/A	-2.70	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,966	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	$30,689	N/A	$33,658	N/A	.	N/A	9.68	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	$2,286	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$3,356,141	N/A	$3,359,780	N/A	.	N/A	0.11	.	15% (+/-)	Yes
IP: Number of Users	N/A	2,923	N/A	2,908	N/A	.	N/A	-0.51	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,148	N/A	$1,155	N/A	.	N/A	0.62	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	7	N/A	.	N/A	21.43	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$49,782	N/A	$267,657	N/A	.	N/A	437.66	.	15% (+/-)	No
MH Aged: Number of Users	N/A	5	N/A	3	N/A	.	N/A	-40.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$9,956	N/A	$89,219	N/A	.	N/A	796.10	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$22,478	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	2	N/A	0	N/A	.	N/A	-100.00	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$11,239	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$711,701	N/A	$722,057	N/A	.	N/A	1.46	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	7	N/A	7	N/A	.	N/A	0.00	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$101,672	N/A	$103,151	N/A	.	N/A	1.46	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$71,935,778	N/A	$71,867,292	N/A	.	N/A	-0.10	.	15% (+/-)	Yes
NF Number of Users	N/A	$3,568	N/A	$3,449	N/A	.	N/A	-3.34	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,161	N/A	$20,837	N/A	.	N/A	3.35	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$3,416,205	N/A	$3,585,849	N/A	.	N/A	4.97	.	15% (+/-)	Yes
Physician: Number of Users	N/A	13,166	N/A	13,022	N/A	.	N/A	-1.09	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$259	N/A	$275	N/A	.	N/A	6.13	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$765,621	N/A	$1,236,052	N/A	.	N/A	61.44	.	15% (+/-)	No
Dental: Number of Users	N/A	4,220	N/A	4,549	N/A	.	N/A	7.80	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$181	N/A	$272	N/A	.	N/A	49.77	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$726,931	N/A	$638,651	N/A	.	N/A	-12.14	.	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	4,473	N/A	4,106	N/A	.	N/A	-8.20	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$163	N/A	$156	N/A	.	N/A	-4.29	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$4,092,463	N/A	$4,277,332	N/A	.	N/A	4.52	.	15% (+/-)	Yes
OPD Number of Users	N/A	9,061	N/A	9,149	N/A	.	N/A	0.97	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$452	N/A	$468	N/A	.	N/A	3.51	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$1,445,776	N/A	$670,976	N/A	.	N/A	-53.59	.	15% (+/-)	No
Clinic: Number of Users	N/A	3,793	N/A	3,776	N/A	.	N/A	-0.45	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$381	N/A	$178	N/A	.	N/A	-53.38	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$2,152,381	N/A	$2,720,060	N/A	.	N/A	26.37	.	15% (+/-)	No
HH: Number of Users	N/A	1,434	N/A	1,559	N/A	.	N/A	8.72	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,501	N/A	$1,745	N/A	.	N/A	16.24	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$110,336	N/A	$75,105	N/A	.	N/A	-31.93	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	1,110	N/A	931	N/A	.	N/A	-16.13	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$99	N/A	$81	N/A	.	N/A	-18.84	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$35,835,801	N/A	$45,675,755	N/A	.	N/A	27.46	.	15% (+/-)	No
Drugs: Number of Users	N/A	21,183	N/A	22,724	N/A	.	N/A	7.27	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,692	N/A	$2,010	N/A	.	N/A	18.82	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$52,678,849	N/A	$47,433,137	N/A	.	N/A	-9.96	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$5,888	N/A	$3,138	N/A	.	N/A	-46.71	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$8,947	N/A	$15,116	N/A	.	N/A	68.95	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$1,713,596	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	5,104	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$336	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$15,598	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,199	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$27,847	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,321	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$5,450	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	93	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$59	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$60,177	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	27	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$2,229	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$982,047	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	3,870	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$254	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$45,840	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	72	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$637	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,903,525	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,425	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,259	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$138	N/A	$129	N/A	.	N/A	-6.16	.	15% (+/-)	Yes
Aged	N/A	$107	N/A	$96	N/A	.	N/A	-10.63	.	15% (+/-)	Yes
Disabled	N/A	$191	N/A	$189	N/A	.	N/A	-0.87	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$2,983	N/A	$2,801	N/A	.	N/A	-6.08	.	15% (+/-)	Yes
Aged	N/A	$4,459	N/A	$4,080	N/A	.	N/A	-8.49	.	15% (+/-)	Yes
Disabled	N/A	$509	N/A	$495	N/A	.	N/A	-2.86	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,470	N/A	$1,756	N/A	.	N/A	19.48	.	15% (+/-)	No
Aged	N/A	$1,220	N/A	$1,465	N/A	.	N/A	20.06	.	15% (+/-)	No
Disabled	N/A	$1,914	N/A	$2,301	N/A	.	N/A	20.24	.	15% (+/-)	No
All Other Services	N/A	$2,888	N/A	$2,780	N/A	.	N/A	-3.73	.	15% (+/-)	Yes
Aged	N/A	$1,030	N/A	$1,123	N/A	.	N/A	9.11	.	15% (+/-)	Yes
Disabled	N/A	$6,142	N/A	$5,854	N/A	.	N/A	-4.68	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.99	N/A	11.18	N/A	.	N/A	-6.74	.	15% (+/-)	Yes
Aged	N/A	10.89	N/A	9.62	N/A	.	N/A	-11.71	.	15% (+/-)	Yes
Disabled	N/A	14.02	N/A	14.01	N/A	.	N/A	-0.09	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	14.67	N/A	13.30	N/A	.	N/A	-9.35	.	15% (+/-)	Yes
Aged	N/A	21.82	N/A	19.35	N/A	.	N/A	-11.32	.	15% (+/-)	Yes
Disabled	N/A	2.67	N/A	2.38	N/A	.	N/A	-10.89	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	86.89	N/A	87.38	N/A	.	N/A	0.56	.	15% (+/-)	Yes
Aged	N/A	87.20	N/A	87.58	N/A	.	N/A	0.43	.	15% (+/-)	Yes
Disabled	N/A	87.04	N/A	87.26	N/A	.	N/A	0.25	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	62.95	N/A	58.11	N/A	.	N/A	-7.69	.	15% (+/-)	Yes
Aged	N/A	50.38	N/A	45.73	N/A	.	N/A	-9.23	.	15% (+/-)	Yes
Disabled	N/A	84.27	N/A	80.79	N/A	.	N/A	-4.12	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	6	N/A	7	N/A	.	N/A	21.43	.	15% (+/-)	No
Aged	N/A	6	N/A	7	N/A	.	N/A	14.22	.	15% (+/-)	Yes
Disabled	N/A	6	N/A	8	N/A	.	N/A	31.44	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	282	N/A	240	N/A	.	N/A	-15.06	.	15% (+/-)	No
Aged	N/A	286	N/A	242	N/A	.	N/A	-15.48	.	15% (+/-)	No
Disabled	N/A	226	N/A	204	N/A	.	N/A	-9.33	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

1998-1999 MAX PSF Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$61,426	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	306	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$201	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$274,468	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	2185	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$39,274	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	396	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$44,205,011	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1968	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$22,462	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	72,423	N/A	58,548	N/A	.	N/A	-19.16	.	15% (+/-)	**No**
# FFS Recipients	N/A	61,010	N/A	47,641	N/A	.	N/A	-21.91	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	81.37	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	89.62	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	91.58	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	75.45	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	54.72	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	49,244	N/A	43,963	N/A	.	N/A	-10.73	.	15% (+/-)	Yes
MAX Aged Total	N/A	15,884	N/A	17,200	N/A	.	N/A	8.29	.	10% (+/-)	Yes
11: Aged, Cash	N/A	2,354	N/A	2,173	N/A	.	N/A	-7.69	.	10% (+/-)	Yes
21: Aged, MN	N/A	2,906	N/A	3,145	N/A	.	N/A	8.22	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	6,995	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
41: Other Aged	N/A	3,629	N/A	3,587	N/A	.	N/A	-1.16	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	8,295	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	15,195	N/A	15,101	N/A	.	N/A	-0.62	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	10,266	N/A	10,005	N/A	.	N/A	-2.54	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,650	N/A	2,582	N/A	.	N/A	-2.57	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	1,287	N/A	0	N/A	.	N/A	-100.00	.	10% (+/-)	No
42: Other Disabled	N/A	992	N/A	966	N/A	.	N/A	-2.62	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	1,548	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	25,604	N/A	19,363	N/A	.	N/A	-24.38	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	4,041	N/A	2,671	N/A	.	N/A	-33.90	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	111	N/A	66	N/A	.	N/A	-40.54	.	10% (+/-)	No
24: AFDC Child, MN	N/A	2,015	N/A	922	N/A	.	N/A	-54.24	.	10% (+/-)	No
34: Child Poverty	N/A	16,719	N/A	12,735	N/A	.	N/A	-23.83	.	10% (+/-)	No
44: Other Child	N/A	1,005	N/A	483	N/A	.	N/A	-51.94	.	10% (+/-)	No
48: Foster Care Child	N/A	1,713	N/A	675	N/A	.	N/A	-60.60	.	10% (+/-)	No
54: 1115 Child	N/A	1,713	N/A	675	N/A	.	N/A	-60.60	.	10% (+/-)	No
MAX Adult Total	N/A	15,633	N/A	6,833	N/A	.	N/A	-56.29	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	1,674	N/A	1,041	N/A	.	N/A	-37.81	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	35	N/A	34	N/A	.	N/A	-2.86	.	10% (+/-)	Yes
25: AFDC Adult, MN	N/A	2,024	N/A	914	N/A	.	N/A	-54.84	.	10% (+/-)	No

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State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	10,866	N/A	1,112	N/A	.	N/A	-89.77	.	10% (+/-)	No
45: Other Adult	N/A	1,034	N/A	608	N/A	.	N/A	-41.20	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	3,124	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$290,521,847	N/A	$289,120,446	N/A	.	N/A	-0.48	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$4,011	N/A	$4,938	N/A	.	N/A	23.10	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,762	N/A	$6,069	N/A	.	N/A	27.44	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$6,754	N/A	$6,744	N/A	.	N/A	-0.14	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$5,285	N/A	$6,031	N/A	.	N/A	14.13	.	15% (+/-)	Yes
21: Aged, MN	N/A	$2,718	N/A	$3,177	N/A	.	N/A	16.88	.	15% (+/-)	No
31: Aged, Poverty	N/A	$984	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	$22,060	N/A	$23,184	N/A	.	N/A	5.09	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	$1,175	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$9,575	N/A	$10,167	N/A	.	N/A	6.17	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$9,717	N/A	$10,478	N/A	.	N/A	7.84	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$5,873	N/A	$5,811	N/A	.	N/A	-1.07	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,948	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	$27,900	N/A	$31,280	N/A	.	N/A	12.11	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	$2,242	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,058	N/A	$828	N/A	.	N/A	-21.80	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$791	N/A	$863	N/A	.	N/A	9.04	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$975	N/A	$948	N/A	.	N/A	-2.79	.	15% (+/-)	Yes
24: AFDC Child, MN	N/A	$952	N/A	$1,056	N/A	.	N/A	10.98	.	15% (+/-)	Yes
34: Child, Poverty	N/A	$470	N/A	$543	N/A	.	N/A	15.54	.	15% (+/-)	No
44: Other Child	N/A	$833	N/A	$927	N/A	.	N/A	11.31	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$7,696	N/A	$6,377	N/A	.	N/A	-17.14	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	$563	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$679	N/A	$485	N/A	.	N/A	-28.55	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$983	N/A	$830	N/A	.	N/A	-15.58	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$419	N/A	$187	N/A	.	N/A	-55.36	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$823	N/A	$725	N/A	.	N/A	-11.94	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$610	N/A	$789	N/A	.	N/A	29.30	.	15% (+/-)	No
45: Other Adult	N/A	$637	N/A	$449	N/A	.	N/A	-29.48	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$202	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$13,150,557	N/A	$11,536,576	N/A	.	N/A	-12.27	.	15% (+/-)	Yes
IP: Number of Users	N/A	4,584	N/A	4,304	N/A	.	N/A	-6.11	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$2,869	N/A	$2,680	N/A	.	N/A	-6.57	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	8	N/A	.	N/A	12.62	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$361,611	N/A	$298,648	N/A	.	N/A	-17.41	.	15% (+/-)	No
MH Aged: Number of Users	N/A	24	N/A	5	N/A	.	N/A	-79.17	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$15,067	N/A	$59,730	N/A	.	N/A	296.42	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$828,239	N/A	$570,937	N/A	.	N/A	-31.07	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	25	N/A	26	N/A	.	N/A	4.00	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$33,130	N/A	$21,959	N/A	.	N/A	-33.72	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$1,308,145	N/A	$1,645,188	N/A	.	N/A	25.76	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	13	N/A	15	N/A	.	N/A	15.38	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Avg Medicaid Pd per User	N/A	$100,627	N/A	$109,679	N/A	.	N/A	9.00	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$76,481,164	N/A	$75,733,923	N/A	.	N/A	-0.98	.	15% (+/-)	Yes
NF Number of Users	N/A	$3,794	N/A	$3,621	N/A	.	N/A	-4.56	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$20,158	N/A	$20,915	N/A	.	N/A	3.75	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$7,739,243	N/A	$7,664,546	N/A	.	N/A	-0.97	.	15% (+/-)	Yes
Physician: Number of Users	N/A	31,669	N/A	29,444	N/A	.	N/A	-7.03	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$244	N/A	$260	N/A	.	N/A	6.52	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$3,239,150	N/A	$3,249,370	N/A	.	N/A	0.32	.	15% (+/-)	Yes
Dental: Number of Users	N/A	17,512	N/A	13,817	N/A	.	N/A	-21.10	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$185	N/A	$235	N/A	.	N/A	27.14	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$4,709,565	N/A	$3,891,106	N/A	.	N/A	-17.38	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	10,745	N/A	6,691	N/A	.	N/A	-37.73	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$438	N/A	$582	N/A	.	N/A	32.68	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$8,547,763	N/A	$9,016,349	N/A	.	N/A	5.48	.	15% (+/-)	Yes
OPD Number of Users	N/A	19,074	N/A	17,790	N/A	.	N/A	-6.73	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$448	N/A	$507	N/A	.	N/A	13.10	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$3,148,806	N/A	$1,395,740	N/A	.	N/A	-55.67	.	15% (+/-)	No
Clinic: Number of Users	N/A	8,636	N/A	7,061	N/A	.	N/A	-18.24	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$365	N/A	$198	N/A	.	N/A	-45.79	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$3,917,137	N/A	$4,560,269	N/A	.	N/A	16.42	.	15% (+/-)	No
HH: Number of Users	N/A	2,303	N/A	2,317	N/A	.	N/A	0.61	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,701	N/A	$1,968	N/A	.	N/A	15.71	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,509,232	N/A	$895,323	N/A	.	N/A	-40.68	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	12,347	N/A	8,270	N/A	.	N/A	-33.02	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$122	N/A	$108	N/A	.	N/A	-11.43	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$46,987,612	N/A	$57,945,984	N/A	.	N/A	23.32	.	15% (+/-)	No
Drugs: Number of Users	N/A	41,194	N/A	39,059	N/A	.	N/A	-5.18	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,141	N/A	$1,484	N/A	.	N/A	30.06	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$97,911,512	N/A	$83,300,848	N/A	.	N/A	-14.92	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$13,026	N/A	$7,601	N/A	.	N/A	-41.65	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$7,517	N/A	$10,959	N/A	.	N/A	45.80	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$2,433,580	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	7,389	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$329	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$2,410,714	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	369	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,533	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$27,847	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,321	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$13,940	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	150	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$93	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$87,544	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	46	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$1,903	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,864,134	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	7,556	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$256,676	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	150	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,711	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$18,154,693	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,446	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$3,334	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$182	N/A	$197	N/A	.	N/A	8.52	.	15% (+/-)	Yes
Aged	N/A	$117	N/A	$105	N/A	.	N/A	-9.78	.	15% (+/-)	Yes
Disabled	N/A	$531	N/A	$535	N/A	.	N/A	0.80	.	15% (+/-)	Yes
Child	N/A	$72	N/A	$49	N/A	.	N/A	-31.34	.	15% (+/-)	No
Adult	N/A	$90	N/A	$102	N/A	.	N/A	13.64	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,091	N/A	$1,336	N/A	.	N/A	22.55	.	15% (+/-)	No
Aged	N/A	$4,401	N/A	$4,055	N/A	.	N/A	-7.87	.	15% (+/-)	Yes
Disabled	N/A	$521	N/A	$541	N/A	.	N/A	3.87	.	15% (+/-)	Yes
Child	N/A	$42	N/A	$17	N/A	.	N/A	-59.11	.	15% (+/-)	No
Adult	N/A	$5	N/A	$0	N/A	.	N/A	-98.05	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$649	N/A	$990	N/A	.	N/A	52.55	.	15% (+/-)	No
Aged	N/A	$1,205	N/A	$1,453	N/A	.	N/A	20.58	.	15% (+/-)	No
Disabled	N/A	$1,678	N/A	$2,046	N/A	.	N/A	21.95	.	15% (+/-)	No
Child	N/A	$60	N/A	$62	N/A	.	N/A	3.14	.	15% (+/-)	Yes
Adult	N/A	$51	N/A	$88	N/A	.	N/A	71.10	.	15% (+/-)	No
All Other Services	N/A	$2,086	N/A	$2,415	N/A	.	N/A	15.78	.	15% (+/-)	No
Aged	N/A	$1,031	N/A	$1,131	N/A	.	N/A	9.77	.	15% (+/-)	Yes
Disabled	N/A	$6,838	N/A	$7,045	N/A	.	N/A	3.02	.	15% (+/-)	Yes
Child	N/A	$880	N/A	$699	N/A	.	N/A	-20.63	.	15% (+/-)	No
Adult	N/A	$525	N/A	$295	N/A	.	N/A	-43.75	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	6.33	N/A	7.35	N/A	.	N/A	16.14	.	15% (+/-)	No
Aged	N/A	10.76	N/A	9.59	N/A	.	N/A	-10.89	.	15% (+/-)	Yes
Disabled	N/A	12.98	N/A	13.18	N/A	.	N/A	1.49	.	15% (+/-)	Yes
Child	N/A	1.55	N/A	1.85	N/A	.	N/A	19.57	.	15% (+/-)	No
Adult	N/A	3.23	N/A	4.48	N/A	.	N/A	38.63	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	5.30	N/A	6.26	N/A	.	N/A	18.03	.	15% (+/-)	No
Aged	N/A	21.58	N/A	19.24	N/A	.	N/A	-10.80	.	15% (+/-)	Yes
Disabled	N/A	2.50	N/A	2.24	N/A	.	N/A	-10.23	.	15% (+/-)	Yes
Child	N/A	0.11	N/A	0.08	N/A	.	N/A	-24.44	.	15% (+/-)	No
Adult	N/A	0.04	N/A	0.01	N/A	.	N/A	-67.32	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	56.88	N/A	66.71	N/A	.	N/A	17.29	.	15% (+/-)	No
Aged	N/A	86.45	N/A	87.07	N/A	.	N/A	0.72	.	15% (+/-)	Yes
Disabled	N/A	84.01	N/A	84.44	N/A	.	N/A	0.50	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: VT

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	42.74	N/A	45.54	N/A	.	N/A	6.56	.	15% (+/-)	Yes
Adult	N/A	23.85	N/A	36.09	N/A	.	N/A	51.30	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	72.48	N/A	64.20	N/A	.	N/A	-11.42	.	15% (+/-)	Yes
Aged	N/A	50.04	N/A	45.69	N/A	.	N/A	-8.71	.	15% (+/-)	Yes
Disabled	N/A	86.07	N/A	83.63	N/A	.	N/A	-2.84	.	15% (+/-)	Yes
Child	N/A	75.87	N/A	71.10	N/A	.	N/A	-6.28	.	15% (+/-)	Yes
Adult	N/A	76.42	N/A	48.78	N/A	.	N/A	-36.17	.	15% (+/-)	No
Avg # IP Days per User	N/A	7	N/A	8	N/A	.	N/A	12.62	.	15% (+/-)	Yes
Aged	N/A	6	N/A	7	N/A	.	N/A	14.20	.	15% (+/-)	Yes
Disabled	N/A	8	N/A	9	N/A	.	N/A	12.91	.	15% (+/-)	Yes
Child	N/A	6	N/A	5	N/A	.	N/A	-16.60	.	15% (+/-)	No
Adult	N/A	4	N/A	4	N/A	.	N/A	-9.07	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	279	N/A	237	N/A	.	N/A	-14.92	.	15% (+/-)	Yes
Aged	N/A	286	N/A	242	N/A	.	N/A	-15.39	.	15% (+/-)	No
Disabled	N/A	228	N/A	203	N/A	.	N/A	-10.92	.	15% (+/-)	Yes
Child	N/A	143	N/A	23	N/A	.	N/A	-83.73	.	15% (+/-)	No
Adult	N/A	161	N/A	6	N/A	.	N/A	-96.28	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$276,654	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1,986	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$139	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$757,498	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	4,707	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$161	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$215,405	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1,138	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$189	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$69,480,897	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,868	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$24,226	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	73,201	N/A	69,067	N/A	.	N/A	-5.65	.	Yes
% Encounter Claims *	N/A	17.08	N/A	15.18	N/A	.	N/A	-11.10	.	No
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	60,701	N/A	58,582	N/A	.	N/A	-3.49	.	Yes
% Crossover	5-20	27.56	No	16.92	Yes	.	N/A	-38.60	.	No
% Adjusted Claims	> 1%	6.67	Yes	10.90	Yes	.	N/A	63.53	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$6,401	N/A	$6,442	N/A	.	N/A	0.63	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	43,973	N/A	48,670	N/A	.	N/A	10.68	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$5,895	Yes	$5,627	Yes	.	N/A	-4.54	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,107	N/A	$1,358	N/A	.	N/A	22.61	.	No
% Claims with TPL	>0 - 10	1.90	Yes	1.42	Yes	.	N/A	-25.52	.	No
Aver. TPL Paid for claims with TPL	N/A	$5,057	N/A	$3,960	N/A	.	N/A	-21.69	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.45	Yes	99.41	Yes	.	N/A	-0.05	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.13	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.58	Yes	99.55	Yes	.	N/A	-0.03	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	6.95	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	4.57	Yes	4.15	Yes	.	N/A	-9.08	.	Yes
Average Covered Days (> 0 day	2-<8	5.36	Yes	4.16	Yes	.	N/A	-22.38	.	No
% Begin Date = Admit Date	95-100	99.71	Yes	99.86	Yes	.	N/A	0.15	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.00	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	6.80	Yes	6.22	Yes	.	N/A	-8.59	.	Yes
% Claims with PDX, where length=4	20-50	24.12	Yes	22.86	Yes	.	N/A	-5.24	.	Yes
% Claims with PDX, where length=5	20-50	69.08	No	70.92	No	.	N/A	2.68	.	Yes
% Claims with a procedure code	35-70	26.89	No	55.47	Yes	.	N/A	106.26	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.17	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	97.58	N/A	97.80	N/A	.	N/A	0.23	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	97.58	N/A	97.80	N/A	.	N/A	0.23	.	Yes
% Claims with DRG	>=90	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	20.17	N/A	21.80	N/A	.	N/A	8.05	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	22.07	N/A	23.12	N/A	.	N/A	4.75	.	Yes
Patient Status										
% Home	75-90	87.91	Yes	86.93	Yes	.	N/A	-1.11	.	Yes
% Transferred	1-10	7.96	Yes	11.33	No	.	N/A	42.31	.	No
% Still a Patient	>0 - 2	0.26	Yes	0.27	Yes	.	N/A	4.49	.	Yes
% Died	>0 - 3	1.51	Yes	1.46	Yes	.	N/A	-3.12	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	16,728	N/A	9,912	N/A	.	N/A	-40.75	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$811	N/A	$768	N/A	.	N/A	-5.29	.	Yes
% Claims with TPL	N/A	0.91	N/A	0.35	N/A	.	N/A	-61.39	.	No
Aver. TPL Paid -claims with TPL	N/A	$485	N/A	$632	N/A	.	N/A	30.15	.	No
% Claims withUB-92 Accommodation Codes	95-100	0.09	No	0.12	No	.	N/A	35.01	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.58	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	56.93	No	0.16	N/A	.	N/A	-99.72	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	5.88	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.17	Yes	6.05	Yes	.	N/A	16.92	.	No
% Begin Date = Admit Date	95-100	99.17	Yes	97.33	Yes	.	N/A	-1.86	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX	98-100	99.99	Yes	99.97	Yes	.	N/A	-0.02	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	0.10	No	1.01	No	.	N/A	956.83	.	No
% Claims with PDX, where length=3	5-30	9.48	Yes	9.98	Yes	.	N/A	5.33	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	40.68	Yes	39.04	Yes	.	N/A	-4.04	.	Yes
% Claims with PDX, where length=5	20-50	49.85	Yes	50.98	Yes	.	N/A	2.28	.	Yes
% Claims with a procedure code	35-70	0.04	No	0.10	No	.	N/A	141.09	.	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	3.50	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	71.43	N/A	80.00	N/A	.	N/A	12.00	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	71.43	N/A	80.00	N/A	.	N/A	12.00	.	Yes
% Claims with DRG	>=90	.	N/A	0.07	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	187,792	N/A	182,877	N/A	.	N/A	-2.62	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	187,792	N/A	182,877	N/A	.	N/A	-2.62	.	Yes
% Crossover	5-20	0.04	No	0.07	No	.	N/A	85.95	.	No
% Adjusted Claims	> 1%	19.69	Yes	31.45	Yes	.	N/A	59.75	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,632	N/A	$2,614	N/A	.	N/A	-0.68	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	187,718	N/A	182,743	N/A	.	N/A	-2.65	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$96	Yes	$98	Yes	.	N/A	2.29	.	Yes
ICF/MR (TOS 05)	N/A	$200	N/A	$164	N/A	.	N/A	-17.81	.	No
Aged/MH (TOS 02)	N/A	$634	N/A	$668	N/A	.	N/A	5.38	.	Yes
IP Psych. < 21 (TOS 04)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	98.87	Yes	98.68	Yes	.	N/A	-0.19	.	Yes
% NF claims with NF Covered Days	N/A	99.77	N/A	99.77	N/A	.	N/A	0.00	.	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	27	N/A	.	N/A	-0.37	.	Yes
% ICF/MR (TOS 05)	>0-20	0.80	Yes	0.61	Yes	.	N/A	-24.71	.	No
% ICF/MR claims with ICF/MR Covered Days	N/A	99.93	N/A	100.00	N/A	.	N/A	0.07	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	0.81	.	Yes
% Aged/MH (TOS 02)	>0-10	0.33	Yes	0.71	Yes	.	N/A	117.83	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	98.70	N/A	97.62	N/A	.	N/A	-1.09	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	8	N/A	7	N/A	.	N/A	-6.21	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	0.63	No	0.99	No	.	N/A	58.53	.	No
% Claims with DX, where length=3	5-30	11.46	Yes	7.76	Yes	.	N/A	-32.32	.	No
% Claims with DX, where length=4	20-50	53.90	No	36.58	Yes	.	N/A	-32.14	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	34.63	Yes	55.67	No	.	N/A	60.72	.	No
Patient Status										
% Home	1-5	0.29	No	0.66	No	.	N/A	127.20	.	No
% Still a Patien	8-98	99.68	No	99.29	No	.	N/A	-0.39	.	Yes
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	74	N/A	134	N/A	.	N/A	81.08	.	No
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$872	N/A	$812	N/A	.	N/A	-6.90	.	Yes
% NF (TOS 07)	75-99	0.00	No	0.00	No	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=4	20-50	.	No	.	No	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-50	.	No	.	No	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	74.32	No	75.37	No	.	N/A	1.41	.	Yes
% Still a Patien	8-98	0.00	No	0.75	No	.	N/A	.	.	N/A
% Died	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	17,344,971	N/A	18,391,572	N/A	.	N/A	6.03	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	8.17	N/A	11.45	N/A	.	N/A	40.13	.	No
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	35.45	N/A	33.40	N/A	.	N/A	-5.78	.	Yes
Total FFS Claims	N/A	15,927,546	N/A	10,141,861	N/A	.	N/A	-36.33	.	No
% Crossover	5-20	3.07	No	4.89	No	.	N/A	59.56	.	No
% Adjusted Claims	> 1%	1.57	Yes	1.71	Yes	.	N/A	8.70	.	Yes
Aver. Amt. Pd Adjust. (include $0)	N/A	$89	N/A	$74	N/A	.	N/A	-17.00	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	37.72	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$95	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	15,439,230	N/A	9,645,719	N/A	.	N/A	-37.52	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	42.75	N/A	2.62	N/A	.	N/A	-93.87	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	4.75	N/A	5.25	N/A	.	N/A	10.62	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS	N/A	34.94	N/A	32.80	N/A	.	N/A	-6.13	.	Yes
% Other Claims with Span Bills/All Other Claims	N/A	44.10	N/A	2.03	N/A	.	N/A	-95.40	.	No
% Claims W/ Service Place 11- Office	50-90	49.08	No	67.02	Yes	.	N/A	36.56	.	No
% Claims W/ Service Place 12 - Home	>0-5	4.84	Yes	8.21	No	.	N/A	69.68	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.49	Yes	4.36	Yes	.	N/A	74.89	.	No
% Claims W/ Service Place 32 - NF	>0-5	0.48	Yes	0.66	Yes	.	N/A	38.35	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	4.41	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	14.03	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	0.27	Yes	0.47	Yes	.	N/A	72.18	.	No
Aver. TPL Paid -claims with TPL	N/A	$50	N/A	$49	N/A	.	N/A	-1.93	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.07	Yes	25.70	Yes	.	N/A	50.59	.	No
% claims MAX TOS 09: Dental	2-20	22.28	No	22.75	No	.	N/A	2.09	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	5.94	Yes	1.62	Yes	.	N/A	-72.67	.	No
% claims MAX TOS 11: OPD	3-25	5.60	Yes	14.10	Yes	.	N/A	152.00	.	No
% claims MAX TOS 12: Clinic	2-25	4.03	Yes	1.84	No	.	N/A	-54.45	.	No
% claims MAX TOS 13: HH	>0-25	0.53	Yes	0.45	Yes	.	N/A	-14.63	.	Yes
% claims MAX TOS 15: Lab/Xray	4-20	19.88	Yes	6.66	Yes	.	N/A	-66.49	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	10.15	Yes	14.06	Yes	.	N/A	38.58	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	6.47	No	5.52	Yes	.	N/A	-14.71	.	Yes
% claims MAX TOS 26: Transportation	>1	1.00	Yes	0.73	No	.	N/A	-27.09	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	0.18	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.09	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.03	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.05	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.33	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	3.41	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.33	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	98.46	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$67	N/A	$50	N/A	.	N/A	-25.13	.	No
08: Physicians	$20-90	$55	Yes	$46	Yes	.	N/A	-15.77	.	No
09: Dental	$10-60	$36	Yes	$35	Yes	.	N/A	-3.08	.	Yes
10: Other Practioner	$10-100	$32	Yes	$30	Yes	.	N/A	-5.20	.	Yes
11: OPD	$20-100	$109	No	$66	Yes	.	N/A	-39.21	.	No
12: Clinic	$20-100	$77	Yes	$76	Yes	.	N/A	-1.09	.	Yes
13: HH	N/A	$119	N/A	$120	N/A	.	N/A	0.79	.	Yes
15: Lab/Xray	10-60	$29	Yes	$9	No	.	N/A	-66.84	.	No
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$35	N/A	$42	N/A	.	N/A	18.45	.	No
51: DME	N/A	$103	Yes	$99	N/A	.	N/A	-3.86	.	Yes
26: Transportation	N/A	$56	N/A	$67	N/A	.	N/A	20.44	.	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$45	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$20	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,809	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$15	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$62	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$50	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.55	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	7.86	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	1.04	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$22	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$58	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$36	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$110	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	56.85	No	77.13	Yes	.	N/A	35.67	.	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.98	Yes	99.99	Yes	.	N/A	0.01	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	61.72	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	4.36	No	5.06	Yes	.	N/A	16.10	.	No
% Claims with DX, where length=4	20-50	74.63	No	65.96	No	.	N/A	-11.62	.	Yes
% Claims with DX, where length=5	20-50	21.01	Yes	28.98	Yes	.	N/A	37.95	.	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	66.02	N/A	99.98	N/A	.	N/A	51.44	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	36.57	N/A	69.39	N/A	.	N/A	89.74	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	38.26	N/A	3.57	N/A	.	N/A	-90.66	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	25.16	N/A	27.03	N/A	.	N/A	7.42	.	Yes
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	7.16	No	100.00	Yes	.	N/A	1296.94	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	488,316	N/A	496,142	N/A	.	N/A	1.60	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	15.66	N/A	13.77	N/A	.	N/A	-12.07	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.90	N/A	13.77	N/A	.	N/A	-0.94	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	5.71	N/A	4.40	N/A	.	N/A	-23.08	.	No
% Other Claims with Span Bills/All Other Claims	N/A	16.59	N/A	13.77	N/A	.	N/A	-16.98	.	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	33.68	N/A	30.06	N/A	.	N/A	-10.75	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.69	N/A	4.37	N/A	.	N/A	18.32	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	34.45	N/A	36.66	N/A	.	N/A	6.40	.	Yes
% claims MAX TOS 12: Clinic	N/A	7.42	N/A	7.46	N/A	.	N/A	0.49	.	Yes
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.02	N/A	.	N/A	-14.70	.	Yes
% claims MAX TOS 15: Lab/Xray	N/A	0.19	N/A	0.36	N/A	.	N/A	85.33	.	No
% claims MAX TOS 19: Other Services	N/A	19.08	N/A	19.75	N/A	.	N/A	3.49	.	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	0.81	N/A	0.80	N/A	.	N/A	-1.55	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.15	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.16	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	3.41	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	1.33	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$61	N/A	$63	N/A	.	N/A	3.23	.	Yes
% Claims with DX	N/A	99.80	N/A	99.81	N/A	.	N/A	0.01	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.89	Yes	99.91	Yes	.	N/A	0.03	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	14.84	Yes	15.38	Yes	.	N/A	3.68	.	Yes
% Claims with DX, where length=4	20-50	44.64	Yes	43.86	Yes	.	N/A	-1.74	.	Yes
% Claims with DX, where length=5	20-50	40.52	Yes	40.75	Yes	.	N/A	0.57	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	8,142,507	N/A	8,556,126	N/A	.	N/A	5.08	.	Yes
% Encounter Claims *	N/A	0.00	N/A	4.50	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	8,142,507	N/A	8,171,370	N/A	.	N/A	0.35	.	Yes
% Adjusted Claims	> 1%	2.24	Yes	8.92	Yes	.	N/A	298.30	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$39	N/A	$54	N/A	.	N/A	38.24	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	8,142,507	N/A	8,171,370	N/A	.	N/A	0.35	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$37	Yes	$42	Yes	.	N/A	12.88	.	Yes
% Claims with TPL	>0 - 15	1.16	Yes	1.44	Yes	.	N/A	24.19	.	No
Aver. TPL Paid for claims with TPL	N/A	$44	N/A	$44	N/A	.	N/A	1.40	.	Yes
% Family Planning Claims (program type=2)	N/A	0.93	N/A	0.84	N/A	.	N/A	-9.65	.	Yes
% Drug Claims (TOS 16)	95-99	99.07	No	100.00	No	.	N/A	0.94	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.78	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.78	Yes	99.74	Yes	.	N/A	-0.04	.	Yes
% Claims with Medispan	98-100	89.94	No	95.97	No	.	N/A	6.70	.	Yes
% Claims with AHFS	98-100	99.78	Yes	99.74	Yes	.	N/A	-0.04	.	Yes
% Claims with Generic (GTC)	98-100	99.78	Yes	99.74	Yes	.	N/A	-0.04	.	Yes
% Claims with GC3	98-100	99.78	Yes	99.74	Yes	.	N/A	-0.04	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	98.88	N/A	78.13	N/A	.	N/A	-20.98	.	No
% Products (codes 4-6)	N/A	0.22	N/A	21.54	N/A	.	N/A	9682.08	.	No
% HRI (code 7)	N/A	0.68	N/A	0.06	N/A	.	N/A	-91.67	.	No
% Claims with Smart Key	98-100	99.78	Yes	99.74	Yes	.	N/A	-0.04	.	Yes
% OTC-Drug Class	N/A	11.25	N/A	11.01	N/A	.	N/A	-2.14	.	Yes
% Prescription-Drug Class	N/A	88.53	N/A	88.73	N/A	.	N/A	0.23	.	Yes
% Multiple Source (Code Y	N/A	71.54	N/A	49.66	N/A	.	N/A	-30.59	.	No
% Single Source (Code N	N/A	28.23	N/A	32.20	N/A	.	N/A	14.04	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	1,002,737	N/A	918,272	N/A	.	N/A	-8.42	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$2,219,627,785	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	6.37	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	19.82	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	18.27	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	20.30	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	8.13	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	26.79	N/A	.	N/A	.	.	N/A	N/A
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	N/A	895,455	N/A	899,702	N/A	.	N/A	0.47	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	713,749	N/A	708,550	N/A	.	N/A	-0.73	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	97.95	No	97.84	No	.	N/A	-0.12	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	77.04	No	94.77	Yes	.	N/A	23.01	.	10% (+/-)	No
#SSNs with duplicate records	N/A	23	N/A	382	N/A	.	N/A	1560.87	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.04	Yes	0.91	Yes	.	N/A	-12.33	.	10% (+/-)	No
% White (Code 1)	N/A	.	N/A	69.30	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	6.75	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	2.85	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	13.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.47	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	3.40	Yes	3.51	Yes	.	N/A	3.15	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	62.72	Yes	62.69	Yes	.	N/A	-0.04	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	7.52	Yes	7.85	Yes	.	N/A	4.39	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	55.70	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	84,970	N/A	104,903	N/A	.	N/A	23.46	.	10% (+/-)	No
% Age > 64 Years who are EDB Duals	>=90%	74.38	No	88.69	No	.	N/A	19.23	.	10% (+/-)	No
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	74.70	No	88.63	No	.	N/A	18.65	.	10% (+/-)	No
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	29.50	No	34.38	Yes	.	N/A	16.52	.	10% (+/-)	No
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	4,228	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	82.59	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	1.87	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	15.54	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	0.95	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	0.52	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.54	Yes	99.63	Yes	.	N/A	0.09	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.98	Yes	99.99	Yes	.	N/A	0.01	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	92.45	Yes	88.78	Yes	.	N/A	-3.97	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	66,595	N/A	70,529	N/A	.	N/A	5.91	.	10% (+/-)	Yes
11: Aged, Cash	N/A	24,867	N/A	25,157	N/A	.	N/A	1.17	.	10% (+/-)	Yes
21: Aged, MN	N/A	5,504	N/A	5,984	N/A	.	N/A	8.72	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	4,342	N/A	5,910	N/A	.	N/A	36.11	.	10% (+/-)	No
41: Other Aged	N/A	31,882	N/A	33,478	N/A	.	N/A	5.01	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	118,008	N/A	121,650	N/A	.	N/A	3.09	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	91,891	N/A	91,404	N/A	.	N/A	-0.53	.	10% (+/-)	Yes
22: Disabled, MN	N/A	7,587	N/A	8,117	N/A	.	N/A	6.99	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	4,466	N/A	5,516	N/A	.	N/A	23.51	.	10% (+/-)	No
42: Other Disabled	N/A	14,064	N/A	16,613	N/A	.	N/A	18.12	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	521,336	N/A	526,058	N/A	.	N/A	0.91	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	129,057	N/A	115,113	N/A	.	N/A	-10.80	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	26,861	N/A	2,757	N/A	.	N/A	-89.74	.	10% (+/-)	No
24: AFDC Child, MN	N/A	98	N/A	82	N/A	.	N/A	-16.33	.	10% (+/-)	No
34: Child Poverty	N/A	192,060	N/A	225,766	N/A	.	N/A	17.55	.	10% (+/-)	No
44: Other Child	N/A	154,155	N/A	166,576	N/A	.	N/A	8.06	.	10% (+/-)	Yes
48: Foster Care Child	N/A	19,105	N/A	15,764	N/A	.	N/A	-17.49	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	189,516	N/A	181,464	N/A	.	N/A	-4.25	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	67,020	N/A	59,422	N/A	.	N/A	-11.34	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	22,142	N/A	4,101	N/A	.	N/A	-81.48	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	127	N/A	100	N/A	.	N/A	-21.26	.	10% (+/-)	No
35: Adult, Poverty	N/A	55,300	N/A	58,211	N/A	.	N/A	5.26	.	10% (+/-)	Yes
45: Other Adult	N/A	44,927	N/A	59,630	N/A	.	N/A	32.73	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	692,269	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.58	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.42	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	9.12	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	161,636	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	65.89	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	592,848	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	99.02	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	1.07	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.50	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	304,968	N/A	587,016	N/A	.	N/A	92.48	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Aged	N/A	0.02	N/A	0.01	N/A	.	N/A	-39.70	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	0.51	N/A	0.50	N/A	.	N/A	-2.77	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	75.40	N/A	78.11	N/A	.	N/A	3.60	.	25% (+)	Yes
% Total Non-PCCM MC Adult	N/A	24.07	N/A	21.38	N/A	.	N/A	-11.17	.	25% (+)	No
Total Non-PCCM MC PYE	N/A	.	N/A	393,972	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	692,310	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	59.11	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.53	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	40.35	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$575,434,080	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$575,434,080	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	1.28	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.29	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$122	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$575,382,973	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	587,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

