

**Medicaid Analytic Extract
State-Specific Validation Tables,
2008**

October 21, 2011



MATHEMATICA
Policy Research

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ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Abbreviations

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

Acronyms

AAA = Social Security area number (first 3 digits of a Social Security number)
AFDC = Aid to Families with Dependent Children
AFDC-U = AFDC for Unemployed Parents
ASD = Autism Spectrum Disorder
BHO = behavioral health organization
CLTC = community long-term care
CLTC FLAG = CLTC flag
CPT-4 = Current Procedural Terminology, 4th Edition
DIV = division
DOB = date of birth
EDB = Medicare Enrollment Database
EDB DUAL = EDB dual status (annual)
EXT SSN SRCE = external source of the Social Security number
FFS = fee-for-service
FP = family planning
FQHC = Federally Qualified Health Center
GG = Social Security group number (middle 2 digits of a Social Security number)
HCPCS = Health Care Common Procedure Coding System
HGT FLAG = high group test flag
HIC = Health Insurance Claim number
HIFA = Health Insurance Flexibility and Accountability
HIO = health insuring organization
HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome
HMO = health maintenance organization
ICF/MR = intermediate care facility for the mentally retarded
ICD-9-CM = International Classification of Diseases, 9th Edition
IHS = Indian Health Service
ILTC = institutional long-term care
IP = inpatient hospital claims file; inpatient
LT = institutionalized long-term care claims file
LTC = long-term care
MAX = Medicaid Analytic Extract
MAX ELIG CD = MAX eligibility code
MAX TOS = MAX type of service
MC = managed care
MC COMBO = MC combination code
MC TYPE = MC type
MDCR ORIG REAS CD = Medicare original reason code
MH = mental hospital
MI/SED = mental illness/serious emotional disturbance
MR/DD = mentally retardation/development disability
MSIS = Medicaid Statistical Information System
M-CHIP = Medicaid State Children's Health Insurance Program
N/A = not applicable or not available
NF = nursing facility

OT = other, non-institutional claims file; occupational therapy
PACE = Program of All-Inclusive Care for the Elderly
PCCM = primary care case management
PGM TYPE = program type
PHP = prepaid health plan
PRFT = Psychiatric Residential Treatment Facilities
PT = physical therapy
PVT INS CD = private insurance code
RBF = restricted benefits flag
QDWI = Qualified Disabled and Working Individuals
QI-1 = Qualified Individuals 1
QI-2 = Qualified Individuals 2
QMB = Qualified Medicare Beneficiary
RCPNT IND = recipient indicator
RHC = Rural Health Clinic
RX = prescription drug claims file
SLMB = Specified Low-Income Medicare Beneficiary
S-CHIP = state-financed State Children's Health Insurance Program
SCHIP = SCHIP code
SSSS = Social Security serial number (last 4 digits of a Social Security number)
TANF = Temporary Assistance for Needy Families
TANF FLAG = TANF flag
TOS = type of service
TPL = Third-Party Liability
WVR TYPE = waiver type

