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Contract Number:
CMS Contract: HHSM-500-2005-000251,
Task Order 0003

Mathematica Reference Number:
06363.443

Submitted to:
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**Medicaid Analytic Extract
State-Specific Validation
Tables, 2007**

March 31, 2011

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ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Abbreviations

Avg	average
Dups	duplicate counts
Pharm	pharmacy
Psych	psychiatric
Tech	technologically

Acronyms

AAA	Social Security area number (first 3 digits of a Social Security number)
AFDC	Aid to Families with Dependent Children
AFDC-U	AFDC for Unemployed Parents
ASD	Autism Spectrum Disorder
BHO	behavioral health organization
CLTC	community long-term care
CLTC FLAG	CLTC flag
CPT-4	Current Procedural Terminology, 4th Edition
DIV	division
DOB	date of birth
EDB	Medicare Enrollment Database
EDB DUAL	EDB dual status (annual)
EXT SSN SRCE	external source of the Social Security number
FFS	fee-for-service
FP	family planning
FQHC	Federally Qualified Health Center
GG	Social Security group number (middle 2 digits of a Social Security number)
HCPCS	Health Care Common Procedure Coding System
HGT FLAG	high group test flag
HIC	Health Insurance Claim number
HIFA	Health Insurance Flexibility and Accountability
HIO	health insuring organization
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HMO	health maintenance organization
ICF/MR	intermediate care facility for the mentally retarded
ICD-9-CM	International Classification of Diseases, 9th Edition
IHS	Indian Health Service
ILTC	institutional long-term care
IP	inpatient hospital claims file; inpatient
LT	institutionalized long-term care claims file
LTC	long-term care
MAX	Medicaid Analytic Extract
MAX ELIG CD	MAX eligibility code
MAX TOS	MAX type of service

ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Acronyms (continued)

MC	managed care
MC COMBO	MC combination code
MC TYPE	MC type
MDCR ORIG REAS CD	Medicare original reason code
MH	mental hospital
MI/SED	mental illness/serious emotional disturbance
MR/DD	mentally retardation/development disability
MSIS	Medicaid Statistical Information System
M-CHIP	Medicaid State Children's Health Insurance Program
N/A	not applicable or not available
NF	nursing facility
OT	other, non-institutional claims file; occupational therapy
PACE	Program of All-Inclusive Care for the Elderly
PCCM	primary care case management
PGM TYPE	program type
PHP	prepaid health plan
PRFT	Psychiatric Residential Treatment Facilities
PT	physical therapy
PVT INS CD	private insurance code
RBF	restricted benefits flag
QDWI	Qualified Disabled and Working Individuals
QI-1	Qualified Individuals 1
QI-2	Qualified Individuals 2
QMB	Qualified Medicare Beneficiary
RCPNT IND	recipient indicator
RHC	Rural Health Clinic
RX	prescription drug claims file
SLMB	Specified Low-Income Medicare Beneficiary
S-CHIP	state-financed State Children's Health Insurance Program
SCHIP	SCHIP code
SSSS	Social Security serial number (last 4 digits of a Social Security number)
TANF	Temporary Assistance for Needy Families
TANF FLAG	TANF flag
TOS	type of service
TPL	Third-Party Liability
WVR TYPE	waiver type

2005-2007 MAX IP VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
All IP Claims										
Total Number of Claims	N/A	33,841	N/A	31,604	N/A	26,453	N/A	-6.61	-16.30	No
% Encounter Claims	N/A	54.12	N/A	53.32	N/A	61.72	N/A	-1.48	15.76	No
% Supplemental Claims	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	15,525	N/A	14,752	N/A	10,125	N/A	-4.98	-31.40	No
% Crossover	5-20	42.71	No	44.31	No	13.38	Yes	3.73	-69.80	No
% Adjusted Claims	N/A	5.01	N/A	4.44	N/A	14.24	N/A	-11.40	220.80	No
% Standard Adjustments	>1%	93.70	Yes	98.32	Yes	96.95	Yes	4.93	-1.40	Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$7,440	N/A	\$5,914	N/A	\$4,458	N/A	-20.50	-24.60	No
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	1,290	N/A	144	N/A	397	N/A	-88.8	175.70	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	\$4,059	N/A	\$4,572	N/A	N/A	12.65	Yes
# Claims with > \$1 Million Paid	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	N/A
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	N/A	N/A	N/A	N/A	0.00	Yes	N/A	N/A	N/A
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	N/A	N/A	N/A	N/A	\$0	Yes	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	8,894	N/A	8,216	N/A	8,770	N/A	-7.62	6.74	Yes
% Claims with > \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	\$2000-\$7000	\$6,878	Yes	\$7,056	No	\$7,242	No	2.59	2.65	Yes
Avg Medicaid Paid per Covered Day (> \$0 Paid and > 0 Days)	N/A	\$999	N/A	\$973	N/A	\$998	N/A	-2.62	2.60	Yes
% Claims with TPL	>0 - 10	0.47	Yes	0.93	Yes	0.51	Yes	95.88	-44.50	No
Avg TPL Paid for Claims with TPL	N/A	\$8,929	N/A	\$19,818	N/A	\$11,224	N/A	121.90	-43.40	No
% Claims with UB-92 Accommodation Codes	95-100	99.99	Yes	99.95	Yes	99.97	Yes	-0.04	0.01	Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1	1.24	Yes	1.24	Yes	1.22	Yes	-0.33	-1.19	Yes
% Claims with UB-92 Ancillary Codes	95-100	93.21	No	96.53	Yes	96.61	Yes	3.56	0.09	Yes
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3	10.20	Yes	10.16	Yes	10.03	Yes	-0.31	-1.34	Yes
Avg Length of Stay	2-<8	6.85	Yes	7.22	Yes	7.26	Yes	5.46	0.59	Yes
Avg Covered Days (> 0 Days)	2-<8	6.89	Yes	7.25	Yes	7.26	Yes	5.35	0.06	Yes
% Begin Date = Admission Date	95-100	100.00	Yes	99.99	Yes	100.00	Yes	-0.01	0.01	Yes
% IP Claims (MAX TOS = 01)	95-100	99.46	Yes	99.59	Yes	99.42	Yes	0.13	-0.17	Yes
% Family Planning Claims (PGM TYPE = 2)	>0-5	0.09	Yes	0.07	Yes	0.15	Yes	-18.80	103.00	No
% Claims with Primary Diagnosis Code	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Avg # of Diagnosis Codes (> 0 Codes)	>=2	5.44	Yes	5.72	Yes	5.98	Yes	5.06	4.66	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	5.23	Yes	5.16	Yes	4.41	No	-1.29	-14.50	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	38.89	Yes	35.88	Yes	34.36	Yes	-7.74	-4.25	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	55.88	Yes	58.96	Yes	61.23	Yes	5.51	3.86	Yes
% Claims with a Procedure Code	35-70	46.14	Yes	48.27	Yes	49.37	Yes	4.61	2.28	Yes
Avg # of Procedure Codes (> 0 Codes)	>1	2.16	Yes	2.18	Yes	2.17	Yes	1.12	-0.50	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with Procedure Code with ICD-9 Indicator	N/A	100.00	N/A	99.95	N/A	99.95	N/A	-0.05	0.00	Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% ICD-9-CM Indicator Claims with ICD-9-CM Format = 3 or 4 Digits	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Diagnosis Related Group	>=90	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Claims Maternal Delivery Indicator	N/A	2.44	N/A	2.70	N/A	3.34	N/A	10.75	23.64	No
% Claims Newborn Delivery Indicator (Only for Separate Infant Delivery Claims Using Mother's ID)	N/A	10.03	N/A	11.02	N/A	12.08	N/A	9.83	9.63	Yes

2005-2007 MAX IP VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
PATIENT STATUS										
% Home	75-90	75.76	Yes	75.72	Yes	76.24	Yes	-0.05	0.69	Yes
% Transferred	1-10	20.40	No	18.82	No	18.97	No	-7.74	0.83	Yes
% Still a Patient	>0-2	1.19	Yes	2.22	No	1.56	Yes	85.87	-29.50	No
% Died	>0-3	2.30	Yes	2.58	Yes	2.43	Yes	11.95	-5.88	Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	6,631	N/A	6,536	N/A	1,355	N/A	-1.43	-79.30	No
% Claims with > \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A	\$1,007	N/A	\$1,252	N/A	\$1,454	N/A	24.38	16.16	No
% Claims with TPL	N/A	0.14	N/A	0.12	N/A	0.15	N/A	-9.82	20.59	No
Avg TPL Paid for Claims with TPL	N/A	\$593	N/A	\$5,219	N/A	\$391	N/A	780.70	-92.50	No
% Claims with UB-92 Accommodation Codes	95-100	84.53	No	84.87	No	99.48	Yes	0.40	17.22	No
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1	1.34	Yes	1.34	Yes	1.36	Yes	-0.59	1.83	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.47	Yes	99.62	Yes	99.85	Yes	0.15	0.24	Yes
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3	11.62	Yes	11.82	Yes	13.09	Yes	1.76	10.75	Yes
Avg Length of Stay	2-<8	7.38	Yes	8.04	No	13.33	No	8.84	65.94	No
% Begin Date = Admission Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% IP Claims (MAX TOS = 01)	95-100	99.65	Yes	99.66	Yes	99.26	Yes	0.01	-0.40	Yes
% Claims with Primary Diagnosis Code	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Avg # of Diagnosis Codes (> 0 Codes)	>=2	5.83	Yes	6.08	Yes	6.97	Yes	4.31	14.59	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	8.07	Yes	6.61	Yes	6.79	Yes	-18.10	2.73	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	41.17	Yes	42.46	Yes	42.07	Yes	3.13	-0.92	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	50.76	Yes	50.93	Yes	51.14	Yes	0.34	0.41	Yes
% Claims with a Procedure Code	35-70	42.87	Yes	42.85	Yes	47.68	Yes	-0.05	11.25	Yes
Avg # of Procedure Codes (> 0 Codes)	>1	2.38	Yes	2.46	Yes	2.28	Yes	3.39	-7.44	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with Procedure Code with ICD-9 Indicator	N/A	99.93	N/A	99.96	N/A	100.00	N/A	0.03	0.04	Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% ICD-9-CM Indicator Claims with ICD-9-CM Format = 3 or 4 Digits	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Diagnosis Related Group	>=90	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A

2005-2007 MAX LT VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
All LT Claims										
Total Number of Claims	N/A	43,106	N/A	42,220	N/A	41,664	N/A	-2.06	-1.32	Yes
% Encounter Claims	N/A	0.79	N/A	0.56	N/A	0.45	N/A	-28.60	-19.60	No
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	42,767	N/A	41,983	N/A	41,476	N/A	-1.83	-1.21	Yes
% Crossover	5-20	7.75	Yes	7.94	Yes	7.63	Yes	2.48	-3.91	Yes
% Adjusted Claims	> 1%	3.59	Yes	5.15	Yes	3.27	Yes	43.42	-36.50	No
% Standard Adjustments	N/A	72.54	N/A	64.14	N/A	91.68	N/A	-11.60	42.93	No
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$4,528	N/A	\$4,398	N/A	\$5,099	N/A	-2.87	15.95	No
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	62	N/A	85	N/A	113	N/A	37.10	32.94	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	\$4,373	N/A	\$4,016	N/A	N/A	-8.18	Yes
# Claims with > \$200,000 Paid	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	N/A
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	N/A	N/A	N/A	N/A	0.00	Yes	N/A	N/A	N/A
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0	N/A	N/A	N/A	N/A	\$0	Yes	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A	39,453	N/A	38,649	N/A	38,311	N/A	-2.04	-0.88	Yes
% Claims with > \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
AVERAGE MEDICAID AMOUNT PAID PER COVERED DAY BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID)										
NF (MAX TOS = 07)	\$50-\$100	\$176	No	\$184	No	\$196	No	4.64	6.65	Yes
ICF/MR (MAX TOS = 05)	N/A	\$262	N/A	\$276	N/A	\$286	N/A	5.36	3.66	Yes
MH Aged (MAX TOS = 02)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
IP Psych, Age < 21 (MAX TOS = 04)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99	97.20	Yes	97.35	Yes	97.31	Yes	0.15	-0.04	Yes
% NF claims with NF Covered Days	N/A	95.93	N/A	96.28	N/A	96.01	N/A	0.36	-0.28	Yes
Avg days for NF claims with Covered Days	N/A	28	N/A	29	N/A	29	N/A	1.41	-0.21	Yes
% ICF/MR (MAX TOS = 05)	>0-20	2.80	Yes	2.65	Yes	2.69	Yes	-5.14	1.57	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	99.90	N/A	100.00	N/A	-0.10	0.10	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	30	N/A	0.77	-0.85	Yes
% MH Aged (MAX TOS = 02)	>0-10	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% MH Aged claims with MH Aged Covered Days	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Avg days for MH Aged claims with Covered Days	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% IP Psych, Age < 21 Claims with IP Psych Covered Days	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Avg days for IP Psych, Age < 21 Claims with Covered Days	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
LEAVE DAYS										
% Claims with Leave Days	1-20	0.28	No	0.26	No	0.30	No	-5.41	13.87	Yes
ADMISSION DATE										
% Claims with Admission Date	95-100	N/A	No	N/A	No	100.00	Yes	N/A	N/A	N/A
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	6.82	Yes	5.97	Yes	5.22	Yes	-12.40	-12.70	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	51.29	Yes	49.86	Yes	48.82	Yes	-2.79	-2.09	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	41.89	Yes	44.17	Yes	45.96	Yes	5.43	4.07	Yes
PATIENT STATUS										

2005-2007 MAX LT VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
% Claims with Patient Status	95-100	N/A	No	N/A	No	100.00	Yes	N/A	N/A	N/A
% Home	1-5	1.86	Yes	1.40	Yes	1.67	Yes	-24.50	19.31	No
% Still a Patient	8-98	90.71	Yes	92.41	Yes	91.93	Yes	1.88	-0.52	Yes
% Died	>0-5	1.68	Yes	1.52	Yes	1.51	Yes	-9.91	-0.15	Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	3,314	N/A	3,334	N/A	3,165	N/A	0.60	-5.07	Yes
% Claims with > \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A	\$641	N/A	\$684	N/A	\$642	N/A	6.74	-6.17	Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
% ICF/MR (MAX TOS = 05)	>0-20	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% MH Aged (MAX TOS = 02)	>0-10	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
ADMISSION DATE										
% Claims with Admission Date	95-100	N/A	No	N/A	No	100.00	Yes	N/A	N/A	N/A
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Primary Diagnosis Code Claims with Length = 3	5-30	5.25	Yes	3.45	No	3.03	No	-34.30	-12.10	Yes
% Primary Diagnosis Code Claims with Length = 4	15-75	43.63	Yes	41.90	Yes	39.34	Yes	-3.97	-6.12	Yes
% Primary Diagnosis Code Claims with Length = 5	25-70	51.12	Yes	54.65	Yes	57.63	Yes	6.91	5.46	Yes
PATIENT STATUS										
% Claims with Patient Status	95-100	N/A	No	N/A	No	100.00	Yes	N/A	N/A	N/A
% Home	1-5	5.01	No	4.35	Yes	5.97	No	-13.20	37.30	No
% Still a Patient	8-98	79.84	Yes	79.93	Yes	83.19	Yes	0.11	4.08	Yes
% Died	>0-5	1.42	Yes	1.44	Yes	1.14	Yes	1.52	-21.00	No

2005-2007 MAX OT VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
All OT Claims										
Total Number of Claims	N/A	6,793,132	N/A	6,503,509	N/A	6,739,856	N/A	-4.26	3.63	Yes
% Encounter Claims	N/A	40.25	N/A	36.72	N/A	39.23	N/A	-8.77	6.83	Yes
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Capitation Claims **	N/A	26.67	N/A	27.91	N/A	26.15	N/A	4.63	-6.27	Yes
Total FFS Claims Excluding Capitation Payments	N/A	2,247,067	N/A	2,300,593	N/A	2,333,277	N/A	2.38	1.42	Yes
% Crossover	5-20	28.85	No	27.90	No	24.92	No	-3.32	-10.70	Yes
% Adjusted Claims	>1%	3.04	Yes	1.72	Yes	4.62	Yes	-43.40	168.10	No
% Standard Adjustments	N/A	39.78	N/A	61.75	N/A	89.51	N/A	55.23	44.97	No
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$166	N/A	\$172	N/A	\$137	N/A	3.34	-20.30	No
% Claims with HMO Capitation Payment	N/A	43.60	N/A	43.23	N/A	42.19	N/A	-0.85	-2.39	Yes
% Claims with PHP Capitation Payment	N/A	1.04	N/A	0.87	N/A	0.84	N/A	-16.10	-3.17	Yes
% Claims with PCCM Capitation Payment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Avg Medicaid Paid per HMO Capitation Claim	\$75-\$300	\$181	Yes	\$193	Yes	\$193	Yes	6.37	-0.06	Yes
Avg Medicaid Paid per PHP Capitation Claim	\$20-\$250	\$233	Yes	\$261	No	\$276	No	12.22	5.63	Yes
Avg Medicaid Paid per PCCM Capitation Claim	3-5	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	N/A
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	107,955	N/A	5,373	N/A	8,302	N/A	-95.0	54.51	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	\$183	N/A	\$176	N/A	N/A	-3.87	Yes
# Claims with > \$200,000 Paid	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	N/A
# Encounter Claims	N/A	N/A	N/A	N/A	N/A	2,643,819	N/A	N/A	N/A	N/A
% Encounter Claims for HMO or PACE	N/A	N/A	N/A	N/A	N/A	89.03	N/A	N/A	N/A	N/A
% Encounter Claims for PHP	N/A	N/A	N/A	N/A	N/A	3.65	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	1,598,696	N/A	1,658,837	N/A	1,751,736	N/A	3.76	5.60	Yes
% Claims with > \$0 Paid	>95	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
% Claims with Span Bill	N/A	9.98	N/A	11.38	N/A	11.65	N/A	14.03	2.30	Yes
% Outpatient Claims with Span Bill	N/A	8.36	N/A	9.21	N/A	10.32	N/A	10.16	12.08	Yes
% Home Health Claims with Span Bill	N/A	70.35	N/A	65.39	N/A	65.46	N/A	-7.04	0.10	Yes
% Other Claims with Span Bill	N/A	4.96	N/A	6.13	N/A	6.47	N/A	23.74	5.46	Yes
% Waiver Claims (PGM TYPE = 6,7) with Span Bill	N/A	N/A	N/A	N/A	N/A	72.03	N/A	N/A	N/A	N/A
% CLTC Claims (Excluding CLTC Flag = 16-20) with Span Bill	N/A	N/A	N/A	N/A	N/A	67.67	N/A	N/A	N/A	N/A
% Claims with Servicing Provider ID = Billing Provider ID	N/A	N/A	N/A	N/A	N/A	31.50	N/A	N/A	N/A	N/A
PLACE OF SERVICE										
% Claims with Place of Service	>95	N/A	Yes	N/A	Yes	80.09	No	N/A	N/A	N/A
% Claims with Place of Service = Office (PLC OF SVC CD = 11)	50-90	46.81	No	42.99	No	41.54	No	-8.17	-3.37	Yes
% Claims with Place of Service = Home (PLC OF SVC CD = 12)	>0-5	10.78	No	12.75	No	13.29	No	18.29	4.25	Yes
% Claims with Place of Service = Hospital (PLC OF SVC CD = 21)	>0-5	5.71	No	5.27	No	5.04	No	-7.84	-4.19	Yes
% Claims with Place of Service = Nursing Facility (PLC OF SVC CD = 32)	>0-5	0.12	Yes	0.14	Yes	0.25	Yes	15.10	87.88	No
% Claims with Place of Service = Inpatient Psychiatric (PLC OF SVC CD = 51)	N/A	N/A	N/A	N/A	N/A	0.09	N/A	N/A	N/A	N/A
% Claims with Place of Service = ICF/MR (PLC OF SVC CD = 54)	N/A	N/A	N/A	N/A	N/A	0.40	N/A	N/A	N/A	N/A
% Claims with Place of Service = Psychiatric Residential (PLC OF SVC CD = 56)	N/A	N/A	N/A	N/A	N/A	0.35	N/A	N/A	N/A	N/A
% Claims with Place of Service = Emergency Room (PLC OF SVC CD = 23)	1-10	2.39	Yes	2.21	Yes	2.30	Yes	-7.83	4.14	Yes
% Claims with Place of Service = Outpatient (PLC OF SVC CD = 22)	>0-10	6.00	Yes	6.03	Yes	6.16	Yes	0.56	2.11	Yes
% Claims with Place of Service = Unknown/Other (PLC OF SVC CD = 99)	<5	14.12	No	17.72	No	19.91	No	25.48	12.37	Yes
THIRD-PARTY LIABILITY										