1998-1999 MAX PSF Validation Table
State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$51,107	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	5,832	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$202,344,104	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$42,875,753	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$1,446,598	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$11,262,340	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$146,759,413	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$345	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$73	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$2	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$19	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$250	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	505,764	N/A	208,303	N/A	.	N/A	-58.81	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	457,922	N/A	155,977	N/A	.	N/A	-65.94	.	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	398,611	N/A	137,964	N/A	.	N/A	-65.39	.	15% (+/-)	No
MAX Aged Total	N/A	16,834	N/A	7,995	N/A	.	N/A	-52.51	.	10% (+/-)	No
11: Aged, Cash	N/A	6,322	N/A	5,257	N/A	.	N/A	-16.85	.	10% (+/-)	No
21: Aged, MN	N/A	1,392	N/A	297	N/A	.	N/A	-78.66	.	10% (+/-)	No
31: Aged, Poverty	N/A	905	N/A	186	N/A	.	N/A	-79.45	.	10% (+/-)	No
41: Other Aged	N/A	8,215	N/A	2,255	N/A	.	N/A	-72.55	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	81,707	N/A	77,093	N/A	.	N/A	-5.65	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	70,894	N/A	67,498	N/A	.	N/A	-4.79	.	10% (+/-)	Yes
22: Disabled, MN	N/A	2,825	N/A	1,805	N/A	.	N/A	-36.11	.	10% (+/-)	No
32: Disabled, Poverty	N/A	919	N/A	111	N/A	.	N/A	-87.92	.	10% (+/-)	No
42: Other Disabled	N/A	7,069	N/A	7,679	N/A	.	N/A	8.63	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	291,392	N/A	67,544	N/A	.	N/A	-76.82	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	67,785	N/A	14,330	N/A	.	N/A	-78.86	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	14,728	N/A	346	N/A	.	N/A	-97.65	.	10% (+/-)	No
24: AFDC Child, MN	N/A	97	N/A	73	N/A	.	N/A	-24.74	.	10% (+/-)	No
34: Child Poverty	N/A	107,349	N/A	20,618	N/A	.	N/A	-80.79	.	10% (+/-)	No
44: Other Child	N/A	83,188	N/A	18,189	N/A	.	N/A	-78.14	.	10% (+/-)	No
48: Foster Care Child	N/A	18,245	N/A	13,988	N/A	.	N/A	-23.33	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	115,831	N/A	55,670	N/A	.	N/A	-51.94	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	35,262	N/A	12,253	N/A	.	N/A	-65.25	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	12,487	N/A	1,142	N/A	.	N/A	-90.85	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	70	N/A	42	N/A	.	N/A	-40.00	.	10% (+/-)	No
35: Adult, Poverty	N/A	44,283	N/A	33,360	N/A	.	N/A	-24.67	.	10% (+/-)	No
45: Other Adult	N/A	23,729	N/A	8,873	N/A	.	N/A	-62.61	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	4,202	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,079,687,284	N/A	$670,732,323	N/A	.	N/A	-37.88	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$2,135	N/A	$3,220	N/A	.	N/A	50.84	.	15% (+/-)	No

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,358	N/A	$4,300	N/A	.	N/A	82.38	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,728	N/A	$5,099	N/A	.	N/A	-10.97	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,895	N/A	$4,370	N/A	.	N/A	12.19	.	15% (+/-)	Yes
21: Aged, MN	N/A	$4,601	N/A	$6,541	N/A	.	N/A	42.17	.	15% (+/-)	No
31: Aged, Poverty	N/A	$533	N/A	$356	N/A	.	N/A	-33.12	.	15% (+/-)	No
41: Other Aged	N/A	$7,902	N/A	$7,000	N/A	.	N/A	-11.41	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$6,018	N/A	$6,618	N/A	.	N/A	9.97	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,496	N/A	$5,956	N/A	.	N/A	8.37	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$6,520	N/A	$10,797	N/A	.	N/A	65.60	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$526	N/A	$2,751	N/A	.	N/A	423.15	.	15% (+/-)	No
42: Other Disabled	N/A	$11,769	N/A	$11,512	N/A	.	N/A	-2.18	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$844	N/A	$555	N/A	.	N/A	-34.23	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$836	N/A	$482	N/A	.	N/A	-42.36	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$869	N/A	$121	N/A	.	N/A	-86.07	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$1,754	N/A	$2,596	N/A	.	N/A	47.98	.	15% (+/-)	No
34: Child, Poverty	N/A	$787	N/A	$382	N/A	.	N/A	-51.43	.	15% (+/-)	No
44: Other Child	N/A	$935	N/A	$483	N/A	.	N/A	-48.38	.	15% (+/-)	No
48: Foster Care Child	N/A	$763	N/A	$978	N/A	.	N/A	28.15	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,121	N/A	$1,478	N/A	.	N/A	-30.34	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$2,367	N/A	$1,184	N/A	.	N/A	-49.98	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$1,770	N/A	$304	N/A	.	N/A	-82.85	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$1,688	N/A	$1,360	N/A	.	N/A	-19.41	.	15% (+/-)	No
35: Adult, Poverty	N/A	$2,125	N/A	$1,731	N/A	.	N/A	-18.55	.	15% (+/-)	No
45: Other Adult	N/A	$1,935	N/A	$1,083	N/A	.	N/A	-44.01	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$221,368,899	N/A	$205,905,176	N/A	.	N/A	-6.99	.	15% (+/-)	Yes
IP: Number of Users	N/A	23,878	N/A	19,813	N/A	.	N/A	-17.02	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$9,271	N/A	$10,392	N/A	.	N/A	12.10	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	9	N/A	7	N/A	.	N/A	-13.83	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$2,436,261	N/A	$4,741,725	N/A	.	N/A	94.63	.	15% (+/-)	No
MH Aged: Number of Users	N/A	420	N/A	711	N/A	.	N/A	69.29	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$5,801	N/A	$6,669	N/A	.	N/A	14.97	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$2,967,108	N/A	$1,931,808	N/A	.	N/A	-34.89	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	53	N/A	36	N/A	.	N/A	-32.08	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$55,983	N/A	$53,661	N/A	.	N/A	-4.15	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$89,982,952	N/A	$42,845,113	N/A	.	N/A	-52.39	.	15% (+/-)	No
NF Number of Users	N/A	7,131	N/A	2,498	N/A	.	N/A	-64.97	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$12,619	N/A	$17,152	N/A	.	N/A	35.92	.	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$73,255,340	N/A	$80,771,369	N/A	.	N/A	10.26	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	164,350	N/A	121,983	N/A	.	N/A	-25.78	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$446	N/A	$662	N/A	.	N/A	48.56	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$42,653,763	N/A	$14,109,351	N/A	.	N/A	-66.92	.	15% (+/-)	No
Dental: Number of Users	N/A	153,426	N/A	46,219	N/A	.	N/A	-69.88	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$278	N/A	$305	N/A	.	N/A	9.81	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$14,036,402	N/A	$2,597,345	N/A	.	N/A	-81.50	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	72,308	N/A	26,088	N/A	.	N/A	-63.92	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$194	N/A	$100	N/A	.	N/A	-48.71	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$48,441,591	N/A	$67,054,069	N/A	.	N/A	38.42	.	15% (+/-)	No
OPD Number of Users	N/A	76,668	N/A	71,096	N/A	.	N/A	-7.27	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$632	N/A	$943	N/A	.	N/A	49.27	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$18,589,379	N/A	$9,962,163	N/A	.	N/A	-46.41	.	15% (+/-)	No
Clinic: Number of Users	N/A	22,677	N/A	18,404	N/A	.	N/A	-18.84	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$820	N/A	$541	N/A	.	N/A	-33.97	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$4,804,927	N/A	$4,194,533	N/A	.	N/A	-12.70	.	15% (+/-)	Yes
HH: Number of Users	N/A	2,896	N/A	2,621	N/A	.	N/A	-9.50	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,659	N/A	$1,600	N/A	.	N/A	-3.54	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$45,968,234	N/A	$4,252,679	N/A	.	N/A	-90.75	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	123,856	N/A	50,277	N/A	.	N/A	-59.41	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$371	N/A	$85	N/A	.	N/A	-77.21	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$136,224,185	N/A	$142,448,896	N/A	.	N/A	4.57	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	160,809	N/A	118,707	N/A	.	N/A	-26.18	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$847	N/A	$1,200	N/A	.	N/A	41.66	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$21,877,138	N/A	$24,455,749	N/A	.	N/A	11.79	.	15% (+/-)	Yes
Other Services: Number of Users	N/A	$106,483	N/A	$52,232	N/A	.	N/A	-50.95	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$205	N/A	$468	N/A	.	N/A	127.89	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$3,277,754	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	11,196	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$293	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$669,631	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,793	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$240	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,695,097	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	5,473	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$310	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,070,801	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	359	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,768	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$30,748,590	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	30,245	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$1,017	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$675	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	1	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$675	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$6,543,467	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	12,616	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$519	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$1,488,197	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	2,100	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$709	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$438	N/A	$988	N/A	.	N/A	125.84	.	15% (+/-)	No
Aged	N/A	$744	N/A	$1,287	N/A	.	N/A	73.08	.	15% (+/-)	No
Disabled	N/A	$1,842	N/A	$1,968	N/A	.	N/A	6.82	.	15% (+/-)	Yes
Child	N/A	$56	N/A	$131	N/A	.	N/A	133.52	.	15% (+/-)	No
Adult	N/A	$362	N/A	$630	N/A	.	N/A	73.76	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$189	N/A	$238	N/A	.	N/A	26.05	.	15% (+/-)	No
Aged	N/A	$3,276	N/A	$1,265	N/A	.	N/A	-61.39	.	15% (+/-)	No
Disabled	N/A	$486	N/A	$509	N/A	.	N/A	4.73	.	15% (+/-)	Yes
Child	N/A	$0	N/A	$1	N/A	.	N/A	170.01	.	15% (+/-)	No
Adult	N/A	$4	N/A	$3	N/A	.	N/A	-33.68	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$269	N/A	$684	N/A	.	N/A	153.90	.	15% (+/-)	No
Aged	N/A	$737	N/A	$889	N/A	.	N/A	20.50	.	15% (+/-)	No
Disabled	N/A	$1,409	N/A	$1,645	N/A	.	N/A	16.81	.	15% (+/-)	No
Child	N/A	$16	N/A	$66	N/A	.	N/A	309.38	.	15% (+/-)	No
Adult	N/A	$35	N/A	$73	N/A	.	N/A	109.27	.	15% (+/-)	No
All Other Services	N/A	$1,205	N/A	$1,310	N/A	.	N/A	8.70	.	15% (+/-)	Yes
Aged	N/A	$965	N/A	$1,658	N/A	.	N/A	71.82	.	15% (+/-)	No
Disabled	N/A	$2,264	N/A	$2,496	N/A	.	N/A	10.25	.	15% (+/-)	Yes
Child	N/A	$748	N/A	$357	N/A	.	N/A	-52.26	.	15% (+/-)	No
Adult	N/A	$1,641	N/A	$773	N/A	.	N/A	-52.93	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	4.72	N/A	9.51	N/A	.	N/A	101.47	.	15% (+/-)	No
Aged	N/A	14.39	N/A	10.72	N/A	.	N/A	-25.53	.	15% (+/-)	No
Disabled	N/A	12.76	N/A	12.61	N/A	.	N/A	-1.20	.	15% (+/-)	Yes
Child	N/A	0.76	N/A	1.76	N/A	.	N/A	132.58	.	15% (+/-)	No
Adult	N/A	7.61	N/A	14.45	N/A	.	N/A	89.82	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	1.50	N/A	1.54	N/A	.	N/A	2.63	.	15% (+/-)	Yes
Aged	N/A	29.39	N/A	6.82	N/A	.	N/A	-76.80	.	15% (+/-)	No
Disabled	N/A	3.12	N/A	3.40	N/A	.	N/A	8.94	.	15% (+/-)	Yes
Child	N/A	0.00	N/A	0.01	N/A	.	N/A	331.41	.	15% (+/-)	No
Adult	N/A	0.08	N/A	0.07	N/A	.	N/A	-13.11	.	15% (+/-)	Yes
% with ratio of LT days/enroll days > 1	N/A	41.85	N/A	2.90	N/A	.	N/A	-93.08	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	31.80	N/A	56.99	N/A	.	N/A	79.23	.	15% (+/-)	No
Aged	N/A	76.67	N/A	74.40	N/A	.	N/A	-2.97	.	15% (+/-)	Yes
Disabled	N/A	80.82	N/A	82.34	N/A	.	N/A	1.88	.	15% (+/-)	Yes
Child	N/A	15.34	N/A	35.51	N/A	.	N/A	131.42	.	15% (+/-)	No
Adult	N/A	32.07	N/A	45.44	N/A	.	N/A	41.67	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	88.03	N/A	69.77	N/A	.	N/A	-20.74	.	15% (+/-)	No
Aged	N/A	72.51	N/A	76.96	N/A	.	N/A	6.14	.	15% (+/-)	Yes

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Disabled	N/A	86.82	N/A	87.83	N/A	.	N/A	1.17	.	15% (+/-)	Yes
Child	N/A	91.35	N/A	56.22	N/A	.	N/A	-38.46	.	15% (+/-)	No
Adult	N/A	82.79	N/A	60.18	N/A	.	N/A	-27.31	.	15% (+/-)	No
Avg # IP Days per User	N/A	9	N/A	7	N/A	.	N/A	-13.83	.	15% (+/-)	Yes
Aged	N/A	6	N/A	7	N/A	.	N/A	31.51	.	15% (+/-)	No
Disabled	N/A	12	N/A	10	N/A	.	N/A	-19.48	.	15% (+/-)	No
Child	N/A	7	N/A	6	N/A	.	N/A	-20.15	.	15% (+/-)	No
Adult	N/A	5	N/A	5	N/A	.	N/A	-13.60	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	194	N/A	119	N/A	.	N/A	-38.80	.	15% (+/-)	No
Aged	N/A	212	N/A	177	N/A	.	N/A	-16.79	.	15% (+/-)	No
Disabled	N/A	164	N/A	108	N/A	.	N/A	-33.96	.	15% (+/-)	No
Child	N/A	216	N/A	45	N/A	.	N/A	-79.20	.	15% (+/-)	No
Adult	N/A	21	N/A	15	N/A	.	N/A	-30.43	.	15% (+/-)	No
% Enrollees with Delivery	N/A	1.97	N/A	4.16	N/A	.	N/A	111.72	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,603,033	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	13,209	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$121	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$811,202	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	3,502	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$232	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$12,911,081	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	29,644	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$436	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$8,713,829	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	10,414	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$837	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	84,723	N/A	104,383	N/A	.	N/A	23.21	.	15% (+/-)	No
Number of EDB Dual FFS Recipients	N/A	78,759	N/A	94,812	N/A	.	N/A	20.38	.	15% (+/-)	No
Total EDB Dual FFS PYE	N/A	78,553	N/A	88,412	N/A	.	N/A	12.55	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	4.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	5.79	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	43.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	3.60	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	6.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.90	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	2.58	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	33.45	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.73	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	9.53	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	49,705	N/A	62,469	N/A	.	N/A	25.68	.	10% (+/-)	No