2006-2008 MAX IP VALIDATION TABLE

STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
All IP Claims										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Encounter Claims	N/A		N/A		N/A		N/A			Yes
% Supplemental Claims	N/A		N/A		N/A		N/A			Yes
Total FFS Claims	N/A		N/A		N/A		N/A			Yes
% Crossover	5-20		No		No		No			Yes
% Adjusted Claims	N/A		N/A		N/A		N/A			Yes
% Standard Adjustments	>1%		No		No		No			Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A		N/A		N/A		N/A			Yes
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A		N/A		N/A		N/A			Yes
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A		N/A		N/A		N/A			Yes
# Claims with > \$1 Million Paid	0		Yes		Yes		Yes			Yes
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0		Yes		Yes		Yes			Yes
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0		Yes		Yes		Yes			Yes
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Claims with > \$0 Paid	95-100		No		No		No			Yes
% Claims with < \$0 Paid	0		Yes		Yes		Yes			Yes
Avg Medicaid Paid (Claims with > \$0 Paid)	\$2000-\$7000		No		No		No			Yes
Avg Medicaid Paid per Covered Day (> \$0 Paid and > 0 Days)	N/A		N/A		N/A		N/A			Yes
% Claims with TPL	>0 - 10		No		No		No			Yes
Avg TPL Paid for Claims with TPL	N/A		N/A		N/A		N/A			Yes
% Claims with UB-92 Accommodation Codes	95-100		No		No		No			Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1		No		No		No			Yes
% Claims with UB-92 Ancillary Codes	95-100		No		No		No			Yes
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3		No		No		No			Yes
Avg Length of Stay	2-<8		No		No		No			Yes
Avg Covered Days (> 0 Days)	2-<8		No		No		No			Yes
% Claims with Admission Date	98-100		No		No		No			Yes
% Begin Date = Admission Date	95-100		No		No		No			Yes
% IP Claims (MAX TOS = 01)	95-100		No		No		No			Yes
% Family Planning Claims (PGM TYPE = 2)	>0-5		No		No		No			Yes
% Claims with Primary Diagnosis Code	98-100		No		No		No			Yes
Avg # of Diagnosis Codes (> 0 Codes)	>=2		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 3	5-30		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 4	15-75		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 5	25-70		No		No		No			Yes
% Claims with a Procedure Code	35-70		No		No		No			Yes
Avg # of Procedure Codes (> 0 Codes)	>1		No		No		No			Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A		N/A		N/A		N/A			Yes
% Claims with Procedure Code with ICD-9 Indicator	N/A		N/A		N/A		N/A			Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	N/A		N/A		N/A		N/A			Yes
% ICD-9-CM Indicator Claims with ICD-9-CM Format = 3 or 4 Digits	N/A		N/A		N/A		N/A			Yes
% Claims with Diagnosis Related Group	>=90		No		No		No			Yes
% Claims Maternal Delivery Indicator	N/A		N/A		N/A		N/A			Yes

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

2006-2008 MAX IP VALIDATION TABLE

STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
% Claims Newborn Delivery Indicator (Only for Separate Infant Delivery Claims Using Mother's ID)	N/A		N/A		N/A		N/A			Yes
PATIENT STATUS										
% Home	75-90		No		No		No			Yes
% Transferred	1-10		No		No		No			Yes
% Still a Patient	>0-2		No		No		No			Yes
% Died	>0-3		No		No		No			Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Claims with > \$0 Paid	N/A		N/A		N/A		N/A			Yes
% Claims with < \$0 Paid	0		Yes		Yes		Yes			Yes
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A		N/A		N/A		N/A			Yes
% Claims with TPL	N/A		N/A		N/A		N/A			Yes
Avg TPL Paid for Claims with TPL	N/A		N/A		N/A		N/A			Yes
% Claims with UB-92 Accommodation Codes	95-100		No		No		No			Yes
Avg # of UB-92 Accommodation Codes (> 0 Codes)	>1		No		No		No			Yes
% Claims with UB-92 Ancillary Codes	95-100		No		No		No			Yes
Avg # of UB-92 Ancillary Codes (> 0 Codes)	>3		No		No		No			Yes
Avg Length of Stay	2-<8		No		No		No			Yes
% Claims with Admission Date	98-100		No		No		No			Yes
% Begin Date = Admission Date	95-100		No		No		No			Yes
% IP Claims (MAX TOS = 01)	95-100		No		No		No			Yes
% Claims with Primary Diagnosis Code	98-100		No		No		No			Yes
Avg # of Diagnosis Codes (> 0 Codes)	>=2		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 3	5-30		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 4	15-75		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 5	25-70		No		No		No			Yes
% Claims with a Procedure Code	35-70		No		No		No			Yes
Avg # of Procedure Codes (> 0 Codes)	>1		No		No		No			Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A		N/A		N/A		N/A			Yes
% Claims with Procedure Code with ICD-9 Indicator	N/A		N/A		N/A		N/A			Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	N/A		N/A		N/A		N/A			Yes
% ICD-9-CM Indicator Claims with ICD-9-CM Format = 3 or 4 Digits	N/A		N/A		N/A		N/A			Yes
% Claims with Diagnosis Related Group	>=90		No		No		No			Yes