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
% Claims with TPL	>0 - 15	0.34	Yes	0.32	Yes	0.25	Yes	-7.96	-20.50	No
Avg TPL Paid for Claims with TPL	N/A	\$87	N/A	\$75	N/A	\$75	N/A	-13.30	-0.65	Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE										
Physician Services (MAX TOS = 08)	10-35	13.38	Yes	11.77	Yes	11.38	Yes	-12.00	-3.36	Yes
Dental Services (MAX TOS = 09)	2-20	27.64	No	26.79	No	25.06	No	-3.07	-6.46	Yes
Other Practitioner Services (MAX TOS = 10)	0.5-8	0.42	No	0.34	No	0.34	No	-18.80	-1.39	Yes
Outpatient Services (MAX TOS = 11)	3-25	2.05	No	1.97	No	2.09	No	-4.29	6.27	Yes
Clinic Services (MAX TOS = 12)	2-25	4.15	Yes	3.80	Yes	3.73	Yes	-8.61	-1.68	Yes
Home Health Services (MAX TOS = 13)	>0-25	7.58	Yes	8.76	Yes	8.64	Yes	15.53	-1.35	Yes
Lab/Xray Services (MAX TOS = 15)	4-20	12.36	Yes	11.14	Yes	11.10	Yes	-9.88	-0.35	Yes
Drugs (MAX TOS = 16)	<3	0.15	Yes	0.15	Yes	0.18	Yes	-3.26	21.79	No
Other Services (MAX TOS = 19)	<25	0.67	Yes	0.51	Yes	0.52	Yes	-25.10	2.22	Yes
Durable Medical Equipment (MAX TOS = 51)	>3	7.93	Yes	7.52	Yes	7.10	Yes	-5.16	-5.52	Yes
Transportation Services (MAX TOS = 26)	>1	6.39	Yes	8.05	Yes	10.03	Yes	26.03	24.59	No
Sterilizations (MAX TOS = 24)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-38.70	-25.60	No
Abortions (MAX TOS = 25)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Personal Care Services (MAX TOS = 30)	>0	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
Targeted Case Management (MAX TOS = 31)	>0	1.00	Yes	1.00	Yes	0.78	Yes	0.05	-22.80	No
Rehabilitation Services (MAX TOS = 33)	>0	0.00	No	0.00	No	0.00	Yes	Div by 0	Div by 0	N/A
PT/OT/Hearing/Speech Services (MAX TOS = 34)	>1	0.29	No	0.29	No	0.43	No	-0.37	46.82	No
Hospice Services (MAX TOS = 35)	>0	0.02	Yes	0.02	Yes	0.03	Yes	7.71	47.58	No
Nurse Midwife Services (MAX TOS = 36)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Nurse Practitioner Services (MAX TOS = 37)	N/A	0.04	N/A	0.05	N/A	0.06	N/A	35.79	14.61	Yes
Private Nursing Services (MAX TOS = 38)	N/A	0.02	N/A	0.18	N/A	0.56	N/A	771.30	218.30	No
Religious Non-Medical Services (MAX TOS = 39)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Residential Care Services (MAX TOS = 52)	N/A	0.14	N/A	0.38	N/A	0.60	N/A	163.40	57.49	No
Psychiatric Services (MAX TOS = 53)	>1	12.13	Yes	12.67	Yes	13.01	Yes	4.43	2.66	Yes
Adult Day Care (MAX TOS = 54)	>0	3.62	Yes	4.63	Yes	4.38	Yes	27.83	-5.28	Yes
Unknown Services (MAX TOS = 99)	<1	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
AVERAGE MEDICAID AMOUNT PAID BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID)										
Total	N/A	\$141	N/A	\$144	N/A	\$154	N/A	1.76	6.87	Yes
Physician Services (MAX TOS = 08)	\$20-90	\$61	Yes	\$63	Yes	\$64	Yes	2.91	2.39	Yes
Dental Services (MAX TOS = 09)	\$10-60	\$41	Yes	\$41	Yes	\$41	Yes	-0.18	-1.80	Yes
Other Practitioner Services (MAX TOS = 10)	\$10-100	\$43	Yes	\$43	Yes	\$44	Yes	0.68	1.28	Yes
Outpatient Services (MAX TOS = 11)	\$20-100	\$347	No	\$368	No	\$402	No	5.98	9.13	Yes
Clinic Services (MAX TOS = 12)	\$20-100	\$117	No	\$129	No	\$168	No	9.75	30.40	No
Home Health Services (MAX TOS = 13)	N/A	\$784	N/A	\$666	N/A	\$651	N/A	-15.10	-2.25	Yes
Lab/Xray Services (MAX TOS = 15)	10-60	\$22	Yes	\$22	Yes	\$23	Yes	1.75	4.78	Yes
Drugs (MAX TOS = 16)	10-60	\$4	No	\$4	No	\$4	No	0.27	0.02	Yes
Other Services (MAX TOS = 19)	N/A	\$59	N/A	\$52	N/A	\$71	N/A	-13.00	36.88	No
Durable Medical Equipment (MAX TOS = 51)	N/A	\$75	N/A	\$82	N/A	\$91	N/A	9.67	11.22	Yes
Transportation Services (MAX TOS = 26)	N/A	\$55	N/A	\$52	N/A	\$54	N/A	-5.03	3.80	Yes
Personal Care Services (MAX TOS = 30)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Targeted Case Management (MAX TOS = 31)	N/A	\$59	N/A	\$52	N/A	\$51	N/A	-11.00	-1.90	Yes
Rehabilitation Services (MAX TOS = 33)	N/A	Div by 0	N/A	Div by 0	N/A	\$32	N/A	Div by 0	Div by 0	N/A
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A	\$36	N/A	\$35	N/A	\$33	N/A	-3.86	-4.64	Yes
Hospice Services (MAX TOS = 35)	N/A	\$3,666	N/A	\$3,980	N/A	\$4,536	N/A	8.55	13.96	Yes

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Residential Care Services (MAX TOS = 52)	N/A	\$741	N/A	\$1,511	N/A	\$1,895	N/A	103.90	25.40	No
Psychiatric Services (MAX TOS = 53)	N/A	\$193	N/A	\$175	N/A	\$192	N/A	-9.25	9.56	Yes
Adult Day Care (MAX TOS = 54)	N/A	\$322	N/A	\$258	N/A	\$261	N/A	-20.10	1.31	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A	0.05	N/A	0.04	N/A	0.05	N/A	-21.70	14.21	Yes
Rural Health Clinic (PGM TYPE = 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Federally Qualified Health Center (PGM TYPE = 4)	N/A	1.79	N/A	1.66	N/A	1.86	N/A	-7.16	12.01	Yes
Indian Health Services (PGM TYPE = 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Home and Community Based Waiver (PGM TYPE = 6,7)	N/A	11.11	N/A	13.57	N/A	13.45	N/A	22.17	-0.90	Yes
AVERAGE EXPENDITURES BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A	\$78	N/A	\$77	N/A	\$88	N/A	-2.18	14.56	Yes
Rural Health Clinic (PGM TYPE = 3)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Federally Qualified Health Center (PGM TYPE = 4)	N/A	\$148	N/A	\$152	N/A	\$155	N/A	2.67	2.30	Yes
Indian Health Services (PGM TYPE = 5)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A
Home and Community Based Waiver (PGM TYPE = 6,7)	N/A	\$647	N/A	\$556	N/A	\$586	N/A	-14.00	5.26	Yes
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	>60	75.31	Yes	76.01	Yes	77.11	Yes	0.94	1.44	Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100	99.95	Yes	99.99	Yes	99.99	Yes	0.04	0.00	Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	25.56	N/A	21.97	N/A	21.43	N/A	-14.10	-2.45	Yes
% Primary Diagnosis Code Claims with Length = 3	5-25	5.80	Yes	5.13	Yes	4.77	No	-11.60	-6.93	Yes
% Primary Diagnosis Code Claims with Length = 4	40-70	54.74	Yes	55.81	Yes	57.90	Yes	1.97	3.73	Yes
% Primary Diagnosis Code Claims with Length = 5	20-55	39.46	Yes	39.06	Yes	37.33	Yes	-1.02	-4.43	Yes
% Claims with Procedure Code	>95	N/A	Yes	N/A	Yes	95.82	Yes	N/A	N/A	N/A
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A	Div by 0	N/A	Div by 0	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A	99.07	N/A	99.33	N/A	99.55	N/A	0.25	0.22	Yes
% Waiver Claims (PGM TYPE = 6,7) with Procedure Code	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A
% CLTC Claims (Excluding CLTC Flag = 16-20) with Procedure Code	N/A	N/A	N/A	N/A	N/A	99.73	N/A	N/A	N/A	N/A
% Other Claims with Procedure Code	98-100	97.84	No	97.92	No	97.70	No	0.08	-0.23	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	31.71	N/A	28.41	N/A	29.04	N/A	-10.40	2.21	Yes
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A	68.29	N/A	71.59	N/A	70.96	N/A	4.82	-0.88	Yes
% with Procedure Code with Other National Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% with Procedure Code with State-Specific Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	140.40	-62.00	No
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS (II & III) Indicator Claims with HCPCS Format = Either 1 Character and 4 Digits or 2 Characters and 3 Digits	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
PHYSICIAN SPECIALTY										
% Physician Claims with Physician Specialty	N/A	0.30	N/A	0.50	N/A	1.06	N/A	69.39	111.10	No
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A	73.48	N/A	69.63	N/A	68.08	N/A	-5.24	-2.22	Yes
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A	15.41	N/A	16.80	N/A	18.47	N/A	9.032	9.94	Yes
CLTC Non-Waiver Personal Care (CLTC FLAG = 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Non-Waiver Private Duty Nurse (CLTC FLAG = 12)	N/A	0.02	N/A	0.18	N/A	0.56	N/A	771.3	218.30	No
CLTC Non-Waiver Adult Day Care (CLTC FLAG = 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	414.0	-100.00	No
CLTC Non-Waiver Home Health (CLTC FLAG = 14)	N/A	0.42	N/A	0.40	N/A	0.40	N/A	-3.98	-2.38	Yes
CLTC Non-Waiver Residential Care (CLTC FLAG = 15)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	1442	-100.00	No
CLTC Non-Waiver Rehabilitation (CLTC FLAG = 16)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Non-Waiver Targeted Case Management (CLTC FLAG = 17)	N/A	0.98	N/A	0.99	N/A	0.76	N/A	.3636	-22.90	No

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CLTC Non-Waiver Transportation (CLTC FLAG = 18)	N/A	6.26	N/A	7.94	N/A	9.93	N/A	26.81	24.93	No
CLTC Non-Waiver Hospice (CLTC FLAG = 19)	N/A	0.02	N/A	0.02	N/A	0.03	N/A	7.507	45.13	No
CLTC Non-Waiver Durable Medical Equipment (CLTC FLAG = 20)	N/A	7.70	N/A	7.27	N/A	6.80	N/A	-5.62	-6.44	Yes
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A	11.11	N/A	13.57	N/A	13.45	N/A	22.17	-0.91	Yes
CLTC Other Waiver (CLTC FLAG = 30)	N/A	0.05	N/A	0.02	N/A	0.00	N/A	-60.4	-96.00	No
CLTC Waiver Personal Care (CLTC FLAG = 31)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Private Duty Nurse (CLTC FLAG = 32)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Adult Day Care (CLTC FLAG = 33)	N/A	3.62	N/A	4.62	N/A	4.38	N/A	27.81	-5.26	Yes
CLTC Waiver Home Health (CLTC FLAG = 34)	N/A	7.16	N/A	8.35	N/A	8.24	N/A	16.68	-1.30	Yes
CLTC Waiver Residential Care (CLTC FLAG = 35)	N/A	0.14	N/A	0.38	N/A	0.60	N/A	162.8	57.89	No
CLTC Waiver Rehabilitation (CLTC FLAG = 36)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Targeted Case Management (CLTC FLAG = 37)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Transportation (CLTC FLAG = 38)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Hospice (CLTC FLAG = 39)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
CLTC Waiver Durable Medical Equipment (CLTC FLAG = 40)	N/A	0.13	N/A	0.19	N/A	0.23	N/A	45.60	16.08	No
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A	648,371	N/A	641,756	N/A	581,541	N/A	-1.02	-9.38	Yes
% Claims with > \$0 Paid	>95	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A	\$33	N/A	\$33	N/A	\$33	N/A	0.88	-1.99	Yes
% Claims with Span Bill	N/A	4.15	N/A	3.50	N/A	4.13	N/A	-15.70	18.03	No
% Outpatient Claims with Span Bill	N/A	8.30	N/A	8.93	N/A	10.56	N/A	7.69	18.21	No
% Home Health Claims with Span Bill	N/A	Div by 0	N/A	Div by 0	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Other Claims with Span Bill	N/A	3.88	N/A	3.12	N/A	3.87	N/A	-19.50	24.21	No
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22)										
Physician Services (MAX TOS = 08)	N/A	54.06	N/A	54.04	N/A	54.05	N/A	-0.04	0.03	Yes
Other Practitioner Services (MAX TOS = 10)	N/A	1.41	N/A	1.40	N/A	1.43	N/A	-0.86	2.16	Yes
Outpatient Services (MAX TOS = 11)	N/A	6.12	N/A	6.50	N/A	3.79	N/A	6.27	-41.70	No
Clinic Services (MAX TOS = 12)	N/A	3.48	N/A	3.75	N/A	4.43	N/A	7.63	18.14	No
Home Health Services (MAX TOS = 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Lab/Xray Services (MAX TOS = 15)	N/A	15.77	N/A	16.41	N/A	17.31	N/A	4.06	5.48	Yes
Other Services (MAX TOS = 19)	N/A	1.28	N/A	1.34	N/A	1.51	N/A	4.79	12.49	Yes
Durable Medical Equipment (MAX TOS = 51)	N/A	9.11	N/A	8.18	N/A	9.15	N/A	-10.20	11.78	Yes
Transportation Services (MAX TOS = 26)	N/A	1.28	N/A	1.27	N/A	1.41	N/A	-0.73	10.35	Yes
Personal Care Services (MAX TOS = 30)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Targeted Case Management (MAX TOS = 31)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Rehabilitation Services (MAX TOS = 33)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A	2.57	N/A	2.11	N/A	2.13	N/A	-17.90	0.90	Yes
Hospice Services (MAX TOS = 35)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Residential Care Services (MAX TOS = 52)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Psychiatric Services (MAX TOS = 53)	N/A	4.61	N/A	4.65	N/A	4.39	N/A	0.93	-5.69	Yes
Adult Day Care (MAX TOS = 54)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	N/A	100.00	N/A	100.00	N/A	99.97	N/A	0.00	-0.02	Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100	100.00	Yes	100.00	Yes	99.98	Yes	0.00	-0.02	Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A	15.85	N/A	16.17	N/A	28.56	N/A	2.02	76.60	No
% Primary Diagnosis Code Claims with Length = 3	5-25	7.06	Yes	5.32	Yes	5.02	Yes	-24.80	-5.49	Yes

2005-2007 MAX OT VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
% Primary Diagnosis Code Claims with Length = 4	40-70	45.82	Yes	46.62	Yes	45.95	Yes	1.73	-1.43	Yes
% Primary Diagnosis Code Claims with Length = 5	20-55	47.11	Yes	48.07	Yes	49.03	Yes	2.03	1.99	Yes
% Claims with Procedure Code	>95	N/A	Yes	N/A	Yes	92.03	No	N/A	N/A	N/A
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A	Div by 0	N/A	Div by 0	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A	Div by 0	N/A	Div by 0	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Other Claims with Procedure Code	98-100	96.60	No	96.26	No	95.66	No	-0.35	-0.63	Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A	84.42	N/A	85.57	N/A	84.79	N/A	1.37	-0.91	Yes
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A	15.57	N/A	14.42	N/A	15.21	N/A	-7.38	5.44	Yes
% with Procedure Code with Other Code Indicator	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-67.40	-100.00	No
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A	N/A	N/A	N/A	N/A	89.46	N/A	N/A	N/A	N/A
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A	N/A	N/A	N/A	N/A	10.54	N/A	N/A	N/A	N/A
CLTC Non-Waiver Claims (CLTC Flag = 11-15)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A

2005-2007 MAX RX VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Change Within Expected Range
All RX Claims										
Total Number of Claims	N/A	3,221,443	N/A	2,242,852	N/A	1,304,017	N/A	-30.40	-41.90	No
% Encounter Claims	N/A	32.79	N/A	45.61	N/A	11.84	N/A	39.12	-74.00	No
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	2,165,258	N/A	1,219,855	N/A	1,149,563	N/A	-43.70	-5.76	Yes
% Adjusted Claims	N/A	0.27	N/A	0.65	N/A	4.19	N/A	138.20	549.40	No
% Standard Adjustments	>1%	50.39	Yes	17.44	Yes	4.12	Yes	-65.40	-76.40	No
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A	\$109	N/A	\$90	N/A	\$88	N/A	-17.30	-2.91	Yes
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	31,120	N/A	1,150	N/A	492	N/A	-96.3	-57.20	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	N/A	N/A	\$52	N/A	\$28	N/A	N/A	-46.20	No
# Claims with > \$200,000 Paid	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	N/A
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	N/A
FFS Claims (Type of Claim = 1)										
Total Number of Claims	N/A	2,165,258	N/A	1,219,855	N/A	1,149,563	N/A	-43.70	-5.76	Yes
% Claims with > \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid (Claims with > \$0 Paid)	\$15-\$60	\$67	No	\$44	Yes	\$69	No	-34.20	57.63	No
% Claims with TPL	>0-15	1.84	Yes	0.24	Yes	0.00	No	-87.10	-100.00	No
Avg TPL Paid for Claims with TPL	N/A	\$63	N/A	\$109	N/A	Div by 0	N/A	72.12	Div by 0	N/A
% Family Planning Claims (PGM TYPE = 2)	N/A	0.10	N/A	0.15	N/A	0.19	N/A	38.73	30.68	No
% Drug Claims (MAX TOS = 16)	95-99	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
% Durable Medical Equipment Claims (MAX TOS = 51)	>0 - 6	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Drug Claims with Prescribing Physician	N/A	N/A	N/A	N/A	N/A	99.71	N/A	N/A	N/A	N/A
% Drug Claims with Date Prescribed	>98	N/A	Yes	N/A	Yes	100.00	Yes	N/A	N/A	N/A
% Drug Claims with Quantity	>98	99.99	Yes	99.95	Yes	85.67	No	-0.04	-14.30	Yes
% Drug Claims with Days Supply	>98	100.00	Yes	100.00	Yes	99.99	Yes	0.00	0.00	Yes
DRUG CLASSIFICATION										
% Claims with Medispan	98-100	99.78	Yes	99.62	Yes	98.75	Yes	-0.16	-0.88	Yes
% Claims with Generic Therapeutic Class	98-100	100.00	Yes	99.89	Yes	99.80	Yes	-0.11	-0.09	Yes
% Claims with Specific Therapeutic Class	98-100	100.00	Yes	99.89	Yes	99.80	Yes	-0.11	-0.09	Yes
NDC CONFIGURATION INDICATOR										
% Prescription (NDC FMT IND = 0-3)	N/A	74.14	N/A	74.82	N/A	73.64	N/A	0.93	-1.58	Yes
% Products (NDC FMT IND = 4-6)	N/A	25.82	N/A	25.03	N/A	26.13	N/A	-3.05	4.41	Yes
% Health Related Item (NDC FMT IND = 7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	255.00	-100.00	No
% Claims with Clinical Formulation Identifier	N/A	N/A	N/A	N/A	N/A	99.80	N/A	N/A	N/A	N/A
% Claims with Ingredient List Identifier	N/A	N/A	N/A	N/A	N/A	99.80	N/A	N/A	N/A	N/A
% Claims with Hierarchical Specific Therapeutic Class Code Sequence Number	N/A	N/A	N/A	N/A	N/A	99.80	N/A	N/A	N/A	N/A
% Claims with Over-the-Counter Drug Class	N/A	14.94	N/A	21.35	N/A	28.27	N/A	42.84	32.41	No
% Claims with Prescription Drug Class	N/A	85.05	N/A	78.54	N/A	71.54	N/A	-7.66	-8.92	Yes
% Claims with Multiple Sources	N/A	64.02	N/A	66.96	N/A	73.75	N/A	4.59	10.13	Yes
% Claims with Single Source (No Generic)	N/A	32.62	N/A	29.52	N/A	22.07	N/A	-9.51	-25.20	No