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11: Aged, Cash	N/A	18,523	N/A	19,869	N/A	.	N/A	7.27	.	10% (+/-)	Yes
21: Aged, MN	N/A	4,111	N/A	5,687	N/A	.	N/A	38.34	.	10% (+/-)	No
31: Aged, Poverty	N/A	3,435	N/A	5,723	N/A	.	N/A	66.61	.	10% (+/-)	No
41: Other Aged	N/A	23,636	N/A	31,190	N/A	.	N/A	31.96	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	34,736	N/A	41,628	N/A	.	N/A	19.84	.	10% (+/-)	No
12: Disabled, Cash	N/A	19,496	N/A	21,157	N/A	.	N/A	8.52	.	10% (+/-)	Yes
22: Disabled, MN	N/A	4,728	N/A	6,245	N/A	.	N/A	32.09	.	10% (+/-)	No
32: Disabled, Poverty	N/A	3,539	N/A	5,386	N/A	.	N/A	52.19	.	10% (+/-)	No
42: Other Disabled	N/A	6,973	N/A	8,840	N/A	.	N/A	26.77	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	96,927	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.45	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	4.22	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	94.34	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	50.91	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	47.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.65	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$665,157,635	N/A	$743,985,121	N/A	.	N/A	11.85	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$7,851	N/A	$7,127	N/A	.	N/A	-9.22	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$8,445	N/A	$7,847	N/A	.	N/A	-7.09	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$9,949	N/A	$8,882	N/A	.	N/A	-10.73	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,420	N/A	$3,361	N/A	.	N/A	-1.73	.	15% (+/-)	Yes
21: Aged, MN	N/A	$9,068	N/A	$8,103	N/A	.	N/A	-10.64	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$677	N/A	$486	N/A	.	N/A	-28.20	.	15% (+/-)	No
41: Other Aged	N/A	$16,566	N/A	$14,081	N/A	.	N/A	-15.00	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$4,887	N/A	$4,525	N/A	.	N/A	-7.41	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$3,647	N/A	$3,619	N/A	.	N/A	-0.76	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$5,570	N/A	$5,315	N/A	.	N/A	-4.59	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,322	N/A	$797	N/A	.	N/A	-39.68	.	15% (+/-)	No
42: Other Disabled	N/A	$9,703	N/A	$8,408	N/A	.	N/A	-13.35	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$21,799,935	N/A	$22,053,237	N/A	.	N/A	1.16	.	15% (+/-)	Yes
IP: Number of Users	N/A	12,247	N/A	9,827	N/A	.	N/A	-19.76	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,780	N/A	$2,244	N/A	.	N/A	26.07	.	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	3	N/A	7	N/A	.	N/A	133.00	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$292,011	N/A	$562,769	N/A	.	N/A	92.72	.	15% (+/-)	No
MH Aged: Number of Users	N/A	98	N/A	188	N/A	.	N/A	91.84	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$2,980	N/A	$2,993	N/A	.	N/A	0.46	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$5,666,176	N/A	$3,319,501	N/A	.	N/A	-41.42	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	91	N/A	62	N/A	.	N/A	-31.87	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$62,266	N/A	$53,540	N/A	.	N/A	-14.01	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$397,731,153	N/A	$439,787,567	N/A	.	N/A	10.57	.	15% (+/-)	Yes
NF Number of Users	N/A	$15,863	N/A	$20,249	N/A	.	N/A	27.65	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$25,073	N/A	$21,719	N/A	.	N/A	-13.38	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$6,200,884	N/A	$7,460,876	N/A	.	N/A	20.32	.	15% (+/-)	No
Physician: Number of Users	N/A	51,492	N/A	58,554	N/A	.	N/A	13.71	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$120	N/A	$127	N/A	.	N/A	5.81	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$8,231,434	N/A	$8,697,301	N/A	.	N/A	5.66	.	15% (+/-)	Yes
Dental: Number of Users	N/A	25,138	N/A	27,508	N/A	.	N/A	9.43	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$327	N/A	$316	N/A	.	N/A	-3.44	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,515,723	N/A	$1,418,024	N/A	.	N/A	-6.45	.	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	21,104	N/A	21,989	N/A	.	N/A	4.19	.	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$72	N/A	$64	N/A	.	N/A	-10.21	.	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$22,652,789	N/A	$27,128,507	N/A	.	N/A	19.76	.	15% (+/-)	No
OPD Number of Users	N/A	36,367	N/A	42,432	N/A	.	N/A	16.68	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$623	N/A	$639	N/A	.	N/A	2.64	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$6,497,512	N/A	$1,649,921	N/A	.	N/A	-74.61	.	15% (+/-)	No
Clinic: Number of Users	N/A	6,179	N/A	5,650	N/A	.	N/A	-8.56	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$1,052	N/A	$292	N/A	.	N/A	-72.23	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$940,560	N/A	$891,379	N/A	.	N/A	-5.23	.	15% (+/-)	Yes
HH: Number of Users	N/A	567	N/A	793	N/A	.	N/A	39.86	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,659	N/A	$1,124	N/A	.	N/A	-32.24	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$1,829,608	N/A	$279,654	N/A	.	N/A	-84.72	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	9,933	N/A	5,917	N/A	.	N/A	-40.43	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$184	N/A	$47	N/A	.	N/A	-74.34	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$160,940,562	N/A	$189,725,389	N/A	.	N/A	17.89	.	15% (+/-)	No
Drugs: Number of Users	N/A	73,020	N/A	86,375	N/A	.	N/A	18.29	.	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	$2,204	N/A	$2,197	N/A	.	N/A	-0.34	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$7,111,609	N/A	$10,500,803	N/A	.	N/A	47.66	.	15% (+/-)	No
Other Services: Number of Users	N/A	$29,096	N/A	$34,389	N/A	.	N/A	18.19	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$244	N/A	$305	N/A	.	N/A	24.93	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$858,173	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	6,853	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$125	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$56,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	666	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$85	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$114,680	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	908	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$3,423,246	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	771	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,440	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$20,062,774	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	22,810	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$880	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$19,320	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	23	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$840	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$1,317,562	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,263	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$582	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$4,411,691	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,286	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,431	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$257	N/A	$211	N/A	.	N/A	-17.89	.	15% (+/-)	No
Aged	N/A	$213	N/A	$169	N/A	.	N/A	-20.67	.	15% (+/-)	No
Disabled	N/A	$318	N/A	$270	N/A	.	N/A	-15.26	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$4,765	N/A	$4,250	N/A	.	N/A	-10.80	.	15% (+/-)	Yes
Aged	N/A	$7,355	N/A	$6,491	N/A	.	N/A	-11.75	.	15% (+/-)	Yes
Disabled	N/A	$1,097	N/A	$916	N/A	.	N/A	-16.44	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,900	N/A	$1,818	N/A	.	N/A	-4.32	.	15% (+/-)	Yes
Aged	N/A	$1,582	N/A	$1,468	N/A	.	N/A	-7.16	.	15% (+/-)	Yes
Disabled	N/A	$2,364	N/A	$2,349	N/A	.	N/A	-0.65	.	15% (+/-)	Yes
All Other Services	N/A	$921	N/A	$848	N/A	.	N/A	-7.89	.	15% (+/-)	Yes
Aged	N/A	$796	N/A	$753	N/A	.	N/A	-5.37	.	15% (+/-)	Yes
Disabled	N/A	$1,092	N/A	$990	N/A	.	N/A	-9.37	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.46	N/A	9.41	N/A	.	N/A	-34.87	.	15% (+/-)	No
Aged	N/A	14.03	N/A	9.10	N/A	.	N/A	-35.11	.	15% (+/-)	No
Disabled	N/A	15.06	N/A	9.84	N/A	.	N/A	-34.69	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	18.93	N/A	19.62	N/A	.	N/A	3.64	.	15% (+/-)	Yes
Aged	N/A	29.23	N/A	29.85	N/A	.	N/A	2.13	.	15% (+/-)	Yes
Disabled	N/A	4.34	N/A	4.39	N/A	.	N/A	1.08	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	86.19	N/A	82.75	N/A	.	N/A	-3.99	.	15% (+/-)	Yes
Aged	N/A	87.74	N/A	84.53	N/A	.	N/A	-3.66	.	15% (+/-)	Yes
Disabled	N/A	84.12	N/A	80.13	N/A	.	N/A	-4.74	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	85.17	N/A	80.22	N/A	.	N/A	-5.80	.	15% (+/-)	Yes
Aged	N/A	82.89	N/A	77.73	N/A	.	N/A	-6.22	.	15% (+/-)	Yes
Disabled	N/A	88.36	N/A	84.01	N/A	.	N/A	-4.93	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	3	N/A	7	N/A	.	N/A	133.00	.	15% (+/-)	No
Aged	N/A	3	N/A	7	N/A	.	N/A	164.82	.	15% (+/-)	No
Disabled	N/A	4	N/A	8	N/A	.	N/A	103.83	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	312	N/A	223	N/A	.	N/A	-28.46	.	15% (+/-)	No
Aged	N/A	316	N/A	225	N/A	.	N/A	-28.59	.	15% (+/-)	No
Disabled	N/A	280	N/A	203	N/A	.	N/A	-27.39	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$253,031	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1418	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$178	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$27,320	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	149	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$183	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,249,566	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	6280	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$199	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$865,585	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	543	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,594	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	590,487	N/A	312,686	N/A	.	N/A	-47.05	.	15% (+/-)	**No**
# FFS Recipients	N/A	536,681	N/A	250,789	N/A	.	N/A	-53.27	.	15% (+/-)	No
% Enrollees who are Recipients	65-90%	.	N/A	80.20	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	90.06	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	91.37	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	62.05	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	66.03	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	477,164	N/A	226,376	N/A	.	N/A	-52.56	.	15% (+/-)	No
MAX Aged Total	N/A	66,539	N/A	70,464	N/A	.	N/A	5.90	.	10% (+/-)	Yes
11: Aged, Cash	N/A	24,845	N/A	25,126	N/A	.	N/A	1.13	.	10% (+/-)	Yes
21: Aged, MN	N/A	5,503	N/A	5,984	N/A	.	N/A	8.74	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	4,340	N/A	5,909	N/A	.	N/A	36.15	.	10% (+/-)	No
41: Other Aged	N/A	31,851	N/A	33,445	N/A	.	N/A	5.00	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	116,443	N/A	118,721	N/A	.	N/A	1.96	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	90,390	N/A	88,655	N/A	.	N/A	-1.92	.	10% (+/-)	Yes
22: Disabled, MN	N/A	7,553	N/A	8,050	N/A	.	N/A	6.58	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	4,458	N/A	5,497	N/A	.	N/A	23.31	.	10% (+/-)	No
42: Other Disabled	N/A	14,042	N/A	16,519	N/A	.	N/A	17.64	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	291,400	N/A	67,553	N/A	.	N/A	-76.82	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	67,785	N/A	14,330	N/A	.	N/A	-78.86	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	14,728	N/A	346	N/A	.	N/A	-97.65	.	10% (+/-)	No
24: AFDC Child, MN	N/A	97	N/A	73	N/A	.	N/A	-24.74	.	10% (+/-)	No
34: Child Poverty	N/A	107,354	N/A	20,621	N/A	.	N/A	-80.79	.	10% (+/-)	No
44: Other Child	N/A	83,189	N/A	18,191	N/A	.	N/A	-78.13	.	10% (+/-)	No
48: Foster Care Child	N/A	18,247	N/A	13,992	N/A	.	N/A	-23.32	.	10% (+/-)	No
54: 1115 Child	N/A	18,247	N/A	13,992	N/A	.	N/A	-23.32	.	10% (+/-)	No
MAX Adult Total	N/A	116,105	N/A	55,947	N/A	.	N/A	-51.81	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	35,386	N/A	12,339	N/A	.	N/A	-65.13	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	12,504	N/A	1,146	N/A	.	N/A	-90.83	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	72	N/A	45	N/A	.	N/A	-37.50	.	10% (+/-)	No

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35: Adult, Poverty	N/A	44,345	N/A	33,439	N/A	.	N/A	-24.59	.	10% (+/-)	No
45: Other Adult	N/A	23,798	N/A	8,978	N/A	.	N/A	-62.27	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,744,844,919	N/A	$1,414,717,444	N/A	.	N/A	-18.92	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$2,955	N/A	$4,524	N/A	.	N/A	53.11	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,251	N/A	$5,641	N/A	.	N/A	73.51	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$8,881	N/A	$8,452	N/A	.	N/A	-4.82	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,541	N/A	$3,572	N/A	.	N/A	0.88	.	15% (+/-)	Yes
21: Aged, MN	N/A	$7,938	N/A	$8,025	N/A	.	N/A	1.10	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$647	N/A	$482	N/A	.	N/A	-25.50	.	15% (+/-)	No
41: Other Aged	N/A	$14,331	N/A	$13,604	N/A	.	N/A	-5.08	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$5,681	N/A	$5,884	N/A	.	N/A	3.58	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,097	N/A	$5,398	N/A	.	N/A	5.91	.	15% (+/-)	Yes
22: Disabled, MN	N/A	$5,925	N/A	$6,544	N/A	.	N/A	10.44	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$1,158	N/A	$837	N/A	.	N/A	-27.73	.	15% (+/-)	No
42: Other Disabled	N/A	$10,743	N/A	$9,851	N/A	.	N/A	-8.30	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$844	N/A	$556	N/A	.	N/A	-34.13	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$836	N/A	$482	N/A	.	N/A	-42.36	.	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	$869	N/A	$121	N/A	.	N/A	-86.07	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$1,754	N/A	$2,596	N/A	.	N/A	47.98	.	15% (+/-)	No
34: Child, Poverty	N/A	$787	N/A	$383	N/A	.	N/A	-51.35	.	15% (+/-)	No
44: Other Child	N/A	$935	N/A	$484	N/A	.	N/A	-48.26	.	15% (+/-)	No
48: Foster Care Child	N/A	$764	N/A	$980	N/A	.	N/A	28.31	.	15% (+/-)	No
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,124	N/A	$1,483	N/A	.	N/A	-30.15	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$2,369	N/A	$1,190	N/A	.	N/A	-49.78	.	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	$1,770	N/A	$304	N/A	.	N/A	-82.80	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$1,669	N/A	$1,546	N/A	.	N/A	-7.39	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$2,127	N/A	$1,736	N/A	.	N/A	-18.39	.	15% (+/-)	No
45: Other Adult	N/A	$1,938	N/A	$1,095	N/A	.	N/A	-43.51	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$243,168,834	N/A	$227,958,413	N/A	.	N/A	-6.26	.	15% (+/-)	Yes
IP: Number of Users	N/A	36,125	N/A	29,640	N/A	.	N/A	-17.95	.	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$6,731	N/A	$7,691	N/A	.	N/A	14.26	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	.	N/A	9.08	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$2,728,272	N/A	$5,304,494	N/A	.	N/A	94.43	.	15% (+/-)	No
MH Aged: Number of Users	N/A	518	N/A	899	N/A	.	N/A	73.55	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$5,267	N/A	$5,900	N/A	.	N/A	12.03	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$8,633,284	N/A	$5,251,309	N/A	.	N/A	-39.17	.	15% (+/-)	No
ICF/MR: Number of Users	N/A	144	N/A	98	N/A	.	N/A	-31.94	.	15% (+/-)	No

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ICF/MR: Avg Medicaid Pd per User	N/A	$59,953	N/A	$53,585	N/A	.	N/A	-10.62	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$487,714,105	N/A	$482,632,680	N/A	.	N/A	-1.04	.	15% (+/-)	Yes
NF Number of Users	N/A	$22,994	N/A	$22,747	N/A	.	N/A	-1.07	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$21,210	N/A	$21,217	N/A	.	N/A	0.03	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$79,456,224	N/A	$88,232,245	N/A	.	N/A	11.05	.	15% (+/-)	Yes
Physician: Number of Users	N/A	215,842	N/A	180,537	N/A	.	N/A	-16.36	.	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$368	N/A	$489	N/A	.	N/A	32.76	.	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$50,885,197	N/A	$22,806,652	N/A	.	N/A	-55.18	.	15% (+/-)	No
Dental: Number of Users	N/A	178,564	N/A	73,727	N/A	.	N/A	-58.71	.	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$285	N/A	$309	N/A	.	N/A	8.55	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$15,552,125	N/A	$4,015,369	N/A	.	N/A	-74.18	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	93,412	N/A	48,077	N/A	.	N/A	-48.53	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$166	N/A	$84	N/A	.	N/A	-49.83	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$71,094,380	N/A	$94,182,576	N/A	.	N/A	32.48	.	15% (+/-)	No
OPD Number of Users	N/A	113,035	N/A	113,528	N/A	.	N/A	0.44	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$629	N/A	$830	N/A	.	N/A	31.90	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$25,086,891	N/A	$11,612,084	N/A	.	N/A	-53.71	.	15% (+/-)	No
Clinic: Number of Users	N/A	28,856	N/A	24,054	N/A	.	N/A	-16.64	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$869	N/A	$483	N/A	.	N/A	-44.47	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$5,745,487	N/A	$5,085,912	N/A	.	N/A	-11.48	.	15% (+/-)	Yes
HH: Number of Users	N/A	3,463	N/A	3,414	N/A	.	N/A	-1.41	.	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$1,659	N/A	$1,490	N/A	.	N/A	-10.21	.	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$47,797,842	N/A	$4,532,333	N/A	.	N/A	-90.52	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	133,789	N/A	56,194	N/A	.	N/A	-58.00	.	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$357	N/A	$81	N/A	.	N/A	-77.42	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$297,164,747	N/A	$332,174,285	N/A	.	N/A	11.78	.	15% (+/-)	Yes
Drugs: Number of Users	N/A	233,829	N/A	205,082	N/A	.	N/A	-12.29	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,271	N/A	$1,620	N/A	.	N/A	27.45	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$28,988,747	N/A	$34,956,552	N/A	.	N/A	20.59	.	15% (+/-)	No
Other Services: Number of Users	N/A	$135,579	N/A	$86,621	N/A	.	N/A	-36.11	.	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$214	N/A	$404	N/A	.	N/A	88.74	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$4,135,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	18,049	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$229	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$726,059	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,459	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$210	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,809,777	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	6,381	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$284	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$5,494,047	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	1,130	N/A	.	N/A	.	.	15% (+/-)	N/A

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State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,862	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$50,811,364	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	53,055	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$958	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$19,995	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	24	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$833	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$7,861,029	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	14,879	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$528	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$5,899,888	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	3,386	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,742	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$412	N/A	$729	N/A	.	N/A	77.03	.	15% (+/-)	No
Aged	N/A	$347	N/A	$296	N/A	.	N/A	-14.81	.	15% (+/-)	Yes
Disabled	N/A	$1,388	N/A	$1,372	N/A	.	N/A	-1.09	.	15% (+/-)	Yes
Child	N/A	$56	N/A	$131	N/A	.	N/A	133.67	.	15% (+/-)	No
Adult	N/A	$363	N/A	$631	N/A	.	N/A	73.97	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$845	N/A	$1,577	N/A	.	N/A	86.62	.	15% (+/-)	No
Aged	N/A	$6,323	N/A	$5,898	N/A	.	N/A	-6.72	.	15% (+/-)	Yes
Disabled	N/A	$668	N/A	$652	N/A	.	N/A	-2.45	.	15% (+/-)	Yes
Child	N/A	$0	N/A	$1	N/A	.	N/A	169.98	.	15% (+/-)	No
Adult	N/A	$4	N/A	$3	N/A	.	N/A	-28.42	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$503	N/A	$1,062	N/A	.	N/A	111.09	.	15% (+/-)	No
Aged	N/A	$1,368	N/A	$1,403	N/A	.	N/A	2.52	.	15% (+/-)	Yes
Disabled	N/A	$1,694	N/A	$1,892	N/A	.	N/A	11.71	.	15% (+/-)	Yes
Child	N/A	$16	N/A	$66	N/A	.	N/A	309.53	.	15% (+/-)	No
Adult	N/A	$36	N/A	$76	N/A	.	N/A	109.36	.	15% (+/-)	No
All Other Services	N/A	$1,164	N/A	$1,156	N/A	.	N/A	-0.73	.	15% (+/-)	Yes
Aged	N/A	$839	N/A	$856	N/A	.	N/A	2.05	.	15% (+/-)	Yes
Disabled	N/A	$1,915	N/A	$1,968	N/A	.	N/A	2.79	.	15% (+/-)	Yes
Child	N/A	$748	N/A	$358	N/A	.	N/A	-52.21	.	15% (+/-)	No
Adult	N/A	$1,642	N/A	$773	N/A	.	N/A	-52.90	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	6.12	N/A	9.48	N/A	.	N/A	54.94	.	15% (+/-)	No
Aged	N/A	14.12	N/A	9.29	N/A	.	N/A	-34.24	.	15% (+/-)	No
Disabled	N/A	13.45	N/A	11.64	N/A	.	N/A	-13.47	.	15% (+/-)	Yes
Child	N/A	0.76	N/A	1.77	N/A	.	N/A	132.63	.	15% (+/-)	No
Adult	N/A	7.63	N/A	14.45	N/A	.	N/A	89.51	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	4.00	N/A	7.58	N/A	.	N/A	89.30	.	15% (+/-)	No
Aged	N/A	29.27	N/A	27.24	N/A	.	N/A	-6.94	.	15% (+/-)	Yes
Disabled	N/A	3.49	N/A	3.75	N/A	.	N/A	7.51	.	15% (+/-)	Yes
Child	N/A	0.00	N/A	0.01	N/A	.	N/A	331.37	.	15% (+/-)	No
Adult	N/A	0.08	N/A	0.07	N/A	.	N/A	-8.78	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	39.60	N/A	65.59	N/A	.	N/A	65.63	.	15% (+/-)	No
Aged	N/A	84.94	N/A	83.38	N/A	.	N/A	-1.84	.	15% (+/-)	Yes
Disabled	N/A	81.81	N/A	81.57	N/A	.	N/A	-0.29	.	15% (+/-)	Yes

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State: WA

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	15.35	N/A	35.52	N/A	.	N/A	131.45	.	15% (+/-)	No
Adult	N/A	32.16	N/A	45.58	N/A	.	N/A	41.74	.	15% (+/-)	No
% Enrollees with All Other Claims	N/A	87.62	N/A	73.26	N/A	.	N/A	-16.39	.	15% (+/-)	No
Aged	N/A	80.26	N/A	77.65	N/A	.	N/A	-3.26	.	15% (+/-)	Yes
Disabled	N/A	87.28	N/A	86.49	N/A	.	N/A	-0.90	.	15% (+/-)	Yes
Child	N/A	91.35	N/A	56.23	N/A	.	N/A	-38.45	.	15% (+/-)	No
Adult	N/A	82.82	N/A	60.24	N/A	.	N/A	-27.26	.	15% (+/-)	No
Avg # IP Days per User	N/A	7	N/A	7	N/A	.	N/A	9.08	.	15% (+/-)	Yes
Aged	N/A	3	N/A	7	N/A	.	N/A	105.89	.	15% (+/-)	No
Disabled	N/A	10	N/A	9	N/A	.	N/A	-2.29	.	15% (+/-)	Yes
Child	N/A	7	N/A	6	N/A	.	N/A	-20.08	.	15% (+/-)	No
Adult	N/A	5	N/A	5	N/A	.	N/A	-13.01	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	274	N/A	209	N/A	.	N/A	-23.69	.	15% (+/-)	No
Aged	N/A	289	N/A	224	N/A	.	N/A	-22.58	.	15% (+/-)	No
Disabled	N/A	207	N/A	147	N/A	.	N/A	-28.86	.	15% (+/-)	No
Child	N/A	216	N/A	45	N/A	.	N/A	-79.20	.	15% (+/-)	No
Adult	N/A	21	N/A	16	N/A	.	N/A	-24.96	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,856,064	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	14,627	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$127	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$838,522	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	3,651	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$230	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$14,160,647	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	35,924	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$394	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$9,579,414	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	10,957	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$874	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	60,851	N/A	59,407	N/A	.	N/A	-2.37	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	60,851	N/A	59,407	N/A	.	N/A	-2.37	.	Yes
% Crossover	5-20	40.00	No	40.96	No	.	N/A	2.39	.	Yes
% Adjusted Claims	> 1%	33.19	Yes	35.04	Yes	.	N/A	5.56	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$5,588	N/A	$5,913	N/A	.	N/A	5.83	.	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	36,511	N/A	35,076	N/A	.	N/A	-3.93	.	Yes
% Claims with> $0 Paid	95-100	97.98	Yes	100.00	Yes	.	N/A	2.06	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$5,550	Yes	$5,594	Yes	.	N/A	0.79	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$1,047	N/A	$1,100	N/A	.	N/A	5.04	.	Yes
% Claims with TPL	>0 - 10	5.66	Yes	3.00	Yes	.	N/A	-47.10	.	No
Aver. TPL Paid for claims with TPL	N/A	$5,093	N/A	$2,366	N/A	.	N/A	-53.54	.	No
% Claims with UB-92 Accommodation Codes	95-100	99.81	Yes	99.68	Yes	.	N/A	-0.13	.	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.10	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	99.42	Yes	99.43	Yes	.	N/A	0.01	.	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.56	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.40	Yes	4.93	Yes	.	N/A	-8.65	.	Yes
Average Covered Days (> 0 day	2-<8	5.33	Yes	5.07	Yes	.	N/A	-4.85	.	Yes
% Begin Date = Admit Date	95-100	99.79	Yes	99.93	Yes	.	N/A	0.14	.	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.70	Yes	.	N/A	-0.30	.	Yes
% Family Planning Claims (pgm	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	4.55	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	5.79	Yes	5.82	Yes	.	N/A	0.60	.	Yes
% Claims with PDX, where length=4	20-50	26.81	Yes	27.14	Yes	.	N/A	1.24	.	Yes
% Claims with PDX, where length=5	20-50	67.40	No	67.03	Yes	.	N/A	-0.54	.	Yes
% Claims with a procedure code	35-70	54.20	Yes	53.15	Yes	.	N/A	-1.94	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.96	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

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State: WI

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% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.83	N/A	99.72	N/A	.	N/A	-0.11	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	66.48	N/A	99.70	N/A	.	N/A	49.97	.	No
% Claims with DRG	>=90	.	N/A	99.70	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	13.78	N/A	13.30	N/A	.	N/A	-3.48	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	17.22	N/A	16.47	N/A	.	N/A	-4.34	.	Yes
Patient Status										
% Home	75-90	88.80	Yes	84.79	Yes	.	N/A	-4.51	.	Yes
% Transferred	1-10	6.76	Yes	14.00	No	.	N/A	107.17	.	No
% Still a Patient	>0 - 2	0.16	Yes	0.06	Yes	.	N/A	-61.19	.	No
% Died	>0 - 3	1.22	Yes	1.15	Yes	.	N/A	-5.29	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	24,340	N/A	24,331	N/A	.	N/A	-0.04	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$794	N/A	$801	N/A	.	N/A	0.82	.	Yes
% Claims with TPL	N/A	1.10	N/A	0.90	N/A	.	N/A	-18.63	.	No
Aver. TPL Paid -claims with TPL	N/A	$434	N/A	$437	N/A	.	N/A	0.65	.	Yes
% Claims withUB-92 Accommodation Codes	95-100	0.02	No	0.04	No	.	N/A	50.06	.	No
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.11	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.02	No	0.03	N/A	.	N/A	33.38	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.63	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	5.69	Yes	5.49	Yes	.	N/A	-3.54	.	Yes
% Begin Date = Admit Date	95-100	99.91	Yes	99.79	Yes	.	N/A	-0.12	.	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.96	Yes	.	N/A	-0.04	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	98.49	Yes	6.61	Yes	.	N/A	-93.29	.	No
% Claims with PDX, where length=3	5-30	8.96	Yes	9.49	Yes	.	N/A	5.95	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	20-50	42.32	Yes	41.52	Yes	.	N/A	-1.88	.	Yes
% Claims with PDX, where length=5	20-50	48.72	Yes	48.98	Yes	.	N/A	0.53	.	Yes
% Claims with a procedure code	35-70	0.02	No	0.02	No	.	N/A	0.04	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	2.80	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	80.00	N/A	.	N/A	-20.00	.	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	80.00	N/A	80.00	N/A	.	N/A	0.00	.	Yes
% Claims with DRG	>=90	.	N/A	0.01	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	392,112	N/A	379,201	N/A	.	N/A	-3.29	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	392,112	N/A	379,201	N/A	.	N/A	-3.29	.	Yes
% Crossover	5-20	2.06	No	1.93	No	.	N/A	-6.55	.	Yes
% Adjusted Claims	> 1%	54.18	Yes	43.08	Yes	.	N/A	-20.48	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$2,303	N/A	$2,462	N/A	.	N/A	6.93	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	384,030	N/A	371,897	N/A	.	N/A	-3.16	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$74	Yes	$77	Yes	.	N/A	4.40	.	Yes
ICF/MR (TOS 05)	N/A	$186	N/A	$193	N/A	.	N/A	4.12	.	Yes
Aged/MH (TOS 02)	N/A	$108	N/A	$106	N/A	.	N/A	-2.36	.	Yes
IP Psych. < 21 (TOS 04)	N/A	$520	N/A	$531	N/A	.	N/A	2.23	.	Yes
% NF (TOS 07)	75-99	89.47	Yes	89.61	Yes	.	N/A	0.15	.	Yes
% NF claims with NF Covered Days	N/A	99.81	N/A	99.83	N/A	.	N/A	0.02	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.37	.	Yes
% ICF/MR (TOS 05)	>0-20	9.49	Yes	9.48	Yes	.	N/A	-0.03	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	99.82	N/A	99.80	N/A	.	N/A	-0.02	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	-0.26	.	Yes
% Aged/MH (TOS 02)	>0-10	0.22	Yes	0.19	Yes	.	N/A	-14.75	.	Yes
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	1.42	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.82	Yes	0.72	Yes	.	N/A	-12.44	.	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	99.97	N/A	100.00	N/A	.	N/A	0.03	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	19	N/A	16	N/A	.	N/A	-13.91	.	Yes
% Claims with Leave Days	1-20	2.73	Yes	2.71	Yes	.	N/A	-0.66	.	Yes
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	15.26	Yes	15.32	Yes	.	N/A	0.42	.	Yes
% Claims with DX, where length=4	15-75	65.53	No	64.41	Yes	.	N/A	-1.71	.	Yes

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1998-1999 MAX LT Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	19.21	No	20.27	No	.	N/A	5.50	.	Yes
Patient Status										
% Home	1-5	0.96	No	0.93	No	.	N/A	-2.90	.	Yes
% Still a Patien	8-98	97.10	Yes	96.94	Yes	.	N/A	-0.17	.	Yes
% Died	>0-5	1.39	Yes	1.46	Yes	.	N/A	5.25	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	8,082	N/A	7,304	N/A	.	N/A	-9.63	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,360	N/A	$1,323	N/A	.	N/A	-2.68	.	Yes
% NF (TOS 07)	75-99	98.49	Yes	98.45	Yes	.	N/A	-0.04	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	1.44	Yes	1.53	Yes	.	N/A	6.84	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.07	Yes	0.01	Yes	.	N/A	-81.56	.	No
% Claims with DX	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with DX, where length=3	5-30	16.83	Yes	15.72	Yes	.	N/A	-6.60	.	Yes
% Claims with DX, where length=4	15-75	52.25	No	51.20	Yes	.	N/A	-2.00	.	Yes
% Claims with DX, where length=5	25-70	30.92	Yes	33.08	Yes	.	N/A	6.98	.	Yes
Patient Status										
% Home	1-5	10.16	No	10.24	No	.	N/A	0.81	.	Yes
% Still a Patien	8-98	75.25	Yes	76.08	Yes	.	N/A	1.10	.	Yes
% Died	>0-5	3.37	Yes	3.11	Yes	.	N/A	-7.65	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	12,878,906	N/A	13,432,545	N/A	.	N/A	4.30	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	17.73	N/A	17.74	N/A	.	N/A	0.09	.	Yes
Total FFS Claims	N/A	12,878,906	N/A	11,049,089	N/A	.	N/A	-14.21	.	Yes
% Crossover	5-20	7.53	Yes	8.90	Yes	.	N/A	18.21	.	No
% Adjusted Claims	> 1%	1.65	Yes	6.45	Yes	.	N/A	290.56	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$87	N/A	$60	N/A	.	N/A	-30.85	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	17.61	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	$142	Yes	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	$1,997	No	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	$83	No	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	11,909,045	N/A	10,065,471	N/A	.	N/A	-15.48	.	No
% Claims with> $0 Paid	>95%	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	23.00	N/A	17.90	N/A	.	N/A	-22.17	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.41	N/A	8.33	N/A	.	N/A	-19.96	.	No
% HH Claims with Span Bill/All HH Claims (TOS	N/A	25.81	N/A	31.20	N/A	.	N/A	20.88	.	No
% Other Claims with Span Bills/All Other Claims	N/A	23.29	N/A	17.92	N/A	.	N/A	-23.06	.	No
% Claims W/ Service Place 11- Office	50-90	27.16	No	31.78	No	.	N/A	17.02	.	No
% Claims W/ Service Place 12 - Home	>0-5	25.46	No	29.99	No	.	N/A	17.79	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.04	Yes	3.49	Yes	.	N/A	14.51	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	3.46	Yes	2.91	Yes	.	N/A	-15.90	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	1.07	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	9.52	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	5.32	No	18.59	No	.	N/A	249.43	.	No
% Claims with TPL	>0 - 15	0.18	Yes	0.19	Yes	.	N/A	4.63	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$72	N/A	$77	N/A	.	N/A	7.30	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	3.97	No	3.66	No	.	N/A	-7.92	.	Yes
% claims MAX TOS 09: Dental	2-20	4.75	Yes	4.88	Yes	.	N/A	2.63	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	7.03	Yes	2.57	Yes	.	N/A	-63.45	.	No
% claims MAX TOS 11: OPD	3-25	3.51	Yes	3.69	Yes	.	N/A	5.11	.	Yes
% claims MAX TOS 12: Clinic	2-25	9.51	Yes	9.47	Yes	.	N/A	-0.39	.	Yes
% claims MAX TOS 13: HH	>0-25	3.94	Yes	2.55	Yes	.	N/A	-35.24	.	No
% claims MAX TOS 15: Lab/Xray	4-20	7.27	Yes	7.06	Yes	.	N/A	-2.97	.	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	32.22	No	15.25	Yes	.	N/A	-52.66	.	No