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

2006-2008 MAX LT VALIDATION TABLE

STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
All LT Claims										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Encounter Claims	N/A		N/A		N/A		N/A			Yes
% Supplemental Claims	N/A		N/A		N/A		N/A			Yes
Total FFS Claims	N/A		N/A		N/A		N/A			Yes
% Crossover	5-20		No		No		No			Yes
% Adjusted Claims	> 1%		No		No		No			Yes
% Standard Adjustments	N/A		N/A		N/A		N/A			Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A		N/A		N/A		N/A			Yes
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A		N/A		N/A		N/A			Yes
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A		N/A		N/A		N/A			Yes
# Claims with > \$200,000 Paid	0		Yes		Yes		Yes			Yes
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0		Yes		Yes		Yes			Yes
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	0		Yes		Yes		Yes			Yes
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Claims with > \$0 Paid	N/A		N/A		N/A		N/A			Yes
% Claims with < \$0 Paid	0		Yes		Yes		Yes			Yes
AVERAGE MEDICAID AMOUNT PAID PER COVERED DAY BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID)										
NF (MAX TOS = 07)	\$50-\$100		No		No		No			Yes
ICF/MR (MAX TOS = 05)	N/A		N/A		N/A		N/A			Yes
MH Aged (MAX TOS = 02)	N/A		N/A		N/A		N/A			Yes
IP Psych, Age < 21 (MAX TOS = 04)	N/A		N/A		N/A		N/A			Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99		No		No		No			Yes
% NF claims with NF Covered Days	N/A		N/A		N/A		N/A			Yes
Avg days for NF claims with Covered Days	N/A		N/A		N/A		N/A			Yes
% ICF/MR (MAX TOS = 05)	>0-20		No		No		No			Yes
% ICF/MR claims with ICF/MR Covered Days	N/A		N/A		N/A		N/A			Yes
Avg days for ICF/MR claims with Covered Days	N/A		N/A		N/A		N/A			Yes
% MH Aged (MAX TOS = 02)	>0-10		No		No		No			Yes
% MH Aged claims with MH Aged Covered Days	N/A		N/A		N/A		N/A			Yes
Avg days for MH Aged claims with Covered Days	N/A		N/A		N/A		N/A			Yes
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5		No		No		No			Yes
% IP Psych, Age < 21 Claims with IP Psych Covered Days	N/A		N/A		N/A		N/A			Yes
Avg days for IP Psych, Age < 21 Claims with Covered Days	N/A		N/A		N/A		N/A			Yes
LEAVE DAYS										
% Claims with Leave Days	1-20		No		No		No			Yes
ADMISSION DATE										
% Claims with Admission Date	95-100		No		No		No			Yes
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	95-100		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 3	5-30		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 4	15-75		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 5	25-70		No		No		No			Yes

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2006-2008 MAX LT VALIDATION TABLE

STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
PATIENT STATUS										
% Claims with Patient Status	95-100		No		No		No			Yes
% Home	1-5		No		No		No			Yes
% Still a Patient	8-98		No		No		No			Yes
% Died	>0-5		No		No		No			Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Claims with > \$0 Paid	N/A		N/A		N/A		N/A			Yes
% Claims with < \$0 Paid	0		Yes		Yes		Yes			Yes
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A		N/A		N/A		N/A			Yes
TYPE OF SERVICE										
% NF (MAX TOS = 07)	75-99		No		No		No			Yes
% ICF/MR (MAX TOS = 05)	>0-20		No		No		No			Yes
% MH Aged (MAX TOS = 02)	>0-10		No		No		No			Yes
% IP Psych, Age < 21 (MAX TOS = 04)	>0-5		No		No		No			Yes
ADMISSION DATE										
% Claims with Admission Date	95-100		No		No		No			Yes
DIAGNOSIS CODES										
% Claims with Primary Diagnosis Code	95-100		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 3	5-30		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 4	15-75		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 5	25-70		No		No		No			Yes
PATIENT STATUS										
% Claims with Patient Status	95-100		No		No		No			Yes
% Home	1-5		No		No		No			Yes
% Still a Patient	8-98		No		No		No			Yes
% Died	>0-5		No		No		No			Yes