2005-2007 MAX PSF VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
All Records											
Total Number of Records	N/A	237,736	N/A	238,226	N/A	240,375	N/A	0.21	0.90	10% (+/-)	Yes
Total Medicaid Paid	N/A	\$985,547,549	N/A	\$935,439,900	N/A	\$989,229,755	N/A	-5.08	5.75	15% (+/-)	Yes
% with No Services (RCPNT IND = 0)	N/A	3.28	N/A	3.49	N/A	3.77	N/A	6.45	8.04	N/A	N/A
% with FFS Only Claims (RCPNT IND = 1)	N/A	17.13	N/A	17.04	N/A	16.99	N/A	-0.57	-0.25	N/A	N/A
% with Only Capitation Claims (RCPNT IND = 2)	N/A	12.37	N/A	13.40	N/A	12.90	N/A	8.32	-3.72	N/A	N/A
% with Only Encounter Claims (RCPNT IND = 3)	N/A	2.41	N/A	2.56	N/A	2.75	N/A	6.12	7.27	N/A	N/A
% with FFS and Capitation Claims (RCPNT IND = 4)	N/A	3.54	N/A	3.69	N/A	3.64	N/A	4.28	-1.33	N/A	N/A
% with Capitation and Encounter Claims Only (RCPNT IND = 5)	N/A	34.27	N/A	33.10	N/A	32.61	N/A	-3.40	-1.49	N/A	N/A
% with FFS and Encounter Claims Only (RCPNT IND = 6)	N/A	0.42	N/A	0.43	N/A	0.44	N/A	2.47	1.02	N/A	N/A
% with FFS, Capitation, and Encounter Claims (RCPNT IND = 7)	N/A	26.57	N/A	26.28	N/A	26.89	N/A	-1.09	2.33	N/A	N/A
# with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	5,949	N/A	6,584	N/A	7,441	N/A	10.67	13.02	N/A	N/A
% with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	<2%	2.50	No	2.76	No	3.10	No	10.45	12.01	N/A	N/A
Total Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	\$1,595,965	N/A	\$2,001,261	N/A	\$3,745,594	N/A	25.40	87.16	N/A	N/A
Avg Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	N/A	N/A	\$304	N/A	\$503	N/A	N/A	65.61	N/A	N/A
# with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	555	N/A	753	N/A	1,293	N/A	35.68	71.71	N/A	N/A
% with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	0.23	N/A	0.32	N/A	0.54	N/A	35.40	70.18	N/A	N/A
Total Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	\$1,237,566	N/A	\$1,471,963	N/A	\$3,326,062	N/A	18.94	126.00	N/A	N/A
Avg Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	N/A	N/A	\$1,955	N/A	\$2,572	N/A	N/A	31.59	N/A	N/A
S-CHIP ENROLLMENT											
# with ONLY S-CHIP Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
% with ONLY S-CHIP Enrollment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY S-CHIP Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
% with ANY S-CHIP Enrollment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
Total Person-Years of Enrollment with ANY S-CHIP Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Total Medicaid Enrollees (excludes people with missing Medicaid eligibility information or S-CHIP only)											
Total Medicaid Enrollees	N/A	231,787	N/A	231,642	N/A	232,934	N/A	-0.06	0.56	10% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	192,629	N/A	193,187	N/A	190,608	N/A	0.29	-1.34	10% (+/-)	Yes
# with Any M-CHIP Enrollment	N/A	20,608	N/A	21,477	N/A	22,589	N/A	4.22	5.18	N/A	N/A
Total Person-Years of Enrollment Any M-CHIP	N/A	14,453	N/A	15,464	N/A	15,767	N/A	6.99	1.97	N/A	N/A
Demographic Characteristics											
% Records with Valid SSN Format	>=95%	100.00	Yes	97.62	Yes	98.28	Yes	-2.38	0.68	10% (+/-)	Yes
% Records Whose MSIS SSN Passed High Group Test (HGT FLAG = 1)	>95%	98.49	No	97.57	No	98.25	No	-0.94	0.70	10% (+/-)	Yes
% Records Whose MSIS SSN Failed High Group Test Due to Invalid AAA (HGT FLAG = 2)	N/A	1.42	N/A	0.01	N/A	0.00	N/A	-99.60	-15.90	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to GG = 00 (HGT FLAG = 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	Div by 0	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to SSSS = 0000 (HGT FLAG = 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to GG Not Yet Issued (HGT FLAG = 5)	N/A	0.09	N/A	0.05	N/A	0.03	N/A	-50.70	-42.20	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to Railroad Retirement Number with Invalid DOB (HGT FLAG = 6)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
# Records Without Valid SSN	N/A	N/A	N/A	N/A	N/A	4,082	N/A	N/A	N/A	N/A	N/A
% Records Without Valid SSN	<5%	N/A	No	N/A	No	1.75	Yes	N/A	N/A	N/A	N/A
% for Children Under Age 21	N/A	N/A	N/A	N/A	N/A	97.13	N/A	N/A	N/A	N/A	N/A

2005-2007 MAX PSF VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
% for Infants Under Age 1	N/A	N/A	N/A	N/A	N/A	35.60	N/A	N/A	N/A	N/A	N/A
% Ever Aliens Eligible for Only Emergency Services	N/A	N/A	N/A	N/A	N/A	1.32	N/A	N/A	N/A	N/A	N/A
# SSNs with More Than One MSIS ID	0	205	No	174	No	182	No	-15.10	4.60	N/A	N/A
% Records with Duplicated SSNs	<10%	N/A	No	N/A	No	0.16	Yes	N/A	N/A	N/A	N/A
% for Children Under Age 21	N/A	N/A	N/A	N/A	N/A	75.82	N/A	N/A	N/A	N/A	N/A
% for Infants Under Age 1	N/A	N/A	N/A	N/A	N/A	8.79	N/A	N/A	N/A	N/A	N/A
% Ever Aliens Eligible for Only Emergency Services	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A	N/A
% with External SSN from EDB (EXT SSN SRCE = 1)	N/A	15.49	N/A	15.54	N/A	15.27	N/A	0.31	-1.71	10% (+/-)	Yes
% with External SSN from State-Provided Cross-Reference File (EXT SSN SRCE = 2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	10% (+/-)	N/A
% with County Code	>=98%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	10% (+/-)	Yes
% White	N/A	23.72	N/A	23.54	N/A	23.12	N/A	-.794	-1.77	10% (+/-)	Yes
% Black	N/A	1.58	N/A	1.59	N/A	1.55	N/A	.5532	-2.50	10% (+/-)	Yes
% Native American/Alaskan Native	N/A	0.30	N/A	0.30	N/A	0.31	N/A	1.379	2.60	10% (+/-)	Yes
% Asian	N/A	30.73	N/A	30.81	N/A	30.93	N/A	.2677	0.39	N/A	N/A
% Native Hawaiian or Other Pacific Islander	N/A	39.13	N/A	39.10	N/A	38.99	N/A	-.096	-0.29	N/A	N/A
% More Than One Race	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% Unknown Race	<5%	4.54	Yes	4.67	Yes	5.11	No	2.889	9.41	10% (+/-)	Yes
% Hispanic/Latino (Included with Race Categories Prior to 2005)	N/A	4.28	N/A	4.46	N/A	5.06	N/A	4.351	13.29	10% (+/-)	No
% of Hispanic/Latino with Unknown Race	N/A	100.00	N/A	100.00	N/A	100.00	N/A	.0000	0.00	10% (+/-)	Yes
% Age 0	2-8%	3.24	Yes	3.16	Yes	3.20	Yes	-2.60	1.32	10% (+/-)	Yes
% Age 0-20 Years	49-74%	50.24	Yes	50.92	Yes	51.51	Yes	1.36	1.16	10% (+/-)	Yes
% Age > 64 Years	5-18%	9.94	Yes	9.96	Yes	9.88	Yes	0.11	-0.78	10% (+/-)	Yes
% with Century of Birth '18' , '19' , '20'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% with Gender Code 'M' or 'F'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% Enrollees with 12 Months Enrollment	40-70%	65.22	Yes	65.73	Yes	62.28	Yes	0.77	-5.24	10% (+/-)	Yes
% Aged Enrollees with 12 Months Enrollment	N/A	N/A	N/A	N/A	N/A	72.90	N/A	N/A	N/A	N/A	N/A
% Disabled Enrollees with 12 Months Enrollment	N/A	N/A	N/A	N/A	N/A	76.71	N/A	N/A	N/A	N/A	N/A
% Child Enrollees with 12 Months Enrollment	N/A	N/A	N/A	N/A	N/A	67.23	N/A	N/A	N/A	N/A	N/A
% Adult Enrollees with 12 Months Enrollment	N/A	N/A	N/A	N/A	N/A	46.57	N/A	N/A	N/A	N/A	N/A
% Enrollees with MSIS Date of Death During Year	N/A	N/A	N/A	N/A	N/A	0.97	N/A	N/A	N/A	N/A	N/A
% Enrollees with SSA Date of Death During Year	N/A	N/A	N/A	N/A	N/A	1.12	N/A	N/A	N/A	N/A	N/A
% Enrollees with MSIS, SSA, or EDB Date of Death During Year	N/A	N/A	N/A	N/A	N/A	1.22	N/A	N/A	N/A	N/A	N/A
# with MSIS Date of Death ≠ SSA Date of Death	N/A	N/A	N/A	N/A	N/A	1,124	N/A	N/A	N/A	N/A	N/A
# with MSIS Date of Death Prior to 2007	0	N/A	No	N/A	No	4	No	N/A	N/A	N/A	N/A
# with SSA Date of Death Prior to 2007	0	N/A	No	N/A	No	176	No	N/A	N/A	N/A	N/A
EDB Dual Eligibles											
Total EDB Duals (Duals Confirmed by EDB)	N/A	31,553	N/A	31,978	N/A	32,080	N/A	1.35	0.32	10% (+/-)	Yes
Total EDB Dual Person-Years of Enrollment	N/A	27,945	N/A	28,186	N/A	28,282	N/A	0.86	0.34	15% (+/-)	Yes
% Age > 64 Years Who Are EDB Duals	>=90%	94.29	Yes	95.58	Yes	95.77	Yes	1.37	0.20	10% (+/-)	Yes
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are EDB Duals	>=90%	94.54	Yes	95.94	Yes	96.16	Yes	1.48	0.23	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are EDB Duals	30-55%	40.04	Yes	39.73	Yes	39.81	Yes	-0.78	0.19	10% (+/-)	Yes
% EDB Only (EDB DUAL = 50)	<5%	4.54	Yes	2.65	Yes	1.25	Yes	-41.60	-52.80	N/A	N/A
% EDB QMB Only (EDB DUAL = 51)	N/A	0.26	N/A	0.25	N/A	0.36	N/A	-4.90	44.54	N/A	N/A
% EDB QMB Plus (EDB DUAL = 52)	N/A	76.50	N/A	76.81	N/A	82.40	N/A	0.40	7.28	N/A	N/A
% EDB SLMB Only (EDB DUAL = 53)	N/A	4.84	N/A	5.48	N/A	5.79	N/A	13.14	5.66	N/A	N/A
% EDB SLMB Plus (EDB DUAL = 54)	N/A	2.60	N/A	2.92	N/A	2.81	N/A	12.37	-3.73	N/A	N/A

2005-2007 MAX PSF VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
% EDB QDWI (EDB DUAL = 55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB QI-1 (EDB DUAL = 56)	N/A	1.48	N/A	1.93	N/A	1.97	N/A	29.87	2.11	N/A	N/A
% EDB QI-2 (EDB DUAL = 57)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB Other (EDB DUAL = 58)	N/A	9.78	N/A	9.97	N/A	5.42	N/A	1.93	-45.60	N/A	N/A
% EDB Dual Type Unknown (EDB DUAL = 59)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB Dual Status Unknown (EDB DUAL = 98)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	N/A	N/A	N/A	N/A	91.88	N/A	N/A	N/A	N/A	N/A
% EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	N/A	N/A	N/A	N/A	8.12	N/A	N/A	N/A	N/A	N/A
Total Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	N/A	376	N/A	372	N/A	375	N/A	-1.06	0.81	10% (+/-)	Yes
% Non-EDB Duals Without Valid SSN	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	10% (+/-)	N/A
% Non-EDB Duals Who Are Children/Adults	N/A	0.00	N/A	0.00	N/A	1.87	N/A	Div by 0	Div by 0	10% (+/-)	N/A
% EDB Duals with Spanish Language	N/A	0.14	N/A	0.15	N/A	0.16	N/A	7.85	6.05	15% (+/-)	Yes
% EDB Duals with EDB Date of Death During Year	6-10%	6.67	Yes	6.78	Yes	6.33	Yes	1.58	-6.62	15% (+/-)	Yes
% EDB Duals with MSIS Date of Death During Year	6-10%	N/A	No	N/A	No	5.27	No	N/A	N/A	15% (+/-)	No
% EDB Duals with SSA Date of Death During Year	6-10%	N/A	No	N/A	No	5.93	No	N/A	N/A	15% (+/-)	No
% EDB Duals with EDB, MSIS, or SSA Date of Death During Year	6-10%	N/A	No	N/A	No	6.37	Yes	N/A	N/A	15% (+/-)	No
# EDB Duals with EDB Date of Death ≠ MSIS Date of Death	N/A	N/A	N/A	N/A	N/A	527	N/A	N/A	N/A	10% (+/-)	No
# EDB Duals with EDB Date of Death ≠ SSA Date of Death	N/A	N/A	N/A	N/A	N/A	166	N/A	N/A	N/A	10% (+/-)	No
% EDB Duals with Medicaid Reported HIC	N/A	84.30	N/A	82.54	N/A	85.42	N/A	-2.08	3.48	15% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC = Medicare HIC	N/A	99.08	N/A	98.25	N/A	99.61	N/A	-0.84	1.38	15% (+/-)	Yes
Total EDB Dual Enrollees in June	N/A	29,661	N/A	30,275	N/A	30,477	N/A	2.07	0.67	10% (+/-)	Yes
JUNE MEDICARE ELIGIBILITY GROUP											
June % with Part A Medicare only	N/A	2.63	N/A	1.75	N/A	1.94	N/A	-33.40	10.96	15% (+/-)	Yes
June % with Part B Medicare only	N/A	3.32	N/A	1.28	N/A	0.66	N/A	-61.50	-48.70	15% (+/-)	No
June % Part A/B Medicare	N/A	94.05	N/A	96.97	N/A	97.40	N/A	3.10	0.44	15% (+/-)	Yes
ORIGINAL REASON FOR MEDICARE ENTITLEMENT											
% Aged (MDCR ORIG REAS CD = 0)	N/A	62.14	N/A	62.00	N/A	61.48	N/A	-0.22	-0.85	15% (+/-)	Yes
% Disabled (MDCR ORIG REAS CD = 1)	N/A	36.04	N/A	36.19	N/A	36.67	N/A	0.40	1.34	15% (+/-)	Yes
% End Stage Renal Disease (MDCR ORIG REAS CD = 2)	N/A	0.83	N/A	0.84	N/A	0.88	N/A	1.32	5.26	15% (+/-)	Yes
% Disabled with End Stage Renal Disease (MDCR ORIG REAS CD = 3)	N/A	0.99	N/A	0.97	N/A	0.97	N/A	-1.96	-0.32	15% (+/-)	Yes
Other Eligibility Characteristics (All Enrollees)											
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are > 64 Years	>=99%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are > 64 Years	N/A	2.92	N/A	2.67	N/A	2.38	N/A	-8.63	-10.80	10% (+/-)	No
% Child Groups (MAX ELIG CD = 14,16, 24, 34, 44, 48, 54) Who Are < 21 Years	>=98%	100.00	Yes	99.99	Yes	99.99	Yes	0.00	0.00	10% (+/-)	Yes
% Adult Groups (MAX ELIG CD = 15,17,25,35,45,55) Who Are > 20 Years	>=80%	92.12	Yes	92.10	Yes	91.79	Yes	-0.03	-0.34	10% (+/-)	Yes
% MAX 1115 Expansion Enrollees (MAX ELIG CD = 51,52,54,55) with 1115 Waiver Enrollment (WVR TYPE = 1,5,6,A,F)	100%	99.99	No	100.00	Yes	100.00	Yes	0.01	0.00	25% (+/-)	Yes
JUNE % MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55) with 1115 Waiver Enrollment (WVR TYPE = 1,5,6,A,F)	100%	N/A	Yes	N/A	Yes	100.00	Yes	N/A	N/A	25% (+/-)	No
% MAX 1115 Waiver Enrollees (WVR TYPE = 1,5,6,A,F) in MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55)	N/A	23.61	N/A	22.96	N/A	23.81	N/A	-2.78	3.70	25% (+/-)	Yes
Aged Total	N/A	22,271	N/A	22,312	N/A	22,326	N/A	0.18	0.06	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	7,835	N/A	7,709	N/A	7,607	N/A	-1.61	-1.32	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	2,639	N/A	2,677	N/A	2,587	N/A	1.44	-3.36	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	11,758	N/A	11,888	N/A	12,103	N/A	1.11	1.81	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	39	N/A	38	N/A	29	N/A	-2.56	-23.70	10% (+/-)	No
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A

2005-2007 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Disabled Total	N/A	25,479	N/A	25,827	N/A	25,751	N/A	1.37	-0.29	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	15,187	N/A	15,419	N/A	15,561	N/A	1.53	0.92	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	625	N/A	585	N/A	481	N/A	-6.40	-17.80	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	7,793	N/A	7,987	N/A	8,024	N/A	2.49	0.46	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	60	N/A	60	N/A	51	N/A	0.00	-15.00	10% (+/-)	No
1115 Disabled (MAX ELIG CD = 52)	N/A	1,814	N/A	1,776	N/A	1,634	N/A	-2.09	-8.00	10% (+/-)	Yes
Child Total	N/A	107,745	N/A	109,235	N/A	111,120	N/A	1.38	1.73	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	57,810	N/A	56,731	N/A	56,048	N/A	-1.87	-1.20	10% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	2	N/A	0	N/A	0	N/A	-100.00	Div by 0	10% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	36,586	N/A	37,695	N/A	40,799	N/A	3.03	8.24	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	5,279	N/A	6,603	N/A	5,412	N/A	25.08	-18.00	10% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	7,133	N/A	7,104	N/A	6,876	N/A	-0.41	-3.21	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	935	N/A	1,102	N/A	1,985	N/A	17.86	80.13	10% (+/-)	No
Adult Total	N/A	76,292	N/A	74,268	N/A	73,737	N/A	-2.65	-0.72	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	30,161	N/A	28,889	N/A	27,832	N/A	-4.22	-3.66	10% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	19	N/A	18	N/A	5	N/A	-5.26	-72.20	10% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Other Adult (MAX ELIG CD = 45)	N/A	4,559	N/A	5,268	N/A	4,671	N/A	15.55	-11.30	10% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	41,553	N/A	40,093	N/A	41,229	N/A	-3.51	2.83	10% (+/-)	Yes
Long-Term Care Enrollees											
INSTITUTIONAL STATUS											
# Enrollees with Any ILTC Claims (Includes NF, ICF/MR, Aged Mental Hospital, IP Psych Age < 21 years, MAX TOS = 02, 04, 05, 07)	N/A	4,993	N/A	4,793	N/A	4,771	N/A	-4.01	-0.46	15% (+/-)	Yes
% Enrollees with Any ILTC Claims	N/A	2.15	N/A	2.07	N/A	2.05	N/A	-3.95	-1.01	15% (+/-)	Yes
% Aged Enrollees with Any ILTC Claims	N/A	17.03	N/A	16.72	N/A	16.48	N/A	-1.82	-1.43	15% (+/-)	Yes
% Disabled Enrollees with Any ILTC Claims	N/A	4.14	N/A	3.53	N/A	3.58	N/A	-14.80	1.29	15% (+/-)	Yes
% Child Enrollees with Any ILTC Claims	N/A	0.02	N/A	0.02	N/A	0.03	N/A	7.60	31.07	15% (+/-)	No
% Adult Enrollees with Any ILTC Claims	N/A	0.16	N/A	0.17	N/A	0.19	N/A	6.09	10.31	15% (+/-)	Yes
COMMUNITY LONG-TERM CARE STATUS											
# Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	5,332	N/A	5,515	N/A	5,658	N/A	3.43	2.59	15% (+/-)	Yes
% Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	2.30	N/A	2.38	N/A	2.43	N/A	3.50	2.02	15% (+/-)	Yes
% Aged Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	9.20	N/A	9.48	N/A	10.32	N/A	3.03	8.77	15% (+/-)	Yes
% Disabled Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	12.68	N/A	12.98	N/A	12.90	N/A	2.41	-0.60	15% (+/-)	Yes
% Child Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.03	N/A	0.02	N/A	0.01	N/A	-54.70	-30.60	15% (+/-)	No
% Adult Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.02	N/A	0.04	N/A	0.03	N/A	98.60	-30.50	15% (+/-)	No
# Enrollees with ILTC Claims and CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	461	N/A	405	N/A	464	N/A	-12.10	14.57	15% (+/-)	Yes
# Ever Enrolled in Section 1915(c) Waiver or with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	N/A	N/A	5,902	N/A	6,052	N/A	N/A	2.54	15% (+/-)	Yes
SECTION 1915(c) WAIVER ENROLLMENT - MOST RECENT											
# Ever Enrolled in Any Section 1915(c) Waiver (WVR TYPE = G-P)	N/A	4,406	N/A	4,621	N/A	4,943	N/A	4.88	6.97	15% (+/-)	Yes
% Enrolled in Any Section 1915(c) Waiver	N/A	1.90	N/A	1.99	N/A	2.12	N/A	4.95	6.38	15% (+/-)	Yes
% Aged Enrollees in Section 1915(c) Waiver	N/A	6.63	N/A	6.98	N/A	7.75	N/A	5.29	10.97	15% (+/-)	Yes
% Disabled Enrollees in Section 1915(c) Waiver	N/A	11.45	N/A	11.83	N/A	12.45	N/A	3.32	5.22	15% (+/-)	Yes
% Child Enrollees in Section 1915(c) Waiver	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-46.20	31.07	15% (+/-)	No
% Adult Enrollees in Section 1915(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	105.50	-100.00	15% (+/-)	No