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	2.11	Yes	4.27	Yes	.	N/A	102.74	.	No
% claims MAX TOS 26: Transportation	>1	22.63	No	18.82	Yes	.	N/A	-16.84	.	No
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	13.21	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.59	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	2.26	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.76	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.18	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.78	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.27	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	7.35	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.71	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.80	Yes	0.00	Yes	.	N/A	-99.99	.	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$63	N/A	$80	N/A	.	N/A	26.34	.	No
08: Physicians	$20-90	$58	Yes	$60	Yes	.	N/A	3.52	.	Yes
09: Dental	$10-60	$30	Yes	$36	Yes	.	N/A	18.64	.	No
10: Other Practioner	$10-100	$53	Yes	$62	Yes	.	N/A	18.23	.	No
11: OPD	$20-100	$143	No	$137	No	.	N/A	-4.40	.	Yes
12: Clinic	$20-100	$50	Yes	$53	Yes	.	N/A	5.77	.	Yes
13: HH	N/A	$91	N/A	$132	N/A	.	N/A	44.31	.	No
15: Lab/Xray	10-60	$23	Yes	$24	Yes	.	N/A	2.75	.	Yes
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$45	N/A	$210	N/A	.	N/A	362.61	.	No
51: DME	N/A	$95	Yes	$87	N/A	.	N/A	-8.21	.	Yes
26: Transportation	N/A	$15	N/A	$15	N/A	.	N/A	4.44	.	Yes
30: PCS	N/A	.	N/A	$60	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$65	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$53	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$46	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$229	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,889	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$30	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$68	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.52	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.28	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.35	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

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1998-1999 MAX OT Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	6.41	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$32	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$24	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$25	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$553	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	84.48	Yes	91.32	Yes	.	N/A	8.10	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	100.00	Yes	.	N/A	0.01	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	48.24	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	32.70	No	34.32	No	.	N/A	4.97	.	Yes
% Claims with DX, where length=4	40-70	45.43	Yes	42.17	Yes	.	N/A	-7.18	.	Yes
% Claims with DX, where length=5	20-55	21.87	Yes	23.51	Yes	.	N/A	7.49	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	4.07	N/A	100.00	N/A	.	N/A	2357.06	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	87.09	N/A	100.00	N/A	.	N/A	14.82	.	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.88	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	14.49	N/A	31.35	N/A	.	N/A	116.30	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	59.31	N/A	59.64	N/A	.	N/A	0.56	.	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	26.19	N/A	6.65	N/A	.	N/A	-74.62	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	44.83	No	100.00	Yes	.	N/A	123.04	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	73.60	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	969,861	N/A	983,618	N/A	.	N/A	1.42	.	Yes
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	13.63	N/A	12.36	N/A	.	N/A	-9.28	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	15.21	N/A	13.48	N/A	.	N/A	-11.35	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	20.37	N/A	100.00	N/A	.	N/A	390.92	.	No
% Other Claims with Span Bills/All Other Claims	N/A	12.65	N/A	12.07	N/A	.	N/A	-4.59	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	14.02	N/A	12.02	N/A	.	N/A	-14.25	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.38	N/A	4.61	N/A	.	N/A	5.30	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	20.10	N/A	20.63	N/A	.	N/A	2.63	.	Yes
% claims MAX TOS 12: Clinic	N/A	22.03	N/A	23.44	N/A	.	N/A	6.40	.	Yes
% claims MAX TOS 13: HH	N/A	5.98	N/A	0.00	N/A	.	N/A	-100.00	.	No
% claims MAX TOS 15: Lab/Xray	N/A	18.98	N/A	19.96	N/A	.	N/A	5.17	.	Yes
% claims MAX TOS 19: Other Services	N/A	9.84	N/A	15.20	N/A	.	N/A	54.47	.	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	3.71	N/A	3.55	N/A	.	N/A	-4.28	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.28	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.23	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$46	N/A	$42	N/A	.	N/A	-7.84	.	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	43.43	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	9.56	Yes	9.86	Yes	.	N/A	3.07	.	Yes
% Claims with DX, where length=4	40-70	50.23	No	48.95	Yes	.	N/A	-2.53	.	Yes
% Claims with DX, where length=5	20-55	40.21	Yes	41.19	Yes	.	N/A	2.43	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	0.00	No	.	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	6,573,737	N/A	6,983,267	N/A	.	N/A	6.23	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	6,573,737	N/A	6,983,218	N/A	.	N/A	6.23	.	Yes
% Adjusted Claims	> 1%	1.34	Yes	0.87	No	.	N/A	-35.46	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$42	N/A	$50	N/A	.	N/A	19.39	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	6,573,737	N/A	6,983,218	N/A	.	N/A	6.23	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$37	Yes	$42	Yes	.	N/A	12.61	.	Yes
% Claims with TPL	>0 - 15	0.74	Yes	1.08	Yes	.	N/A	46.06	.	No
Aver. TPL Paid for claims with TPL	N/A	$45	N/A	$49	N/A	.	N/A	7.66	.	Yes
% Family Planning Claims (program type=2)	N/A	0.34	N/A	0.37	N/A	.	N/A	9.17	.	Yes
% Drug Claims (TOS 16)	95-99	99.27	No	99.98	No	.	N/A	0.72	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.39	Yes	0.02	Yes	.	N/A	-95.75	.	No
% Drug Claims with Quantity	>98	.	N/A	99.99	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.32	Yes	99.77	Yes	.	N/A	0.45	.	Yes
% Claims with Medispan	98-100	89.21	No	95.53	No	.	N/A	7.08	.	Yes
% Claims with AHFS	98-100	99.32	Yes	99.77	Yes	.	N/A	0.45	.	Yes
% Claims with Generic (GTC)	98-100	99.32	Yes	99.77	Yes	.	N/A	0.45	.	Yes
% Claims with GC3	98-100	99.32	Yes	99.77	Yes	.	N/A	0.45	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.31	N/A	81.52	N/A	.	N/A	-17.92	.	No
% Products (codes 4-6)	N/A	0.00	N/A	18.24	N/A	.	N/A	369900.93	.	No
% HRI (code 7)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	99.32	Yes	99.77	Yes	.	N/A	0.45	.	Yes
% OTC-Drug Class	N/A	3.73	N/A	3.48	N/A	.	N/A	-6.80	.	Yes
% Prescription-Drug Class	N/A	95.58	N/A	96.29	N/A	.	N/A	0.74	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	45.27	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	31.59	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	547,014	N/A	580,098	N/A	.	N/A	6.05	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$2,712,997,682	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	8.14	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	37.67	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	32.15	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	22.03	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	538,383	N/A	575,138	N/A	.	N/A	6.83	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	411,231	N/A	428,080	N/A	.	N/A	4.10	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.29	No	99.07	Yes	.	N/A	0.79	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	97.91	Yes	97.76	Yes	.	N/A	-0.15	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	5,560	N/A	1,815	N/A	.	N/A	-67.36	.	N/A	No
% with County Code	>=95%	99.46	Yes	92.97	No	.	N/A	-6.52	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.68	Yes	99.99	Yes	.	N/A	0.32	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	2.29	Yes	2.25	Yes	.	N/A	-1.50	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	37.87	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	16.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	1.27	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	4.38	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	37.49	No	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	5.07	Yes	4.30	Yes	.	N/A	-15.09	.	10% (+/-)	No
% Age 0-20 Years	49-74%	55.59	Yes	54.17	Yes	.	N/A	-2.55	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	14.66	Yes	13.65	Yes	.	N/A	-6.91	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	50.65	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	116,952	N/A	119,366	N/A	.	N/A	2.06	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	95.27	Yes	96.55	Yes	.	N/A	1.34	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	95.24	Yes	96.80	Yes	.	N/A	1.63	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	42.39	Yes	43.78	Yes	.	N/A	3.28	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,344	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	44.05	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	2.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	52.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	1.41	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	6.70	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	99.49	Yes	99.41	Yes	.	N/A	-0.07	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.87	Yes	99.87	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.25	Yes	86.87	Yes	.	N/A	-3.75	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	63,818	N/A	62,529	N/A	.	N/A	-2.02	.	10% (+/-)	Yes
11: Aged, Cash	N/A	16,475	N/A	15,365	N/A	.	N/A	-6.74	.	10% (+/-)	Yes
21: Aged, MN	N/A	6,799	N/A	7,245	N/A	.	N/A	6.56	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	3,511	N/A	4,303	N/A	.	N/A	22.56	.	10% (+/-)	No
41: Other Aged	N/A	37,033	N/A	35,616	N/A	.	N/A	-3.83	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	131,513	N/A	131,425	N/A	.	N/A	-0.07	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	100,245	N/A	97,797	N/A	.	N/A	-2.44	.	10% (+/-)	Yes
22: Disabled, MN	N/A	4,813	N/A	5,405	N/A	.	N/A	12.30	.	10% (+/-)	No
32: Disabled, Poverty	N/A	1,226	N/A	1,320	N/A	.	N/A	7.67	.	10% (+/-)	Yes
42: Other Disabled	N/A	25,229	N/A	26,903	N/A	.	N/A	6.64	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	256,549	N/A	268,730	N/A	.	N/A	4.75	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	75,504	N/A	69,377	N/A	.	N/A	-8.11	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	4,405	N/A	4,143	N/A	.	N/A	-5.95	.	10% (+/-)	Yes
24: AFDC Child, MN	N/A	20,180	N/A	19,593	N/A	.	N/A	-2.91	.	10% (+/-)	Yes
34: Child Poverty	N/A	80,575	N/A	82,079	N/A	.	N/A	1.87	.	10% (+/-)	Yes
44: Other Child	N/A	59,071	N/A	55,052	N/A	.	N/A	-6.80	.	10% (+/-)	Yes
48: Foster Care Child	N/A	16,814	N/A	18,245	N/A	.	N/A	8.51	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	20,241	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	86,501	N/A	112,453	N/A	.	N/A	30.00	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	32,392	N/A	28,772	N/A	.	N/A	-11.18	.	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	4,805	N/A	4,304	N/A	.	N/A	-10.43	.	10% (+/-)	No
25: AFDC Adult, MN	N/A	2,824	N/A	2,755	N/A	.	N/A	-2.44	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	18,207	N/A	14,522	N/A	.	N/A	-20.24	.	10% (+/-)	No
45: Other Adult	N/A	28,273	N/A	25,993	N/A	.	N/A	-8.06	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	36,107	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	411,879	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	98.72	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.03	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	1.08	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.13	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	17.85	No	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	3,107	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	52.79	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	303,642	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	97.80	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.47	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A

1998-1999 MAX PSF Validation Table
State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	1.41	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.16	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	2.45	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	289,068	N/A	303,614	N/A	.	N/A	5.03	.	25% (+)	Yes
% Total Non-PCCM MC Enrollees - Aged	N/A	0.10	N/A	0.15	N/A	.	N/A	53.77	.	25% (+)	No
% Total Non-PCCM MC Enrollees -Disabled	N/A	2.64	N/A	2.50	N/A	.	N/A	-5.33	.	25% (+)	No
% Total Non-PCCM MC Enrollees - Child	N/A	73.51	N/A	70.82	N/A	.	N/A	-3.65	.	25% (+)	No
% Total Non-PCCM MC Adult	N/A	23.75	N/A	26.53	N/A	.	N/A	11.68	.	25% (+)	Yes
Total Non-PCCM MC PYE	N/A	.	N/A	192,060	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	411,879	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	44.36	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.18	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.01	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	1.14	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	54.32	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$361,576,474	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$325,973,144	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$35,557,150	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$46,180	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.99	Yes	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	1.01	Yes	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	0.27	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	1.91	Yes	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$157	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$146	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$550	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$159	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$274,723,947	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	296,956	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$86,807,683	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	6,658	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$44,844	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	28	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$77,809,831	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$29,546,625	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$2,311,580	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$4,673,898	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$41,277,728	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$262	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$99	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$8	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$16	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$139	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	135,218	N/A	159,012	N/A	.	N/A	17.60	.	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	108,016	N/A	118,481	N/A	.	N/A	9.69	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	92,789	N/A	104,267	N/A	.	N/A	12.37	.	15% (+/-)	Yes
MAX Aged Total	N/A	3,015	N/A	1,990	N/A	.	N/A	-34.00	.	10% (+/-)	No
11: Aged, Cash	N/A	1,009	N/A	966	N/A	.	N/A	-4.26	.	10% (+/-)	Yes
21: Aged, MN	N/A	213	N/A	129	N/A	.	N/A	-39.44	.	10% (+/-)	No
31: Aged, Poverty	N/A	63	N/A	63	N/A	.	N/A	0.00	.	10% (+/-)	Yes
41: Other Aged	N/A	1,730	N/A	832	N/A	.	N/A	-51.91	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	70,479	N/A	71,869	N/A	.	N/A	1.97	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	61,295	N/A	62,323	N/A	.	N/A	1.68	.	10% (+/-)	Yes
22: Disabled, MN	N/A	1,147	N/A	1,180	N/A	.	N/A	2.88	.	10% (+/-)	Yes
32: Disabled, Poverty	N/A	31	N/A	30	N/A	.	N/A	-3.23	.	10% (+/-)	Yes
42: Other Disabled	N/A	8,006	N/A	8,336	N/A	.	N/A	4.12	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	44,046	N/A	54,369	N/A	.	N/A	23.44	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	7,393	N/A	7,480	N/A	.	N/A	1.18	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	1,106	N/A	1,051	N/A	.	N/A	-4.97	.	10% (+/-)	Yes
24: AFDC Child, MN	N/A	3,679	N/A	3,341	N/A	.	N/A	-9.19	.	10% (+/-)	Yes
34: Child Poverty	N/A	12,129	N/A	14,394	N/A	.	N/A	18.67	.	10% (+/-)	No
44: Other Child	N/A	6,018	N/A	5,734	N/A	.	N/A	-4.72	.	10% (+/-)	Yes
48: Foster Care Child	N/A	13,721	N/A	15,854	N/A	.	N/A	15.55	.	10% (+/-)	No
54: 1115 Child	N/A	.	N/A	6,515	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	17,677	N/A	30,783	N/A	.	N/A	74.14	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	4,956	N/A	4,544	N/A	.	N/A	-8.31	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	1,499	N/A	1,379	N/A	.	N/A	-8.01	.	10% (+/-)	Yes
25: AFDC Adult, MN	N/A	1,086	N/A	1,064	N/A	.	N/A	-2.03	.	10% (+/-)	Yes
35: Adult, Poverty	N/A	6,388	N/A	5,151	N/A	.	N/A	-19.36	.	10% (+/-)	No
45: Other Adult	N/A	3,748	N/A	4,056	N/A	.	N/A	8.22	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	14,589	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,317	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$615,891,208	N/A	$730,541,351	N/A	.	N/A	18.62	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$4,555	N/A	$4,594	N/A	.	N/A	0.87	.	15% (+/-)	Yes

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Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$5,702	N/A	$6,166	N/A	.	N/A	8.14	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$8,169	N/A	$11,333	N/A	.	N/A	38.72	.	15% (+/-)	No
11: Aged, Cash	N/A	$8,757	N/A	$9,404	N/A	.	N/A	7.39	.	15% (+/-)	Yes
21: Aged, MN	N/A	$3,659	N/A	$8,575	N/A	.	N/A	134.34	.	15% (+/-)	No
31: Aged, Poverty	N/A	$82	N/A	$77	N/A	.	N/A	-6.41	.	15% (+/-)	Yes
41: Other Aged	N/A	$8,676	N/A	$14,852	N/A	.	N/A	71.18	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,326	N/A	$8,692	N/A	.	N/A	18.64	.	15% (+/-)	No
12: Disabled, Cash	N/A	$7,021	N/A	$8,304	N/A	.	N/A	18.28	.	15% (+/-)	No
22: Disabled, MN	N/A	$10,209	N/A	$10,899	N/A	.	N/A	6.77	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$743	N/A	$573	N/A	.	N/A	-22.90	.	15% (+/-)	No
42: Other Disabled	N/A	$9,276	N/A	$11,303	N/A	.	N/A	21.86	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,244	N/A	$1,043	N/A	.	N/A	-16.15	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$613	N/A	$564	N/A	.	N/A	-7.94	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$1,380	N/A	$990	N/A	.	N/A	-28.29	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$667	N/A	$513	N/A	.	N/A	-23.07	.	15% (+/-)	No
34: Child, Poverty	N/A	$439	N/A	$375	N/A	.	N/A	-14.54	.	15% (+/-)	Yes
44: Other Child	N/A	$2,139	N/A	$1,917	N/A	.	N/A	-10.38	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$2,048	N/A	$1,946	N/A	.	N/A	-4.97	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$385	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,139	N/A	$865	N/A	.	N/A	-24.09	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,172	N/A	$1,137	N/A	.	N/A	-3.01	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$1,158	N/A	$1,472	N/A	.	N/A	27.12	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$955	N/A	$982	N/A	.	N/A	2.86	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$1,135	N/A	$981	N/A	.	N/A	-13.52	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,148	N/A	$1,426	N/A	.	N/A	24.17	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$517	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$155,059,829	N/A	$153,499,020	N/A	.	N/A	-1.01	.	15% (+/-)	Yes
IP: Number of Users	N/A	15,674	N/A	15,595	N/A	.	N/A	-0.50	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$9,893	N/A	$9,843	N/A	.	N/A	-0.51	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	9	N/A	9	N/A	.	N/A	-6.15	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$417,291	N/A	$388,227	N/A	.	N/A	-6.96	.	15% (+/-)	Yes
MH Aged: Number of Users	N/A	14	N/A	10	N/A	.	N/A	-28.57	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$29,807	N/A	$38,823	N/A	.	N/A	30.25	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$26,693,422	N/A	$20,511,220	N/A	.	N/A	-23.16	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,348	N/A	1,296	N/A	.	N/A	-3.86	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$19,802	N/A	$15,827	N/A	.	N/A	-20.08	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$64,398,941	N/A	$62,078,536	N/A	.	N/A	-3.60	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	982	N/A	923	N/A	.	N/A	-6.01	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$65,579	N/A	$67,257	N/A	.	N/A	2.56	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$41,465,949	N/A	$40,304,573	N/A	.	N/A	-2.80	.	15% (+/-)	Yes
NF Number of Users	N/A	2,134	N/A	1,952	N/A	.	N/A	-8.53	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$19,431	N/A	$20,648	N/A	.	N/A	6.26	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$16,228,688	N/A	$16,532,278	N/A	.	N/A	1.87	.	15% (+/-)	Yes

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Physician: Number of Users	N/A	42,896	N/A	44,235	N/A	.	N/A	3.12	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$378	N/A	$374	N/A	.	N/A	-1.21	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$4,431,464	N/A	$5,618,118	N/A	.	N/A	26.78	.	15% (+/-)	No
Dental: Number of Users	N/A	27,818	N/A	30,805	N/A	.	N/A	10.74	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$159	N/A	$182	N/A	.	N/A	14.48	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$24,973,581	N/A	$13,966,642	N/A	.	N/A	-44.07	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	30,911	N/A	22,471	N/A	.	N/A	-27.30	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$808	N/A	$622	N/A	.	N/A	-23.07	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$37,908,096	N/A	$39,824,786	N/A	.	N/A	5.06	.	15% (+/-)	Yes
OPD Number of Users	N/A	58,379	N/A	63,263	N/A	.	N/A	8.37	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$649	N/A	$630	N/A	.	N/A	-3.05	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$34,410,723	N/A	$39,168,978	N/A	.	N/A	13.83	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	70,924	N/A	80,412	N/A	.	N/A	13.38	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$485	N/A	$487	N/A	.	N/A	0.40	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$19,915,317	N/A	$21,932,918	N/A	.	N/A	10.13	.	15% (+/-)	Yes
HH: Number of Users	N/A	8,434	N/A	2,086	N/A	.	N/A	-75.27	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$2,361	N/A	$10,514	N/A	.	N/A	345.28	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$11,543,996	N/A	$12,280,413	N/A	.	N/A	6.38	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	60,755	N/A	65,050	N/A	.	N/A	7.07	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$190	N/A	$189	N/A	.	N/A	-0.64	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$75,168,248	N/A	$90,429,328	N/A	.	N/A	20.30	.	15% (+/-)	No
Drugs: Number of Users	N/A	78,302	N/A	86,965	N/A	.	N/A	11.06	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$960	N/A	$1,040	N/A	.	N/A	8.32	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$66,049,024	N/A	$100,375,629	N/A	.	N/A	51.97	.	15% (+/-)	No
Other Services: Number of Users	N/A	$35,656	N/A	$36,086	N/A	.	N/A	1.21	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,852	N/A	$2,782	N/A	.	N/A	50.16	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$13,910,672	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	18,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$764	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$26,920,413	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3,917	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,873	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$4,308,443	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	11,083	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$389	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$7,452,483	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,260	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$2,345,999	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,472	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$949	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$1,150,078	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	225	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,111	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$21,197,325	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	21,359	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$992	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$11,431,741	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	1,096	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$10,430	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$10,282,577	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	11,133	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$924	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$3,435,434	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	849	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$4,046	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$1,147	N/A	$965	N/A	.	N/A	-15.82	.	15% (+/-)	No
Aged	N/A	$857	N/A	$1,414	N/A	.	N/A	65.07	.	15% (+/-)	No
Disabled	N/A	$1,879	N/A	$1,772	N/A	.	N/A	-5.68	.	15% (+/-)	Yes
Child	N/A	$260	N/A	$223	N/A	.	N/A	-14.21	.	15% (+/-)	Yes
Adult	N/A	$487	N/A	$364	N/A	.	N/A	-25.28	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$983	N/A	$775	N/A	.	N/A	-21.16	.	15% (+/-)	No
Aged	N/A	$4,510	N/A	$5,927	N/A	.	N/A	31.43	.	15% (+/-)	No
Disabled	N/A	$1,462	N/A	$1,377	N/A	.	N/A	-5.77	.	15% (+/-)	Yes
Child	N/A	$348	N/A	$209	N/A	.	N/A	-40.02	.	15% (+/-)	No
Adult	N/A	$59	N/A	$37	N/A	.	N/A	-36.13	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$556	N/A	$569	N/A	.	N/A	2.30	.	15% (+/-)	Yes
Aged	N/A	$590	N/A	$952	N/A	.	N/A	61.50	.	15% (+/-)	No
Disabled	N/A	$974	N/A	$1,126	N/A	.	N/A	15.62	.	15% (+/-)	No
Child	N/A	$84	N/A	$99	N/A	.	N/A	17.61	.	15% (+/-)	No
Adult	N/A	$60	N/A	$73	N/A	.	N/A	22.20	.	15% (+/-)	No
All Other Services	N/A	$1,864	N/A	$2,285	N/A	.	N/A	22.55	.	15% (+/-)	No
Aged	N/A	$2,213	N/A	$3,039	N/A	.	N/A	37.31	.	15% (+/-)	No
Disabled	N/A	$3,007	N/A	$4,416	N/A	.	N/A	46.88	.	15% (+/-)	No
Child	N/A	$551	N/A	$513	N/A	.	N/A	-6.98	.	15% (+/-)	Yes
Adult	N/A	$523	N/A	$390	N/A	.	N/A	-25.34	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	11.59	N/A	9.81	N/A	.	N/A	-15.39	.	15% (+/-)	No
Aged	N/A	11.01	N/A	15.38	N/A	.	N/A	39.64	.	15% (+/-)	No
Disabled	N/A	14.38	N/A	13.61	N/A	.	N/A	-5.37	.	15% (+/-)	Yes
Child	N/A	6.01	N/A	4.88	N/A	.	N/A	-18.83	.	15% (+/-)	No
Adult	N/A	14.48	N/A	9.28	N/A	.	N/A	-35.91	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	3.30	N/A	2.62	N/A	.	N/A	-20.63	.	15% (+/-)	No
Aged	N/A	22.09	N/A	27.39	N/A	.	N/A	23.98	.	15% (+/-)	No
Disabled	N/A	4.14	N/A	3.86	N/A	.	N/A	-6.77	.	15% (+/-)	Yes
Child	N/A	1.92	N/A	1.48	N/A	.	N/A	-22.54	.	15% (+/-)	No
Adult	N/A	0.18	N/A	0.12	N/A	.	N/A	-33.31	.	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	9.06	N/A	0.02	N/A	.	N/A	-99.73	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	57.91	N/A	54.69	N/A	.	N/A	-5.56	.	15% (+/-)	Yes
Aged	N/A	51.81	N/A	70.50	N/A	.	N/A	36.09	.	15% (+/-)	No
Disabled	N/A	74.42	N/A	73.17	N/A	.	N/A	-1.69	.	15% (+/-)	Yes
Child	N/A	39.85	N/A	38.97	N/A	.	N/A	-2.20	.	15% (+/-)	Yes
Adult	N/A	38.11	N/A	38.30	N/A	.	N/A	0.50	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	77.04	N/A	71.25	N/A	.	N/A	-7.51	.	15% (+/-)	Yes
Aged	N/A	57.25	N/A	76.58	N/A	.	N/A	33.78	.	15% (+/-)	No

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Disabled	N/A	86.63	N/A	85.07	N/A	.	N/A	-1.80	.	15% (+/-)	Yes
Child	N/A	66.96	N/A	60.62	N/A	.	N/A	-9.47	.	15% (+/-)	Yes
Adult	N/A	67.34	N/A	57.44	N/A	.	N/A	-14.70	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	9	N/A	9	N/A	.	N/A	-6.15	.	15% (+/-)	Yes
Aged	N/A	6	N/A	8	N/A	.	N/A	36.51	.	15% (+/-)	No
Disabled	N/A	12	N/A	11	N/A	.	N/A	-4.88	.	15% (+/-)	Yes
Child	N/A	5	N/A	5	N/A	.	N/A	-10.58	.	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	.	N/A	0.29	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	215	N/A	177	N/A	.	N/A	-17.69	.	15% (+/-)	No
Aged	N/A	304	N/A	264	N/A	.	N/A	-13.09	.	15% (+/-)	Yes
Disabled	N/A	240	N/A	204	N/A	.	N/A	-14.91	.	15% (+/-)	Yes
Child	N/A	62	N/A	28	N/A	.	N/A	-54.02	.	15% (+/-)	No
Adult	N/A	162	N/A	113	N/A	.	N/A	-29.93	.	15% (+/-)	No
% Enrollees with Delivery	N/A	3.28	N/A	3.60	N/A	.	N/A	9.79	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,229,760	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	9,195	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$558,249	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	5,356	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$104	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$804,201	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	3,780	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$213	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$94,533,444	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	4,892	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$19,324	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	114,097	N/A	119,170	N/A	.	N/A	4.45	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	106,506	N/A	108,951	N/A	.	N/A	2.30	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	98,854	N/A	103,190	N/A	.	N/A	4.39	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.78	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	1.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	59.85	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	2.53	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	5.46	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.69	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.16	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	28.27	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.55	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.46	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	60,525	N/A	60,521	N/A	.	N/A	-0.01	.	10% (+/-)	Yes

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11: Aged, Cash	N/A	15,242	N/A	14,389	N/A	.	N/A	-5.60	.	10% (+/-)	Yes
21: Aged, MN	N/A	6,575	N/A	7,111	N/A	.	N/A	8.15	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	3,443	N/A	4,240	N/A	.	N/A	23.15	.	10% (+/-)	No
41: Other Aged	N/A	35,265	N/A	34,781	N/A	.	N/A	-1.37	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	53,390	N/A	57,490	N/A	.	N/A	7.68	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	32,215	N/A	33,533	N/A	.	N/A	4.09	.	10% (+/-)	Yes
22: Disabled, MN	N/A	3,621	N/A	4,208	N/A	.	N/A	16.21	.	10% (+/-)	No
32: Disabled, Poverty	N/A	1,184	N/A	1,288	N/A	.	N/A	8.78	.	10% (+/-)	Yes
42: Other Disabled	N/A	16,370	N/A	18,461	N/A	.	N/A	12.77	.	10% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	111,343	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.06	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.32	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	53.04	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	45.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,222,218,576	N/A	$1,533,348,457	N/A	.	N/A	25.46	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$10,712	N/A	$12,867	N/A	.	N/A	20.12	.	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$11,476	N/A	$14,074	N/A	.	N/A	22.64	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$13,353	N/A	$13,915	N/A	.	N/A	4.21	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,599	N/A	$5,007	N/A	.	N/A	39.12	.	15% (+/-)	No
21: Aged, MN	N/A	$6,605	N/A	$6,791	N/A	.	N/A	2.82	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$303	N/A	$262	N/A	.	N/A	-13.31	.	15% (+/-)	Yes
41: Other Aged	N/A	$20,100	N/A	$20,721	N/A	.	N/A	3.09	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,736	N/A	$11,978	N/A	.	N/A	54.83	.	15% (+/-)	No
12: Disabled, Cash	N/A	$5,147	N/A	$9,067	N/A	.	N/A	76.16	.	15% (+/-)	No
22: Disabled, MN	N/A	$5,542	N/A	$6,742	N/A	.	N/A	21.66	.	15% (+/-)	No
32: Disabled, Poverty	N/A	$732	N/A	$754	N/A	.	N/A	2.98	.	15% (+/-)	Yes
42: Other Disabled	N/A	$13,823	N/A	$19,241	N/A	.	N/A	39.20	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$29,248,366	N/A	$28,662,920	N/A	.	N/A	-2.00	.	15% (+/-)	Yes
IP: Number of Users	N/A	19,984	N/A	20,328	N/A	.	N/A	1.72	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,464	N/A	$1,410	N/A	.	N/A	-3.66	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	1	N/A	7	N/A	.	N/A	1091.36	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$2,370,213	N/A	$1,897,512	N/A	.	N/A	-19.94	.	15% (+/-)	No
MH Aged: Number of Users	N/A	171	N/A	168	N/A	.	N/A	-1.75	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$13,861	N/A	$11,295	N/A	.	N/A	-18.51	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$98,040	N/A	$202,494	N/A	.	N/A	106.54	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	8	N/A	9	N/A	.	N/A	12.50	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$12,255	N/A	$22,499	N/A	.	N/A	83.59	.	15% (+/-)	No