2005-2007 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
# Aged, EDB Dual	N/A	N/A	N/A	N/A	N/A	1,696	N/A	N/A	N/A	15% (+/-)	No
# Aged, Non-Dual	N/A	N/A	N/A	N/A	N/A	34	N/A	N/A	N/A	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	N/A	N/A	1,502	N/A	N/A	N/A	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	N/A	N/A	1,703	N/A	N/A	N/A	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	N/A	N/A	8	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	2,090	N/A	2,157	N/A	2,317	N/A	3.21	7.42	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	1,417	N/A	1,580	N/A	N/A	11.50	15% (+/-)	Yes
# Aged, Non-Dual	N/A	N/A	N/A	26	N/A	31	N/A	N/A	19.23	15% (+/-)	No
# Disabled, EDB Dual	N/A	N/A	N/A	413	N/A	438	N/A	N/A	6.05	15% (+/-)	Yes
# Disabled, Non-Dual	N/A	N/A	N/A	300	N/A	268	N/A	N/A	-10.70	15% (+/-)	Yes
# Other (Child or Adult)	N/A	N/A	N/A	1	N/A	0	N/A	N/A	-100.00	15% (+/-)	No
# with Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	61	N/A	59	N/A	60	N/A	-3.28	1.70	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	2	N/A	2	N/A	N/A	0.00	15% (+/-)	Yes
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	29	N/A	28	N/A	N/A	-3.45	15% (+/-)	Yes
# Disabled, Non-Dual	N/A	N/A	N/A	28	N/A	30	N/A	N/A	7.14	15% (+/-)	Yes
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	2,204	N/A	2,352	N/A	2,509	N/A	6.72	6.68	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	110	N/A	114	N/A	N/A	3.64	15% (+/-)	Yes
# Aged, Non-Dual	N/A	N/A	N/A	3	N/A	3	N/A	N/A	0.00	15% (+/-)	Yes
# Disabled, EDB Dual	N/A	N/A	N/A	988	N/A	1,036	N/A	N/A	4.86	15% (+/-)	Yes
# Disabled, Non-Dual	N/A	N/A	N/A	1,244	N/A	1,350	N/A	N/A	8.52	15% (+/-)	Yes
# Other (Child or Adult)	N/A	N/A	N/A	7	N/A	6	N/A	N/A	-14.30	15% (+/-)	Yes
# with Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
# with Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	51	N/A	53	N/A	57	N/A	3.92	7.55	15% (+/-)	Yes
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	53	N/A	55	N/A	N/A	3.77	15% (+/-)	Yes
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	2	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for Unspecified or Unknown Populations (WVR TYPE = O)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	15% (+/-)	N/A
% of Section 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7)	<15%	7.83	Yes	8.87	Yes	8.82	Yes	13.31	-0.59	15% (+/-)	Yes
% of Section 1915(c) Claim (PGM TYPE = 6 or 7) Recipients with No Waiver Enrollment	<10%	6.26	Yes	7.08	Yes	5.06	Yes	13.22	-28.60	15% (+/-)	No
% of Section 1915(c) Waiver Enrollees with Any HMO/HIO Enrollment	N/A	0.89	N/A	0.84	N/A	0.59	N/A	-4.65	-30.50	15% (+/-)	No
% of Section 1915(c) Waiver Enrollees not Enrolled in HMOs/HIOs with No Waiver claim (PGM TYPE = 6 or 7)	<15%	N/A	No	N/A	No	8.60	Yes	N/A	N/A	15% (+/-)	No
# Section 1915(c) Waiver Enrollees Enrolled in More Than One Section 1915(c) Waiver During the Year	N/A	N/A	N/A	N/A	N/A	24	N/A	N/A	N/A	15% (+/-)	No
Other Waiver Enrollment (Enrolled Any Time During the Year)											
# with Any 1115 Waiver (WVR TYPE = 1,5,6,A,F)	N/A	187,597	N/A	187,190	N/A	188,388	N/A	-0.22	0.64	25% (+/-)	Yes
% Aged Enrollees with Any 1115 Waiver	N/A	0.99	N/A	1.12	N/A	1.16	N/A	13.43	3.94	15% (+/-)	Yes
% Disabled Enrollees with Any 1115 Waiver	N/A	14.09	N/A	13.97	N/A	13.25	N/A	-0.80	-5.15	15% (+/-)	Yes
% Child Enrollees with Any 1115 Waiver	N/A	99.88	N/A	99.93	N/A	99.94	N/A	0.05	0.00	15% (+/-)	Yes
% Adult Enrollees with Any 1115 Waiver	N/A	99.84	N/A	99.87	N/A	99.90	N/A	0.03	0.03	15% (+/-)	Yes
% with Any HMO/HIO Enrollment	N/A	97.27	N/A	97.50	N/A	97.22	N/A	0.24	-0.28	15% (+/-)	Yes
# with Any 1915(b) Waiver (WVR TYPE = 2)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
% Aged Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Disabled Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any 1915(b) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Any Combined 1915(b)(c) Waiver (WVR TYPE = 4)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
% Aged Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Disabled Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any Combined 1915(b)(c) Waiver	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with 1115 HIFA Waiver (WVR TYPE = 5)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
# with 1115 Pharmacy Waiver Coverage (WVR TYPE = 6)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
% Aged Enrollees with Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
% Disabled Enrollees with Any Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Child Enrollees with Any Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Adult Enrollees with Any Pharmacy Waiver Coverage	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% with Any HMO/HIO Enrollment	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Other Type of Waiver (WVR TYPE = 7)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
# with Unknown Type of Waiver (WVR TYPE = 9)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
# with 1115 Disaster-Related Waiver (WVR TYPE = A)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
# with 1115 Family Planning Only Waiver (WVR TYPE = F)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+/-)	N/A
# of Waiver IDs with More than One Waiver Type	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+/-)	No
# of Waiver IDs with Reporting in January but Not December	0	N/A	No	N/A	No	0	Yes	N/A	N/A	25% (+/-)	No
# of Waiver IDs with Reporting in December but Not January	0	N/A	No	N/A	No	0	Yes	N/A	N/A	25% (+/-)	No
Enrollees with Restricted Benefits											
<i>Family Planning enrollees with Restricted Benefits (RBF = 6)</i>											
# with ONLY Family Planning Only Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY Family Planning Only Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of Enrollment ANY Family Planning Only Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Aliens with Restricted Benefits (RBF = 2)</i>											
# Aliens with ONLY Restricted Benefits	N/A	135	N/A	114	N/A	82	N/A	-15.60	-28.10	N/A	N/A
# Aliens with ANY Restricted Benefits	N/A	139	N/A	119	N/A	86	N/A	-14.40	-27.70	N/A	N/A
# Person-Years of Enrollment Aliens with ANY Restricted Benefits	N/A	15	N/A	12	N/A	8	N/A	-16.60	-31.50	N/A	N/A
<i>EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - RBF = 3)</i>											
# EDB Duals with ONLY Restricted Benefits Enrollment	N/A	1,843	N/A	2,045	N/A	2,227	N/A	10.96	8.90	N/A	N/A
# EDB Duals with ANY Restricted Benefits Enrollment	N/A	2,377	N/A	2,694	N/A	2,848	N/A	13.34	5.72	N/A	N/A
# Person-Years of Enrollment EDB Duals with ANY Restricted Benefits	N/A	1,691	N/A	1,914	N/A	2,000	N/A	13.20	4.50	N/A	N/A
% EDB Duals with ONLY Restricted Benefits Enrollment	<=40%	5.84	Yes	6.40	Yes	6.94	Yes	9.49	8.55	15% (+/-)	Yes
<i>Prescription Drug Enrollees (RBF = X, Y, or Z)</i>											
# with ONLY Prescription Drug Enrollment (May Have a Month or More of RBF = 3)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY Prescription Drug Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Person-Years of ANY Prescription Drug Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Dual Prescription Drug Enrollees</i>											
# with ONLY Prescription Drugs Who Are EDB Duals	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
June Eligibility Profile											
Total Enrollees in June	N/A	190,144	N/A	191,969	N/A	189,598	N/A	0.96	-1.24	15% (+/-)	Yes
June % Full Scope Benefits (RBF = 1)	>80%	99.12	Yes	98.98	Yes	98.98	Yes	-0.14	-0.01	15% (+/-)	Yes
June % Restricted Benefits Alien (RBF = 2)	<5%	0.00	Yes	0.01	Yes	0.00	Yes	83.95	-76.60	15% (+/-)	No
June % Restricted Benefits Dual (RBF = 3)	<5%	0.88	Yes	1.01	Yes	1.02	Yes	15.16	1.04	15% (+/-)	Yes
June % Restricted Benefits Pregnant (RBF = 4)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Other (RBF = 5)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Family Planning (RBF = 6)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Benchmark-Equivalent (RBF = 7)	0%	N/A	No	N/A	No	0.00	Yes	N/A	N/A	15% (+/-)	No
June % Money Follows the Person Enrollee (RBF = 8)	0%	N/A	No	N/A	No	0.00	Yes	N/A	N/A	15% (+/-)	No
June % Unknown Benefits (RBF = 9)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % PRTF Enrollee (RBF = A)	0%	N/A	No	N/A	No	0.00	Yes	N/A	N/A	15% (+/-)	No
June % Health Opportunity Account (RBF = B)	0%	N/A	No	N/A	No	0.00	Yes	N/A	N/A	15% (+/-)	No
June % Restricted Benefits Pharm Plus Non-Dual Enrollee (RBF = X)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Pharm Plus Dual Receiving Medicare Cost Sharing (RBF = Y)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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June % Restricted Benefits Pharm Plus Dual Not Receiving Medicare Cost Sharing (RBF = Z)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June % Private Health Insurance (PVT INS CD = 2-4)	2-15%	11.67	Yes	11.21	Yes	10.85	Yes	-3.89	-3.25	15% (+/-)	Yes
June Total Enrollees with TANF Flag (TANF FLAG = 2)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with M-CHIP (SCHIP = 2) - Child (Age < 19 Years)	N/A	13,778	N/A	15,008	N/A	15,512	N/A	8.93	3.36	15% (+/-)	Yes
June # with M-CHIP (SCHIP = 2) - Adult (Age > 18 Years)	N/A	295	N/A	353	N/A	385	N/A	19.66	9.07	15% (+/-)	Yes
June # with S-CHIP (SCHIP = 3) - Child (Age < 19 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with S-CHIP (SCHIP = 3) - Adult (Age > 18 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Medicaid Expenditures											
Total Medicaid Paid	N/A	\$983,951,584	N/A	\$933,438,639	N/A	\$985,484,161	N/A	-5.13	5.58	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee	N/A	\$4,245	N/A	\$4,030	N/A	\$4,231	N/A	-5.07	4.99	15% (+/-)	Yes
25th Percentile	N/A	\$886	N/A	\$857	N/A	\$814	N/A	-3.27	-5.02	15% (+/-)	Yes
50th Percentile (Median)	N/A	\$1,512	N/A	\$1,441	N/A	\$1,350	N/A	-4.70	-6.32	15% (+/-)	Yes
75th Percentile	N/A	\$3,284	N/A	\$3,202	N/A	\$3,160	N/A	-2.50	-1.31	15% (+/-)	Yes
95th Percentile	N/A	\$13,780	N/A	\$11,390	N/A	\$13,391	N/A	-17.30	17.57	15% (+/-)	No
99th Percentile	N/A	\$62,552	N/A	\$61,558	N/A	\$66,674	N/A	-1.59	8.31	15% (+/-)	Yes
Maximum Medicaid Paid	N/A	N/A	N/A	\$862,600	N/A	\$1,367,954	N/A	N/A	58.58	25% (+/-)	No
PERCENT OF ENROLLEES WITH ZERO EXPENDITURES											
% of Enrollees with Total Medicaid Paid = \$0	N/A	N/A	N/A	N/A	N/A	4.42	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	14.11	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	9.89	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	1.65	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	3.75	N/A	N/A	N/A	15% (+/-)	No
NUMBER OF HIGH-COST ENROLLEES											
# of Enrollees with Total Medicaid Paid > \$1,000,000	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A	N/A
# of Enrollees with Total Medicaid Paid > \$500,000	N/A	N/A	N/A	6	N/A	6	N/A	N/A	0.00	N/A	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$4,245	N/A	\$4,030	N/A	\$4,231	N/A	-5.07	4.99	15% (+/-)	Yes
Aged	N/A	\$11,791	N/A	\$10,098	N/A	\$10,474	N/A	-14.40	3.73	15% (+/-)	Yes
Disabled	N/A	\$13,417	N/A	\$12,005	N/A	\$13,616	N/A	-10.50	13.42	10% (+/-)	No
Child	N/A	\$1,701	N/A	\$1,729	N/A	\$1,677	N/A	1.67	-3.01	10% (+/-)	Yes
Adult	N/A	\$2,572	N/A	\$2,817	N/A	\$2,911	N/A	9.50	3.34	10% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$12,490	N/A	\$10,058	N/A	\$10,400	N/A	-19.50	3.40	15% (+/-)	Yes
Aged	N/A	\$12,076	N/A	\$10,221	N/A	\$10,589	N/A	-15.40	3.60	10% (+/-)	Yes
Disabled	N/A	\$13,576	N/A	\$9,893	N/A	\$10,183	N/A	-27.10	2.93	10% (+/-)	Yes
EDB Only (EDB DUAL = 50)	N/A	N/A	N/A	N/A	N/A	\$6,684	N/A	N/A	N/A	10% (+/-)	No
EDB QMB Only (EDB DUAL = 51)	N/A	N/A	N/A	N/A	N/A	\$972	N/A	N/A	N/A	10% (+/-)	No
EDB QMB Plus (EDB DUAL = 52)	N/A	N/A	N/A	N/A	N/A	\$8,707	N/A	N/A	N/A	10% (+/-)	No
EDB SLMB Only (EDB DUAL = 53)	N/A	N/A	N/A	N/A	N/A	\$208	N/A	N/A	N/A	10% (+/-)	No
EDB SLMB Plus (EDB DUAL = 54)	N/A	N/A	N/A	N/A	N/A	\$39,198	N/A	N/A	N/A	10% (+/-)	No
EDB QDWI (EDB DUAL = 55)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	10% (+/-)	No
EDB QI-1 (EDB DUAL = 56)	N/A	N/A	N/A	N/A	N/A	\$243	N/A	N/A	N/A	10% (+/-)	No
EDB QI-2 (EDB DUAL = 57)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	10% (+/-)	No
EDB Other (EDB DUAL = 58)	N/A	N/A	N/A	N/A	N/A	\$37,257	N/A	N/A	N/A	10% (+/-)	No
EDB Dual Type Unknown (EDB DUAL = 59)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	10% (+/-)	No
EDB Dual Status Unknown (EDB DUAL = 98)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	10% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Avg Medicaid Paid per EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	N/A	N/A	N/A	N/A	\$11,297	N/A	N/A	N/A	10% (+/-)	No
Avg Medicaid Paid per EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	N/A	N/A	N/A	N/A	\$251	N/A	N/A	N/A	10% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER LONG-TERM CARE ENROLLEE											
Avg Medicaid Paid per Enrollee with ILTC Claims (MAX TOS = 02, 04, 05, 07)	N/A	\$50,465	N/A	\$50,313	N/A	\$55,055	N/A	-0.30	9.42	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee with CLTC Claims (Excluding CLTC FLAG = 16-20)	N/A	\$33,797	N/A	\$32,541	N/A	\$34,972	N/A	-3.71	7.47	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee with ILTC (MAX TOS = 02, 04, 05, 07) and CLTC Claims (Excluding CLTC FLAG = 16-20)	N/A	\$59,398	N/A	\$51,209	N/A	\$60,085	N/A	-13.80	17.33	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE IN 1915(c) WAIVER - MOST RECENT											
Avg Medicaid Paid per Section 1915(c) Enrollee	N/A	\$36,555	N/A	\$34,248	N/A	\$36,287	N/A	-6.31	5.95	15% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	\$27,745	N/A	\$24,879	N/A	\$24,972	N/A	-10.30	0.38	15% (+/-)	Yes
Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	\$35,889	N/A	\$23,668	N/A	\$28,251	N/A	-34.10	19.36	15% (+/-)	No
Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	\$42,323	N/A	\$40,932	N/A	\$44,595	N/A	-3.29	8.95	15% (+/-)	Yes
Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	\$149,064	N/A	\$130,752	N/A	\$138,995	N/A	-12.30	6.30	15% (+/-)	Yes
Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for None of the Above (WVR TYPE = O)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AVERAGE 1915(c) WAIVER AMOUNT PAID (PROGRAM TYPES 6 OR 7) PER ENROLLEE IN ANY 1915(c) WAIVER - MOST RECENT											
Avg 1915(c) Waiver Amount Paid per Section 1915(c) Enrollee	N/A	\$25,593	N/A	\$26,221	N/A	\$27,610	N/A	2.46	5.30	15% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	\$15,449	N/A	\$15,819	N/A	\$16,503	N/A	2.40	4.32	15% (+/-)	Yes
Section 1915(c) Waiver for Aged (WVR TYPE = H)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	\$4,422	N/A	\$5,823	N/A	\$6,143	N/A	31.69	5.49	15% (+/-)	Yes
Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	\$35,614	N/A	\$36,279	N/A	\$38,623	N/A	1.87	6.46	15% (+/-)	Yes
Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	\$33,579	N/A	\$25,961	N/A	\$16,974	N/A	-22.70	-34.60	15% (+/-)	No
Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for None of the Above (WVR TYPE = O)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
EXPENDITURES FOR RESTRICTED BENEFIT ENROLLEES											
<i>Expenditures for Family Planning Enrollees with Restricted Benefits (RBF = 6)</i>											
Total Medicaid Paid for ONLY Family Planning Only Enrollees	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Avg Medicaid Paid per ONLY Family Planning Only Enrollee	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Expenditures for Aliens with Restricted Benefits (RBF = 2)</i>											
Total Medicaid Paid for Aliens with Restricted Benefits ONLY Enrollment	N/A	\$742,545	N/A	\$583,879	N/A	\$615,146	N/A	-21.40	5.36	N/A	N/A
Avg Medicaid Paid per Alien Enrollee with Restricted Benefits ONLY	N/A	\$5,500	N/A	\$5,122	N/A	\$7,502	N/A	-6.88	46.47	N/A	N/A
<i>Expenditures for EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - RBF = 3)</i>											
Total Medicaid Paid for EDB Duals with Only Restricted Benefits Enrollment	N/A	\$45,308	N/A	\$43,482	N/A	\$87,550	N/A	-4.03	101.30	N/A	N/A
Avg Medicaid Paid per EDB Dual with Only Restricted Benefits Enrollment	N/A	\$25	N/A	\$21	N/A	\$39	N/A	-13.50	84.89	N/A	N/A
<i>Expenditures for Prescription Drug Enrollees (RBF = X, Y, or Z)</i>											
Total Medicaid Paid for Prescription Drug ONLY Enrollees (May Have a Month or More of RBF = 3)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Avg Medicaid Paid per Prescription Drug ONLY Enrollee	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Expenditures for Dual Prescription Drug Enrollees</i>											
Total Medicaid Paid for Prescription Drug ONLY Enrollees Who Are EDB Duals	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
MEDICAID ENROLLEES - EXCLUDING SELECT RESTRICTED BENEFIT GROUPS (excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total Medicaid Enrollees	N/A	229,809	N/A	229,483	N/A	230,625	N/A	-0.14	0.50	10% (+/-)	Yes
Aged Total	N/A	20,994	N/A	20,906	N/A	20,879	N/A	-0.42	-0.13	10% (+/-)	Yes
Disabled Total	N/A	24,880	N/A	25,158	N/A	24,957	N/A	1.12	-0.80	10% (+/-)	Yes
Child Total	N/A	107,742	N/A	109,229	N/A	111,116	N/A	1.38	1.73	10% (+/-)	Yes
Adult Total	N/A	76,193	N/A	74,190	N/A	73,673	N/A	-2.63	-0.70	10% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	191,142	N/A	191,558	N/A	188,858	N/A	0.22	-1.41	10% (+/-)	Yes
Total EDB Duals	N/A	29,706	N/A	29,931	N/A	29,850	N/A	0.76	-0.27	10% (+/-)	Yes
Aged	N/A	19,797	N/A	20,019	N/A	20,028	N/A	1.12	0.05	10% (+/-)	Yes
Disabled	N/A	9,615	N/A	9,602	N/A	9,461	N/A	-0.14	-1.47	10% (+/-)	Yes
TOTAL MEDICAID AMOUNT PAID											
Total Medicaid Paid	N/A	\$983,163,731	N/A	\$932,811,278	N/A	\$984,781,465	N/A	-5.12	5.57	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$4,278	N/A	\$4,065	N/A	\$4,270	N/A	-4.99	5.05	15% (+/-)	Yes
Aged	N/A	\$12,502	N/A	\$10,768	N/A	\$11,195	N/A	-13.90	3.97	15% (+/-)	Yes
Disabled	N/A	\$13,722	N/A	\$12,314	N/A	\$14,045	N/A	-10.30	14.06	10% (+/-)	No
Child	N/A	\$1,701	N/A	\$1,729	N/A	\$1,677	N/A	1.67	-3.01	10% (+/-)	Yes
Adult	N/A	\$2,573	N/A	\$2,817	N/A	\$2,907	N/A	9.50	3.18	10% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$13,264	N/A	\$10,745	N/A	\$11,173	N/A	-19.00	3.99	15% (+/-)	Yes
Aged	N/A	\$12,841	N/A	\$10,927	N/A	\$11,346	N/A	-14.90	3.83	10% (+/-)	Yes
Disabled	N/A	\$14,405	N/A	\$10,572	N/A	\$11,029	N/A	-26.60	4.32	10% (+/-)	Yes
Managed CARE PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs, excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2003. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees are grouped with HMO/HIO rather than PHP enrollees as of 2007.											
% Total Enrollees in MC Anytime During Year	N/A	79.69	N/A	79.82	N/A	79.72	N/A	0.17	-0.13	25% (+)	Yes
Total MC Enrollees	N/A	183,133	N/A	183,181	N/A	183,850	N/A	0.03	0.37	25% (+)	Yes
Aged	N/A	224	N/A	257	N/A	259	N/A	14.73	0.78	25% (+)	Yes
Disabled	N/A	4,104	N/A	4,113	N/A	3,926	N/A	0.22	-4.55	25% (+)	Yes
Child	N/A	105,838	N/A	107,518	N/A	109,363	N/A	1.59	1.72	25% (+)	Yes
Adult	N/A	72,967	N/A	71,293	N/A	70,302	N/A	-2.29	-1.39	25% (+)	Yes
% of MC Enrollees in HMO/HIO (MC TYPE = 1)	N/A	99.64	N/A	99.64	N/A	99.62	N/A	-0.01	-0.01	25% (+)	Yes
% of MC Enrollees in Dental (MC TYPE = 2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in BHO (MC TYPE = 3)	N/A	3.46	N/A	3.27	N/A	3.45	N/A	-5.30	5.25	25% (+)	Yes
% of MC Enrollees in Prenatal (MC TYPE = 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in LTC (MC TYPE = 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in PACE (MC TYPE = 6)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in PCCM (MC TYPE = 7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in Other MC (MC TYPE = 8)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals Ever Enrolled in HMO/HIOs	<20%	2.41	Yes	2.53	Yes	2.68	Yes	5.08	5.84	25% (+)	Yes
% EDB Duals in PHP Only or PHP/PCCM Only	N/A	0.88	N/A	0.92	N/A	0.95	N/A	3.79	3.57	25% (+)	Yes
% EDB Duals in PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% Section 1915(c) Waiver Enrollees Ever Enrolled in HMO/HIOs	N/A	0.89	N/A	0.84	N/A	0.59	N/A	-4.67	-30.50	25% (+)	No
% Section 1915(c) Waiver Enrollees in PHP Only or PHP and PCCM Only	N/A	0.43	N/A	0.48	N/A	0.40	N/A	10.38	-15.00	25% (+)	Yes

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
% Section 1915(c) Waiver Enrollees in PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
Total Enrollees in June	N/A	188,693	N/A	190,339	N/A	187,923	N/A	0.87	-1.27	25% (+)	Yes
June % HMO/HIO Only (MC COMBO = 01)	N/A	74.64	N/A	75.12	N/A	74.74	N/A	0.64	-0.51	25% (+)	Yes
June % Dental Plan Only (MC COMBO = 02)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % BHO Only (MC COMBO = 03)	N/A	0.35	N/A	0.36	N/A	0.35	N/A	2.70	-2.38	25% (+)	Yes
June % PCCM Only (MC COMBO = 04)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other MC Only (MC COMBO = 05)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Dental (MC COMBO = 06)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & BHO (MC COMBO = 07)	N/A	1.88	N/A	1.76	N/A	1.60	N/A	-6.36	-8.96	25% (+)	Yes
June % HMO/HIO & Other MC (MC COMBO = 08)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Dental & BHO (MC COMBO = 09)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & PCCM (MC COMBO = 10)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % BHO & PCCM (MC COMBO = 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other MC & PCCM (MC COMBO = 12)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & BHO & PCCM (MC COMBO = 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & BHO (MC COMBO = 14)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other Combinations (MC COMBO = 15)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % FFS Only (MC COMBO = 16)	N/A	23.11	N/A	22.73	N/A	23.31	N/A	-1.63	2.55	25% (+)	Yes
June % MC Status Unknown (MC COMBO = 99)	<5%	0.02	Yes	0.04	Yes	0.00	Yes	47.60	-100.00	25% (+)	No
CAPITATION CLAIMS											
Total Capitation Payments	N/A	\$329,948,691	N/A	\$351,656,093	N/A	\$341,961,081	N/A	6.58	-2.76	15% (+/-)	Yes
HMO/HIO	N/A	\$320,234,878	N/A	\$342,332,472	N/A	\$332,453,190	N/A	6.90	-2.89	15% (+/-)	Yes
PHP	N/A	\$9,713,813	N/A	\$9,323,621	N/A	\$9,507,891	N/A	-4.02	1.98	15% (+/-)	Yes
PCCM	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Ratio of Capitation Claims to Person-Month Enrollment in MC	.9-2	1.04	Yes	1.03	Yes	1.04	Yes	-0.59	0.68	15% (+/-)	Yes
HMO/HIO	.9-2	1.02	Yes	1.02	Yes	1.02	Yes	-0.24	0.72	15% (+/-)	Yes
PHP	.9-2	0.82	No	0.74	No	0.77	No	-10.70	4.58	15% (+/-)	Yes
PCCM	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
Avg Capitation Payment per Person-Month Enrollment in MC	N/A	\$189	N/A	\$200	N/A	\$202	N/A	5.76	0.78	15% (+/-)	Yes
HMO/HIO	N/A	\$185	N/A	\$196	N/A	\$197	N/A	6.08	0.66	15% (+/-)	Yes
PHP	N/A	\$191	N/A	\$192	N/A	\$213	N/A	0.60	10.59	15% (+/-)	Yes
PCCM	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERSONS ENROLLED IN PHP ONLY OR PHP AND PCCM ONLY											
Total Capitation Payments	N/A	\$142,849	N/A	\$67,954	N/A	\$50,150	N/A	-52.40	-26.20	15% (+/-)	No
Total Medicaid Paid	N/A	\$5,381,544	N/A	\$4,235,034	N/A	\$4,468,339	N/A	-21.30	5.51	15% (+/-)	Yes
Count of Enrollees	N/A	658	N/A	668	N/A	690	N/A	1.52	3.29	15% (+/-)	Yes
PERSONS ENROLLED IN PCCM ONLY											
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERSONS EVER ENROLLED IN HMO OR HIO DURING YEAR											
Count of Enrollees	N/A	182,475	N/A	182,513	N/A	183,160	N/A	0.02	0.35	15% (+/-)	Yes
Aged	N/A	204	N/A	235	N/A	236	N/A	15.20	0.43	25% (+)	Yes
Disabled	N/A	3,478	N/A	3,487	N/A	3,272	N/A	0.26	-6.17	25% (+)	Yes
Child	N/A	105,828	N/A	107,501	N/A	109,350	N/A	1.58	1.72	25% (+)	Yes
Adult	N/A	72,965	N/A	71,290	N/A	70,302	N/A	-2.30	-1.39	25% (+)	Yes
Total Ever Enrolled in HMO/HIO Person-Years of Enrollment	N/A	144,630	N/A	145,743	N/A	140,586	N/A	0.77	-3.54	25% (+)	Yes
Total Capitation Payments	N/A	\$329,805,842	N/A	\$351,588,139	N/A	\$341,910,931	N/A	6.61	-2.75	15% (+/-)	Yes

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Avg Capitation Payments	N/A	\$1,807	N/A	\$1,926	N/A	\$1,867	N/A	6.58	-3.10	15% (+/-)	Yes
Aged	N/A	\$1,713	N/A	\$1,961	N/A	\$2,070	N/A	14.46	5.55	15% (+/-)	Yes
Disabled	N/A	\$1,686	N/A	\$1,975	N/A	\$2,044	N/A	17.10	3.49	15% (+/-)	Yes
Child	N/A	\$1,429	N/A	\$1,485	N/A	\$1,395	N/A	3.91	-6.05	15% (+/-)	Yes
Adult	N/A	\$2,363	N/A	\$2,590	N/A	\$2,592	N/A	9.62	0.07	15% (+/-)	Yes
Total FFS Payments	N/A	\$67,429,332	N/A	\$65,604,359	N/A	\$77,288,972	N/A	-2.71	17.81	15% (+/-)	No
Avg FFS Payments per Enrollee	N/A	\$370	N/A	\$359	N/A	\$422	N/A	-2.73	17.39	15% (+/-)	No
Aged	N/A	\$1,685	N/A	\$1,081	N/A	\$1,130	N/A	-35.80	4.51	15% (+/-)	Yes
Disabled	N/A	\$4,887	N/A	\$4,694	N/A	\$5,149	N/A	-3.96	9.69	15% (+/-)	Yes
Child	N/A	\$277	N/A	\$260	N/A	\$291	N/A	-6.41	12.14	15% (+/-)	Yes
Adult	N/A	\$284	N/A	\$296	N/A	\$403	N/A	4.04	36.37	15% (+/-)	No
Total FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	\$17,868,398	N/A	\$16,977,414	N/A	\$19,431,617	N/A	-4.99	14.46	15% (+/-)	Yes
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	\$569,120	N/A	\$792,246	N/A	\$763,860	N/A	39.21	-3.58	15% (+/-)	Yes
Drug (MAX TOS = 16)	N/A	\$3,992,278	N/A	\$3,830,593	N/A	\$6,265,130	N/A	-4.05	63.56	15% (+/-)	No
All Other (Excluding Capitation Payments)	N/A	\$44,999,536	N/A	\$44,004,106	N/A	\$50,828,365	N/A	-2.21	15.51	15% (+/-)	No
Average FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	\$98	N/A	\$93	N/A	\$106	N/A	-5.01	14.05	15% (+/-)	Yes
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	\$3	N/A	\$4	N/A	\$4	N/A	39.18	-3.92	15% (+/-)	Yes
Drug (MAX TOS = 16)	N/A	\$22	N/A	\$21	N/A	\$34	N/A	-4.07	62.98	15% (+/-)	No
All Other (Excluding Capitation Payments)	N/A	\$247	N/A	\$241	N/A	\$278	N/A	-2.23	15.10	15% (+/-)	No
FFS INFORMATION FOR NON-DUAL MEDICAID ENROLLEES (excludes EDB Duals, people ever enrolled in HMO/HIOS or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-CHIP only, FP Only, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007.											
Total Non-Dual FFS Enrollees	N/A	18,343	N/A	17,796	N/A	18,414	N/A	-2.98	3.47	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	13,854	N/A	13,545	N/A	13,908	N/A	-2.23	2.68	15% (+/-)	Yes
Total Non-Dual FFS Person-Years of Enrollment	N/A	12,798	N/A	12,654	N/A	12,986	N/A	-1.13	2.63	15% (+/-)	Yes
Aged Total	N/A	1,178	N/A	863	N/A	826	N/A	-26.70	-4.29	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	498	N/A	337	N/A	300	N/A	-32.30	-11.00	10% (+/-)	No
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	79	N/A	58	N/A	62	N/A	-26.60	6.90	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	601	N/A	468	N/A	464	N/A	-22.10	-0.86	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled Total	N/A	12,049	N/A	12,337	N/A	12,482	N/A	2.39	1.18	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	9,870	N/A	10,083	N/A	10,346	N/A	2.16	2.61	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	136	N/A	133	N/A	70	N/A	-2.21	-47.40	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	2,015	N/A	2,092	N/A	2,035	N/A	3.82	-2.72	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	17	N/A	20	N/A	17	N/A	17.65	-15.00	10% (+/-)	No
1115 Disabled (MAX ELIG CD = 52)	N/A	11	N/A	9	N/A	14	N/A	-18.20	55.56	10% (+/-)	No
Child Total	N/A	1,914	N/A	1,728	N/A	1,766	N/A	-9.72	2.20	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	720	N/A	679	N/A	694	N/A	-5.69	2.21	10% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	2	N/A	0	N/A	0	N/A	-100.00	Div by 0	10% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	936	N/A	764	N/A	770	N/A	-18.40	0.79	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	21	N/A	18	N/A	13	N/A	-14.30	-27.80	10% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	207	N/A	234	N/A	207	N/A	13.04	-11.50	10% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
1115 Child (MAX ELIG CD = 54)	N/A	28	N/A	33	N/A	82	N/A	17.86	148.50	10% (+/-)	No
Adult Total	N/A	3,202	N/A	2,868	N/A	3,340	N/A	-10.40	16.46	10% (+/-)	No
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	754	N/A	688	N/A	727	N/A	-8.75	5.67	10% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	19	N/A	15	N/A	4	N/A	-21.10	-73.30	10% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Other Adult (MAX ELIG CD = 45)	N/A	30	N/A	41	N/A	35	N/A	36.67	-14.60	10% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	2,399	N/A	2,124	N/A	2,574	N/A	-11.50	21.19	10% (+/-)	No
# Non-Dual FFS Enrollees with MSIS Dual Code but No EDB Confirmation	N/A	371	N/A	370	N/A	367	N/A	-0.27	-0.81	10% (+/-)	Yes
Total FFS Medicaid Paid	N/A	\$195,427,420	N/A	\$197,285,575	N/A	\$236,117,572	N/A	0.95	19.68	15% (+/-)	No
Avg FFS Medicaid Paid per Non-Dual FFS Enrollee	N/A	\$10,654	N/A	\$11,086	N/A	\$12,823	N/A	4.05	15.67	15% (+/-)	No
Avg FFS Medicaid Paid per Non-Dual FFS Recipient (User of Any service)	N/A	\$14,106	N/A	\$14,565	N/A	\$16,977	N/A	3.25	16.56	15% (+/-)	No
Total Capitation Payments	N/A	N/A	N/A	N/A	N/A	\$172,881	N/A	N/A	N/A	15% (+/-)	No
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	N/A	No	N/A	No	464	No	N/A	N/A	10% (+/-)	No
Total HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	N/A	N/A	\$125,545	N/A	N/A	N/A	15% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$6,951	N/A	\$7,283	N/A	\$7,752	N/A	4.78	6.44	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$5,540	N/A	\$5,514	N/A	\$7,246	N/A	-0.46	31.40	15% (+/-)	No
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$25,142	N/A	\$31,723	N/A	\$24,060	N/A	26.18	-24.20	15% (+/-)	No
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$5,730	N/A	\$5,528	N/A	\$5,900	N/A	-3.52	6.73	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$15,087	N/A	\$15,112	N/A	\$17,964	N/A	0.17	18.87	15% (+/-)	No
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$13,830	N/A	\$13,909	N/A	\$16,688	N/A	0.58	19.98	15% (+/-)	No
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$18,101	N/A	\$17,386	N/A	\$31,501	N/A	-3.95	81.18	15% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$20,895	N/A	\$20,464	N/A	\$23,793	N/A	-2.06	16.26	15% (+/-)	No
Other Disabled (MAX ELIG CD = 42)	N/A	\$42,460	N/A	\$52,784	N/A	\$52,399	N/A	24.31	-0.73	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	\$33	N/A	\$1,305	N/A	\$4,171	N/A	3,811.00	219.60	15% (+/-)	No
Child	N/A	\$1,396	N/A	\$785	N/A	\$1,118	N/A	-43.70	42.40	15% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$371	N/A	\$298	N/A	\$437	N/A	-19.60	46.52	15% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	\$2,274	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	\$1,697	N/A	\$1,226	N/A	\$1,692	N/A	-27.80	38.05	15% (+/-)	No
Other Child (MAX ELIG CD = 44)	N/A	\$30,721	N/A	\$387	N/A	\$15,230	N/A	-98.70	3,837.00	15% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	\$61	N/A	\$362	N/A	\$154	N/A	491.40	-57.40	15% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	\$5,523	N/A	\$3,831	N/A	\$1,694	N/A	-30.60	-55.80	15% (+/-)	No
Adult	N/A	\$868	N/A	\$1,117	N/A	\$1,051	N/A	28.63	-5.95	15% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$324	N/A	\$320	N/A	\$315	N/A	-1.18	-1.39	15% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	\$3,233	N/A	\$6,884	N/A	\$26,162	N/A	112.90	280.10	15% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Adult (MAX ELIG CD = 45)	N/A	\$576	N/A	\$2,920	N/A	\$235	N/A	407.00	-92.00	15% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	\$1,025	N/A	\$1,300	N/A	\$1,230	N/A	26.86	-5.35	15% (+/-)	Yes
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$36,783,009	N/A	\$35,279,867	N/A	\$36,916,835	N/A	-4.09	4.64	15% (+/-)	Yes
IP: Number of Users	N/A	2,565	N/A	2,465	N/A	2,343	N/A	-3.90	-4.95	15% (+/-)	Yes
IP: Avg Medicaid Paid per User	N/A	\$14,340	N/A	\$14,312	N/A	\$15,756	N/A	-0.20	10.09	15% (+/-)	Yes