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State: WI

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$136,201,668	N/A	$139,659,045	N/A	.	N/A	2.54	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	2,318	N/A	2,272	N/A	.	N/A	-1.98	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$58,758	N/A	$61,470	N/A	.	N/A	4.61	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$716,034,208	N/A	$723,274,741	N/A	.	N/A	1.01	.	15% (+/-)	Yes
NF Number of Users	N/A	$37,752	N/A	$36,877	N/A	.	N/A	-2.32	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,967	N/A	$19,613	N/A	.	N/A	3.41	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$6,111,847	N/A	$5,422,567	N/A	.	N/A	-11.28	.	15% (+/-)	Yes
Physician: Number of Users	N/A	44,936	N/A	42,518	N/A	.	N/A	-5.38	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$136	N/A	$128	N/A	.	N/A	-6.23	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$3,621,391	N/A	$5,236,224	N/A	.	N/A	44.59	.	15% (+/-)	No
Dental: Number of Users	N/A	32,560	N/A	33,835	N/A	.	N/A	3.92	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$111	N/A	$155	N/A	.	N/A	39.14	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$8,684,991	N/A	$2,119,207	N/A	.	N/A	-75.60	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	37,723	N/A	31,907	N/A	.	N/A	-15.42	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$230	N/A	$66	N/A	.	N/A	-71.15	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$20,500,242	N/A	$21,134,917	N/A	.	N/A	3.10	.	15% (+/-)	Yes
OPD Number of Users	N/A	52,855	N/A	53,939	N/A	.	N/A	2.05	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$388	N/A	$392	N/A	.	N/A	1.02	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$9,732,608	N/A	$10,122,453	N/A	.	N/A	4.01	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	62,285	N/A	65,699	N/A	.	N/A	5.48	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$156	N/A	$154	N/A	.	N/A	-1.40	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$16,352,043	N/A	$11,657,578	N/A	.	N/A	-28.71	.	15% (+/-)	No
HH: Number of Users	N/A	20,995	N/A	2,368	N/A	.	N/A	-88.72	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$779	N/A	$4,923	N/A	.	N/A	532.08	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$3,398,505	N/A	$3,351,721	N/A	.	N/A	-1.38	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	57,851	N/A	58,468	N/A	.	N/A	1.07	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$59	N/A	$57	N/A	.	N/A	-2.42	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$163,542,184	N/A	$197,938,636	N/A	.	N/A	21.03	.	15% (+/-)	No
Drugs: Number of Users	N/A	97,641	N/A	100,000	N/A	.	N/A	2.42	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,675	N/A	$1,979	N/A	.	N/A	18.18	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$78,277,526	N/A	$226,512,184	N/A	.	N/A	189.37	.	15% (+/-)	No
Other Services: Number of Users	N/A	$52,292	N/A	$54,572	N/A	.	N/A	4.36	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,497	N/A	$4,151	N/A	.	N/A	177.28	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$16,053,360	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	36,112	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$445	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$53,009,742	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	8,640	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,135	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$2,361,983	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	6,808	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$347	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$3,872,293	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,938	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,318	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$899,880	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	2,961	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$304	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$2,986,193	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	685	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,359	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$15,796,493	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	27,113	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$583	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$40,698,805	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,353	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$17,297	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$11,249,096	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	6,837	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,645	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$650,114	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	419	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$1,552	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$256	N/A	$241	N/A	.	N/A	-6.17	.	15% (+/-)	Yes
Aged	N/A	$173	N/A	$169	N/A	.	N/A	-2.17	.	15% (+/-)	Yes
Disabled	N/A	$348	N/A	$317	N/A	.	N/A	-8.95	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$7,491	N/A	$7,259	N/A	.	N/A	-3.10	.	15% (+/-)	Yes
Aged	N/A	$11,108	N/A	$11,193	N/A	.	N/A	0.77	.	15% (+/-)	Yes
Disabled	N/A	$3,407	N/A	$3,249	N/A	.	N/A	-4.63	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,433	N/A	$1,661	N/A	.	N/A	15.88	.	15% (+/-)	No
Aged	N/A	$1,186	N/A	$1,369	N/A	.	N/A	15.46	.	15% (+/-)	No
Disabled	N/A	$1,717	N/A	$1,986	N/A	.	N/A	15.70	.	15% (+/-)	No
All Other Services	N/A	$1,529	N/A	$3,707	N/A	.	N/A	142.36	.	15% (+/-)	No
Aged	N/A	$886	N/A	$1,184	N/A	.	N/A	33.62	.	15% (+/-)	No
Disabled	N/A	$2,260	N/A	$6,425	N/A	.	N/A	184.31	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	17.51	N/A	17.06	N/A	.	N/A	-2.61	.	15% (+/-)	Yes
Aged	N/A	16.10	N/A	15.92	N/A	.	N/A	-1.09	.	15% (+/-)	Yes
Disabled	N/A	19.13	N/A	18.38	N/A	.	N/A	-3.90	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	35.19	N/A	32.91	N/A	.	N/A	-6.48	.	15% (+/-)	Yes
Aged	N/A	56.92	N/A	55.43	N/A	.	N/A	-2.61	.	15% (+/-)	Yes
Disabled	N/A	10.65	N/A	9.83	N/A	.	N/A	-7.67	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	85.58	N/A	83.91	N/A	.	N/A	-1.94	.	15% (+/-)	Yes
Aged	N/A	85.77	N/A	84.60	N/A	.	N/A	-1.37	.	15% (+/-)	Yes
Disabled	N/A	85.42	N/A	83.45	N/A	.	N/A	-2.31	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	88.57	N/A	86.59	N/A	.	N/A	-2.23	.	15% (+/-)	Yes
Aged	N/A	85.65	N/A	83.42	N/A	.	N/A	-2.60	.	15% (+/-)	Yes
Disabled	N/A	91.93	N/A	90.14	N/A	.	N/A	-1.95	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	1	N/A	7	N/A	.	N/A	1091.36	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	2842.85	.	15% (+/-)	No
Disabled	N/A	1	N/A	7	N/A	.	N/A	700.34	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	304	N/A	257	N/A	.	N/A	-15.36	.	15% (+/-)	No
Aged	N/A	309	N/A	260	N/A	.	N/A	-15.89	.	15% (+/-)	No
Disabled	N/A	272	N/A	240	N/A	.	N/A	-11.63	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$363,888	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	1891	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$192	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$338,776	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	3507	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$97	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$578,720	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	1385	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$418	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$261,900,147	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	17704	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$14,793	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	249,315	N/A	278,182	N/A	.	N/A	11.58	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	214,522	N/A	227,432	N/A	.	N/A	6.02	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	81.76	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	90.81	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	89.24	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	64.33	No	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	63.40	No	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	191,643	N/A	207,456	N/A	.	N/A	8.25	.	15% (+/-)	Yes
MAX Aged Total	N/A	63,540	N/A	62,511	N/A	.	N/A	-1.62	.	10% (+/-)	Yes
11: Aged, Cash	N/A	16,251	N/A	15,355	N/A	.	N/A	-5.51	.	10% (+/-)	Yes
21: Aged, MN	N/A	6,788	N/A	7,240	N/A	.	N/A	6.66	.	10% (+/-)	Yes
31: Aged, Poverty	N/A	3,506	N/A	4,303	N/A	.	N/A	22.73	.	10% (+/-)	No
41: Other Aged	N/A	36,995	N/A	35,613	N/A	.	N/A	-3.74	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	123,869	N/A	129,359	N/A	.	N/A	4.43	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	93,510	N/A	95,856	N/A	.	N/A	2.51	.	10% (+/-)	Yes
22: Disabled, MN	N/A	4,768	N/A	5,388	N/A	.	N/A	13.00	.	10% (+/-)	No
32: Disabled, Poverty	N/A	1,215	N/A	1,318	N/A	.	N/A	8.48	.	10% (+/-)	Yes
42: Other Disabled	N/A	24,376	N/A	26,797	N/A	.	N/A	9.93	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	44,064	N/A	54,376	N/A	.	N/A	23.40	.	10% (+/-)	No
14: AFDC Child, Cash	N/A	7,394	N/A	7,480	N/A	.	N/A	1.16	.	10% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	1,106	N/A	1,051	N/A	.	N/A	-4.97	.	10% (+/-)	Yes
24: AFDC Child, MN	N/A	3,681	N/A	3,341	N/A	.	N/A	-9.24	.	10% (+/-)	Yes
34: Child Poverty	N/A	12,131	N/A	14,395	N/A	.	N/A	18.66	.	10% (+/-)	No
44: Other Child	N/A	6,030	N/A	5,739	N/A	.	N/A	-4.83	.	10% (+/-)	Yes
48: Foster Care Child	N/A	13,722	N/A	15,855	N/A	.	N/A	15.54	.	10% (+/-)	No
54: 1115 Child	N/A	13,722	N/A	15,855	N/A	.	N/A	15.54	.	10% (+/-)	No
MAX Adult Total	N/A	17,840	N/A	31,935	N/A	.	N/A	79.01	.	10% (+/-)	No
15: AFDC Adult, Cash	N/A	5,004	N/A	4,622	N/A	.	N/A	-7.63	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	1,524	N/A	1,410	N/A	.	N/A	-7.48	.	10% (+/-)	Yes
25: AFDC Adult, MN	N/A	1,103	N/A	1,082	N/A	.	N/A	-1.90	.	10% (+/-)	Yes

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35: Adult, Poverty	N/A	6,401	N/A	5,181	N/A	.	N/A	-19.06	.	10% (+/-)	No
45: Other Adult	N/A	3,808	N/A	4,180	N/A	.	N/A	9.77	.	10% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	15,460	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$1,838,109,784	N/A	$2,263,889,808	N/A	.	N/A	23.16	.	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$7,373	N/A	$8,138	N/A	.	N/A	10.38	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$8,568	N/A	$9,954	N/A	.	N/A	16.17	.	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$13,107	N/A	$13,833	N/A	.	N/A	5.54	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,920	N/A	$5,284	N/A	.	N/A	34.81	.	15% (+/-)	No
21: Aged, MN	N/A	$6,513	N/A	$6,823	N/A	.	N/A	4.77	.	15% (+/-)	Yes
31: Aged, Poverty	N/A	$299	N/A	$260	N/A	.	N/A	-13.07	.	15% (+/-)	Yes
41: Other Aged	N/A	$19,566	N/A	$20,584	N/A	.	N/A	5.20	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$7,503	N/A	$10,152	N/A	.	N/A	35.31	.	15% (+/-)	No
12: Disabled, Cash	N/A	$6,375	N/A	$8,571	N/A	.	N/A	34.45	.	15% (+/-)	No
22: Disabled, MN	N/A	$6,664	N/A	$7,652	N/A	.	N/A	14.83	.	15% (+/-)	Yes
32: Disabled, Poverty	N/A	$732	N/A	$750	N/A	.	N/A	2.37	.	15% (+/-)	Yes
42: Other Disabled	N/A	$12,329	N/A	$16,772	N/A	.	N/A	36.03	.	15% (+/-)	No
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,247	N/A	$1,047	N/A	.	N/A	-16.08	.	15% (+/-)	No
14: AFDC Child, Cash	N/A	$613	N/A	$564	N/A	.	N/A	-7.96	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	$1,380	N/A	$990	N/A	.	N/A	-28.29	.	15% (+/-)	No
24: AFDC Child, MN	N/A	$667	N/A	$513	N/A	.	N/A	-23.04	.	15% (+/-)	No
34: Child, Poverty	N/A	$439	N/A	$375	N/A	.	N/A	-14.50	.	15% (+/-)	Yes
44: Other Child	N/A	$2,161	N/A	$1,948	N/A	.	N/A	-9.85	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$2,047	N/A	$1,946	N/A	.	N/A	-4.94	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	$385	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$1,177	N/A	$908	N/A	.	N/A	-22.83	.	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,204	N/A	$1,155	N/A	.	N/A	-4.03	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	$1,392	N/A	$1,860	N/A	.	N/A	33.61	.	15% (+/-)	No
25: AFDC Adult, MN	N/A	$1,026	N/A	$1,039	N/A	.	N/A	1.31	.	15% (+/-)	Yes
35: Adult, Poverty	N/A	$1,135	N/A	$985	N/A	.	N/A	-13.18	.	15% (+/-)	Yes
45: Other Adult	N/A	$1,170	N/A	$1,458	N/A	.	N/A	24.63	.	15% (+/-)	No
55: 1115 Adult	N/A	.	N/A	$564	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$184,308,195	N/A	$182,161,940	N/A	.	N/A	-1.16	.	15% (+/-)	Yes
IP: Number of Users	N/A	35,658	N/A	35,923	N/A	.	N/A	0.74	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$5,169	N/A	$5,071	N/A	.	N/A	-1.89	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	8	N/A	.	N/A	74.50	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$2,787,504	N/A	$2,285,739	N/A	.	N/A	-18.00	.	15% (+/-)	No
MH Aged: Number of Users	N/A	185	N/A	178	N/A	.	N/A	-3.78	.	15% (+/-)	Yes
MH Aged: Avg Medicaid Pd per User	N/A	$15,068	N/A	$12,841	N/A	.	N/A	-14.78	.	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$26,791,462	N/A	$20,713,714	N/A	.	N/A	-22.69	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,356	N/A	1,305	N/A	.	N/A	-3.76	.	15% (+/-)	Yes
IP Psych<21 :Avg Medicaid Pd per User	N/A	$19,758	N/A	$15,873	N/A	.	N/A	-19.66	.	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$200,600,609	N/A	$201,737,581	N/A	.	N/A	0.57	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	3,300	N/A	3,195	N/A	.	N/A	-3.18	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$60,788	N/A	$63,142	N/A	.	N/A	3.87	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$757,500,157	N/A	$763,579,314	N/A	.	N/A	0.80	.	15% (+/-)	Yes
NF Number of Users	N/A	$39,886	N/A	$38,829	N/A	.	N/A	-2.65	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,992	N/A	$19,665	N/A	.	N/A	3.55	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$22,340,535	N/A	$21,954,845	N/A	.	N/A	-1.73	.	15% (+/-)	Yes
Physician: Number of Users	N/A	87,832	N/A	86,753	N/A	.	N/A	-1.23	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$254	N/A	$253	N/A	.	N/A	-0.50	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$8,052,855	N/A	$10,854,342	N/A	.	N/A	34.79	.	15% (+/-)	No
Dental: Number of Users	N/A	60,378	N/A	64,640	N/A	.	N/A	7.06	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$133	N/A	$168	N/A	.	N/A	25.90	.	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$33,658,572	N/A	$16,085,849	N/A	.	N/A	-52.21	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	68,634	N/A	54,378	N/A	.	N/A	-20.77	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$490	N/A	$296	N/A	.	N/A	-39.68	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$58,408,338	N/A	$60,959,703	N/A	.	N/A	4.37	.	15% (+/-)	Yes
OPD Number of Users	N/A	111,234	N/A	117,202	N/A	.	N/A	5.37	.	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	$525	N/A	$520	N/A	.	N/A	-0.95	.	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$44,143,331	N/A	$49,291,431	N/A	.	N/A	11.66	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	133,209	N/A	146,111	N/A	.	N/A	9.69	.	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	$331	N/A	$337	N/A	.	N/A	1.80	.	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	$36,267,360	N/A	$33,590,496	N/A	.	N/A	-7.38	.	15% (+/-)	Yes
HH: Number of Users	N/A	29,429	N/A	4,454	N/A	.	N/A	-84.87	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$1,232	N/A	$7,542	N/A	.	N/A	511.96	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$14,942,501	N/A	$15,632,134	N/A	.	N/A	4.62	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	118,606	N/A	123,518	N/A	.	N/A	4.14	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$126	N/A	$127	N/A	.	N/A	0.45	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$238,710,432	N/A	$288,367,964	N/A	.	N/A	20.80	.	15% (+/-)	No
Drugs: Number of Users	N/A	175,943	N/A	186,965	N/A	.	N/A	6.26	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,357	N/A	$1,542	N/A	.	N/A	13.68	.	15% (+/-)	Yes
Other Services: Total Medicaid Paid (TOS 19)	N/A	$144,326,550	N/A	$326,887,813	N/A	.	N/A	126.49	.	15% (+/-)	No
Other Services: Number of Users	N/A	$87,948	N/A	$90,658	N/A	.	N/A	3.08	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$1,641	N/A	$3,606	N/A	.	N/A	119.72	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$29,964,032	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	54,313	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$552	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$79,930,155	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	12,557	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$6,365	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$6,670,426	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	17,891	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$373	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$11,324,776	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	6,235	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,816	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$3,245,879	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	5,433	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$597	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$4,136,271	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	910	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,545	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$36,993,818	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	48,472	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$763	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$52,130,546	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	3,449	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$15,115	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$21,531,673	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	17,970	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,198	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$4,085,548	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,268	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$3,222	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$739	N/A	$655	N/A	.	N/A	-11.42	.	15% (+/-)	Yes
Aged	N/A	$206	N/A	$209	N/A	.	N/A	1.67	.	15% (+/-)	Yes
Disabled	N/A	$1,219	N/A	$1,125	N/A	.	N/A	-7.68	.	15% (+/-)	Yes
Child	N/A	$260	N/A	$223	N/A	.	N/A	-14.25	.	15% (+/-)	Yes
Adult	N/A	$491	N/A	$356	N/A	.	N/A	-27.51	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$3,962	N/A	$3,553	N/A	.	N/A	-10.32	.	15% (+/-)	Yes
Aged	N/A	$10,795	N/A	$11,025	N/A	.	N/A	2.14	.	15% (+/-)	Yes
Disabled	N/A	$2,300	N/A	$2,209	N/A	.	N/A	-3.95	.	15% (+/-)	Yes
Child	N/A	$351	N/A	$212	N/A	.	N/A	-39.55	.	15% (+/-)	No
Adult	N/A	$79	N/A	$56	N/A	.	N/A	-29.08	.	15% (+/-)	No
Drugs (TOS=16)	N/A	$957	N/A	$1,037	N/A	.	N/A	8.27	.	15% (+/-)	Yes
Aged	N/A	$1,157	N/A	$1,356	N/A	.	N/A	17.13	.	15% (+/-)	No
Disabled	N/A	$1,294	N/A	$1,508	N/A	.	N/A	16.56	.	15% (+/-)	No
Child	N/A	$84	N/A	$99	N/A	.	N/A	17.57	.	15% (+/-)	No
Adult	N/A	$66	N/A	$98	N/A	.	N/A	49.14	.	15% (+/-)	No
All Other Services	N/A	$1,711	N/A	$2,894	N/A	.	N/A	69.13	.	15% (+/-)	No
Aged	N/A	$949	N/A	$1,243	N/A	.	N/A	30.97	.	15% (+/-)	No
Disabled	N/A	$2,685	N/A	$5,309	N/A	.	N/A	97.75	.	15% (+/-)	No
Child	N/A	$552	N/A	$513	N/A	.	N/A	-6.98	.	15% (+/-)	Yes
Adult	N/A	$530	N/A	$398	N/A	.	N/A	-24.94	.	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	14.30	N/A	12.91	N/A	.	N/A	-9.71	.	15% (+/-)	Yes
Aged	N/A	15.85	N/A	15.90	N/A	.	N/A	0.30	.	15% (+/-)	Yes
Disabled	N/A	16.43	N/A	15.73	N/A	.	N/A	-4.24	.	15% (+/-)	Yes
Child	N/A	6.01	N/A	4.88	N/A	.	N/A	-18.84	.	15% (+/-)	No
Adult	N/A	14.51	N/A	9.34	N/A	.	N/A	-35.63	.	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	17.89	N/A	15.59	N/A	.	N/A	-12.85	.	15% (+/-)	Yes
Aged	N/A	55.27	N/A	54.54	N/A	.	N/A	-1.32	.	15% (+/-)	Yes
Disabled	N/A	6.95	N/A	6.51	N/A	.	N/A	-6.21	.	15% (+/-)	Yes
Child	N/A	1.93	N/A	1.49	N/A	.	N/A	-22.50	.	15% (+/-)	No
Adult	N/A	0.24	N/A	0.16	N/A	.	N/A	-33.50	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	70.57	N/A	67.21	N/A	.	N/A	-4.76	.	15% (+/-)	Yes
Aged	N/A	84.16	N/A	84.15	N/A	.	N/A	-0.02	.	15% (+/-)	Yes
Disabled	N/A	79.16	N/A	77.74	N/A	.	N/A	-1.80	.	15% (+/-)	Yes

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Child	N/A	39.85	N/A	38.97	N/A	.	N/A	-2.21	.	15% (+/-)	Yes
Adult	N/A	38.37	N/A	39.49	N/A	.	N/A	2.93	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	82.32	N/A	77.82	N/A	.	N/A	-5.46	.	15% (+/-)	Yes
Aged	N/A	84.30	N/A	83.20	N/A	.	N/A	-1.30	.	15% (+/-)	Yes
Disabled	N/A	88.91	N/A	87.32	N/A	.	N/A	-1.79	.	15% (+/-)	Yes
Child	N/A	66.95	N/A	60.62	N/A	.	N/A	-9.46	.	15% (+/-)	Yes
Adult	N/A	67.40	N/A	58.11	N/A	.	N/A	-13.78	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	8	N/A	.	N/A	74.50	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	1480.90	.	15% (+/-)	No
Disabled	N/A	6	N/A	9	N/A	.	N/A	44.79	.	15% (+/-)	No
Child	N/A	5	N/A	5	N/A	.	N/A	-10.50	.	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	.	N/A	1.30	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	295	N/A	250	N/A	.	N/A	-15.42	.	15% (+/-)	No
Aged	N/A	309	N/A	260	N/A	.	N/A	-15.84	.	15% (+/-)	No
Disabled	N/A	261	N/A	228	N/A	.	N/A	-12.51	.	15% (+/-)	Yes
Child	N/A	63	N/A	30	N/A	.	N/A	-52.85	.	15% (+/-)	No
Adult	N/A	184	N/A	153	N/A	.	N/A	-16.58	.	15% (+/-)	No
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,593,648	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	11,086	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$144	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$897,025	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	8,863	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$101	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$1,382,921	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	5,165	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$268	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$356,433,591	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	22,596	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$15,774	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	.	N/A	48,035	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	48,035	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	11.80	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	1.03	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$4,364	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	42,366	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	.	N/A	$2,963	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	.	N/A	$707	N/A	.	N/A	.	.	N/A
% Claims with TPL	>0 - 10	.	N/A	0.52	Yes	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	$1,346	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	N/A	99.87	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.16	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	99.87	Yes	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	9.58	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	4.20	Yes	.	N/A	.	.	N/A
Average Covered Days (> 0 day	2-<8	.	N/A	4.19	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	99.32	Yes	.	N/A	.	.	N/A
% IP Claims (MAX TOS 01)	95-100	.	N/A	98.38	Yes	.	N/A	.	.	N/A
% Family Planning Claims (pgm	>0-5	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims with PDX	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	2.63	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	7.82	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=4	15-75	.	N/A	26.18	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	66.00	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	53.25	Yes	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.88	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	99.98	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	99.67	Yes	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	.	N/A	16.68	N/A	.	N/A	.	.	N/A
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	17.27	N/A	.	N/A	.	.	N/A
Patient Status										
% Home	75-90	.	N/A	91.17	No	.	N/A	.	.	N/A
% Transferred	1-10	.	N/A	7.54	Yes	.	N/A	.	.	N/A
% Still a Patient	>0 - 2	.	N/A	0.28	Yes	.	N/A	.	.	N/A
% Died	>0 - 3	.	N/A	1.01	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	5,669	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$522	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	0.39	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$360	N/A	.	N/A	.	.	N/A
% Claims withUB-92 Accommodation Codes	95-100	.	N/A	97.71	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.12	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	N/A	83.01	N/A	.	N/A	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	10.48	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	.	N/A	6.08	Yes	.	N/A	.	.	N/A
% Begin Date = Admit Date	95-100	.	N/A	98.43	Yes	.	N/A	.	.	N/A
% Claims with IP TOS	95-100	.	N/A	99.95	Yes	.	N/A	.	.	N/A
% Claims with DX	98-100	.	N/A	99.81	Yes	.	N/A	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.67	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	.	N/A	9.42	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	.	N/A	38.35	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=5	25-70	.	N/A	52.23	Yes	.	N/A	.	.	N/A
% Claims with a procedure code	35-70	.	N/A	35.00	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.88	Yes	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	99.79	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	.	N/A	111,178	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	111,178	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	0.19	No	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	3.72	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$2,899	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	.	N/A	110,962	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	.	N/A	$91	Yes	.	N/A	.	.	N/A
ICF/MR (TOS 05)	N/A	.	N/A	$248	N/A	.	N/A	.	.	N/A
Aged/MH (TOS 02)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IP Psych. < 21 (TOS 04)	N/A	.	N/A	$346	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	88.93	Yes	.	N/A	.	.	N/A
% NF claims with NF Covered Days	N/A	.	N/A	99.85	N/A	.	N/A	.	.	N/A
Avg days for NF claims with Covered Days	N/A	.	N/A	29	N/A	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	5.53	Yes	.	N/A	.	.	N/A
% ICF/MR claims with ICF/MR Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for ICF/MR claims with Covered Days	N/A	.	N/A	30	N/A	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH claims with Aged/MH Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Avg days for Aged/MH claims with Covered Days	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	5.54	No	.	N/A	.	.	N/A
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
Avg days for IP Psych. < 21 claims with Covered Days	N/A	.	N/A	11	N/A	.	N/A	.	.	N/A
% Claims with Leave Days	1-20	.	N/A	0.88	No	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	5.54	No	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	10.96	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	22.42	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	.	N/A	66.62	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	2.34	Yes	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	96.01	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	1.38	Yes	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	.	N/A	216	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paic	N/A	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	.	N/A	$29	N/A	.	N/A	.	.	N/A
% NF (TOS 07)	75-99	.	N/A	98.61	Yes	.	N/A	.	.	N/A
% ICF/MR (TOS 05)	>0-20	.	N/A	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	.	N/A	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	.	N/A	1.39	Yes	.	N/A	.	.	N/A
% Claims with DX	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-30	.	N/A	8.80	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	15-75	.	N/A	60.19	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	25-70	.	N/A	31.02	Yes	.	N/A	.	.	N/A
Patient Status										
% Home	1-5	.	N/A	8.80	No	.	N/A	.	.	N/A
% Still a Patien	8-98	.	N/A	88.89	Yes	.	N/A	.	.	N/A
% Died	>0-5	.	N/A	0.93	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	.	N/A	8,511,150	N/A	.	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	.	N/A	4.17	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	8,156,277	N/A	.	N/A	.	.	N/A
% Crossover	5-20	.	N/A	11.33	Yes	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	6.14	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0)	N/A	.	N/A	$80	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	4.17	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	N/A	$3	Yes	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	.	N/A	7,232,072	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	12.02	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	12.57	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS	N/A	.	N/A	16.17	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	11.86	N/A	.	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	.	N/A	52.31	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 12 - Home	>0-5	.	N/A	7.11	No	.	N/A	.	.	N/A
% Claims W/ Service Place 21 - Hospital	>0-5	.	N/A	4.70	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 32 - NF	>0-5	.	N/A	0.10	Yes	.	N/A	.	.	N/A
% Claims W/ Service Place 23 - ER	1-10	.	N/A	2.30	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	19.86	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	.	N/A	1.68	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.18	Yes	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	$55	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	.	N/A	21.13	Yes	.	N/A	.	.	N/A
% claims MAX TOS 09: Dental	2-20	.	N/A	8.07	Yes	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	0.5-8	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% claims MAX TOS 11: OPD	3-25	.	N/A	18.97	Yes	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	2-25	.	N/A	8.51	Yes	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	>0-25	.	N/A	0.45	Yes	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	4-20	.	N/A	11.83	Yes	.	N/A	.	.	N/A
% claims MAX TOS 16: Drugs	<3	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	.	N/A	2.01	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	.	N/A	2.37	No	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	>1	.	N/A	2.70	Yes	.	N/A	.	.	N/A
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.13	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	1.32	Yes	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	0.72	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	8.26	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	1.42	Yes	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.11	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.06	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.51	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	9.31	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	0.78	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	.	N/A	0.02	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	.	N/A	$70	N/A	.	N/A	.	.	N/A
08: Physicians	$20-90	.	N/A	$55	Yes	.	N/A	.	.	N/A
09: Dental	$10-60	.	N/A	$32	Yes	.	N/A	.	.	N/A
10: Other Practioner	$10-100	.	N/A	$57	Yes	.	N/A	.	.	N/A
11: OPD	$20-100	.	N/A	$40	Yes	.	N/A	.	.	N/A
12: Clinic	$20-100	.	N/A	$53	Yes	.	N/A	.	.	N/A
13: HH	N/A	.	N/A	$173	N/A	.	N/A	.	.	N/A
15: Lab/Xray	10-60	.	N/A	$19	Yes	.	N/A	.	.	N/A
16: Drugs	10-60	.	N/A	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	.	N/A	$392	N/A	.	N/A	.	.	N/A
51: DME	N/A	.	N/A	$68	N/A	.	N/A	.	.	N/A
26: Transportation	N/A	.	N/A	$86	N/A	.	N/A	.	.	N/A
30: PCS	N/A	.	N/A	$308	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$37	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$57	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$21	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$121	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$1,471	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$90	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$275	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	1.70	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	2.09	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	3.44	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$35	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$63	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$73	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$497	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	.	N/A	87.33	Yes	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	97.85	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	8.28	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	6.54	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	48.97	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	44.49	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	49.89	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	49.78	N/A	.	N/A	.	.	N/A
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.99	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	.	N/A	924,205	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	>95%	.	N/A	99.97	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	.	N/A	6.45	N/A	.	N/A	.	.	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	22.14	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	4.84	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	.	N/A	2.96	N/A	.	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	.	N/A	45.30	N/A	.	N/A	.	.	N/A
% claims MAX TOS 10: Other Practioner	N/A	.	N/A	3.04	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	.	N/A	17.80	N/A	.	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	.	N/A	5.36	N/A	.	N/A	.	.	N/A
% claims MAX TOS 13: HH	N/A	.	N/A	4.15	N/A	.	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	.	N/A	9.57	N/A	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 51: DME	N/A	.	N/A	5.44	N/A	.	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	.	N/A	8.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	0.31	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.51	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.21	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	.	N/A	$25	N/A	.	N/A	.	.	N/A
% Claims with DX	N/A	.	N/A	82.66	N/A	.	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	.	N/A	89.73	Yes	.	N/A	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	17.73	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	N/A	12.15	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=4	40-70	.	N/A	48.90	Yes	.	N/A	.	.	N/A
% Claims with DX, where length=5	20-55	.	N/A	38.95	Yes	.	N/A	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	.	N/A	13.93	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	.	N/A	100.00	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	N/A	93.97	No	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	65.07	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	34.92	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	.	N/A	5,392,174	N/A	.	N/A	.	.	N/A
% Encounter Claims *	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	.	N/A	5,392,174	N/A	.	N/A	.	.	N/A
% Adjusted Claims	> 1%	.	N/A	2.30	Yes	.	N/A	.	.	N/A
Aver. Amt. Pd Adjust. (include $0	N/A	.	N/A	$51	N/A	.	N/A	.	.	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	.	N/A	5,392,174	N/A	.	N/A	.	.	N/A
% Claims with> $0 Paid	95-100	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	.	N/A	$37	Yes	.	N/A	.	.	N/A
% Claims with TPL	>0 - 15	.	N/A	0.00	No	.	N/A	.	.	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Family Planning Claims (program type=2)	N/A	.	N/A	0.36	N/A	.	N/A	.	.	N/A
% Drug Claims (TOS 16)	95-99	.	N/A	100.00	No	.	N/A	.	.	N/A
% DME Claims (TOS 51)	>0 - 6	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.89	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with Medispan	98-100	.	N/A	96.47	No	.	N/A	.	.	N/A
% Claims with AHFS	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with Generic (GTC)	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% Claims with GC3	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	.	N/A	78.88	N/A	.	N/A	.	.	N/A
% Products (codes 4-6)	N/A	.	N/A	21.00	N/A	.	N/A	.	.	N/A
% HRI (code 7)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	N/A
% Claims with Smart Key	98-100	.	N/A	99.92	Yes	.	N/A	.	.	N/A
% OTC-Drug Class	N/A	.	N/A	3.68	N/A	.	N/A	.	.	N/A
% Prescription-Drug Class	N/A	.	N/A	96.24	N/A	.	N/A	.	.	N/A
% Multiple Source (Code Y	N/A	.	N/A	50.17	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	33.12	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	.	N/A	364,904	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amount Paid	N/A	.	N/A	$1,186,898,098	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	11.54	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	66.88	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	0.81	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	20.77	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
(excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	.	N/A	358,317	N/A	.	N/A	.	.	10% (+/-)	N/A
Total PYE (Person Years of Enrollment)	N/A	.	N/A	264,928	N/A	.	N/A	.	.	10% (+/-)	N/A
% Recipients with at least one month of eligibility	99-100%	.	N/A	97.96	No	.	N/A	.	.	15% (+/-)	N/A
% Records with Valid SSN Format	>=90%	.	N/A	94.97	Yes	.	N/A	.	.	10% (+/-)	N/A
#SSNs with duplicate records	N/A	.	N/A	835	N/A	.	N/A	.	.	N/A	N/A
% with County Code	>=95%	.	N/A	99.61	Yes	.	N/A	.	.	10% (+/-)	N/A
% with Valid 5 Digit Zip Code Format	>=95%	.	N/A	100.00	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees who Died During Year	0.1-3%	.	N/A	0.20	Yes	.	N/A	.	.	10% (+/-)	N/A
% White (Code 1)	N/A	.	N/A	92.32	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	4.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	0.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	2.39	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	.	N/A	4.38	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0-20 Years	49-74%	.	N/A	55.42	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years	5-18%	.	N/A	9.36	Yes	.	N/A	.	.	10% (+/-)	N/A
% Enrollees with 12 months enrollment	40-60%	.	N/A	47.68	Yes	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	.	N/A	55,708	N/A	.	N/A	.	.	10% (+/-)	N/A
% Age > 64 Years who are EDB Duals	>=90%	.	N/A	95.85	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	.	N/A	95.85	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	.	N/A	29.26	No	.	N/A	.	.	10% (+/-)	N/A
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	1,799	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	41.69	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	25.90	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	32.41	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	2.89	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	9.01	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	.	N/A	94.14	No	.	N/A	.	.	10% (+/-)	N/A
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	.	N/A	99.96	Yes	.	N/A	.	.	10% (+/-)	N/A
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	.	N/A	83.14	Yes	.	N/A	.	.	10% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: WV