2005-2007 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
IP: Avg Medicaid Covered Days Per User	N/A	14	N/A	14	N/A	14	N/A	-0.72	3.57	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$2,597,428	N/A	\$2,758,781	N/A	\$2,812,171	N/A	6.21	1.94	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	29	N/A	25	N/A	26	N/A	-13.80	4.00	15% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$89,566	N/A	\$110,351	N/A	\$108,160	N/A	23.21	-1.99	15% (+/-)	Yes
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$17,623,345	N/A	\$15,706,801	N/A	\$16,366,036	N/A	-10.90	4.20	15% (+/-)	Yes
NF: Number of Users	N/A	678	N/A	564	N/A	594	N/A	-16.80	5.32	15% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$25,993	N/A	\$27,849	N/A	\$27,552	N/A	7.14	-1.07	15% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$8,765,707	N/A	\$8,655,432	N/A	\$8,620,226	N/A	-1.26	-0.41	15% (+/-)	Yes
Physician: Number of Users	N/A	10,924	N/A	10,825	N/A	10,814	N/A	-0.91	-0.10	15% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$802	N/A	\$800	N/A	\$797	N/A	-0.36	-0.31	15% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$701,258	N/A	\$688,238	N/A	\$959,120	N/A	-1.86	39.36	15% (+/-)	No
Dental: Number of Users	N/A	2,387	N/A	2,490	N/A	2,783	N/A	4.32	11.77	15% (+/-)	Yes
Dental: Avg Medicaid Paid per User	N/A	\$294	N/A	\$276	N/A	\$345	N/A	-5.92	24.69	15% (+/-)	No
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$176,753	N/A	\$163,551	N/A	\$174,583	N/A	-7.47	6.75	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	1,671	N/A	1,533	N/A	1,579	N/A	-8.26	3.00	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$106	N/A	\$107	N/A	\$111	N/A	0.86	3.64	15% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$7,449,599	N/A	\$8,078,371	N/A	\$9,126,963	N/A	8.44	12.98	15% (+/-)	Yes
Outpatient: Number of Users	N/A	6,607	N/A	6,668	N/A	7,009	N/A	0.92	5.11	15% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$1,128	N/A	\$1,212	N/A	\$1,302	N/A	7.45	7.48	15% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$4,720,360	N/A	\$5,230,026	N/A	\$6,968,821	N/A	10.80	33.25	15% (+/-)	No
Clinic: Number of Users	N/A	3,985	N/A	4,149	N/A	4,696	N/A	4.12	13.18	15% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$1,185	N/A	\$1,261	N/A	\$1,484	N/A	6.42	17.73	15% (+/-)	No
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$40,452,659	N/A	\$42,761,823	N/A	\$43,698,919	N/A	5.71	2.19	15% (+/-)	Yes
Home Health: Number of Users	N/A	1,701	N/A	1,738	N/A	1,620	N/A	2.18	-6.79	15% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$23,782	N/A	\$24,604	N/A	\$26,975	N/A	3.46	9.64	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$2,965,132	N/A	\$2,989,959	N/A	\$3,150,038	N/A	0.84	5.35	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	9,114	N/A	9,153	N/A	9,492	N/A	0.43	3.70	15% (+/-)	Yes
Lab/Xray: Avg Medicaid Paid per User	N/A	\$325	N/A	\$327	N/A	\$332	N/A	0.41	1.59	15% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$45,164,873	N/A	\$41,741,892	N/A	\$66,210,913	N/A	-7.58	58.62	15% (+/-)	No
Drugs: Number of Users	N/A	11,153	N/A	11,097	N/A	11,189	N/A	-0.50	0.83	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$4,050	N/A	\$3,762	N/A	\$5,918	N/A	-7.11	57.32	15% (+/-)	No
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$334,565	N/A	\$226,851	N/A	\$387,490	N/A	-32.20	70.81	15% (+/-)	No
Other Services: Number of Users	N/A	910	N/A	804	N/A	902	N/A	-11.60	12.19	15% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$368	N/A	\$282	N/A	\$430	N/A	-23.30	52.25	15% (+/-)	No
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$2,162,761	N/A	\$2,345,282	N/A	\$3,264,883	N/A	8.44	39.21	15% (+/-)	No
Transportation: Number of Users	N/A	2,402	N/A	2,375	N/A	2,544	N/A	-1.12	7.12	15% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$900	N/A	\$987	N/A	\$1,283	N/A	9.67	29.96	15% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Personal Care Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Personal Care Services: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$502,090	N/A	\$419,201	N/A	\$334,237	N/A	-16.50	-20.30	15% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Targeted Case Management: Number of Users	N/A	775	N/A	761	N/A	674	N/A	-1.81	-11.40	15% (+/-)	Yes
Targeted Case Management: Avg Medicaid Paid per User	N/A	\$648	N/A	\$551	N/A	\$496	N/A	-15.00	-9.98	15% (+/-)	Yes
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$137,913	N/A	\$142,175	N/A	\$199,814	N/A	3.09	40.54	15% (+/-)	No
PT/OT/Speech/Hearing: Number of Users	N/A	419	N/A	367	N/A	459	N/A	-12.40	25.07	15% (+/-)	No
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	\$329	N/A	\$387	N/A	\$435	N/A	17.70	12.37	15% (+/-)	Yes
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$373,459	N/A	\$686,683	N/A	\$810,440	N/A	83.87	18.02	15% (+/-)	No
Hospice: Number of Users	N/A	54	N/A	53	N/A	67	N/A	-1.85	26.42	15% (+/-)	No
Hospice: Avg Medicaid Paid per User	N/A	\$6,916	N/A	\$12,956	N/A	\$12,096	N/A	87.34	-6.64	15% (+/-)	Yes
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$6,404,037	N/A	\$6,752,328	N/A	\$7,859,922	N/A	5.44	16.40	15% (+/-)	No
Durable Medical Equipment: Number of Users	N/A	4,399	N/A	4,084	N/A	4,125	N/A	-7.16	1.00	15% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$1,456	N/A	\$1,653	N/A	\$1,905	N/A	13.57	15.25	15% (+/-)	No
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$401,307	N/A	\$3,172,114	N/A	\$6,686,745	N/A	690.40	110.80	15% (+/-)	No
Residential Care: Number of Users	N/A	80	N/A	271	N/A	233	N/A	238.80	-14.00	15% (+/-)	Yes
Residential Care: Avg Medicaid Paid per User	N/A	\$5,016	N/A	\$11,705	N/A	\$28,698	N/A	133.30	145.20	15% (+/-)	No
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$10,688,331	N/A	\$11,426,819	N/A	\$12,940,618	N/A	6.91	13.25	15% (+/-)	Yes
Psych Services: Number of Users	N/A	4,675	N/A	4,685	N/A	5,037	N/A	0.21	7.51	15% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$2,286	N/A	\$2,439	N/A	\$2,569	N/A	6.68	5.33	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$6,621,583	N/A	\$7,085,028	N/A	\$7,027,445	N/A	7.00	-0.81	15% (+/-)	Yes
Adult Day Care: Number of Users	N/A	479	N/A	504	N/A	476	N/A	5.22	-5.56	15% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$13,824	N/A	\$14,058	N/A	\$14,764	N/A	1.69	5.02	15% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$2,005	N/A	\$1,982	N/A	\$2,005	N/A	-1.14	1.13	15% (+/-)	Yes
Aged	N/A	\$688	N/A	\$1,165	N/A	\$1,298	N/A	69.26	11.43	15% (+/-)	Yes
Disabled	N/A	\$2,728	N/A	\$2,550	N/A	\$2,641	N/A	-6.53	3.58	15% (+/-)	Yes
Child	N/A	\$722	N/A	\$370	N/A	\$492	N/A	-48.70	32.73	15% (+/-)	No
Adult	N/A	\$538	N/A	\$759	N/A	\$602	N/A	41.25	-20.70	15% (+/-)	No
ILTC (MAX TOS = 02,04,05,07)	N/A	\$1,102	N/A	\$1,038	N/A	\$1,042	N/A	-5.87	0.37	15% (+/-)	Yes
Aged	N/A	\$3,285	N/A	\$3,774	N/A	\$3,614	N/A	14.91	-4.26	15% (+/-)	Yes
Disabled	N/A	\$1,353	N/A	\$1,230	N/A	\$1,292	N/A	-9.10	5.05	15% (+/-)	Yes
Child	N/A	\$14	N/A	\$11	N/A	\$25	N/A	-20.70	128.20	15% (+/-)	No
Adult	N/A	\$7	N/A	\$6	N/A	\$7	N/A	-15.20	17.39	15% (+/-)	No
Drugs (MAX TOS = 16)	N/A	\$2,462	N/A	\$2,346	N/A	\$3,596	N/A	-4.74	53.30	15% (+/-)	No
Aged	N/A	\$1,498	N/A	\$715	N/A	\$1,086	N/A	-52.30	51.77	15% (+/-)	No
Disabled	N/A	\$3,564	N/A	\$3,313	N/A	\$5,176	N/A	-7.04	56.22	15% (+/-)	No
Child	N/A	\$192	N/A	\$72	N/A	\$279	N/A	-62.30	285.10	15% (+/-)	No
Adult	N/A	\$28	N/A	\$44	N/A	\$65	N/A	55.66	48.95	15% (+/-)	No
All Other Services	N/A	\$5,084	N/A	\$5,720	N/A	\$6,181	N/A	12.51	8.05	15% (+/-)	Yes
Aged	N/A	\$1,480	N/A	\$1,629	N/A	\$1,754	N/A	10.05	7.73	15% (+/-)	Yes
Disabled	N/A	\$7,442	N/A	\$8,020	N/A	\$8,856	N/A	7.76	10.43	15% (+/-)	Yes
Child	N/A	\$468	N/A	\$331	N/A	\$322	N/A	-29.20	-2.72	15% (+/-)	Yes
Adult	N/A	\$295	N/A	\$308	N/A	\$376	N/A	4.17	22.15	15% (+/-)	No
PERCENT OF NON-DUAL FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% Non-Dual FFS Enrollees with IP Claims (MAX TOS = 01)	N/A	13.98	N/A	13.85	N/A	12.72	N/A	-0.95	-8.14	15% (+/-)	Yes
Aged	N/A	10.19	N/A	11.01	N/A	8.96	N/A	8.06	-18.60	15% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	17.17	N/A	16.04	N/A	15.19	N/A	-6.58	-5.31	15% (+/-)	Yes
Child	N/A	8.99	N/A	9.61	N/A	8.44	N/A	6.90	-12.20	15% (+/-)	Yes
Adult	N/A	6.37	N/A	7.85	N/A	6.71	N/A	23.14	-14.50	15% (+/-)	Yes
% Non-Dual FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	3.83	N/A	3.28	N/A	3.35	N/A	-14.30	1.94	15% (+/-)	Yes
Aged	N/A	8.91	N/A	9.39	N/A	8.96	N/A	5.30	-4.55	15% (+/-)	Yes
Disabled	N/A	4.75	N/A	3.88	N/A	4.13	N/A	-18.20	6.27	15% (+/-)	Yes
Child	N/A	0.10	N/A	0.23	N/A	0.23	N/A	121.50	-2.15	15% (+/-)	Yes
Adult	N/A	0.72	N/A	0.70	N/A	0.69	N/A	-2.92	-1.25	15% (+/-)	Yes
% with Ratio of ILTC Days/Enrollment Days > 1	N/A	0.71	N/A	1.71	N/A	1.79	N/A	140.40	4.29	15% (+/-)	Yes
% Non-Dual FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	60.80	N/A	62.36	N/A	60.76	N/A	2.56	-2.55	15% (+/-)	Yes
Aged	N/A	65.11	N/A	56.78	N/A	51.94	N/A	-12.80	-8.53	15% (+/-)	Yes
Disabled	N/A	83.00	N/A	82.79	N/A	82.26	N/A	-0.25	-0.64	15% (+/-)	Yes
Child	N/A	8.36	N/A	8.22	N/A	7.76	N/A	-1.70	-5.60	15% (+/-)	Yes
Adult	N/A	7.03	N/A	8.75	N/A	10.63	N/A	24.55	21.45	15% (+/-)	No
% Non-Dual FFS Enrollees with All Other Claims	N/A	73.54	N/A	74.24	N/A	73.95	N/A	0.95	-0.39	15% (+/-)	Yes
Aged	N/A	69.02	N/A	64.19	N/A	62.83	N/A	-6.98	-2.12	15% (+/-)	Yes
Disabled	N/A	90.39	N/A	90.65	N/A	90.25	N/A	0.29	-0.45	15% (+/-)	Yes
Child	N/A	29.31	N/A	29.86	N/A	29.16	N/A	1.88	-2.34	15% (+/-)	Yes
Adult	N/A	38.26	N/A	33.40	N/A	39.49	N/A	-12.70	18.23	15% (+/-)	No
Avg # IP Days per Non-Dual FFS User	N/A	14	N/A	14	N/A	14	N/A	-0.72	3.57	15% (+/-)	Yes
Aged	N/A	10	N/A	10	N/A	14	N/A	-0.33	36.20	15% (+/-)	No
Disabled	N/A	15	N/A	16	N/A	16	N/A	0.92	2.11	15% (+/-)	Yes
Child	N/A	5	N/A	4	N/A	5	N/A	-31.50	37.93	15% (+/-)	No
Adult	N/A	8	N/A	7	N/A	7	N/A	-7.46	-3.01	15% (+/-)	Yes
Avg # ILTC Days per Non-Dual FFS User	N/A	114	N/A	122	N/A	107	N/A	6.76	-11.80	15% (+/-)	Yes
Aged	N/A	222	N/A	221	N/A	199	N/A	-0.81	-9.79	15% (+/-)	Yes
Disabled	N/A	99	N/A	111	N/A	100	N/A	12.13	-10.20	15% (+/-)	Yes
Child	N/A	12	N/A	4	N/A	10	N/A	-65.20	137.50	15% (+/-)	No
Adult	N/A	2	N/A	2	N/A	2	N/A	9.25	-19.90	15% (+/-)	No
% Non-Dual FFS Enrollees with Maternal Delivery	N/A	N/A	N/A	0.40	N/A	0.41	N/A	N/A	0.67	15% (+/-)	Yes
HIGH-COST FFS NON-DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Non-Duals with FFS Medicaid Paid > \$1,000,000	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A	N/A
Number of FFS Non-Duals with FFS Medicaid Paid > \$500,000	N/A	N/A	N/A	4	N/A	3	N/A	N/A	-25.00	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	N/A	N/A	2	N/A	1	N/A	N/A	-50.00	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	N/A	N/A	8	N/A	11	N/A	N/A	37.50	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	N/A	N/A	1	N/A	5	N/A	N/A	400.00	N/A	N/A
All Other Services > \$200,000	N/A	N/A	N/A	16	N/A	24	N/A	N/A	50.00	N/A	N/A
Maximum FFS Medicaid Paid	N/A	N/A	N/A	\$862,600	N/A	\$1,367,954	N/A	N/A	58.58	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	N/A	N/A	\$772,672	N/A	\$541,440	N/A	N/A	-29.90	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	N/A	N/A	\$236,429	N/A	\$321,912	N/A	N/A	36.16	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	\$340,479	N/A	\$300,749	N/A	N/A	-11.70	N/A	N/A
All Other Services	N/A	N/A	N/A	\$505,141	N/A	\$826,514	N/A	N/A	63.62	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$85,416	N/A	\$98,047	N/A	\$139,630	N/A	14.79	42.41	15% (+/-)	No
FP: Number of Users	N/A	356	N/A	367	N/A	376	N/A	3.09	2.45	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$240	N/A	\$267	N/A	\$371	N/A	11.35	39.00	15% (+/-)	No
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
RHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
RHC: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$2,746,864	N/A	\$2,802,011	N/A	\$3,249,821	N/A	2.01	15.98	15% (+/-)	No
FQHC: Number of Users	N/A	2,828	N/A	2,960	N/A	3,399	N/A	4.67	14.83	15% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$971	N/A	\$947	N/A	\$956	N/A	-2.54	1.00	15% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$47,085,915	N/A	\$52,354,955	N/A	\$57,057,044	N/A	11.19	8.98	15% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	1,462	N/A	1,514	N/A	1,504	N/A	3.56	-0.66	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$32,207	N/A	\$34,581	N/A	\$37,937	N/A	7.37	9.71	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	\$48,252,846	N/A	\$53,944,207	N/A	\$58,966,281	N/A	11.79	9.31	15% (+/-)	Yes
Number of Non-Dual CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	1,814	N/A	1,871	N/A	1,836	N/A	3.14	-1.87	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Non-Dual User (Excludes CLTC FLAG = 16-20)	N/A	\$26,600	N/A	\$28,832	N/A	\$32,117	N/A	8.39	11.39	15% (+/-)	Yes
Aged	N/A	\$8,549	N/A	\$9,048	N/A	\$8,096	N/A	5.84	-10.50	15% (+/-)	Yes
Disabled	N/A	\$27,375	N/A	\$29,406	N/A	\$32,874	N/A	7.42	11.79	15% (+/-)	Yes
Child	N/A	\$14,005	N/A	\$22,395	N/A	\$11,141	N/A	59.91	-50.30	15% (+/-)	No
Adult	N/A	\$6,531	N/A	\$4,569	N/A	\$130	N/A	-30.00	-97.20	15% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	9.89	N/A	10.51	N/A	9.97	N/A	6.31	-5.16	15% (+/-)	Yes
Aged	N/A	4.67	N/A	4.87	N/A	5.57	N/A	4.24	14.43	15% (+/-)	Yes
Disabled	N/A	14.38	N/A	14.70	N/A	14.25	N/A	2.17	-3.02	15% (+/-)	Yes
Child	N/A	1.20	N/A	0.58	N/A	0.57	N/A	-51.80	-2.15	15% (+/-)	Yes
Adult	N/A	0.09	N/A	0.21	N/A	0.03	N/A	123.30	-85.70	15% (+/-)	No
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$47,085,915	N/A	\$52,354,955	N/A	\$57,057,044	N/A	11.19	8.98	15% (+/-)	Yes
# Non-Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	1,462	N/A	1,514	N/A	1,504	N/A	3.56	-0.66	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Non-Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$32,207	N/A	\$34,581	N/A	\$37,937	N/A	7.37	9.71	15% (+/-)	Yes
Aged	N/A	\$13,726	N/A	\$14,467	N/A	\$13,614	N/A	5.40	-5.90	15% (+/-)	Yes
Disabled	N/A	\$32,757	N/A	\$34,996	N/A	\$38,402	N/A	6.84	9.73	15% (+/-)	Yes
Child	N/A	\$9,604	N/A	\$10,649	N/A	\$19,841	N/A	10.88	86.31	15% (+/-)	No
Adult	N/A	\$18,671	N/A	\$11,657	N/A	Div by 0	N/A	-37.60	Div by 0	15% (+/-)	N/A
% Non-Dual FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	7.97	N/A	8.51	N/A	8.17	N/A	6.74	-3.99	15% (+/-)	Yes
Aged	N/A	2.80	N/A	3.01	N/A	3.15	N/A	7.55	4.48	15% (+/-)	Yes
Disabled	N/A	11.79	N/A	12.03	N/A	11.82	N/A	2.00	-1.76	15% (+/-)	Yes
Child	N/A	0.37	N/A	0.12	N/A	0.17	N/A	-68.40	46.77	15% (+/-)	No
Adult	N/A	0.03	N/A	0.07	N/A	0.00	N/A	123.30	-100.00	15% (+/-)	No
FFS INFORMATION FOR DUAL MEDICAID ENROLLEES (excludes non-EDB duals, duals ever enrolled in HMO/HIOS or PACE, duals with only restricted benefits, duals with missing eligibility information, and prescription drug only enrollees)---NOTE: non-EDB duals and duals with restricted benefits were not excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007.											
Total EDB Dual FFS Enrollees	N/A	28,991	N/A	29,174	N/A	29,051	N/A	0.63	-0.42	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	27,430	N/A	27,371	N/A	26,779	N/A	-0.22	-2.16	15% (+/-)	Yes
Total EDB Dual FFS Person-Years of Enrollment	N/A	25,860	N/A	25,926	N/A	25,858	N/A	0.25	-0.26	15% (+/-)	Yes
% EDB Only Dual (EDB DUAL = 50)	N/A	3.56	N/A	1.63	N/A	0.60	N/A	-54.20	-63.00	15% (+/-)	No
% QMB Only (EDB DUAL = 51)	N/A	0.06	N/A	0.07	N/A	0.10	N/A	4.89	58.56	15% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
% QMB Plus (EDB DUAL = 52)	N/A	82.19	N/A	83.12	N/A	89.19	N/A	1.13	7.30	15% (+/-)	Yes
% SLMB Only (EDB DUAL = 53)	N/A	0.66	N/A	0.95	N/A	0.83	N/A	44.12	-12.60	15% (+/-)	Yes
% SLMB Plus (EDB DUAL = 54)	N/A	2.83	N/A	3.19	N/A	3.09	N/A	13.08	-3.35	15% (+/-)	Yes
% QDWI (EDB DUAL = 55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% QI 1 (EDB DUAL = 56)	N/A	0.20	N/A	0.23	N/A	0.22	N/A	14.53	-5.48	15% (+/-)	Yes
% QI 2 (EDB DUAL = 57)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Other Type Dual (EDB DUAL = 58)	N/A	10.50	N/A	10.81	N/A	5.97	N/A	2.93	-44.80	15% (+/-)	No
% Dual Type Unknown (EDB DUAL = 59)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	N/A	N/A	N/A	N/A	98.85	N/A	N/A	N/A	15% (+/-)	No
% EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	N/A	N/A	N/A	N/A	1.15	N/A	N/A	N/A	15% (+/-)	No
Aged EDB Dual FFS Total	N/A	19,612	N/A	19,808	N/A	19,817	N/A	1.00	0.05	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	7,302	N/A	7,335	N/A	7,263	N/A	0.45	-0.98	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	2,558	N/A	2,618	N/A	2,525	N/A	2.35	-3.55	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	9,735	N/A	9,838	N/A	10,009	N/A	1.06	1.74	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	17	N/A	17	N/A	20	N/A	0.00	17.65	10% (+/-)	No
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled EDB Dual FFS Total	N/A	9,353	N/A	9,334	N/A	9,203	N/A	-0.20	-1.40	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	4,196	N/A	4,114	N/A	4,044	N/A	-1.95	-1.70	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	471	N/A	430	N/A	400	N/A	-8.70	-6.98	10% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	4,654	N/A	4,759	N/A	4,732	N/A	2.26	-0.57	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	31	N/A	29	N/A	27	N/A	-6.45	-6.90	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	1	N/A	2	N/A	0	N/A	100.00	-100.00	10% (+/-)	No
Total FFS Medicaid Paid	N/A	\$390,170,161	N/A	\$318,135,089	N/A	\$329,276,884	N/A	-18.50	3.50	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual	N/A	\$13,458	N/A	\$10,905	N/A	\$11,334	N/A	-19.00	3.94	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual Recipient (User of Any Service)	N/A	\$14,224	N/A	\$11,623	N/A	\$12,296	N/A	-18.30	5.79	15% (+/-)	Yes
Total Capitation Payments	N/A	N/A	N/A	N/A	N/A	\$14,225	N/A	N/A	N/A	15% (+/-)	No
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	N/A	No	N/A	No	30	No	N/A	N/A	10% (+/-)	No
Total HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	N/A	N/A	\$14,225	N/A	N/A	N/A	15% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$12,930	N/A	\$11,011	N/A	\$11,433	N/A	-14.80	3.84	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$7,854	N/A	\$5,042	N/A	\$5,004	N/A	-35.80	-0.76	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$35,790	N/A	\$36,471	N/A	\$40,574	N/A	1.90	11.25	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$10,728	N/A	\$8,680	N/A	\$8,738	N/A	-19.10	0.67	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	\$14,333	N/A	\$14,292	N/A	\$15,977	N/A	-0.29	11.79	15% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$14,597	N/A	\$10,711	N/A	\$11,156	N/A	-26.60	4.15	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$14,744	N/A	\$10,780	N/A	\$11,523	N/A	-26.90	6.90	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$34,177	N/A	\$34,933	N/A	\$38,448	N/A	2.21	10.06	15% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$12,384	N/A	\$8,357	N/A	\$8,402	N/A	-32.50	0.55	15% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	\$29,759	N/A	\$28,985	N/A	\$34,405	N/A	-2.60	18.70	15% (+/-)	No
1115 Disabled (MAX ELIG CD = 52)	N/A	\$3,887	N/A	\$202	N/A	Div by 0	N/A	-94.80	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$11,866,088	N/A	\$12,624,442	N/A	\$6,527,994	N/A	6.39	-48.30	15% (+/-)	No
IP: Number of Users	N/A	5,047	N/A	4,959	N/A	1,526	N/A	-1.74	-69.20	15% (+/-)	No
IP: Avg Medicaid Paid per User	N/A	\$2,351	N/A	\$2,546	N/A	\$4,278	N/A	8.28	68.04	15% (+/-)	No
IP: Avg Medicaid Covered Days Per User	N/A	11	N/A	2	N/A	8	N/A	-83.40	294.40	15% (+/-)	No
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
MH Aged: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$6,034,339	N/A	\$5,754,233	N/A	\$6,000,574	N/A	-4.64	4.28	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	76	N/A	63	N/A	62	N/A	-17.10	-1.59	15% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$79,399	N/A	\$91,337	N/A	\$96,783	N/A	15.04	5.96	15% (+/-)	Yes
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$167,930,510	N/A	\$177,959,588	N/A	\$186,890,603	N/A	5.97	5.02	15% (+/-)	Yes
NF: Number of Users	N/A	4,043	N/A	3,964	N/A	3,886	N/A	-1.95	-1.97	15% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$41,536	N/A	\$44,894	N/A	\$48,093	N/A	8.08	7.13	15% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$8,531,161	N/A	\$8,157,341	N/A	\$7,810,957	N/A	-4.38	-4.25	15% (+/-)	Yes
Physician: Number of Users	N/A	23,282	N/A	23,696	N/A	22,489	N/A	1.78	-5.09	15% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$366	N/A	\$344	N/A	\$347	N/A	-6.05	0.89	15% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$586,950	N/A	\$599,031	N/A	\$1,066,318	N/A	2.06	78.01	15% (+/-)	No
Dental: Number of Users	N/A	2,449	N/A	2,466	N/A	3,236	N/A	0.69	31.22	15% (+/-)	No
Dental: Avg Medicaid Paid per User	N/A	\$240	N/A	\$243	N/A	\$330	N/A	1.36	35.65	15% (+/-)	No
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$242,509	N/A	\$222,141	N/A	\$197,259	N/A	-8.40	-11.20	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	4,245	N/A	4,074	N/A	3,556	N/A	-4.03	-12.70	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$57	N/A	\$55	N/A	\$55	N/A	-4.55	1.73	15% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$5,331,617	N/A	\$5,086,375	N/A	\$2,602,058	N/A	-4.60	-48.80	15% (+/-)	No
Outpatient: Number of Users	N/A	12,053	N/A	12,328	N/A	9,466	N/A	2.28	-23.20	15% (+/-)	No
Outpatient: Avg Medicaid Paid per User	N/A	\$442	N/A	\$413	N/A	\$275	N/A	-6.73	-33.40	15% (+/-)	No
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$5,759,352	N/A	\$5,123,297	N/A	\$6,217,877	N/A	-11.00	21.36	15% (+/-)	No
Clinic: Number of Users	N/A	5,136	N/A	5,329	N/A	5,456	N/A	3.76	2.38	15% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$1,121	N/A	\$961	N/A	\$1,140	N/A	-14.30	18.54	15% (+/-)	No
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$54,088,119	N/A	\$53,619,682	N/A	\$54,473,766	N/A	-0.87	1.59	15% (+/-)	Yes
Home Health: Number of Users	N/A	3,222	N/A	3,351	N/A	3,395	N/A	4.00	1.31	15% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$16,787	N/A	\$16,001	N/A	\$16,045	N/A	-4.68	0.28	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$1,807,034	N/A	\$1,671,613	N/A	\$1,582,173	N/A	-7.49	-5.35	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	16,240	N/A	16,293	N/A	15,878	N/A	0.33	-2.55	15% (+/-)	Yes
Lab/Xray: Avg Medicaid Paid per User	N/A	\$111	N/A	\$103	N/A	\$100	N/A	-7.80	-2.88	15% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$95,635,676	N/A	\$8,034,982	N/A	\$7,230,282	N/A	-91.60	-10.00	15% (+/-)	Yes
Drugs: Number of Users	N/A	25,815	N/A	23,902	N/A	18,843	N/A	-7.41	-21.20	15% (+/-)	No
Drugs: Avg Medicaid Paid per User	N/A	\$3,705	N/A	\$336	N/A	\$384	N/A	-90.90	14.14	15% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$398,078	N/A	\$372,284	N/A	\$430,647	N/A	-6.48	15.68	15% (+/-)	No
Other Services: Number of Users	N/A	2,891	N/A	2,817	N/A	3,102	N/A	-2.56	10.12	15% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$138	N/A	\$132	N/A	\$139	N/A	-4.02	5.05	15% (+/-)	Yes
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$3,510,247	N/A	\$4,668,743	N/A	\$5,969,450	N/A	33.00	27.86	15% (+/-)	No
Transportation: Number of Users	N/A	5,624	N/A	5,558	N/A	5,831	N/A	-1.17	4.91	15% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$624	N/A	\$840	N/A	\$1,024	N/A	34.58	21.87	15% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Personal Care Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Personal Care Services: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$412,549	N/A	\$426,059	N/A	\$350,911	N/A	3.28	-17.60	15% (+/-)	No
Targeted Case Management: Number of Users	N/A	613	N/A	636	N/A	584	N/A	3.75	-8.18	15% (+/-)	Yes
Targeted Case Management: Avg Medicaid Paid per User	N/A	\$673	N/A	\$670	N/A	\$601	N/A	-0.46	-10.30	15% (+/-)	Yes

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$0	N/A	\$0	N/A	\$120	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Number of Users	N/A	0	N/A	0	N/A	1	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	\$120	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$229,503	N/A	\$164,761	N/A	\$149,444	N/A	-28.20	-9.30	15% (+/-)	Yes
PT/OT/Speech/Hearing: Number of Users	N/A	862	N/A	774	N/A	742	N/A	-10.20	-4.13	15% (+/-)	Yes
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	\$266	N/A	\$213	N/A	\$201	N/A	-20.00	-5.38	15% (+/-)	Yes
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$690,089	N/A	\$588,390	N/A	\$1,497,044	N/A	-14.70	154.40	15% (+/-)	No
Hospice: Number of Users	N/A	52	N/A	56	N/A	92	N/A	7.69	64.29	15% (+/-)	No
Hospice: Avg Medicaid Paid per User	N/A	\$13,271	N/A	\$10,507	N/A	\$16,272	N/A	-20.80	54.87	15% (+/-)	No
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$4,232,217	N/A	\$4,348,091	N/A	\$4,476,194	N/A	2.74	2.95	15% (+/-)	Yes
Durable Medical Equipment: Number of Users	N/A	10,408	N/A	9,750	N/A	9,691	N/A	-6.32	-0.61	15% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$407	N/A	\$446	N/A	\$462	N/A	9.67	3.57	15% (+/-)	Yes
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$1,294,263	N/A	\$6,307,431	N/A	\$13,029,967	N/A	387.30	106.60	15% (+/-)	No
Residential Care: Number of Users	N/A	162	N/A	586	N/A	580	N/A	261.70	-1.02	15% (+/-)	Yes
Residential Care: Avg Medicaid Paid per User	N/A	\$7,989	N/A	\$10,764	N/A	\$22,465	N/A	34.72	108.70	15% (+/-)	No
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$9,524,620	N/A	\$9,705,225	N/A	\$9,740,356	N/A	1.90	0.36	15% (+/-)	Yes
Psych Services: Number of Users	N/A	6,199	N/A	6,155	N/A	5,885	N/A	-0.71	-4.39	15% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$1,536	N/A	\$1,577	N/A	\$1,655	N/A	2.63	4.97	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$11,979,181	N/A	\$12,634,083	N/A	\$12,967,875	N/A	5.47	2.64	15% (+/-)	Yes
Adult Day Care: Number of Users	N/A	946	N/A	952	N/A	972	N/A	0.63	2.10	15% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$12,663	N/A	\$13,271	N/A	\$13,341	N/A	4.80	0.53	15% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$409	N/A	\$433	N/A	\$225	N/A	5.72	-48.10	15% (+/-)	No
Aged	N/A	\$317	N/A	\$353	N/A	\$149	N/A	11.32	-57.70	15% (+/-)	No
Disabled	N/A	\$602	N/A	\$600	N/A	\$388	N/A	-0.34	-35.40	15% (+/-)	No
ILTC (MAX TOS = 02,04,05,07)	N/A	\$6,001	N/A	\$6,297	N/A	\$6,640	N/A	4.94	5.44	15% (+/-)	Yes
Aged	N/A	\$7,774	N/A	\$8,213	N/A	\$8,689	N/A	5.65	5.79	15% (+/-)	Yes
Disabled	N/A	\$2,298	N/A	\$2,252	N/A	\$2,250	N/A	-2.00	-0.09	15% (+/-)	Yes
Drugs (MAX TOS = 16)	N/A	\$3,299	N/A	\$275	N/A	\$249	N/A	-91.70	-9.63	15% (+/-)	Yes
Aged	N/A	\$2,664	N/A	\$200	N/A	\$147	N/A	-92.50	-26.50	15% (+/-)	No
Disabled	N/A	\$4,637	N/A	\$436	N/A	\$469	N/A	-90.60	7.56	15% (+/-)	Yes
All Other Services	N/A	\$3,750	N/A	\$3,899	N/A	\$4,221	N/A	4.00	8.25	15% (+/-)	Yes
Aged	N/A	\$2,174	N/A	\$2,245	N/A	\$2,449	N/A	3.25	9.08	15% (+/-)	Yes
Disabled	N/A	\$7,058	N/A	\$7,422	N/A	\$8,048	N/A	5.15	8.44	15% (+/-)	Yes
PERCENT OF FFS DUALS WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Duals with IP Claims (MAX TOS = 01)	N/A	17.41	N/A	17.00	N/A	5.25	N/A	-2.36	-69.10	15% (+/-)	No
Aged	N/A	16.61	N/A	16.17	N/A	4.86	N/A	-2.63	-69.90	15% (+/-)	No
Disabled	N/A	19.12	N/A	18.78	N/A	6.11	N/A	-1.76	-67.50	15% (+/-)	No
% FFS Duals with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	14.20	N/A	13.80	N/A	13.58	N/A	-2.82	-1.57	15% (+/-)	Yes
Aged	N/A	18.79	N/A	18.41	N/A	18.17	N/A	-2.04	-1.33	15% (+/-)	Yes
Disabled	N/A	4.60	N/A	4.06	N/A	3.76	N/A	-11.70	-7.41	15% (+/-)	Yes
% FFS Duals with Drug Claims (MAX TOS = 16)	N/A	89.04	N/A	81.93	N/A	64.86	N/A	-7.99	-20.80	15% (+/-)	No
Aged	N/A	89.79	N/A	82.93	N/A	67.94	N/A	-7.65	-18.10	15% (+/-)	No
Disabled	N/A	87.61	N/A	79.97	N/A	58.38	N/A	-8.72	-27.00	15% (+/-)	No
% FFS Duals with All Other Claims	N/A	90.00	N/A	90.34	N/A	88.35	N/A	0.38	-2.20	15% (+/-)	Yes
Aged	N/A	89.30	N/A	89.70	N/A	87.49	N/A	0.45	-2.46	15% (+/-)	Yes
Disabled	N/A	91.56	N/A	91.85	N/A	90.32	N/A	0.31	-1.66	15% (+/-)	Yes

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Avg # IP Days per FFS Dual User (MAX TOS = 01)	N/A	11	N/A	2	N/A	8	N/A	-83.40	294.40	15% (+/-)	No
Aged	N/A	10	N/A	1	N/A	7	N/A	-86.50	370.70	15% (+/-)	No
Disabled	N/A	14	N/A	3	N/A	9	N/A	-79.00	222.50	15% (+/-)	No
Avg # ILTC Days per FFS Dual User (MAX TOS = 02, 04, 05, 07)	N/A	241	N/A	248	N/A	251	N/A	2.67	1.07	15% (+/-)	Yes
Aged	N/A	242	N/A	248	N/A	250	N/A	2.29	1.00	15% (+/-)	Yes
Disabled	N/A	237	N/A	252	N/A	256	N/A	5.91	1.91	15% (+/-)	Yes
HIGH-COST FFS DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Duals with FFS Medicaid Paid > \$1,000,000	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	N/A	N/A
Number of FFS Duals with FFS Medicaid Paid > \$500,000	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	N/A	N/A	0	N/A	0	N/A	N/A	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	N/A	N/A	9	N/A	12	N/A	N/A	33.33	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A	N/A
All Other Services > \$200,000	N/A	N/A	N/A	11	N/A	14	N/A	N/A	27.27	N/A	N/A
Maximum FFS Medicaid Paid	N/A	N/A	N/A	\$481,563	N/A	\$508,196	N/A	N/A	5.53	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	N/A	N/A	\$454,438	N/A	\$234,424	N/A	N/A	-48.40	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	N/A	N/A	\$236,429	N/A	\$242,036	N/A	N/A	2.37	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	\$60,995	N/A	\$254,963	N/A	N/A	318.00	N/A	N/A
All Other Services	N/A	N/A	N/A	\$481,563	N/A	\$508,196	N/A	N/A	5.53	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$61,816	N/A	\$13,628	N/A	\$15,181	N/A	-78.00	11.40	15% (+/-)	Yes
FP: Number of Users	N/A	224	N/A	175	N/A	98	N/A	-21.90	-44.00	15% (+/-)	No
FP: Avg Medicaid Paid per User	N/A	\$276	N/A	\$78	N/A	\$155	N/A	-71.80	98.92	15% (+/-)	No
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$0	N/A	\$6	N/A	\$48	N/A	Div by 0	700.00	15% (+/-)	No
RHC: Number of Users	N/A	0	N/A	1	N/A	3	N/A	Div by 0	200.00	15% (+/-)	No
RHC: Avg Medicaid Paid per User	N/A	Div by 0	N/A	\$6	N/A	\$16	N/A	Div by 0	166.70	15% (+/-)	No
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$1,337,368	N/A	\$1,453,013	N/A	\$1,637,150	N/A	8.65	12.67	15% (+/-)	Yes
FQHC: Number of Users	N/A	2,669	N/A	2,949	N/A	3,193	N/A	10.49	8.27	15% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$501	N/A	\$493	N/A	\$513	N/A	-1.67	4.06	15% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$67,438,448	N/A	\$72,556,546	N/A	\$80,503,269	N/A	7.59	10.95	15% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	2,824	N/A	2,979	N/A	3,213	N/A	5.49	7.86	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$23,880	N/A	\$24,356	N/A	\$25,055	N/A	1.99	2.87	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	\$67,667,644	N/A	\$72,741,848	N/A	\$80,686,209	N/A	7.50	10.92	15% (+/-)	Yes
Number of Dual CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	3,395	N/A	3,523	N/A	3,738	N/A	3.77	6.10	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per Dual User (Excludes CLTC FLAG = 16-20)	N/A	\$19,932	N/A	\$20,648	N/A	\$21,585	N/A	3.59	4.54	15% (+/-)	Yes
Aged	N/A	\$11,867	N/A	\$12,451	N/A	\$13,104	N/A	4.92	5.25	15% (+/-)	Yes
Disabled	N/A	\$31,361	N/A	\$32,271	N/A	\$34,395	N/A	2.90	6.58	15% (+/-)	Yes
% FFS Dual Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	11.71	N/A	12.08	N/A	12.87	N/A	3.12	6.55	15% (+/-)	Yes
Aged	N/A	10.14	N/A	10.43	N/A	11.35	N/A	2.84	8.81	15% (+/-)	Yes
Disabled	N/A	15.02	N/A	15.61	N/A	16.18	N/A	3.91	3.65	15% (+/-)	Yes
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$67,438,448	N/A	\$72,556,546	N/A	\$80,503,269	N/A	7.59	10.95	15% (+/-)	Yes
# Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	2,824	N/A	2,979	N/A	3,213	N/A	5.49	7.86	15% (+/-)	Yes

2005-2007 MAX PSF VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Avg CLTC Medicaid Paid per Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$23,880	N/A	\$24,356	N/A	\$25,055	N/A	1.99	2.87	15% (+/-)	Yes
Aged	N/A	\$15,944	N/A	\$16,280	N/A	\$16,567	N/A	2.11	1.76	15% (+/-)	Yes
Disabled	N/A	\$32,508	N/A	\$33,379	N/A	\$35,481	N/A	2.68	6.30	15% (+/-)	Yes
% FFS Dual Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	9.74	N/A	10.21	N/A	11.06	N/A	4.83	8.31	15% (+/-)	Yes
Aged	N/A	7.49	N/A	7.94	N/A	8.94	N/A	5.95	12.61	15% (+/-)	Yes
Disabled	N/A	14.48	N/A	15.07	N/A	15.67	N/A	4.13	3.95	15% (+/-)	Yes
FFS INFORMATION FOR TOTAL MEDICAID ENROLLEES (excludes people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007.											
Total FFS Enrollees	N/A	47,334	N/A	46,970	N/A	47,465	N/A	-0.77	1.05	15% (+/-)	Yes
# FFS Recipients	N/A	41,284	N/A	40,916	N/A	40,687	N/A	-0.89	-0.56	15% (+/-)	Yes
% FFS Enrollees Who Are Recipients	65-90%	87.22	Yes	87.11	Yes	85.72	Yes	-0.12	-1.60	15% (+/-)	Yes
% Aged Who Are Recipients	90-100%	93.51	Yes	92.76	Yes	91.38	Yes	-0.80	-1.49	15% (+/-)	Yes
% Disabled Who Are Recipients	85-100%	93.30	Yes	92.97	Yes	91.73	Yes	-0.35	-1.33	15% (+/-)	Yes
% Child Who Are Recipients	80-100%	31.40	No	32.29	No	30.58	No	2.84	-5.31	15% (+/-)	Yes
% Adults Who Are Recipients	80-100%	39.53	No	35.76	No	41.29	No	-9.54	15.48	15% (+/-)	No
Total FFS Person-Years of Enrollment	N/A	38,658	N/A	38,579	N/A	38,844	N/A	-0.20	0.69	15% (+/-)	Yes
Aged Total	N/A	20,790	N/A	20,671	N/A	20,643	N/A	-0.57	-0.14	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	7,800	N/A	7,672	N/A	7,563	N/A	-1.64	-1.42	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	2,637	N/A	2,676	N/A	2,587	N/A	1.48	-3.33	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	10,336	N/A	10,306	N/A	10,473	N/A	-0.29	1.62	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	17	N/A	17	N/A	20	N/A	0.00	17.65	10% (+/-)	No
1115 Aged (MAX ELIG CD = 51)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Disabled Total	N/A	21,402	N/A	21,671	N/A	21,685	N/A	1.26	0.06	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	14,066	N/A	14,197	N/A	14,390	N/A	0.93	1.36	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	607	N/A	563	N/A	470	N/A	-7.25	-16.50	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	6,669	N/A	6,851	N/A	6,767	N/A	2.73	-1.23	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	48	N/A	49	N/A	44	N/A	2.08	-10.20	10% (+/-)	No
1115 Disabled (MAX ELIG CD = 52)	N/A	12	N/A	11	N/A	14	N/A	-8.33	27.27	10% (+/-)	No
Child Total	N/A	1,914	N/A	1,728	N/A	1,766	N/A	-9.72	2.20	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	720	N/A	679	N/A	694	N/A	-5.69	2.21	10% (+/-)	Yes
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	2	N/A	0	N/A	0	N/A	-100.00	Div by 0	10% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	936	N/A	764	N/A	770	N/A	-18.40	0.79	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	21	N/A	18	N/A	13	N/A	-14.30	-27.80	10% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	207	N/A	234	N/A	207	N/A	13.04	-11.50	10% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	28	N/A	33	N/A	82	N/A	17.86	148.50	10% (+/-)	No
Adult Total	N/A	3,228	N/A	2,900	N/A	3,371	N/A	-10.20	16.24	10% (+/-)	No
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	761	N/A	690	N/A	729	N/A	-9.33	5.65	10% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	19	N/A	15	N/A	4	N/A	-21.10	-73.30	10% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Other Adult (MAX ELIG CD = 45)	N/A	32	N/A	42	N/A	38	N/A	31.25	-9.52	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	2,416	N/A	2,153	N/A	2,600	N/A	-10.90	20.76	10% (+/-)	No
Total FFS Medicaid Paid	N/A	\$585,597,581	N/A	\$515,420,664	N/A	\$565,394,456	N/A	-12.00	9.70	15% (+/-)	Yes

2005-2007 MAX PSF VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Avg FFS Medicaid Paid per FFS Enrollee	N/A	\$12,372	N/A	\$10,973	N/A	\$11,912	N/A	-11.30	8.55	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Recipient (User of Any Service)	N/A	\$14,185	N/A	\$12,597	N/A	\$13,896	N/A	-11.20	10.31	15% (+/-)	Yes
Total Capitation Payments	N/A	N/A	N/A	N/A	N/A	\$187,106	N/A	N/A	N/A	15% (+/-)	No
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	N/A	No	N/A	No	494	No	N/A	N/A	10% (+/-)	No
Total HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	N/A	N/A	\$139,770	N/A	N/A	N/A	15% (+/-)	No
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$12,591	N/A	\$10,855	N/A	\$11,286	N/A	-13.80	3.97	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$7,706	N/A	\$5,063	N/A	\$5,093	N/A	-34.30	0.59	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$35,471	N/A	\$36,368	N/A	\$40,178	N/A	2.53	10.48	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$10,437	N/A	\$8,537	N/A	\$8,612	N/A	-18.20	0.88	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	\$14,333	N/A	\$14,292	N/A	\$15,977	N/A	-0.29	11.79	15% (+/-)	Yes
1115 Aged (MAX ELIG CD = 51)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$14,873	N/A	\$13,217	N/A	\$15,075	N/A	-11.10	14.06	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$14,102	N/A	\$13,002	N/A	\$15,237	N/A	-7.80	17.18	15% (+/-)	No
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$30,575	N/A	\$30,788	N/A	\$37,414	N/A	0.70	21.52	15% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$14,956	N/A	\$12,054	N/A	\$13,031	N/A	-19.40	8.10	15% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	\$34,257	N/A	\$38,699	N/A	\$41,357	N/A	12.97	6.87	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	\$355	N/A	\$1,104	N/A	\$4,171	N/A	211.60	277.70	15% (+/-)	No
Child	N/A	\$1,396	N/A	\$785	N/A	\$1,118	N/A	-43.70	42.40	15% (+/-)	No
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$371	N/A	\$298	N/A	\$437	N/A	-19.60	46.52	15% (+/-)	No
AFDC-U Child, Cash (MAX ELIG CD = 16)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AFDC Child, Medically Needy (MAX ELIG CD = 24)	N/A	\$2,274	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child Poverty (MAX ELIG CD = 34)	N/A	\$1,697	N/A	\$1,226	N/A	\$1,692	N/A	-27.80	38.05	15% (+/-)	No
Other Child (MAX ELIG CD = 44)	N/A	\$30,721	N/A	\$387	N/A	\$15,230	N/A	-98.70	3,837.00	15% (+/-)	No
Foster Care Child (MAX ELIG CD = 48)	N/A	\$61	N/A	\$362	N/A	\$154	N/A	491.40	-57.40	15% (+/-)	No
1115 Child (MAX ELIG CD = 54)	N/A	\$5,523	N/A	\$3,831	N/A	\$1,694	N/A	-30.60	-55.80	15% (+/-)	No
Adult	N/A	\$883	N/A	\$1,122	N/A	\$1,051	N/A	27.00	-6.32	15% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$350	N/A	\$319	N/A	\$316	N/A	-8.81	-0.86	15% (+/-)	Yes
AFDC-U Adult, Cash (MAX ELIG CD = 17)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AFDC Adult, Medically Needy (MAX ELIG CD = 25)	N/A	\$3,233	N/A	\$6,884	N/A	\$26,162	N/A	112.90	280.10	15% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Adult (MAX ELIG CD = 45)	N/A	\$635	N/A	\$2,858	N/A	\$383	N/A	350.10	-86.60	15% (+/-)	No
1115 Adult (MAX ELIG CD = 55)	N/A	\$1,036	N/A	\$1,305	N/A	\$1,228	N/A	25.95	-5.90	15% (+/-)	Yes
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$48,649,097	N/A	\$47,904,309	N/A	\$43,444,829	N/A	-1.53	-9.31	15% (+/-)	Yes
IP: Number of Users	N/A	7,612	N/A	7,424	N/A	3,869	N/A	-2.47	-47.90	15% (+/-)	No
IP: Avg Medicaid Paid per User	N/A	\$6,391	N/A	\$6,453	N/A	\$11,229	N/A	0.96	74.02	15% (+/-)	No
IP: Avg Medicaid Covered Days Per User	N/A	12	N/A	6	N/A	12	N/A	-52.40	98.50	15% (+/-)	No
MH Aged: Total Medicaid Paid (MAX TOS = 02)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MH Aged: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP Psych, Age < 21: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Total Medicaid Paid (MAX TOS = 05)	N/A	\$8,631,767	N/A	\$8,513,014	N/A	\$8,812,745	N/A	-1.38	3.52	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	105	N/A	88	N/A	88	N/A	-16.20	0.00	15% (+/-)	Yes
ICF/MR: Avg Medicaid Paid per User	N/A	\$82,207	N/A	\$96,739	N/A	\$100,145	N/A	17.68	3.52	15% (+/-)	Yes