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	.	N/A	32,263	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	24,476	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	470	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,224	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	93	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	83,271	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	67,412	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,671	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,052	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	8,136	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	176,492	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	53,671	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	4,616	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	116	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	111,404	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	345	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	6,340	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	66,291	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	38,942	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	6,178	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,167	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	12,090	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	7,914	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	266,991	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	96.26	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	3.74	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	5.04	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	462	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	46.26	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	165,745	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	47.18	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	58.07	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.20	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	3.15	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	.	N/A	78,203	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	0.89	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	73.20	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	25.91	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	44,610	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	266,991	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	17.51	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	25.32	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.03	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	57.13	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	$1,064,448	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1,064,448	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	0.27	No	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	0.00	No	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	No	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	0.45	No	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	$1	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	$42,291	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	78,203	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	$1,022,157	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	87,542	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	$54,700,426	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$5,259,333	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$3,422,760	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$13,438,613	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$32,579,720	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	$699	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	$67	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	$44	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	$172	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	$417	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	.	N/A	224,517	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS Recipients	N/A	.	N/A	196,796	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Non-Dual FFS PYE	N/A	.	N/A	158,577	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	1,340	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	1,086	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	36	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	165	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	53	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	58,243	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	50,574	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,474	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	73	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	6,122	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	119,245	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	34,833	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	3,098	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	112	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	74,965	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	269	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	5,968	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	45,689	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	25,703	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	4,673	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,000	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	8,645	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	5,668	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	1,762	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$614,969,505	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$2,739	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$3,125	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	.	N/A	$12,011	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$13,602	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$9,040	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$647	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$16,809	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$6,375	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,388	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$8,342	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$2,693	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$5,836	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,249	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,087	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$890	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$2,237	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$886	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,855	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$6,896	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,720	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,885	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$951	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$3,522	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,368	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,831	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$109,150,447	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	26,447	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$4,127	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per Use	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$19,098,457	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,246	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$15,328	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$17,405,190	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	208	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$83,679	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$19,808,461	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	822	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$24,098	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$74,230,889	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	.	N/A	152,498	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$487	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$13,205,958	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	54,327	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,385,948	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	40,010	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$110	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$49,146,540	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	115,668	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$28,572,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	101,838	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$281	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$5,229,045	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	2,848	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$1,836	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$14,413,073	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	109,648	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$131	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$108,245,539	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	167,531	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$646	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$14,879,632	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$2,084	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$7,140	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$11,038,712	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	16,304	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$677	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$8,759,918	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	1,961	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$4,467	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,699,885	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,918	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$287	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$22,822,613	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	19,932	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,145	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,772,175	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	10,364	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$171	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$718,642	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	150	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,791	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$9,271,088	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	32,920	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$282	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$29,574,221	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	1,813	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$16,312	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$40,272,226	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	31,927	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,261	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,926,696	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,066	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$6,498	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	.	N/A	$486	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,002	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,281	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$376	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$251	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,739	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$481	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$137	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$482	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$972	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,364	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$131	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$259	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,520	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,298	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,250	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$846	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,079	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	11.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	12.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	16.37	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	8.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15.74	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	1.01	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	28.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	1.60	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	.	N/A	5.07	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	74.62	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	58.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	87.54	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	69.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	72.85	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	85.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	63.51	N/A	.	N/A	.	.	15% (+/-)	N/A

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Disabled	N/A	.	N/A	90.89	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	84.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	79.88	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	13	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	136	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	267	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	170	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	55	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	.	N/A	5.93	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,038,985	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	13,832	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$75	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$7,494,401	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	32,045	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$234	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$10,564,019	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	41,179	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$257	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$43,304,846	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,384	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$18,165	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	.	N/A	55,597	N/A	.	N/A	.	.	15% (+/-)	N/A
Number of EDB Dual FFS Recipients	N/A	.	N/A	51,077	N/A	.	N/A	.	.	15% (+/-)	N/A
Total EDB Dual FFS PYE	N/A	.	N/A	47,969	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Only Dual (code 50)	N/A	.	N/A	16.37	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	21.61	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	62.02	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.01	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	8.14	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	.	N/A	30,920	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	.	N/A	23,390	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	434	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,056	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	40	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	.	N/A	24,330	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	16,199	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	1,191	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	4,972	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	1,968	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	51,984	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	1.30	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.15	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	98.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	47.33	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	51.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$508,796,732	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$9,152	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any s	N/A	.	N/A	$9,961	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$11,336	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$14,588	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$2,744	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,067	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$14,538	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$6,451	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,630	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$5,355	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$3,545	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$12,986	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$9,290,368	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	5,571	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$1,668	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$174,148	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$11,610	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$28,379,190	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	348	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$81,549	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$243,419,141	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$10,159	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$23,961	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$8,088,410	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	41,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$541,136	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	2,765	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$547,064	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	13,249	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$41	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$11,556,619	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	21,734	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$532	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$4,495,879	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	11,390	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$395	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$1,543,525	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	4,619	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$334	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$926,912	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	24,468	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$38	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$75,507,050	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	41,165	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$1,834	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$42,042,374	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$3,785	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$11,108	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$7,282,066	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	13,574	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$536	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$20,532,815	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	3,814	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,384	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$20,349	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	60	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$339	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$7,288,553	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,019	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,414	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$75,113	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	810	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$93	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$202,100	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	45	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,491	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,960,643	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	11,084	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$267	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$23,577,543	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	729	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$32,342	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$11,441,392	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	5,067	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,258	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$8,649,149	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	777	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$11,131	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$167	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$88	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$259	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$4,892	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,635	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$198	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$1,358	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,265	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,480	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$2,734	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,349	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$4,515	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	10.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	9.93	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	18.91	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	33.28	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	0.92	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	74.04	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	73.14	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	74.98	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	86.73	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	85.44	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	88.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User (TOS 01)	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	7	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	.	N/A	268	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	271	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	136	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$47,681	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	504	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$95	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$577,232	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	4920	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$117	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$532,527	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	4451	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$120	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$80,348,861	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	6597	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$12,180	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	.	N/A	280,114	N/A	.	N/A	.	.	15% (+/-)	**N/A**
# FFS Recipients	N/A	.	N/A	247,873	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees who are Recipients	65-90%	.	N/A	88.49	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	91.36	Yes	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	92.25	Yes	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	87.10	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	83.34	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	.	N/A	206,545	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged Total	N/A	.	N/A	32,260	N/A	.	N/A	.	.	10% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	24,476	N/A	.	N/A	.	.	10% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	470	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	7,221	N/A	.	N/A	.	.	10% (+/-)	N/A
41: Other Aged	N/A	.	N/A	93	N/A	.	N/A	.	.	10% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	.	N/A	82,573	N/A	.	N/A	.	.	10% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	66,773	N/A	.	N/A	.	.	10% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	2,665	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	5,045	N/A	.	N/A	.	.	10% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	8,090	N/A	.	N/A	.	.	10% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	.	N/A	119,250	N/A	.	N/A	.	.	10% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	34,833	N/A	.	N/A	.	.	10% (+/-)	N/A
16: AFDC-U Child, Cash	N/A	.	N/A	3,098	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	112	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	.	N/A	74,965	N/A	.	N/A	.	.	10% (+/-)	N/A
44: Other Child	N/A	.	N/A	269	N/A	.	N/A	.	.	10% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	5,973	N/A	.	N/A	.	.	10% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	5,973	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	.	N/A	46,031	N/A	.	N/A	.	.	10% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	25,837	N/A	.	N/A	.	.	10% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	4,695	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	1,112	N/A	.	N/A	.	.	10% (+/-)	N/A

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35: Adult, Poverty	N/A	.	N/A	8,666	N/A	.	N/A	.	.	10% (+/-)	N/A
45: Other Adult	N/A	.	N/A	5,721	N/A	.	N/A	.	.	10% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	.	N/A	$1,123,766,237	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Enrollee	N/A	.	N/A	$4,012	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	.	N/A	$4,534	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	.	N/A	$11,364	N/A	.	N/A	.	.	15% (+/-)	N/A
11: Aged, Cash	N/A	.	N/A	$14,544	N/A	.	N/A	.	.	15% (+/-)	N/A
21: Aged, MN	N/A	.	N/A	$3,226	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	.	N/A	$1,058	N/A	.	N/A	.	.	15% (+/-)	N/A
41: Other Aged	N/A	.	N/A	$15,832	N/A	.	N/A	.	.	15% (+/-)	N/A
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	.	N/A	$6,398	N/A	.	N/A	.	.	15% (+/-)	N/A
12: Disabled, Cash	N/A	.	N/A	$6,447	N/A	.	N/A	.	.	15% (+/-)	N/A
22: Disabled, MN	N/A	.	N/A	$7,007	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	.	N/A	$3,533	N/A	.	N/A	.	.	15% (+/-)	N/A
42: Other Disabled	N/A	.	N/A	$7,575	N/A	.	N/A	.	.	15% (+/-)	N/A
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	.	N/A	$1,251	N/A	.	N/A	.	.	15% (+/-)	N/A
14: AFDC Child, Cash	N/A	.	N/A	$1,087	N/A	.	N/A	.	.	15% (+/-)	N/A
16: AFDC-U Child,Cash	N/A	.	N/A	$890	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	$2,237	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	.	N/A	$886	N/A	.	N/A	.	.	15% (+/-)	N/A
44: Other Child	N/A	.	N/A	$1,855	N/A	.	N/A	.	.	15% (+/-)	N/A
48: Foster Care Child	N/A	.	N/A	$6,926	N/A	.	N/A	.	.	15% (+/-)	N/A
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	.	N/A	$1,732	N/A	.	N/A	.	.	15% (+/-)	N/A
15: AFDC Adult, Cash	N/A	.	N/A	$1,894	N/A	.	N/A	.	.	15% (+/-)	N/A
17: AFDC-U Adult, Cash	N/A	.	N/A	$959	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	$3,476	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	.	N/A	$1,368	N/A	.	N/A	.	.	15% (+/-)	N/A
45: Other Adult	N/A	.	N/A	$1,844	N/A	.	N/A	.	.	15% (+/-)	N/A
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	.	N/A	$118,440,815	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Number of Users	N/A	.	N/A	32,018	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Pd per User	N/A	.	N/A	$3,699	N/A	.	N/A	.	.	15% (+/-)	N/A
IP: Average Medicaid Covered Days Per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Total Medicaid Paid (TOS 02)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	.	N/A	$19,272,605	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	.	N/A	1,261	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	$15,284	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	.	N/A	$45,784,380	N/A	.	N/A	.	.	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	.	N/A	556	N/A	.	N/A	.	.	15% (+/-)	N/A

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ICF/MR: Avg Medicaid Pd per User	N/A	.	N/A	$82,346	N/A	.	N/A	.	.	15% (+/-)	N/A
NF: Total Medicaid Paid (TOS 07)	N/A	.	N/A	$263,227,602	N/A	.	N/A	.	.	15% (+/-)	N/A
NF Number of Users	N/A	.	N/A	$10,981	N/A	.	N/A	.	.	15% (+/-)	N/A
NF:Avg Medicaid Pd per User	N/A	.	N/A	$23,971	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Total Medicaid Paid (TOS 08)	N/A	.	N/A	$82,319,299	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Number of Users	N/A	.	N/A	193,883	N/A	.	N/A	.	.	15% (+/-)	N/A
Physician: Avg Medicaid Pd per User	N/A	.	N/A	$425	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Total Medicaid Paid (TOS 09)	N/A	.	N/A	$13,747,094	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Number of Users	N/A	.	N/A	57,092	N/A	.	N/A	.	.	15% (+/-)	N/A
Dental: Avg Medicaid Pd per User	N/A	.	N/A	$241	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	.	N/A	$4,933,012	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	.	N/A	53,259	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Practitioner: Avg Medicaid Pd per User	N/A	.	N/A	$93	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Total Medicaid Paid (TOS 11)	N/A	.	N/A	$60,703,159	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD Number of Users	N/A	.	N/A	137,402	N/A	.	N/A	.	.	15% (+/-)	N/A
OPD: Avg Medicaid Pd per User	N/A	.	N/A	$442	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Total Medicaid Paid (TOS 12)	N/A	.	N/A	$33,068,497	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Number of Users	N/A	.	N/A	113,228	N/A	.	N/A	.	.	15% (+/-)	N/A
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$292	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Total Medicaid Paid (TOS 13)	N/A	.	N/A	$6,772,570	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Number of Users	N/A	.	N/A	7,467	N/A	.	N/A	.	.	15% (+/-)	N/A
HH: Avg Medicaid Pd per User	N/A	.	N/A	$907	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	.	N/A	$15,339,985	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	.	N/A	134,116	N/A	.	N/A	.	.	15% (+/-)	N/A
Lab/Xray:Avg Medicaid Pd per User	N/A	.	N/A	$114	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Total Medicaid Paid (TOS 16)	N/A	.	N/A	$183,752,589	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Number of Users	N/A	.	N/A	208,696	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs: Avg Medicaid Pd per User	N/A	.	N/A	$880	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Total Medicaid Paid (TOS 19)	N/A	.	N/A	$56,922,006	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Number of Users	N/A	.	N/A	$5,869	N/A	.	N/A	.	.	15% (+/-)	N/A
Other Services: Avg Medicaid Pd per User	N/A	.	N/A	$9,699	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$18,320,778	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	29,878	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$613	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$29,292,733	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	5,775	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	$5,072	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$1,720,234	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	5,978	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$288	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$30,111,166	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	22,951	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,312	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$1,847,288	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	11,174	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$165	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$920,742	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	195	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,722	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$12,231,731	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	44,004	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$278	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$53,151,764	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	2,542	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$20,909	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$51,713,618	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	36,994	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,398	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$15,575,845	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	1,843	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$8,451	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	.	N/A	$423	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$126	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$979	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$134	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$379	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC (TOS=02,04,05,07)	N/A	.	N/A	$1,172	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$8,639	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$397	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$138	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$6	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	.	N/A	$656	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,253	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$1,398	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$132	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$265	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other Services	N/A	.	N/A	$1,761	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	$1,346	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	$3,623	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	$846	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	$1,081	N/A	.	N/A	.	.	15% (+/-)	N/A
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	.	N/A	11.43	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	10.15	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	14.47	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	8.02	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15.72	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	.	N/A	4.56	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	33.06	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	1.40	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	0.77	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	0.10	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	.	N/A	74.50	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	72.55	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	83.84	N/A	.	N/A	.	.	15% (+/-)	N/A

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Child	N/A	.	N/A	69.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	72.96	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with All Other Claims	N/A	.	N/A	85.57	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	84.53	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	90.16	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	84.86	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	79.90	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # IP Days per User	N/A	.	N/A	6	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	8	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	10	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	4	N/A	.	N/A	.	.	15% (+/-)	N/A
Avg # LT Days per User	N/A	.	N/A	244	N/A	.	N/A	.	.	15% (+/-)	N/A
Aged	N/A	.	N/A	270	N/A	.	N/A	.	.	15% (+/-)	N/A
Disabled	N/A	.	N/A	163	N/A	.	N/A	.	.	15% (+/-)	N/A
Child	N/A	.	N/A	55	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult	N/A	.	N/A	15	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,086,666	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	14,336	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$76	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$8,071,633	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	36,965	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$218	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$11,096,546	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	45,630	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$243	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$123,653,707	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	8,981	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$13,768	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX IP Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	10,364	N/A	9,653	N/A	.	N/A	-6.86	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	10,364	N/A	9,653	N/A	.	N/A	-6.86	.	Yes
% Crossover	5-20	14.55	Yes	17.35	Yes	.	N/A	19.26	.	No
% Adjusted Claims	> 1%	2.67	Yes	1.99	Yes	.	N/A	-25.58	.	No
Aver. Amt. Pd Adjust. (include $0	N/A	$3,583	N/A	$4,542	N/A	.	N/A	26.74	.	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	8,856	N/A	7,978	N/A	.	N/A	-9.91	.	Yes
% Claims with> $0 Paid	95-100	99.57	Yes	100.00	Yes	.	N/A	0.43	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$2000 - $7000	$3,140	Yes	$3,115	Yes	.	N/A	-0.81	.	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$992	N/A	$996	N/A	.	N/A	0.37	.	Yes
% Claims with TPL	>0 - 10	3.06	Yes	2.73	Yes	.	N/A	-10.70	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$2,124	N/A	$1,467	N/A	.	N/A	-30.93	.	No
% Claims with UB-92 Accommodation Codes	95-100	43.07	No	99.56	Yes	.	N/A	131.18	.	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	N/A	1.06	Yes	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	64.15	No	99.84	Yes	.	N/A	55.63	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	7.44	Yes	.	N/A	.	.	N/A
Average LOS	2-<8	3.17	Yes	3.12	Yes	.	N/A	-1.40	.	Yes
Average Covered Days (> 0 day	2-<8	3.17	Yes	3.13	Yes	.	N/A	-1.26	.	Yes
% Begin Date = Admit Date	95-100	99.80	Yes	99.86	Yes	.	N/A	0.07	.	Yes
% IP Claims (MAX TOS 01)	95-100	98.52	Yes	96.30	Yes	.	N/A	-2.25	.	Yes
% Family Planning Claims (pgm	>0-5	1.48	Yes	3.67	Yes	.	N/A	148.28	.	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	N/A	3.26	Yes	.	N/A	.	.	N/A
% Claims with PDX, where length=3	5-30	7.32	Yes	7.13	Yes	.	N/A	-2.53	.	Yes
% Claims with PDX, where length=4	15-75	17.51	No	17.54	Yes	.	N/A	0.13	.	Yes
% Claims with PDX, where length=5	25-70	75.17	No	75.33	No	.	N/A	0.22	.	Yes
% Claims with a procedure code	35-70	59.27	Yes	58.45	Yes	.	N/A	-1.39	.	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	1.86	Yes	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.96	N/A	99.94	N/A	.	N/A	-0.03	.	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.96	N/A	99.94	N/A	.	N/A	-0.03	.	Yes
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A
% Claims Maternal Delivery Indicatc	N/A	28.26	N/A	28.06	N/A	.	N/A	-0.70	.	Yes
% Claims Newborn Delivery Indicato (only for separate infant delivery claims using mother's ID)	N/A	30.04	N/A	29.82	N/A	.	N/A	-0.72	.	Yes
Patient Status										
% Home	75-90	34.68	No	92.96	No	.	N/A	168.06	.	No
% Transferred	1-10	3.70	Yes	6.08	Yes	.	N/A	64.14	.	No
% Still a Patient	>0 - 2	0.10	Yes	0.45	Yes	.	N/A	344.02	.	No
% Died	>0 - 3	0.55	Yes	0.51	Yes	.	N/A	-7.12	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,508	N/A	1,675	N/A	.	N/A	11.07	.	Yes
% Claims with> $0 Paic	N/A	99.80	N/A	100.00	N/A	.	N/A	0.20	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$781	N/A	$816	N/A	.	N/A	4.53	.	Yes
% Claims with TPL	N/A	1.72	N/A	1.91	N/A	.	N/A	10.81	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$678	N/A	$562	N/A	.	N/A	-17.17	.	No
% Claims withUB-92 Accommodation Codes	95-100	0.00	No	99.04	Yes	.	N/A	.	.	N/A
Average # UB-92 Accom. Codes (at	>1	.	N/A	1.00	No	.	N/A	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	56.10	No	1.19	N/A	.	N/A	-97.87	.	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	N/A	2.45	No	.	N/A	.	.	N/A
Average LOS	2-<8	5.13	Yes	5.10	Yes	.	N/A	-0.65	.	Yes
% Begin Date = Admit Date	95-100	97.75	Yes	97.79	Yes	.	N/A	0.05	.	Yes
% Claims with IP TOS	95-100	99.87	Yes	99.88	Yes	.	N/A	0.01	.	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
Average Number of DX Codes (at least 1 DX)	>=2	43.10	Yes	6.45	Yes	.	N/A	-85.04	.	No
% Claims with PDX, where length=3	5-30	11.34	Yes	11.52	Yes	.	N/A	1.61	.	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX IP Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with PDX, where length=4	15-75	42.90	Yes	43.64	Yes	.	N/A	1.72	.	Yes
% Claims with PDX, where length=5	25-70	45.76	Yes	44.84	Yes	.	N/A	-2.01	.	Yes
% Claims with a procedure code	35-70	0.00	No	0.00	No	.	N/A	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	N/A	.	No	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	N/A	0.00	No	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	22,636	N/A	22,938	N/A	.	N/A	1.33	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	22,636	N/A	22,938	N/A	.	N/A	1.33	.	Yes
% Crossover	5-20	2.18	No	2.08	No	.	N/A	-4.71	.	Yes
% Adjusted Claims	> 1%	55.30	Yes	50.81	Yes	.	N/A	-8.11	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$2,642	N/A	$2,550	N/A	.	N/A	-3.51	.	Yes
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	22,142	N/A	22,461	N/A	.	N/A	1.44	.	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid Per Covered Day (claims with >$0 paid)										
NF (TOS 07)	$50-$100	$74	Yes	$76	Yes	.	N/A	2.01	.	Yes
ICF/MR (TOS 05)	N/A	$224	N/A	$233	N/A	.	N/A	4.03	.	Yes
Aged/MH (TOS 02)	N/A	$250	N/A	$310	N/A	.	N/A	24.11	.	No
IP Psych. < 21 (TOS 04)	N/A	$324	N/A	$447	N/A	.	N/A	37.83	.	No
% NF (TOS 07)	75-99	92.89	Yes	92.96	Yes	.	N/A	0.08	.	Yes
% NF claims with NF Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	.	N/A	-0.06	.	Yes
% ICF/MR (TOS 05)	>0-20	6.95	Yes	6.38	Yes	.	N/A	-8.21	.	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	.	N/A	1.42	.	Yes
% Aged/MH (TOS 02)	>0-10	0.06	Yes	0.01	Yes	.	N/A	-77.25	.	No
% Aged/MH claims with Aged/MH Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for Aged/MH claims with Covered Days	N/A	27	N/A	31	N/A	.	N/A	12.94	.	Yes
% IP Psych. < 21 (TOS 04)	>0-5	0.10	Yes	0.65	Yes	.	N/A	521.48	.	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	20	N/A	14	N/A	.	N/A	-29.56	.	No
% Claims with Leave Days	1-20	4.48	Yes	4.04	Yes	.	N/A	-9.86	.	Yes
% Claims with DX	95-100	0.60	No	1.30	No	.	N/A	117.17	.	No
% Claims with DX, where length=3	5-30	14.29	Yes	10.92	Yes	.	N/A	-23.55	.	No
% Claims with DX, where length=4	15-75	59.40	No	43.00	Yes	.	N/A	-27.60	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX LT Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	25-70	26.32	Yes	46.08	Yes	.	N/A	75.09	.	No
Patient Status										
% Home	1-5	0.51	No	0.64	No	.	N/A	24.52	.	No
% Still a Patien	8-98	55.18	Yes	96.97	Yes	.	N/A	75.75	.	No
% Died	>0-5	1.51	Yes	1.55	Yes	.	N/A	2.70	.	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	494	N/A	477	N/A	.	N/A	-3.44	.	Yes
% Claims with> $0 Paic	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with< $0 Paic	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,250	N/A	$1,222	N/A	.	N/A	-2.28	.	Yes
% NF (TOS 07)	75-99	100.00	No	100.00	No	.	N/A	0.00	.	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.00	No	.	N/A	.	.	N/A
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	.	N/A	.	.	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.00	No	0.00	No	.	N/A	.	.	N/A
% Claims with DX	95-100	58.91	No	99.79	Yes	.	N/A	69.40	.	No
% Claims with DX, where length=3	5-30	16.84	Yes	18.07	Yes	.	N/A	7.30	.	Yes
% Claims with DX, where length=4	15-75	51.20	No	49.37	Yes	.	N/A	-3.58	.	Yes
% Claims with DX, where length=5	25-70	31.96	Yes	32.56	Yes	.	N/A	1.89	.	Yes
Patient Status										
% Home	1-5	7.49	No	10.69	No	.	N/A	42.75	.	No
% Still a Patien	8-98	52.23	Yes	63.94	Yes	.	N/A	22.43	.	No
% Died	>0-5	2.83	Yes	3.35	Yes	.	N/A	18.36	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX OT Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	1,010,476	N/A	1,011,680	N/A	.	N/A	0.12	.	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	1,010,476	N/A	1,011,680	N/A	.	N/A	0.12	.	Yes
% Crossover	5-20	12.11	Yes	13.98	Yes	.	N/A	15.38	.	No
% Adjusted Claims	> 1%	3.13	Yes	1.65	Yes	.	N/A	-47.32	.	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$135	N/A	$98	N/A	.	N/A	-27.59	.	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	.	N/A	.	N/A	.	N/A	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	N/A	.	N/A	.	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	888,082	N/A	870,294	N/A	.	N/A	-2.00	.	Yes
% Claims with> $0 Paid	>95%	100.00	Yes	99.95	Yes	.	N/A	-0.05	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	13.01	N/A	13.11	N/A	.	N/A	0.79	.	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.16	N/A	12.70	N/A	.	N/A	13.78	.	Yes
% HH Claims with Span Bill/All HH Claims (TOS	N/A	46.33	N/A	98.86	N/A	.	N/A	113.39	.	No
% Other Claims with Span Bills/All Other Claims	N/A	12.36	N/A	11.99	N/A	.	N/A	-3.01	.	Yes
% Claims W/ Service Place 11- Office	50-90	43.42	No	44.46	No	.	N/A	2.39	.	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.13	No	8.74	No	.	N/A	70.36	.	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.85	Yes	4.63	Yes	.	N/A	-4.58	.	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.08	Yes	0.04	Yes	.	N/A	-52.58	.	No
% Claims W/ Service Place 23 - ER	1-10	.	N/A	3.21	Yes	.	N/A	.	.	N/A
% Claims w/ Service Place 22 - OPD	>0-10	.	N/A	19.65	No	.	N/A	.	.	N/A
% Claims W/ Service Place 99 - Unknown/Other	<5	2.45	Yes	4.61	Yes	.	N/A	88.03	.	No
% Claims with TPL	>0 - 15	0.44	Yes	0.49	Yes	.	N/A	10.29	.	Yes
Aver. TPL Paid -claims with TPL	N/A	$55	N/A	$59	N/A	.	N/A	6.73	.	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	25.97	Yes	26.88	Yes	.	N/A	3.53	.	Yes
% claims MAX TOS 09: Dental	2-20	7.23	Yes	7.79	Yes	.	N/A	7.73	.	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.67	Yes	0.76	Yes	.	N/A	-79.40	.	No
% claims MAX TOS 11: OPD	3-25	6.42	Yes	15.99	Yes	.	N/A	149.20	.	No
% claims MAX TOS 12: Clinic	2-25	2.27	Yes	3.29	Yes	.	N/A	44.87	.	No
% claims MAX TOS 13: HH	>0-25	2.13	Yes	1.16	Yes	.	N/A	-45.53	.	No
% claims MAX TOS 15: Lab/Xray	4-20	23.23	No	14.20	Yes	.	N/A	-38.87	.	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
% claims MAX TOS 19: Other Services	<25	15.55	Yes	11.60	Yes	.	N/A	-25.37	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 51: DME	>3	4.87	Yes	3.34	Yes	.	N/A	-31.39	.	No
% claims MAX TOS 26: Transportation	>1	1.11	Yes	1.02	Yes	.	N/A	-8.15	.	Yes
% claims MAX TOS 24: Sterilizations	N/A	.	N/A	0.01	N/A	.	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	.	N/A	0.00	No	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	>0	.	N/A	1.27	Yes	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	.	N/A	4.22	Yes	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	.	N/A	0.10	No	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	>0	.	N/A	0.02	Yes	.	N/A	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	.	N/A	0.97	N/A	.	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	1.09	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	>1	.	N/A	5.12	Yes	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	>0	.	N/A	1.17	Yes	.	N/A	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	.	N/A	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$101	N/A	$104	N/A	.	N/A	2.31	.	Yes
08: Physicians	$20-90	$70	Yes	$67	Yes	.	N/A	-4.72	.	Yes
09: Dental	$10-60	$34	Yes	$36	Yes	.	N/A	5.02	.	Yes
10: Other Practioner	$10-100	$66	Yes	$43	Yes	.	N/A	-34.64	.	No
11: OPD	$20-100	$74	Yes	$45	Yes	.	N/A	-38.40	.	No
12: Clinic	$20-100	$171	No	$135	No	.	N/A	-21.33	.	No
13: HH	N/A	$95	N/A	$107	N/A	.	N/A	12.54	.	Yes
15: Lab/Xray	10-60	$22	Yes	$24	Yes	.	N/A	8.96	.	Yes
16: Drugs	10-60	.	No	.	No	.	N/A	.	.	N/A
19: Other Services	N/A	$334	N/A	$149	N/A	.	N/A	-55.42	.	No
51: DME	N/A	$83	Yes	$90	N/A	.	N/A	8.56	.	Yes
26: Transportation	N/A	$54	N/A	$55	N/A	.	N/A	1.50	.	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Managemen	N/A	.	N/A	$45	N/A	.	N/A	.	.	N/A
33: Rehabiltation	N/A	.	N/A	$70	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	$30	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	.	N/A	$1,314	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	.	N/A	$2,143	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	.	N/A	$84	N/A	.	N/A	.	.	N/A
54: Adult Day Care	N/A	.	N/A	$1,165	N/A	.	N/A	.	.	N/A
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	.	N/A	0.24	N/A	.	N/A	.	.	N/A
% RHC (code 3)	N/A	.	N/A	0.79	N/A	.	N/A	.	.	N/A
% FQHC (code 4)	N/A	.	N/A	0.10	N/A	.	N/A	.	.	N/A
% IHS (code 5)	N/A	.	N/A	1.79	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX OT Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% Waiver (code 6,7)	N/A	.	N/A	8.97	N/A	.	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	.	N/A	$67	N/A	.	N/A	.	.	N/A
RHC (code 3)	N/A	.	N/A	$56	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	$48	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	.	N/A	$172	N/A	.	N/A	.	.	N/A
Waiver (code 6, 7)	N/A	.	N/A	$599	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	82.20	Yes	82.66	Yes	.	N/A	0.56	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	9.80	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	6.95	Yes	6.79	Yes	.	N/A	-2.29	.	Yes
% Claims with DX, where length=4	40-70	57.59	No	55.78	Yes	.	N/A	-3.14	.	Yes
% Claims with DX, where length=5	20-55	35.46	Yes	37.42	Yes	.	N/A	5.54	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	72.84	N/A	100.00	N/A	.	N/A	37.28	.	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	30.16	N/A	100.00	N/A	.	N/A	231.56	.	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	.	N/A	99.94	Yes	.	N/A	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	19.32	N/A	59.12	N/A	.	N/A	206.00	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	76.55	N/A	40.88	N/A	.	N/A	-46.60	.	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	4.13	N/A	0.00	N/A	.	N/A	-100.00	.	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	50.26	No	100.00	Yes	.	N/A	98.97	.	No
% Claims with TOS 08 with Physician Specialty	N/A	.	N/A	99.82	N/A	.	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	122,394	N/A	141,386	N/A	.	N/A	15.52	.	No
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
% Claims with Span Bill	N/A	3.25	N/A	3.80	N/A	.	N/A	16.86	.	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	29.72	N/A	24.82	N/A	.	N/A	-16.49	.	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.03	N/A	1.85	N/A	.	N/A	-8.89	.	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	54.21	N/A	51.19	N/A	.	N/A	-5.57	.	Yes
% claims MAX TOS 10: Other Practioner	N/A	6.38	N/A	4.21	N/A	.	N/A	-33.99	.	No