2005-2007 MAX PSF VALIDATION TABLE
STATE: HI

Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$185,553,855	N/A	\$193,666,389	N/A	\$203,256,639	N/A	4.37	4.95	15% (+/-)	Yes
NF: Number of Users	N/A	4,721	N/A	4,528	N/A	4,480	N/A	-4.09	-1.06	15% (+/-)	Yes
NF: Avg Medicaid Paid per User	N/A	\$39,304	N/A	\$42,771	N/A	\$45,370	N/A	8.82	6.08	15% (+/-)	Yes
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$17,296,868	N/A	\$16,812,773	N/A	\$16,431,183	N/A	-2.80	-2.27	15% (+/-)	Yes
Physician: Number of Users	N/A	34,206	N/A	34,521	N/A	33,303	N/A	0.92	-3.53	15% (+/-)	Yes
Physician: Avg Medicaid Paid per User	N/A	\$506	N/A	\$487	N/A	\$493	N/A	-3.69	1.31	15% (+/-)	Yes
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$1,288,208	N/A	\$1,287,269	N/A	\$2,025,438	N/A	-0.07	57.34	15% (+/-)	No
Dental: Number of Users	N/A	4,836	N/A	4,956	N/A	6,019	N/A	2.48	21.45	15% (+/-)	No
Dental: Avg Medicaid Paid per User	N/A	\$266	N/A	\$260	N/A	\$337	N/A	-2.49	29.56	15% (+/-)	No
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$419,262	N/A	\$385,692	N/A	\$371,842	N/A	-8.01	-3.59	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	5,916	N/A	5,607	N/A	5,135	N/A	-5.22	-8.42	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Paid per User	N/A	\$71	N/A	\$69	N/A	\$72	N/A	-2.94	5.27	15% (+/-)	Yes
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$12,781,216	N/A	\$13,164,746	N/A	\$11,729,021	N/A	3.00	-10.90	15% (+/-)	Yes
Outpatient: Number of Users	N/A	18,660	N/A	18,996	N/A	16,475	N/A	1.80	-13.30	15% (+/-)	Yes
Outpatient: Avg Medicaid Paid per User	N/A	\$685	N/A	\$693	N/A	\$712	N/A	1.18	2.73	15% (+/-)	Yes
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$10,479,712	N/A	\$10,353,323	N/A	\$13,186,698	N/A	-1.21	27.37	15% (+/-)	No
Clinic: Number of Users	N/A	9,121	N/A	9,478	N/A	10,152	N/A	3.91	7.11	15% (+/-)	Yes
Clinic: Avg Medicaid Paid per User	N/A	\$1,149	N/A	\$1,092	N/A	\$1,299	N/A	-4.93	18.91	15% (+/-)	No
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$94,540,778	N/A	\$96,381,505	N/A	\$98,172,685	N/A	1.95	1.86	15% (+/-)	Yes
Home Health: Number of Users	N/A	4,923	N/A	5,089	N/A	5,015	N/A	3.37	-1.45	15% (+/-)	Yes
Home Health: Avg Medicaid Paid per User	N/A	\$19,204	N/A	\$18,939	N/A	\$19,576	N/A	-1.38	3.36	15% (+/-)	Yes
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$4,772,166	N/A	\$4,661,572	N/A	\$4,732,211	N/A	-2.32	1.52	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	25,354	N/A	25,446	N/A	25,370	N/A	0.36	-0.30	15% (+/-)	Yes
Lab/Xray: Avg Medicaid Paid per User	N/A	\$188	N/A	\$183	N/A	\$187	N/A	-2.67	1.82	15% (+/-)	Yes
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$140,800,549	N/A	\$49,776,874	N/A	\$73,441,195	N/A	-64.60	47.54	15% (+/-)	No
Drugs: Number of Users	N/A	36,968	N/A	34,999	N/A	30,032	N/A	-5.33	-14.20	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$3,809	N/A	\$1,422	N/A	\$2,445	N/A	-62.70	71.94	15% (+/-)	No
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$732,643	N/A	\$599,135	N/A	\$818,137	N/A	-18.20	36.55	15% (+/-)	No
Other Services: Number of Users	N/A	3,801	N/A	3,621	N/A	4,004	N/A	-4.74	10.58	15% (+/-)	Yes
Other Services: Avg Medicaid Paid per User	N/A	\$193	N/A	\$165	N/A	\$204	N/A	-14.20	23.49	15% (+/-)	No
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$5,673,008	N/A	\$7,014,025	N/A	\$9,234,333	N/A	23.64	31.66	15% (+/-)	No
Transportation: Number of Users	N/A	8,026	N/A	7,933	N/A	8,375	N/A	-1.16	5.57	15% (+/-)	Yes
Transportation: Avg Medicaid Paid per User	N/A	\$707	N/A	\$884	N/A	\$1,103	N/A	25.09	24.71	15% (+/-)	No
Personal Care Services: Total Medicaid Paid (MAX TOS = 30)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Personal Care Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Personal Care Services: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Total Medicaid Paid (MAX TOS = 31)	N/A	\$914,639	N/A	\$845,260	N/A	\$685,148	N/A	-7.59	-18.90	15% (+/-)	No
Targeted Case Management: Number of Users	N/A	1,388	N/A	1,397	N/A	1,258	N/A	0.65	-9.95	15% (+/-)	Yes
Targeted Case Management: Avg Medicaid Paid per User	N/A	\$659	N/A	\$605	N/A	\$545	N/A	-8.18	-9.99	15% (+/-)	Yes
Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33)	N/A	\$0	N/A	\$0	N/A	\$120	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Number of Users	N/A	0	N/A	0	N/A	1	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Rehabilitation Services: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	\$120	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34)	N/A	\$367,416	N/A	\$306,936	N/A	\$349,258	N/A	-16.50	13.79	15% (+/-)	Yes
PT/OT/Speech/Hearing: Number of Users	N/A	1,281	N/A	1,141	N/A	1,201	N/A	-10.90	5.26	15% (+/-)	Yes
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	\$287	N/A	\$269	N/A	\$291	N/A	-6.21	8.10	15% (+/-)	Yes
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$1,063,548	N/A	\$1,275,073	N/A	\$2,307,484	N/A	19.89	80.97	15% (+/-)	No
Hospice: Number of Users	N/A	106	N/A	109	N/A	159	N/A	2.83	45.87	15% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Hospice: Avg Medicaid Paid per User	N/A	\$10,033	N/A	\$11,698	N/A	\$14,512	N/A	16.59	24.06	15% (+/-)	No
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$10,636,254	N/A	\$11,100,419	N/A	\$12,336,116	N/A	4.36	11.13	15% (+/-)	Yes
Durable Medical Equipment: Number of Users	N/A	14,807	N/A	13,834	N/A	13,816	N/A	-6.57	-0.13	15% (+/-)	Yes
Durable Medical Equipment: Avg Medicaid Paid per User	N/A	\$718	N/A	\$802	N/A	\$893	N/A	11.70	11.28	15% (+/-)	Yes
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$1,695,570	N/A	\$9,479,545	N/A	\$19,716,712	N/A	459.10	108.00	15% (+/-)	No
Residential Care: Number of Users	N/A	242	N/A	857	N/A	813	N/A	254.10	-5.13	15% (+/-)	Yes
Residential Care: Avg Medicaid Paid per User	N/A	\$7,006	N/A	\$11,061	N/A	\$24,252	N/A	57.87	119.20	15% (+/-)	No
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$20,212,951	N/A	\$21,132,044	N/A	\$22,680,974	N/A	4.55	7.33	15% (+/-)	Yes
Psych Services: Number of Users	N/A	10,874	N/A	10,840	N/A	10,922	N/A	-0.31	0.76	15% (+/-)	Yes
Psych Services: Avg Medicaid Paid per User	N/A	\$1,859	N/A	\$1,949	N/A	\$2,077	N/A	4.88	6.52	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$18,600,764	N/A	\$19,719,111	N/A	\$19,995,320	N/A	6.01	1.40	15% (+/-)	Yes
Adult Day Care: Number of Users	N/A	1,425	N/A	1,456	N/A	1,448	N/A	2.18	-0.55	15% (+/-)	Yes
Adult Day Care: Avg Medicaid Paid per User	N/A	\$13,053	N/A	\$13,543	N/A	\$13,809	N/A	3.76	1.96	15% (+/-)	Yes
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$1,028	N/A	\$1,020	N/A	\$915	N/A	-0.77	-10.30	15% (+/-)	Yes
Aged	N/A	\$338	N/A	\$387	N/A	\$195	N/A	14.42	-49.50	15% (+/-)	No
Disabled	N/A	\$1,799	N/A	\$1,710	N/A	\$1,685	N/A	-4.94	-1.49	15% (+/-)	Yes
Child	N/A	\$722	N/A	\$370	N/A	\$492	N/A	-48.70	32.73	15% (+/-)	No
Adult	N/A	\$537	N/A	\$760	N/A	\$597	N/A	41.67	-21.50	15% (+/-)	No
ILTC (MAX TOS = 02,04,05,07)	N/A	\$4,102	N/A	\$4,304	N/A	\$4,468	N/A	4.92	3.80	15% (+/-)	Yes
Aged	N/A	\$7,520	N/A	\$8,028	N/A	\$8,485	N/A	6.76	5.70	15% (+/-)	Yes
Disabled	N/A	\$1,766	N/A	\$1,670	N/A	\$1,699	N/A	-5.43	1.70	15% (+/-)	Yes
Child	N/A	\$14	N/A	\$11	N/A	\$25	N/A	-20.70	128.20	15% (+/-)	No
Adult	N/A	\$7	N/A	\$6	N/A	\$7	N/A	-16.40	17.61	15% (+/-)	No
Drugs (MAX TOS = 16)	N/A	\$2,975	N/A	\$1,060	N/A	\$1,547	N/A	-64.40	46.00	15% (+/-)	No
Aged	N/A	\$2,598	N/A	\$221	N/A	\$184	N/A	-91.50	-16.70	15% (+/-)	No
Disabled	N/A	\$4,033	N/A	\$2,074	N/A	\$3,178	N/A	-48.60	53.24	15% (+/-)	No
Child	N/A	\$192	N/A	\$72	N/A	\$279	N/A	-62.30	285.10	15% (+/-)	No
Adult	N/A	\$33	N/A	\$46	N/A	\$66	N/A	38.73	43.56	15% (+/-)	No
All Other Services	N/A	\$4,267	N/A	\$4,589	N/A	\$4,981	N/A	7.56	8.54	15% (+/-)	Yes
Aged	N/A	\$2,135	N/A	\$2,219	N/A	\$2,421	N/A	3.95	9.09	15% (+/-)	Yes
Disabled	N/A	\$7,275	N/A	\$7,762	N/A	\$8,513	N/A	6.70	9.67	15% (+/-)	Yes
Child	N/A	\$468	N/A	\$331	N/A	\$322	N/A	-29.20	-2.72	15% (+/-)	Yes
Adult	N/A	\$307	N/A	\$310	N/A	\$382	N/A	1.12	23.10	15% (+/-)	No
PERCENT OF FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Enrollees with IP Claims (MAX TOS = 01)	N/A	16.08	N/A	15.81	N/A	8.15	N/A	-1.71	-48.40	15% (+/-)	No
Aged	N/A	16.24	N/A	15.95	N/A	5.03	N/A	-1.78	-68.50	15% (+/-)	No
Disabled	N/A	18.02	N/A	17.22	N/A	11.34	N/A	-4.44	-34.20	15% (+/-)	No
Child	N/A	8.99	N/A	9.61	N/A	8.44	N/A	6.90	-12.20	15% (+/-)	Yes
Adult	N/A	6.38	N/A	7.86	N/A	6.64	N/A	23.20	-15.50	15% (+/-)	No
% FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	10.18	N/A	9.81	N/A	9.61	N/A	-3.60	-2.07	15% (+/-)	Yes
Aged	N/A	18.23	N/A	18.03	N/A	17.80	N/A	-1.10	-1.31	15% (+/-)	Yes
Disabled	N/A	4.68	N/A	3.96	N/A	3.97	N/A	-15.40	0.28	15% (+/-)	Yes
Child	N/A	0.10	N/A	0.23	N/A	0.23	N/A	121.50	-2.15	15% (+/-)	Yes
Adult	N/A	0.74	N/A	0.69	N/A	0.68	N/A	-7.24	-1.07	15% (+/-)	Yes
% FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	78.10	N/A	74.51	N/A	63.27	N/A	-4.59	-15.10	15% (+/-)	No
Aged	N/A	88.39	N/A	81.83	N/A	67.30	N/A	-7.42	-17.80	15% (+/-)	No

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	85.02	N/A	81.57	N/A	72.13	N/A	-4.05	-11.60	15% (+/-)	Yes
Child	N/A	8.36	N/A	8.22	N/A	7.76	N/A	-1.70	-5.60	15% (+/-)	Yes
Adult	N/A	7.31	N/A	9.07	N/A	10.74	N/A	24.05	18.41	15% (+/-)	No
% FFS Enrollees with All Other Claims	N/A	83.62	N/A	84.24	N/A	82.77	N/A	0.74	-1.75	15% (+/-)	Yes
Aged	N/A	88.15	N/A	88.64	N/A	86.50	N/A	0.55	-2.41	15% (+/-)	Yes
Disabled	N/A	90.90	N/A	91.17	N/A	90.28	N/A	0.29	-0.98	15% (+/-)	Yes
Child	N/A	29.31	N/A	29.86	N/A	29.16	N/A	1.88	-2.34	15% (+/-)	Yes
Adult	N/A	38.35	N/A	33.55	N/A	39.66	N/A	-12.50	18.21	15% (+/-)	No
Avg # IP Days per FFS User	N/A	12	N/A	6	N/A	12	N/A	-52.40	98.50	15% (+/-)	No
Aged	N/A	10	N/A	2	N/A	7	N/A	-84.00	330.00	15% (+/-)	No
Disabled	N/A	14	N/A	10	N/A	14	N/A	-34.10	49.70	15% (+/-)	No
Child	N/A	5	N/A	4	N/A	5	N/A	-31.50	37.93	15% (+/-)	No
Adult	N/A	8	N/A	7	N/A	7	N/A	-7.91	-2.50	15% (+/-)	Yes
Avg # ILTC Days per FFS User	N/A	223	N/A	232	N/A	231	N/A	4.05	-0.31	15% (+/-)	Yes
Aged	N/A	241	N/A	247	N/A	249	N/A	2.28	0.82	15% (+/-)	Yes
Disabled	N/A	158	N/A	173	N/A	163	N/A	9.25	-6.06	15% (+/-)	Yes
Child	N/A	12	N/A	4	N/A	10	N/A	-65.20	137.50	15% (+/-)	No
Adult	N/A	2	N/A	2	N/A	2	N/A	14.00	-19.90	15% (+/-)	No
HIGH-COST FFS ENROLLEES AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Enrollees with FFS Medicaid Paid > \$1,000,000	N/A	N/A	N/A	0	N/A	1	N/A	N/A	Div by 0	N/A	N/A
Number of FFS Enrollees with FFS Medicaid Paid > \$500,000	N/A	N/A	N/A	4	N/A	4	N/A	N/A	0.00	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	N/A	N/A	2	N/A	1	N/A	N/A	-50.00	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	N/A	N/A	17	N/A	23	N/A	N/A	35.29	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	N/A	N/A	1	N/A	6	N/A	N/A	500.00	N/A	N/A
All Other Services > \$200,000	N/A	N/A	N/A	27	N/A	38	N/A	N/A	40.74	N/A	N/A
Maximum FFS Medicaid Paid	N/A	N/A	N/A	\$862,600	N/A	\$1,367,954	N/A	N/A	58.58	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	N/A	N/A	\$772,672	N/A	\$541,440	N/A	N/A	-29.90	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	N/A	N/A	\$236,429	N/A	\$321,912	N/A	N/A	36.16	N/A	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	\$340,479	N/A	\$300,749	N/A	N/A	-11.70	N/A	N/A
All Other Services	N/A	N/A	N/A	\$505,141	N/A	\$826,514	N/A	N/A	63.62	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$147,232	N/A	\$111,675	N/A	\$154,811	N/A	-24.20	38.63	15% (+/-)	No
FP: Number of Users	N/A	580	N/A	542	N/A	474	N/A	-6.55	-12.50	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$254	N/A	\$206	N/A	\$327	N/A	-18.80	58.51	15% (+/-)	No
RHC: Total Medicaid Paid (PGM TYPE = 3)	N/A	\$0	N/A	\$6	N/A	\$48	N/A	Div by 0	700.00	15% (+/-)	No
RHC: Number of Users	N/A	0	N/A	1	N/A	3	N/A	Div by 0	200.00	15% (+/-)	No
RHC: Avg Medicaid Paid per User	N/A	Div by 0	N/A	\$6	N/A	\$16	N/A	Div by 0	166.70	15% (+/-)	No
FQHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$4,084,232	N/A	\$4,255,024	N/A	\$4,886,971	N/A	4.18	14.85	15% (+/-)	Yes
FQHC: Number of Users	N/A	5,497	N/A	5,909	N/A	6,592	N/A	7.50	11.56	15% (+/-)	Yes
FQHC: Avg Medicaid Paid per User	N/A	\$743	N/A	\$720	N/A	\$741	N/A	-3.08	2.95	15% (+/-)	Yes
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$114,524,363	N/A	\$124,911,501	N/A	\$137,560,313	N/A	9.07	10.13	15% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	4,286	N/A	4,493	N/A	4,717	N/A	4.83	4.99	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Paid per User	N/A	\$26,721	N/A	\$27,801	N/A	\$29,163	N/A	4.05	4.90	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											

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Measure	Expected Range	2005 Value	2005 Value Within Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	% Change 2005 - 2006	% Change 2006 - 2007	Cross Year Expected Range	Cross Year Within Range
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	N/A	\$115,920,490	N/A	\$126,686,055	N/A	\$139,652,490	N/A	9.29	10.24	15% (+/-)	Yes
Number of CLTC Users (Excludes CLTC FLAG = 16-20)	N/A	5,209	N/A	5,394	N/A	5,574	N/A	3.55	3.34	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per User (Excludes CLTC FLAG = 16-20)	N/A	\$22,254	N/A	\$23,486	N/A	\$25,054	N/A	5.54	6.68	15% (+/-)	Yes
Aged	N/A	\$11,778	N/A	\$12,383	N/A	\$13,004	N/A	5.14	5.01	15% (+/-)	Yes
Disabled	N/A	\$29,160	N/A	\$30,682	N/A	\$33,567	N/A	5.22	9.40	15% (+/-)	Yes
Child	N/A	\$14,005	N/A	\$22,395	N/A	\$11,141	N/A	59.91	-50.30	15% (+/-)	No
Adult	N/A	\$5,017	N/A	\$4,569	N/A	\$130	N/A	-8.93	-97.20	15% (+/-)	No
% FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	11.00	N/A	11.48	N/A	11.74	N/A	4.35	2.26	15% (+/-)	Yes
Aged	N/A	9.83	N/A	10.20	N/A	11.12	N/A	3.73	9.02	15% (+/-)	Yes
Disabled	N/A	14.66	N/A	15.09	N/A	15.07	N/A	2.91	-0.13	15% (+/-)	Yes
Child	N/A	1.20	N/A	0.58	N/A	0.57	N/A	-51.80	-2.15	15% (+/-)	Yes
Adult	N/A	0.12	N/A	0.21	N/A	0.03	N/A	66.97	-85.70	15% (+/-)	No
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$114,524,363	N/A	\$124,911,501	N/A	\$137,560,313	N/A	9.07	10.13	15% (+/-)	Yes
Number of CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	4,286	N/A	4,493	N/A	4,717	N/A	4.83	4.99	15% (+/-)	Yes
Avg FFS CLTC Medicaid Paid per User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	\$26,721	N/A	\$27,801	N/A	\$29,163	N/A	4.05	4.90	15% (+/-)	Yes
Aged	N/A	\$15,896	N/A	\$16,251	N/A	\$16,524	N/A	2.24	1.68	15% (+/-)	Yes
Disabled	N/A	\$32,635	N/A	\$34,209	N/A	\$36,958	N/A	4.82	8.04	15% (+/-)	Yes
Child	N/A	\$9,604	N/A	\$10,649	N/A	\$19,841	N/A	10.88	86.31	15% (+/-)	No
Adult	N/A	\$9,573	N/A	\$11,657	N/A	Div by 0	N/A	21.77	Div by 0	15% (+/-)	N/A
% FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	9.05	N/A	9.57	N/A	9.94	N/A	5.64	3.89	15% (+/-)	Yes
Aged	N/A	7.22	N/A	7.73	N/A	8.71	N/A	7.00	12.61	15% (+/-)	Yes
Disabled	N/A	12.97	N/A	13.34	N/A	13.45	N/A	2.89	0.83	15% (+/-)	Yes
Child	N/A	0.37	N/A	0.12	N/A	0.17	N/A	-68.40	46.77	15% (+/-)	No
Adult	N/A	0.06	N/A	0.07	N/A	0.00	N/A	11.31	-100.00	15% (+/-)	No