* Cross year change for encounter claims is expected to be +15%, no negative.
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1998-1999 MAX OT Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
% claims MAX TOS 11: OPD	N/A	4.40	N/A	8.46	N/A	.	N/A	92.16	.	No
% claims MAX TOS 12: Clinic	N/A	0.82	N/A	1.89	N/A	.	N/A	130.93	.	No
% claims MAX TOS 13: HH	N/A	0.21	N/A	0.00	N/A	.	N/A	-100.00	.	No
% claims MAX TOS 15: Lab/Xray	N/A	15.06	N/A	13.95	N/A	.	N/A	-7.34	.	Yes
% claims MAX TOS 19: Other Services	N/A	2.87	N/A	7.61	N/A	.	N/A	165.02	.	No
% claims MAX TOS 51: DME	N/A	12.38	N/A	5.24	N/A	.	N/A	-57.66	.	No
% claims MAX TOS 26: Transportation	N/A	2.89	N/A	2.61	N/A	.	N/A	-9.71	.	Yes
% claims MAX TOS 30: PCS	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 31: TCM	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	.	N/A	4.04	N/A	.	N/A	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	.	N/A	0.14	N/A	.	N/A	.	.	N/A
% claims MAX TOS 35: Hospice	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 53: Pysch. Services	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
% claims MAX TOS 54: Adult Day Care	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Average Amount Paid	N/A	$23	N/A	$27	N/A	.	N/A	17.41	.	No
% Claims with DX	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	.	N/A	0.00	.	Yes
% Claims with 1 DX that have 2 DX	N/A	.	N/A	4.83	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	14.45	Yes	14.35	Yes	.	N/A	-0.68	.	Yes
% Claims with DX, where length=4	40-70	47.11	Yes	45.80	Yes	.	N/A	-2.78	.	Yes
% Claims with DX, where length=5	20-55	38.44	Yes	39.84	Yes	.	N/A	3.66	.	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	NA	0.00	N/A	100.00	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	NA	100.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	99.99	Yes	.	N/A	-0.01	.	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	34.15	N/A	80.01	N/A	.	N/A	134.31	.	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	65.85	N/A	19.99	N/A	.	N/A	-69.64	.	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1998-1999 MAX RX Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	474,979	N/A	521,402	N/A	.	N/A	9.77	.	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Supplemental Claims	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A
Total FFS Claims	N/A	474,979	N/A	521,402	N/A	.	N/A	9.77	.	Yes
% Adjusted Claims	> 1%	3.93	Yes	3.93	Yes	.	N/A	-0.22	.	Yes
Aver. Amt. Pd Adjust. (include $0	N/A	$29	N/A	$51	N/A	.	N/A	76.97	.	No
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	474,979	N/A	521,402	N/A	.	N/A	9.77	.	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	.	N/A	0.00	.	Yes
% Claims with< $0 Paid	0	.	N/A	0.00	Yes	.	N/A	.	.	N/A
Aver. Medicaid Amount Paid (claims with >$0 paid)	$15-$60	$40	Yes	$45	Yes	.	N/A	12.87	.	Yes
% Claims with TPL	>0 - 15	2.62	Yes	2.67	Yes	.	N/A	2.15	.	Yes
Aver. TPL Paid for claims with TPL	N/A	$37	N/A	$43	N/A	.	N/A	17.23	.	No
% Family Planning Claims (program type=2)	N/A	0.91	N/A	0.87	N/A	.	N/A	-3.84	.	Yes
% Drug Claims (TOS 16)	95-99	99.09	No	100.00	No	.	N/A	0.92	.	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	No	0.00	No	.	N/A	.	.	N/A
% Drug Claims with Quantity	>98	.	N/A	99.77	Yes	.	N/A	.	.	N/A
% Drug Claims with Days Supply	>98	.	N/A	100.00	Yes	.	N/A	.	.	N/A
% Claims with HICL	98-100	99.83	Yes	99.85	Yes	.	N/A	0.02	.	Yes
% Claims with Medispan	98-100	87.86	No	94.05	No	.	N/A	7.05	.	Yes
% Claims with AHFS	98-100	99.83	Yes	99.85	Yes	.	N/A	0.02	.	Yes
% Claims with Generic (GTC)	98-100	99.83	Yes	99.85	Yes	.	N/A	0.02	.	Yes
% Claims with GC3	98-100	99.83	Yes	99.85	Yes	.	N/A	0.02	.	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	98.80	N/A	78.39	N/A	.	N/A	-20.66	.	No
% Products (codes 4-6)	N/A	0.73	N/A	20.94	N/A	.	N/A	2781.73	.	No
% HRI (code 7)	N/A	0.29	N/A	0.44	N/A	.	N/A	49.26	.	No
% Claims with Smart Key	98-100	99.83	Yes	99.85	Yes	.	N/A	0.02	.	Yes
% OTC-Drug Class	N/A	4.24	N/A	5.74	N/A	.	N/A	35.41	.	No
% Prescription-Drug Class	N/A	95.59	N/A	94.11	N/A	.	N/A	-1.54	.	Yes
% Multiple Source (Code Y	N/A	.	N/A	44.14	N/A	.	N/A	.	.	N/A
% Single Source (Code N	N/A	.	N/A	34.10	N/A	.	N/A	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1998-1999 MAX PSF Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	N/A	53,317	N/A	52,454	N/A	.	N/A	-1.62	.	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	.	N/A	$202,214,093	N/A	.	N/A	.	.	15% (+/-)	N/A
% with no services (code 0)	N/A	.	N/A	16.13	N/A	.	N/A	.	.	N/A	N/A
% with FFS only claims (code 1)	N/A	.	N/A	83.87	N/A	.	N/A	.	.	N/A	N/A
% with only cap claims (code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with only encounter claims (code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and cap claims (code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with cap and encounter claims only (code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS and encounter claims only (code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
% with FFS, cap and encounter records (code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	N/A	N/A
Total Enrollees (excluding people with 0 months of eligibility or no eligibility record)											
Total Enrollees	N/A	52,990	N/A	52,177	N/A	.	N/A	-1.53	.	10% (+/-)	Yes
Total PYE (Person Years of Enrollment)	N/A	34,606	N/A	35,422	N/A	.	N/A	2.36	.	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	99.27	Yes	99.37	Yes	.	N/A	0.10	.	15% (+/-)	Yes
% Records with Valid SSN Format	>=90%	96.07	Yes	96.28	Yes	.	N/A	0.22	.	10% (+/-)	Yes
#SSNs with duplicate records	N/A	23	N/A	1	N/A	.	N/A	-95.65	.	N/A	No
% with County Code	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	.	N/A	0.00	.	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.81	Yes	0.82	Yes	.	N/A	0.85	.	10% (+/-)	Yes
% White (Code 1)	N/A	.	N/A	77.98	N/A	.	N/A	.	.	10% (+/-)	N/A
% Black (Code 2)	N/A	.	N/A	2.12	N/A	.	N/A	.	.	10% (+/-)	N/A
% Native American/Alaskan Native (Code 3)	N/A	.	N/A	8.50	N/A	.	N/A	.	.	10% (+/-)	N/A
% Hispanic/Latino (Code 5)	N/A	.	N/A	9.58	N/A	.	N/A	.	.	10% (+/-)	N/A
% Unknown (Code 9)	<5%	.	N/A	1.50	Yes	.	N/A	.	.	10% (+/-)	N/A
% Age 0	2-8%	6.08	Yes	5.48	Yes	.	N/A	-9.82	.	10% (+/-)	Yes
% Age 0-20 Years	49-74%	61.02	Yes	60.70	Yes	.	N/A	-0.51	.	10% (+/-)	Yes
% Age > 64 Years	5-18%	8.97	Yes	9.25	Yes	.	N/A	3.12	.	10% (+/-)	Yes
% Enrollees with 12 months enrollment	40-60%	.	N/A	39.47	No	.	N/A	.	.	10% (+/-)	N/A
Total EDB Duals (Duals confirmed by EDB)	N/A	7,732	N/A	7,961	N/A	.	N/A	2.96	.	10% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	98.32	Yes	98.55	Yes	.	N/A	0.24	.	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	98.41	Yes	98.60	Yes	.	N/A	0.20	.	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	37.14	Yes	38.78	Yes	.	N/A	4.42	.	10% (+/-)	Yes
Total Non-EDB Duals (Duals reported in MSIS, but not found in EDB)	N/A	.	N/A	90	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Eligibility Only	N/A	.	N/A	42.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Claims Only	N/A	.	N/A	28.89	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals MSIS Elig/Claims Only	N/A	.	N/A	28.89	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals Without Valid SSN	N/A	.	N/A	2.22	N/A	.	N/A	.	.	10% (+/-)	N/A
% Non-EDB Duals who are Children/Adults	N/A	.	N/A	24.44	N/A	.	N/A	.	.	10% (+/-)	N/A
% MAX Aged Groups (11,21,31,41,51) >64 yrs.	>=99%	100.00	Yes	99.98	Yes	.	N/A	-0.02	.	10% (+/-)	Yes
% MAX Child Groups (14,16, 24, 34, 44, 48, 54) and Age <21 Years.	>=99%	99.65	Yes	100.00	Yes	.	N/A	0.34	.	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	90.68	Yes	86.25	Yes	.	N/A	-4.89	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
MAX Aged Total	N/A	4,721	N/A	4,799	N/A	.	N/A	1.65	.	10% (+/-)	Yes
11: Aged, Cash	N/A	997	N/A	952	N/A	.	N/A	-4.51	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,032	N/A	1,193	N/A	.	N/A	15.60	.	10% (+/-)	No
41: Other Aged	N/A	2,692	N/A	2,654	N/A	.	N/A	-1.41	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	8,189	N/A	8,232	N/A	.	N/A	0.53	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	5,251	N/A	5,240	N/A	.	N/A	-0.21	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	652	N/A	761	N/A	.	N/A	16.72	.	10% (+/-)	No
42: Other Disabled	N/A	2,286	N/A	2,231	N/A	.	N/A	-2.41	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	29,239	N/A	28,523	N/A	.	N/A	-2.45	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	10,368	N/A	9,060	N/A	.	N/A	-12.62	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	16,040	N/A	16,405	N/A	.	N/A	2.28	.	10% (+/-)	Yes
44: Other Child	N/A	1,458	N/A	1,580	N/A	.	N/A	8.37	.	10% (+/-)	Yes
48: Foster Care Child	N/A	1,373	N/A	1,478	N/A	.	N/A	7.65	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	10,841	N/A	10,623	N/A	.	N/A	-2.01	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	6,020	N/A	5,707	N/A	.	N/A	-5.20	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	3,359	N/A	3,063	N/A	.	N/A	-8.81	.	10% (+/-)	Yes
45: Other Adult	N/A	1,462	N/A	1,853	N/A	.	N/A	26.74	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL ENROLLEES IN JUNE	N/A	.	N/A	35,667	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Full Scope Benefits (Code 1)	>80%	.	N/A	91.54	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Alien (Code 2)	<5%	.	N/A	0.15	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	.	N/A	4.41	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Pregnant (Code 4)	<5%	.	N/A	3.88	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	<5%	.	N/A	0.02	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	15% (+/-)	N/A
June % Private Health Insurance (codes 2-4)	2-12%	.	N/A	9.38	Yes	.	N/A	.	.	15% (+/-)	N/A
June Total Enrollees with TANF Flag (code 2)	N/A	.	N/A	1,971	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with M-SCHIP (Code 2)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3)	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MANAGED CARE (MC)PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)											
% Total Enrollees in MC Anytime During Year	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
# Of Total MC Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% HMO/HIO (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Dental (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% BHO (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Prenatal (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% LTC (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% PACE (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% PCCM (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
% Other MC (Dups)	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PHP only or PHP/PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
% EDB Duals in PCCM only	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC Enrollees	N/A	0	N/A	0	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees -Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Enrollees - Child	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
% Total Non-PCCM MC Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
Total Non-PCCM MC PYE	N/A	.	N/A	.	N/A	.	N/A	.	.	25% (+)	N/A
TOTAL ENROLLEES IN JUNE BY MC STATUS	N/A	.	N/A	35,667	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO only (Code 1)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental Plan only (Code 2)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO only (Code 3)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % PCCM only (Code 4)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC only (Code 5)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	25% (+)	N/A
June % FFS Only (Code 16)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	25% (+)	N/A
June % MC Status Unknown (Code 99)	<5%	.	N/A	0.00	Yes	.	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Ratio of Cap Claims to PME (person mo. enroll.) in MC	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	.9-2	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Average Cap Payment for PME in MC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
HMO/HIO	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PHP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
PCCM	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons ever enrolled in HMO/HIOs during year											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Persons enrolled in PCCM only											

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Total Cap Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Count of Enrollees	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS EXPENDITURES (excluding cap payments) FOR EVER IN HMO/HIO ENROLLEES DURING YEAR (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)											
Total FFS Payments	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Average FFS Payments per enrollee	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
LTC	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Drug	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Other (excluding cap payments)	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR NON-DUALS (excluding ineligible recipients, ever in HMO/HIO enrollees and EDB Duals.) * PHPs were excluded In 1998**											
Total Non-Dual FFS Enrollees	N/A	45,258	N/A	44,216	N/A	.	N/A	-2.30	.	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	37,687	N/A	37,002	N/A	.	N/A	-1.82	.	15% (+/-)	Yes
Total Non-Dual FFS PYE	N/A	28,520	N/A	28,695	N/A	.	N/A	0.61	.	15% (+/-)	Yes
MAX Aged Total	N/A	75	N/A	67	N/A	.	N/A	-10.67	.	10% (+/-)	No
11: Aged, Cash	N/A	21	N/A	15	N/A	.	N/A	-28.57	.	10% (+/-)	No
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	14	N/A	17	N/A	.	N/A	21.43	.	10% (+/-)	No
41: Other Aged	N/A	40	N/A	35	N/A	.	N/A	-12.50	.	10% (+/-)	No
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	5,148	N/A	5,040	N/A	.	N/A	-2.10	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	3,852	N/A	3,842	N/A	.	N/A	-0.26	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	4	N/A	4	N/A	.	N/A	0.00	.	10% (+/-)	Yes
42: Other Disabled	N/A	1,292	N/A	1,194	N/A	.	N/A	-7.59	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	29,238	N/A	28,523	N/A	.	N/A	-2.45	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	10,368	N/A	9,060	N/A	.	N/A	-12.62	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	16,039	N/A	16,405	N/A	.	N/A	2.28	.	10% (+/-)	Yes
44: Other Child	N/A	1,458	N/A	1,580	N/A	.	N/A	8.37	.	10% (+/-)	Yes
48: Foster Care Child	N/A	1,373	N/A	1,478	N/A	.	N/A	7.65	.	10% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Adult Total	N/A	10,797	N/A	10,586	N/A	.	N/A	-1.95	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	5,987	N/A	5,676	N/A	.	N/A	-5.19	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
35: Adult, Poverty	N/A	3,353	N/A	3,059	N/A	.	N/A	-8.77	.	10% (+/-)	Yes
45: Other Adult	N/A	1,457	N/A	1,851	N/A	.	N/A	27.04	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Non-Dual FFS Enrollees with MSIS Dual Code/No EDB Confirmation	N/A	.	N/A	90	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$104,184,109	N/A	$103,617,636	N/A	.	N/A	-0.54	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$2,302	N/A	$2,343	N/A	.	N/A	1.80	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$2,764	N/A	$2,800	N/A	.	N/A	1.30	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUPS											
All Aged	N/A	$5,662	N/A	$4,641	N/A	.	N/A	-18.04	.	15% (+/-)	No
11: Aged, Cash	N/A	$1,166	N/A	$1,254	N/A	.	N/A	7.47	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$101	N/A	$200	N/A	.	N/A	98.98	.	15% (+/-)	No
41: Other Aged	N/A	$9,968	N/A	$8,249	N/A	.	N/A	-17.25	.	15% (+/-)	No
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$9,852	N/A	$10,394	N/A	.	N/A	5.51	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,719	N/A	$6,015	N/A	.	N/A	5.19	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$293	N/A	$0	N/A	.	N/A	-100.00	.	15% (+/-)	No
42: Other Disabled	N/A	$22,203	N/A	$24,519	N/A	.	N/A	10.43	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,062	N/A	$1,041	N/A	.	N/A	-1.98	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$945	N/A	$897	N/A	.	N/A	-5.15	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$1,017	N/A	$981	N/A	.	N/A	-3.47	.	15% (+/-)	Yes
44: Other Child	N/A	$952	N/A	$965	N/A	.	N/A	1.34	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$2,597	N/A	$2,675	N/A	.	N/A	3.00	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,036	N/A	$2,004	N/A	.	N/A	-1.55	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,489	N/A	$1,531	N/A	.	N/A	2.83	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,891	N/A	$2,774	N/A	.	N/A	-4.05	.	15% (+/-)	Yes
45: Other Adult	N/A	$2,314	N/A	$2,183	N/A	.	N/A	-5.67	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$26,499,061	N/A	$23,084,801	N/A	.	N/A	-12.88	.	15% (+/-)	Yes
IP: Number of Users	N/A	6,911	N/A	6,203	N/A	.	N/A	-10.24	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,834	N/A	$3,722	N/A	.	N/A	-2.94	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per Use	N/A	4	N/A	4	N/A	.	N/A	-0.57	.	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
MH Aged: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$145,671	N/A	$885,153	N/A	.	N/A	507.64	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	11	N/A	69	N/A	.	N/A	527.27	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,243	N/A	$12,828	N/A	.	N/A	-3.13	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$2,733,965	N/A	$2,384,277	N/A	.	N/A	-12.79	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	37	N/A	28	N/A	.	N/A	-24.32	.	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$73,891	N/A	$85,153	N/A	.	N/A	15.24	.	15% (+/-)	No
NF: Total Medicaid Paid (TOS 07)	N/A	$2,372,218	N/A	$2,497,898	N/A	.	N/A	5.30	.	15% (+/-)	Yes
NF Number of Users	N/A	128	N/A	152	N/A	.	N/A	18.75	.	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$18,533	N/A	$16,434	N/A	.	N/A	-11.33	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$15,861,214	N/A	$15,282,089	N/A	.	N/A	-3.65	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Physician: Number of Users	N/A	31,457	N/A	30,608	N/A	.	N/A	-2.70	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$504	N/A	$499	N/A	.	N/A	-0.98	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,159,907	N/A	$2,389,953	N/A	.	N/A	10.65	.	15% (+/-)	Yes
Dental: Number of Users	N/A	9,065	N/A	9,355	N/A	.	N/A	3.20	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$238	N/A	$255	N/A	.	N/A	7.22	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,495,716	N/A	$283,346	N/A	.	N/A	-81.06	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	8,856	N/A	4,998	N/A	.	N/A	-43.56	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$169	N/A	$57	N/A	.	N/A	-66.43	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$4,118,037	N/A	$6,163,157	N/A	.	N/A	49.66	.	15% (+/-)	No
OPD Number of Users	N/A	15,850	N/A	18,313	N/A	.	N/A	15.54	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$260	N/A	$337	N/A	.	N/A	29.53	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$3,122,425	N/A	$3,567,461	N/A	.	N/A	14.25	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	4,818	N/A	6,879	N/A	.	N/A	42.78	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$648	N/A	$519	N/A	.	N/A	-19.98	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,289,174	N/A	$715,745	N/A	.	N/A	-44.48	.	15% (+/-)	No
HH: Number of Users	N/A	1,356	N/A	326	N/A	.	N/A	-75.96	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$951	N/A	$2,196	N/A	.	N/A	130.93	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$4,390,806	N/A	$2,871,070	N/A	.	N/A	-34.61	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	21,353	N/A	18,413	N/A	.	N/A	-13.77	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$206	N/A	$156	N/A	.	N/A	-24.17	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$9,352,086	N/A	$11,970,710	N/A	.	N/A	28.00	.	15% (+/-)	No
Drugs: Number of Users	N/A	27,929	N/A	27,851	N/A	.	N/A	-0.28	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$335	N/A	$430	N/A	.	N/A	28.36	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$23,512,629	N/A	$8,385,797	N/A	.	N/A	-64.33	.	15% (+/-)	No
Other Services: Number of Users	N/A	$10,115	N/A	$9,726	N/A	.	N/A	-3.85	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$2,325	N/A	$862	N/A	.	N/A	-62.91	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$469,236	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	1,817	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$258	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$287,058	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	405	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$709	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,260,234	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	2,569	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$880	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$24,257	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	288	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$84	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$177,415	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	32	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$5,544	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,171,641	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	7,203	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$301	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$8,276,901	N/A	.	N/A	.	.	15% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Residential Care: Number of Users	N/A	.	N/A	446	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$18,558	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$2,580,054	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	2,699	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$956	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$5,415,903	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	332	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$16,313	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$586	N/A	$522	N/A	.	N/A	-10.83	.	15% (+/-)	Yes
Aged	N/A	$108	N/A	$96	N/A	.	N/A	-11.67	.	15% (+/-)	Yes
Disabled	N/A	$1,517	N/A	$1,500	N/A	.	N/A	-1.07	.	15% (+/-)	Yes
Child	N/A	$356	N/A	$300	N/A	.	N/A	-15.57	.	15% (+/-)	No
Adult	N/A	$767	N/A	$656	N/A	.	N/A	-14.42	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$116	N/A	$130	N/A	.	N/A	12.40	.	15% (+/-)	Yes
Aged	N/A	$3,832	N/A	$3,785	N/A	.	N/A	-1.22	.	15% (+/-)	Yes
Disabled	N/A	$954	N/A	$961	N/A	.	N/A	0.69	.	15% (+/-)	Yes
Child	N/A	$2	N/A	$24	N/A	.	N/A	1205.29	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$207	N/A	$271	N/A	.	N/A	31.02	.	15% (+/-)	No
Aged	N/A	$522	N/A	$378	N/A	.	N/A	-27.66	.	15% (+/-)	No
Disabled	N/A	$1,055	N/A	$1,444	N/A	.	N/A	36.91	.	15% (+/-)	No
Child	N/A	$86	N/A	$102	N/A	.	N/A	18.75	.	15% (+/-)	No
Adult	N/A	$128	N/A	$167	N/A	.	N/A	30.62	.	15% (+/-)	No
All Other Services	N/A	$1,376	N/A	$1,420	N/A	.	N/A	3.20	.	15% (+/-)	Yes
Aged	N/A	$1,200	N/A	$382	N/A	.	N/A	-68.16	.	15% (+/-)	No
Disabled	N/A	$6,318	N/A	$6,490	N/A	.	N/A	2.71	.	15% (+/-)	Yes
Child	N/A	$618	N/A	$616	N/A	.	N/A	-0.29	.	15% (+/-)	Yes
Adult	N/A	$1,075	N/A	$1,181	N/A	.	N/A	9.79	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.27	N/A	14.03	N/A	.	N/A	-8.13	.	15% (+/-)	Yes
Aged	N/A	10.67	N/A	8.96	N/A	.	N/A	-16.04	.	15% (+/-)	No
Disabled	N/A	14.04	N/A	14.62	N/A	.	N/A	4.12	.	15% (+/-)	Yes
Child	N/A	12.37	N/A	11.33	N/A	.	N/A	-8.43	.	15% (+/-)	Yes
Adult	N/A	23.73	N/A	21.05	N/A	.	N/A	-11.30	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.39	N/A	0.56	N/A	.	N/A	45.64	.	15% (+/-)	No
Aged	N/A	18.67	N/A	17.91	N/A	.	N/A	-4.05	.	15% (+/-)	Yes
Disabled	N/A	2.99	N/A	3.71	N/A	.	N/A	24.03	.	15% (+/-)	No
Child	N/A	0.02	N/A	0.18	N/A	.	N/A	632.19	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% with ratio of LT days/enroll days > 1	N/A	16.00	N/A	0.80	N/A	.	N/A	-94.98	.	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	61.71	N/A	62.99	N/A	.	N/A	2.07	.	15% (+/-)	Yes
Aged	N/A	38.67	N/A	28.36	N/A	.	N/A	-26.66	.	15% (+/-)	No
Disabled	N/A	71.66	N/A	73.51	N/A	.	N/A	2.59	.	15% (+/-)	Yes
Child	N/A	60.01	N/A	60.64	N/A	.	N/A	1.04	.	15% (+/-)	Yes
Adult	N/A	61.72	N/A	64.53	N/A	.	N/A	4.55	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	81.00	N/A	81.72	N/A	.	N/A	0.88	.	15% (+/-)	Yes
Aged	N/A	45.33	N/A	40.30	N/A	.	N/A	-11.11	.	15% (+/-)	Yes

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	81.62	N/A	83.83	N/A	.	N/A	2.70	.	15% (+/-)	Yes
Child	N/A	82.19	N/A	82.25	N/A	.	N/A	0.07	.	15% (+/-)	Yes
Adult	N/A	77.73	N/A	79.54	N/A	.	N/A	2.33	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	4	N/A	.	N/A	-0.57	.	15% (+/-)	Yes
Aged	N/A	0	N/A	7	N/A	.	N/A	1677.78	.	15% (+/-)	No
Disabled	N/A	10	N/A	10	N/A	.	N/A	-0.40	.	15% (+/-)	Yes
Child	N/A	3	N/A	3	N/A	.	N/A	-6.24	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-1.65	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	262	N/A	158	N/A	.	N/A	-39.72	.	15% (+/-)	No
Aged	N/A	283	N/A	252	N/A	.	N/A	-10.68	.	15% (+/-)	Yes
Disabled	N/A	271	N/A	186	N/A	.	N/A	-31.35	.	15% (+/-)	No
Child	N/A	17	N/A	29	N/A	.	N/A	70.31	.	15% (+/-)	No
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Delivery	N/A	11.12	N/A	10.37	N/A	.	N/A	-6.70	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,298,874	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2,478	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$524	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$381,660	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	1,974	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$193	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$41,696	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	213	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$196	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,478,218	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	2,559	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$968	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$20,797,956	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	809	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$25,708	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR EDB DUALS (excluding ineligible recipients, non-dual enrollees and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total EDB Dual FFS Enrollees	N/A	7,732	N/A	7,961	N/A	.	N/A	2.96	.	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	6,597	N/A	6,713	N/A	.	N/A	1.76	.	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	6,085	N/A	6,727	N/A	.	N/A	10.54	.	15% (+/-)	Yes
% EDB Only Dual (code 50)	N/A	.	N/A	1.23	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Only (Code 51)	N/A	.	N/A	16.49	N/A	.	N/A	.	.	15% (+/-)	N/A
% QMB Plus (Code 52)	N/A	.	N/A	33.59	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	.	N/A	5.65	N/A	.	N/A	.	.	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QDWI (Code 55)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	.	N/A	1.80	N/A	.	N/A	.	.	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	.	N/A	0.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	.	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Dual Type Unknown (Code 59)	N/A	.	N/A	40.62	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EBD HIC	N/A	.	N/A	100.00	No	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	N/A	.	N/A	10.11	N/A	.	N/A	.	.	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	4,646	N/A	4,732	N/A	.	N/A	1.85	.	10% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
11: Aged, Cash	N/A	976	N/A	937	N/A	.	N/A	-4.00	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,018	N/A	1,176	N/A	.	N/A	15.52	.	10% (+/-)	No
41: Other Aged	N/A	2,652	N/A	2,619	N/A	.	N/A	-1.24	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	3,041	N/A	3,192	N/A	.	N/A	4.97	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	1,399	N/A	1,398	N/A	.	N/A	-0.07	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	648	N/A	757	N/A	.	N/A	16.82	.	10% (+/-)	No
42: Other Disabled	N/A	994	N/A	1,037	N/A	.	N/A	4.33	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
TOTAL EDB DUAL FFS ENROLLEES IN JUNE	N/A	.	N/A	7,462	N/A	.	N/A	.	.	10% (+/-)	N/A
Type of Medicare											
June % with Part A Medicare	N/A	.	N/A	0.82	N/A	.	N/A	.	.	15% (+/-)	N/A
June % with Part B Medicare	N/A	.	N/A	0.08	N/A	.	N/A	.	.	15% (+/-)	N/A
June % Part A/B Medicare	N/A	.	N/A	99.10	N/A	.	N/A	.	.	15% (+/-)	N/A
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	.	N/A	50.48	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled (Code 1)	N/A	.	N/A	48.42	N/A	.	N/A	.	.	15% (+/-)	N/A
% ESRD (Code 2)	N/A	.	N/A	0.31	N/A	.	N/A	.	.	15% (+/-)	N/A
% Disabled with ESRD (Code 3)	N/A	.	N/A	0.78	N/A	.	N/A	.	.	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$92,545,478	N/A	$98,008,299	N/A	.	N/A	5.90	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$11,969	N/A	$12,311	N/A	.	N/A	2.86	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any s	N/A	$14,028	N/A	$14,600	N/A	.	N/A	4.07	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$11,807	N/A	$12,163	N/A	.	N/A	3.02	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$4,001	N/A	$4,592	N/A	.	N/A	14.78	.	15% (+/-)	Yes
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$363	N/A	$495	N/A	.	N/A	36.65	.	15% (+/-)	No
41: Other Aged	N/A	$19,072	N/A	$20,111	N/A	.	N/A	5.45	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$12,315	N/A	$12,620	N/A	.	N/A	2.48	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$3,183	N/A	$3,862	N/A	.	N/A	21.35	.	15% (+/-)	No
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$591	N/A	$676	N/A	.	N/A	14.40	.	15% (+/-)	Yes
42: Other Disabled	N/A	$32,810	N/A	$33,146	N/A	.	N/A	1.03	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$1,693,811	N/A	$1,728,025	N/A	.	N/A	2.02	.	15% (+/-)	Yes
IP: Number of Users	N/A	1,269	N/A	1,379	N/A	.	N/A	8.67	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$1,335	N/A	$1,253	N/A	.	N/A	-6.12	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	0	N/A	6	N/A	.	N/A	1245.17	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$88,165	N/A	$28,517	N/A	.	N/A	-67.65	.	15% (+/-)	No
MH Aged: Number of Users	N/A	5	N/A	1	N/A	.	N/A	-80.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$17,633	N/A	$28,517	N/A	.	N/A	61.73	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych < 21: Number of Users	N/A	0	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
IP Psych<21 :Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$7,568,232	N/A	$7,736,943	N/A	.	N/A	2.23	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	97	N/A	95	N/A	.	N/A	-2.06	.	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	$78,023	N/A	$81,442	N/A	.	N/A	4.38	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$43,303,993	N/A	$44,727,700	N/A	.	N/A	3.29	.	15% (+/-)	Yes
NF Number of Users	N/A	$2,319	N/A	$2,315	N/A	.	N/A	-0.17	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,674	N/A	$19,321	N/A	.	N/A	3.47	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$1,432,588	N/A	$1,482,315	N/A	.	N/A	3.47	.	15% (+/-)	Yes
Physician: Number of Users	N/A	5,366	N/A	5,485	N/A	.	N/A	2.22	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$267	N/A	$270	N/A	.	N/A	1.23	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$38,141	N/A	$41,598	N/A	.	N/A	9.06	.	15% (+/-)	Yes
Dental: Number of Users	N/A	230	N/A	237	N/A	.	N/A	3.04	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$166	N/A	$176	N/A	.	N/A	5.84	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$783,579	N/A	$162,922	N/A	.	N/A	-79.21	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	1,882	N/A	1,214	N/A	.	N/A	-35.49	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$416	N/A	$134	N/A	.	N/A	-67.77	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$856,028	N/A	$1,705,221	N/A	.	N/A	99.20	.	15% (+/-)	No
OPD Number of Users	N/A	2,378	N/A	3,669	N/A	.	N/A	54.29	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$360	N/A	$465	N/A	.	N/A	29.11	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$348,052	N/A	$338,997	N/A	.	N/A	-2.60	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	479	N/A	682	N/A	.	N/A	42.38	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$727	N/A	$497	N/A	.	N/A	-31.59	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$507,807	N/A	$352,338	N/A	.	N/A	-30.62	.	15% (+/-)	No
HH: Number of Users	N/A	688	N/A	69	N/A	.	N/A	-89.97	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$738	N/A	$5,106	N/A	.	N/A	591.83	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$232,815	N/A	$212,114	N/A	.	N/A	-8.89	.	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	3,548	N/A	3,750	N/A	.	N/A	5.69	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$66	N/A	$57	N/A	.	N/A	-13.80	.	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	$9,514,626	N/A	$11,584,289	N/A	.	N/A	21.75	.	15% (+/-)	No
Drugs: Number of Users	N/A	5,228	N/A	5,243	N/A	.	N/A	0.29	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,820	N/A	$2,209	N/A	.	N/A	21.40	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$22,619,077	N/A	$6,876,700	N/A	.	N/A	-69.60	.	15% (+/-)	No
Other Services: Number of Users	N/A	$1,909	N/A	$1,708	N/A	.	N/A	-10.53	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$11,849	N/A	$4,026	N/A	.	N/A	-66.02	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$86,149	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	740	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$116	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$209,370	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	274	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$764	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$397,928	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	616	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$646	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$3,720	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	107	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$35	N/A	.	N/A	.	.	15% (+/-)	N/A

1998-1999 MAX PSF Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$39,378	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	12	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$3,282	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$625,026	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	1,692	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$369	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$12,077,566	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	429	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$28,153	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$1,176,883	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	502	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$2,344	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$6,396,859	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	517	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$12,373	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$219	N/A	$217	N/A	.	N/A	-0.91	.	15% (+/-)	Yes
Aged	N/A	$163	N/A	$208	N/A	.	N/A	27.60	.	15% (+/-)	No
Disabled	N/A	$270	N/A	$222	N/A	.	N/A	-17.94	.	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$6,591	N/A	$6,594	N/A	.	N/A	0.04	.	15% (+/-)	Yes
Aged	N/A	$9,020	N/A	$9,154	N/A	.	N/A	1.48	.	15% (+/-)	Yes
Disabled	N/A	$2,977	N/A	$2,875	N/A	.	N/A	-3.43	.	15% (+/-)	Yes
Drugs (TOS=16)	N/A	$1,231	N/A	$1,455	N/A	.	N/A	18.25	.	15% (+/-)	No
Aged	N/A	$1,183	N/A	$1,350	N/A	.	N/A	14.09	.	15% (+/-)	Yes
Disabled	N/A	$1,312	N/A	$1,619	N/A	.	N/A	23.42	.	15% (+/-)	No
All Other Services	N/A	$3,926	N/A	$4,045	N/A	.	N/A	3.04	.	15% (+/-)	Yes
Aged	N/A	$1,440	N/A	$1,451	N/A	.	N/A	0.79	.	15% (+/-)	Yes
Disabled	N/A	$7,748	N/A	$7,904	N/A	.	N/A	2.02	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.41	N/A	17.32	N/A	.	N/A	5.54	.	15% (+/-)	Yes
Aged	N/A	17.63	N/A	18.47	N/A	.	N/A	4.78	.	15% (+/-)	Yes
Disabled	N/A	14.57	N/A	15.54	N/A	.	N/A	6.67	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	31.25	N/A	30.27	N/A	.	N/A	-3.12	.	15% (+/-)	Yes
Aged	N/A	46.69	N/A	45.96	N/A	.	N/A	-1.55	.	15% (+/-)	Yes
Disabled	N/A	8.12	N/A	7.36	N/A	.	N/A	-9.36	.	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	67.62	N/A	65.86	N/A	.	N/A	-2.60	.	15% (+/-)	Yes
Aged	N/A	70.28	N/A	68.11	N/A	.	N/A	-3.08	.	15% (+/-)	Yes
Disabled	N/A	63.33	N/A	62.37	N/A	.	N/A	-1.52	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	77.61	N/A	77.30	N/A	.	N/A	-0.40	.	15% (+/-)	Yes
Aged	N/A	75.76	N/A	75.08	N/A	.	N/A	-0.90	.	15% (+/-)	Yes
Disabled	N/A	80.37	N/A	80.51	N/A	.	N/A	0.18	.	15% (+/-)	Yes
Avg # IP Days per User (TOS 01)	N/A	0	N/A	6	N/A	.	N/A	1245.17	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	16040.34	.	15% (+/-)	No
Disabled	N/A	1	N/A	6	N/A	.	N/A	536.52	.	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	301	N/A	257	N/A	.	N/A	-14.41	.	15% (+/-)	Yes
Aged	N/A	301	N/A	255	N/A	.	N/A	-15.47	.	15% (+/-)	No
Disabled	N/A	296	N/A	282	N/A	.	N/A	-4.58	.	15% (+/-)	Yes
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											

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State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$17,008	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	107	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$159	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$47,064	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	459	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$103	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$229	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	2	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$115	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$196,880	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	74	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$2,661	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$25,916,380	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	1295	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$20,013	N/A	.	N/A	.	.	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL ENROLLEES (excluding ineligible recipients and ever in HMO/HIO enrollees.) * PHPs were excluded In 1998**											
Total FFS Enrollees	N/A	52,990	N/A	52,177	N/A	.	N/A	-1.53	.	15% (+/-)	**Yes**
# FFS Recipients	N/A	44,284	N/A	43,715	N/A	.	N/A	-1.28	.	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	.	N/A	83.78	Yes	.	N/A	.	.	15% (+/-)	N/A
% Aged who are Recipients	90-100%	.	N/A	84.75	No	.	N/A	.	.	15% (+/-)	N/A
% Disabled who are Recipients	85-100%	.	N/A	84.82	No	.	N/A	.	.	15% (+/-)	N/A
% Child who are Recipients	80-100%	.	N/A	83.84	Yes	.	N/A	.	.	15% (+/-)	N/A
%Adults who are Recipients	80-100%	.	N/A	82.38	Yes	.	N/A	.	.	15% (+/-)	N/A
Total FFS PYE	N/A	34,606	N/A	35,422	N/A	.	N/A	2.36	.	15% (+/-)	Yes
MAX Aged Total	N/A	4,721	N/A	4,799	N/A	.	N/A	1.65	.	10% (+/-)	Yes
11: Aged, Cash	N/A	997	N/A	952	N/A	.	N/A	-4.51	.	10% (+/-)	Yes
21: Aged, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
31: Aged, Poverty	N/A	1,032	N/A	1,193	N/A	.	N/A	15.60	.	10% (+/-)	No
41: Other Aged	N/A	2,692	N/A	2,654	N/A	.	N/A	-1.41	.	10% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Disabled Total	N/A	8,189	N/A	8,232	N/A	.	N/A	0.53	.	10% (+/-)	Yes
12: Disabled, Cash	N/A	5,251	N/A	5,240	N/A	.	N/A	-0.21	.	10% (+/-)	Yes
22: Disabled, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
32: Disabled, Poverty	N/A	652	N/A	761	N/A	.	N/A	16.72	.	10% (+/-)	No
42: Other Disabled	N/A	2,286	N/A	2,231	N/A	.	N/A	-2.41	.	10% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
MAX Child Total	N/A	29,239	N/A	28,523	N/A	.	N/A	-2.45	.	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	10,368	N/A	9,060	N/A	.	N/A	-12.62	.	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
34: Child Poverty	N/A	16,040	N/A	16,405	N/A	.	N/A	2.28	.	10% (+/-)	Yes
44: Other Child	N/A	1,458	N/A	1,580	N/A	.	N/A	8.37	.	10% (+/-)	Yes
48: Foster Care Child	N/A	1,373	N/A	1,478	N/A	.	N/A	7.65	.	10% (+/-)	Yes
54: 1115 Child	N/A	1,373	N/A	1,478	N/A	.	N/A	7.65	.	10% (+/-)	Yes
MAX Adult Total	N/A	10,841	N/A	10,623	N/A	.	N/A	-2.01	.	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	6,020	N/A	5,707	N/A	.	N/A	-5.20	.	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	0	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A

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Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
35: Adult, Poverty	N/A	3,359	N/A	3,063	N/A	.	N/A	-8.81	.	10% (+/-)	Yes
45: Other Adult	N/A	1,462	N/A	1,853	N/A	.	N/A	26.74	.	10% (+/-)	No
55: 1115 Adult	N/A	.	N/A	0	N/A	.	N/A	.	.	10% (+/-)	N/A
Total Medicaid Amt Paid	N/A	$196,729,587	N/A	$201,625,935	N/A	.	N/A	2.49	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	$3,713	N/A	$3,864	N/A	.	N/A	4.09	.	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,442	N/A	$4,612	N/A	.	N/A	3.82	.	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	$11,709	N/A	$12,058	N/A	.	N/A	2.98	.	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,941	N/A	$4,540	N/A	.	N/A	15.18	.	15% (+/-)	No
21: Aged, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
31: Aged, Poverty	N/A	$359	N/A	$491	N/A	.	N/A	36.83	.	15% (+/-)	No
41: Other Aged	N/A	$18,937	N/A	$19,955	N/A	.	N/A	5.38	.	15% (+/-)	Yes
51: 1115 Aged	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Disabled	N/A	$10,766	N/A	$11,257	N/A	.	N/A	4.56	.	15% (+/-)	Yes
12: Disabled, Cash	N/A	$5,043	N/A	$5,441	N/A	.	N/A	7.89	.	15% (+/-)	Yes
22: Disabled, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
32: Disabled, Poverty	N/A	$589	N/A	$673	N/A	.	N/A	14.15	.	15% (+/-)	Yes
42: Other Disabled	N/A	$26,815	N/A	$28,529	N/A	.	N/A	6.39	.	15% (+/-)	Yes
52: 1115 Disabled	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Child	N/A	$1,068	N/A	$1,041	N/A	.	N/A	-2.51	.	15% (+/-)	Yes
14: AFDC Child, Cash	N/A	$945	N/A	$897	N/A	.	N/A	-5.15	.	15% (+/-)	Yes
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
34: Child, Poverty	N/A	$1,027	N/A	$981	N/A	.	N/A	-4.46	.	15% (+/-)	Yes
44: Other Child	N/A	$952	N/A	$965	N/A	.	N/A	1.34	.	15% (+/-)	Yes
48: Foster Care Child	N/A	$2,597	N/A	$2,675	N/A	.	N/A	3.00	.	15% (+/-)	Yes
54: 1115 Child	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
All Adult	N/A	$2,035	N/A	$2,013	N/A	.	N/A	-1.06	.	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	$1,491	N/A	$1,551	N/A	.	N/A	4.02	.	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
35: Adult, Poverty	N/A	$2,888	N/A	$2,771	N/A	.	N/A	-4.05	.	15% (+/-)	Yes
45: Other Adult	N/A	$2,309	N/A	$2,182	N/A	.	N/A	-5.53	.	15% (+/-)	Yes
55: 1115 Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$28,192,872	N/A	$24,812,826	N/A	.	N/A	-11.99	.	15% (+/-)	Yes
IP: Number of Users	N/A	8,180	N/A	7,582	N/A	.	N/A	-7.31	.	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	$3,447	N/A	$3,273	N/A	.	N/A	-5.05	.	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	3	N/A	4	N/A	.	N/A	28.23	.	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$88,165	N/A	$28,517	N/A	.	N/A	-67.65	.	15% (+/-)	No
MH Aged: Number of Users	N/A	5	N/A	1	N/A	.	N/A	-80.00	.	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$17,633	N/A	$28,517	N/A	.	N/A	61.73	.	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$145,671	N/A	$885,153	N/A	.	N/A	507.64	.	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	11	N/A	69	N/A	.	N/A	527.27	.	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$13,243	N/A	$12,828	N/A	.	N/A	-3.13	.	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$10,302,197	N/A	$10,121,220	N/A	.	N/A	-1.76	.	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	134	N/A	123	N/A	.	N/A	-8.21	.	15% (+/-)	Yes

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ICF/MR: Avg Medicaid Pd per User	N/A	$76,882	N/A	$82,286	N/A	.	N/A	7.03	.	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$45,676,211	N/A	$47,225,598	N/A	.	N/A	3.39	.	15% (+/-)	Yes
NF Number of Users	N/A	$2,447	N/A	$2,467	N/A	.	N/A	0.82	.	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$18,666	N/A	$19,143	N/A	.	N/A	2.55	.	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	$17,293,802	N/A	$16,764,404	N/A	.	N/A	-3.06	.	15% (+/-)	Yes
Physician: Number of Users	N/A	36,823	N/A	36,093	N/A	.	N/A	-1.98	.	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$470	N/A	$464	N/A	.	N/A	-1.10	.	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,198,048	N/A	$2,431,551	N/A	.	N/A	10.62	.	15% (+/-)	Yes
Dental: Number of Users	N/A	9,295	N/A	9,592	N/A	.	N/A	3.20	.	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$236	N/A	$253	N/A	.	N/A	7.20	.	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$2,279,295	N/A	$446,268	N/A	.	N/A	-80.42	.	15% (+/-)	No
Other Practitioner: Number of Users	N/A	10,738	N/A	6,212	N/A	.	N/A	-42.15	.	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$212	N/A	$72	N/A	.	N/A	-66.16	.	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$4,974,065	N/A	$7,868,378	N/A	.	N/A	58.19	.	15% (+/-)	No
OPD Number of Users	N/A	18,228	N/A	21,982	N/A	.	N/A	20.59	.	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$273	N/A	$358	N/A	.	N/A	31.17	.	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$3,470,477	N/A	$3,906,458	N/A	.	N/A	12.56	.	15% (+/-)	Yes
Clinic: Number of Users	N/A	5,297	N/A	7,561	N/A	.	N/A	42.74	.	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$655	N/A	$517	N/A	.	N/A	-21.14	.	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$1,796,981	N/A	$1,068,083	N/A	.	N/A	-40.56	.	15% (+/-)	No
HH: Number of Users	N/A	2,044	N/A	395	N/A	.	N/A	-80.68	.	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$879	N/A	$2,704	N/A	.	N/A	207.57	.	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$4,623,621	N/A	$3,083,184	N/A	.	N/A	-33.32	.	15% (+/-)	No
Lab/Xray: Number of Users	N/A	24,901	N/A	22,163	N/A	.	N/A	-11.00	.	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$186	N/A	$139	N/A	.	N/A	-25.08	.	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$18,866,712	N/A	$23,554,999	N/A	.	N/A	24.85	.	15% (+/-)	No
Drugs: Number of Users	N/A	33,157	N/A	33,094	N/A	.	N/A	-0.19	.	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$569	N/A	$712	N/A	.	N/A	25.09	.	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$46,131,706	N/A	$15,262,497	N/A	.	N/A	-66.92	.	15% (+/-)	No
Other Services: Number of Users	N/A	$12,024	N/A	$11,434	N/A	.	N/A	-4.91	.	15% (+/-)	Yes
Other Services: Avg Medicaid Pd per User	N/A	$3,837	N/A	$1,335	N/A	.	N/A	-65.21	.	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	.	N/A	$555,385	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Number of Users	N/A	.	N/A	2,557	N/A	.	N/A	.	.	15% (+/-)	N/A
Transportation: Avg Medicaid Pd per User	N/A	.	N/A	$217	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Total Medicaid Paid (TOS 30)	N/A	.	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Number of Users	N/A	.	N/A	0	N/A	.	N/A	.	.	15% (+/-)	N/A
PCS: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	.	N/A	$496,428	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Number of Users	N/A	.	N/A	679	N/A	.	N/A	.	.	15% (+/-)	N/A
Target Case Management: Avg Medicaid Pd per User	N/A	.	N/A	$731	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	.	N/A	$2,658,162	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Number of Users	N/A	.	N/A	3,185	N/A	.	N/A	.	.	15% (+/-)	N/A
Rehab Services: Avg Medicaid Pd per User	N/A	.	N/A	$835	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	.	N/A	$27,977	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Number of Users	N/A	.	N/A	395	N/A	.	N/A	.	.	15% (+/-)	N/A
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	.	N/A	$71	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Total Medicaid Paid (TOS 35)	N/A	.	N/A	$216,793	N/A	.	N/A	.	.	15% (+/-)	N/A
Hospice: Number of Users	N/A	.	N/A	44	N/A	.	N/A	.	.	15% (+/-)	N/A

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Hospice: Avg Medicaid Pd per User	N/A	.	N/A	$4,927	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Total Medicaid Paid (TOS 51)	N/A	.	N/A	$2,796,667	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Number of Users	N/A	.	N/A	8,895	N/A	.	N/A	.	.	15% (+/-)	N/A
DME: Avg Medicaid Pd per User	N/A	.	N/A	$314	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Total Medicaid Paid (TOS 52)	N/A	.	N/A	$20,354,467	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Number of Users	N/A	.	N/A	875	N/A	.	N/A	.	.	15% (+/-)	N/A
Residential Care: Avg Medicaid Pd per User	N/A	.	N/A	$23,262	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	.	N/A	$3,756,937	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Number of Users	N/A	.	N/A	3,201	N/A	.	N/A	.	.	15% (+/-)	N/A
Psych. Services: Avg Medicaid Pd per User	N/A	.	N/A	$1,174	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	.	N/A	$11,812,762	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	.	N/A	849	N/A	.	N/A	.	.	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Pd per User	N/A	.	N/A	$13,914	N/A	.	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$532	N/A	$476	N/A	.	N/A	-10.62	.	15% (+/-)	Yes
Aged	N/A	$162	N/A	$207	N/A	.	N/A	27.32	.	15% (+/-)	No
Disabled	N/A	$1,054	N/A	$1,004	N/A	.	N/A	-4.67	.	15% (+/-)	Yes
Child	N/A	$360	N/A	$300	N/A	.	N/A	-16.43	.	15% (+/-)	No
Adult	N/A	$764	N/A	$657	N/A	.	N/A	-14.00	.	15% (+/-)	Yes
LTC (TOS=02,04,05,07)	N/A	$1,061	N/A	$1,117	N/A	.	N/A	5.26	.	15% (+/-)	Yes
Aged	N/A	$8,938	N/A	$9,079	N/A	.	N/A	1.58	.	15% (+/-)	Yes
Disabled	N/A	$1,705	N/A	$1,703	N/A	.	N/A	-0.14	.	15% (+/-)	Yes
Child	N/A	$2	N/A	$24	N/A	.	N/A	1205.34	.	15% (+/-)	No
Adult	N/A	$0	N/A	$0	N/A	.	N/A	.	.	15% (+/-)	N/A
Drugs (TOS=16)	N/A	$356	N/A	$451	N/A	.	N/A	26.79	.	15% (+/-)	No
Aged	N/A	$1,173	N/A	$1,337	N/A	.	N/A	13.96	.	15% (+/-)	Yes
Disabled	N/A	$1,150	N/A	$1,512	N/A	.	N/A	31.45	.	15% (+/-)	No
Child	N/A	$86	N/A	$102	N/A	.	N/A	18.75	.	15% (+/-)	No
Adult	N/A	$130	N/A	$169	N/A	.	N/A	30.15	.	15% (+/-)	No
All Other Services	N/A	$1,748	N/A	$1,821	N/A	.	N/A	4.15	.	15% (+/-)	Yes
Aged	N/A	$1,436	N/A	$1,436	N/A	.	N/A	0.02	.	15% (+/-)	Yes
Disabled	N/A	$6,849	N/A	$7,038	N/A	.	N/A	2.76	.	15% (+/-)	Yes
Child	N/A	$620	N/A	$616	N/A	.	N/A	-0.62	.	15% (+/-)	Yes
Adult	N/A	$1,075	N/A	$1,187	N/A	.	N/A	10.38	.	15% (+/-)	Yes
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	15.44	N/A	14.53	N/A	.	N/A	-5.87	.	15% (+/-)	Yes
Aged	N/A	17.52	N/A	18.34	N/A	.	N/A	4.68	.	15% (+/-)	Yes
Disabled	N/A	14.24	N/A	14.98	N/A	.	N/A	5.19	.	15% (+/-)	Yes
Child	N/A	12.38	N/A	11.33	N/A	.	N/A	-8.45	.	15% (+/-)	Yes
Adult	N/A	23.69	N/A	21.06	N/A	.	N/A	-11.10	.	15% (+/-)	Yes
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	4.89	N/A	5.10	N/A	.	N/A	4.22	.	15% (+/-)	Yes
Aged	N/A	46.24	N/A	45.57	N/A	.	N/A	-1.45	.	15% (+/-)	Yes
Disabled	N/A	4.90	N/A	5.13	N/A	.	N/A	4.69	.	15% (+/-)	Yes
Child	N/A	0.02	N/A	0.18	N/A	.	N/A	632.22	.	15% (+/-)	No
Adult	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	15% (+/-)	N/A
% Enrollees with Drug Claims (TOS=16)	N/A	62.57	N/A	63.43	N/A	.	N/A	1.37	.	15% (+/-)	Yes
Aged	N/A	69.77	N/A	67.56	N/A	.	N/A	-3.18	.	15% (+/-)	Yes
Disabled	N/A	68.57	N/A	69.19	N/A	.	N/A	0.91	.	15% (+/-)	Yes

1998-1999 MAX PSF Validation Table
State: WY

Measure	Expected Range	1998 Value	1998 Within Range	1999 Value	1999 Within Range	2000 Value	2000 Within Range	% Change 1998 - 1999	% Change 1999 - 2000	Cross Year Expected Range	Cross Year Within Range
Child	N/A	60.01	N/A	60.64	N/A	.	N/A	1.04	.	15% (+/-)	Yes
Adult	N/A	61.81	N/A	64.58	N/A	.	N/A	4.47	.	15% (+/-)	Yes
% Enrollees with All Other Claims	N/A	80.51	N/A	81.04	N/A	.	N/A	0.67	.	15% (+/-)	Yes
Aged	N/A	75.28	N/A	74.60	N/A	.	N/A	-0.91	.	15% (+/-)	Yes
Disabled	N/A	81.16	N/A	82.54	N/A	.	N/A	1.71	.	15% (+/-)	Yes
Child	N/A	82.20	N/A	82.25	N/A	.	N/A	0.07	.	15% (+/-)	Yes
Adult	N/A	77.74	N/A	79.55	N/A	.	N/A	2.33	.	15% (+/-)	Yes
Avg # IP Days per User	N/A	3	N/A	4	N/A	.	N/A	28.23	.	15% (+/-)	No
Aged	N/A	0	N/A	7	N/A	.	N/A	14842.39	.	15% (+/-)	No
Disabled	N/A	7	N/A	9	N/A	.	N/A	27.51	.	15% (+/-)	No
Child	N/A	3	N/A	3	N/A	.	N/A	-7.24	.	15% (+/-)	Yes
Adult	N/A	3	N/A	3	N/A	.	N/A	-1.38	.	15% (+/-)	Yes
Avg # LT Days per User	N/A	298	N/A	248	N/A	.	N/A	-16.79	.	15% (+/-)	No
Aged	N/A	301	N/A	255	N/A	.	N/A	-15.44	.	15% (+/-)	No
Disabled	N/A	286	N/A	240	N/A	.	N/A	-16.29	.	15% (+/-)	No
Child	N/A	17	N/A	29	N/A	.	N/A	70.31	.	15% (+/-)	No
Adult	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	.	N/A	$1,315,882	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Number of Users	N/A	.	N/A	2,585	N/A	.	N/A	.	.	15% (+/-)	N/A
FP: Average Medicaid Pd per User	N/A	.	N/A	$509	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Total Medicaid Paid (Program Type 3)	N/A	.	N/A	$428,724	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Number of Users	N/A	.	N/A	2,433	N/A	.	N/A	.	.	15% (+/-)	N/A
RHC: Avg Medicaid Pd per User	N/A	.	N/A	$176	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Total Medicaid Paid (Program Type 4)	N/A	.	N/A	$41,925	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Number of Users	N/A	.	N/A	215	N/A	.	N/A	.	.	15% (+/-)	N/A
FQHC: Avg Medicaid Pd per User	N/A	.	N/A	$195	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Total Medicaid Pd (Program Type 5)	N/A	.	N/A	$2,675,098	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Number of Users	N/A	.	N/A	2,633	N/A	.	N/A	.	.	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	.	N/A	$1,016	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	.	N/A	$46,714,336	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Number of Users	N/A	.	N/A	2,104	N/A	.	N/A	.	.	15% (+/-)	N/A
Waiver: Avg Medicaid Pd per User	N/A	.	N/A	$22,203	N/A	.	N/A	.	.	15% (+/-)	N/A