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

2006-2008 MAX OT VALIDATION TABLE

STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
All OT Claims										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Encounter Claims	N/A		N/A		N/A		N/A			Yes
% Supplemental Claims	N/A		N/A		N/A		N/A			Yes
% Capitation Claims **	N/A		N/A		N/A		N/A			Yes
Total FFS Claims	N/A		N/A		N/A		N/A			Yes
% Crossover	5-20		No		No		No			Yes
% Adjusted Claims	>1%		No		No		No			Yes
% Standard Adjustments	N/A		N/A		N/A		N/A			Yes
Avg Medicaid Paid, Adjusted Claims (Include \$0)	N/A		N/A		N/A		N/A			Yes
% Claims with HMO Capitation Payment	N/A		N/A		N/A		N/A			Yes
% Claims with PHP Capitation Payment	N/A		N/A		N/A		N/A			Yes
% Claims with PCCM Capitation Payment	N/A		N/A		N/A		N/A			Yes
Avg Medicaid Paid per HMO Capitation Claim	\$75-\$300		No		No		No			Yes
Avg Medicaid Paid per PHP Capitation Claim	\$20-\$250		No		No		No			Yes
Avg Medicaid Paid per PCCM Capitation Claim	3-5		No		No		No			Yes
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A		N/A		N/A		N/A			Yes
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A		N/A		N/A		N/A			Yes
# Claims with > \$200,000 Paid	0		Yes		Yes		Yes			Yes
# Encounter Claims	N/A		N/A		N/A		N/A			Yes
% Encounter Claims for HMO or PACE	N/A		N/A		N/A		N/A			Yes
% Encounter Claims for PHP	N/A		N/A		N/A		N/A			Yes
FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0)										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Claims with > \$0 Paid	>95		No		No		No			Yes
% Claims with < \$0 Paid	0		Yes		Yes		Yes			Yes
% Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Outpatient Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Home Health Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Other Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Waiver Claims (PGM TYPE = 6,7) with Span Bill	N/A		N/A		N/A		N/A			Yes
% CLTC Claims (Excluding CLTC Flag = 16-20) with Span Bill	N/A		N/A		N/A		N/A			Yes
% Claims with Servicing Provider ID = Billing Provider ID	N/A		N/A		N/A		N/A			Yes
PLACE OF SERVICE										
% Claims with Place of Service	>95		No		No		No			Yes
% Claims with Place of Service = Office (PLC OF SVC CD = 11)	50-90		No		No		No			Yes
% Claims with Place of Service = Home (PLC OF SVC CD = 12)	>0-5		No		No		No			Yes
% Claims with Place of Service = Hospital (PLC OF SVC CD = 21)	>0-5		No		No		No			Yes
% Claims with Place of Service = Nursing Facility (PLC OF SVC CD = 32)	>0-5		No		No		No			Yes
% Claims with Place of Service = Inpatient Psychiatric (PLC OF SVC CD = 51)	N/A		N/A		N/A		N/A			Yes
% Claims with Place of Service = ICF/MR (PLC OF SVC CD = 54)	N/A		N/A		N/A		N/A			Yes
% Claims with Place of Service = Psychiatric Residential (PLC OF SVC CD = 56)	N/A		N/A		N/A		N/A			Yes
% Claims with Place of Service = Emergency Room (PLC OF SVC CD = 23)	1-10		No		No		No			Yes
% Claims with Place of Service = Outpatient (PLC OF SVC CD = 22)	>0-10		No		No		No			Yes
% Claims with Place of Service = Unknown/Other (PLC OF SVC CD = 99)	<5		Yes		Yes		Yes			Yes

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

2006-2008 MAX OT VALIDATION TABLE
STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
THIRD-PARTY LIABILITY										
% Claims with TPL	>0 - 15		No		No		No			Yes
Avg TPL Paid for Claims with TPL	N/A		N/A		N/A		N/A			Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE										
Physician Services (MAX TOS = 08)	10-35		No		No		No			Yes
Dental Services (MAX TOS = 09)	2-20		No		No		No			Yes
Other Practitioner Services (MAX TOS = 10)	0.5-8		No		No		No			Yes
Outpatient Services (MAX TOS = 11)	3-25		No		No		No			Yes
Clinic Services (MAX TOS = 12)	2-25		No		No		No			Yes
Home Health Services (MAX TOS = 13)	>0-25		No		No		No			Yes
Lab/Xray Services (MAX TOS = 15)	4-20		No		No		No			Yes
Drugs (MAX TOS = 16)	<3		Yes		Yes		Yes			Yes
Other Services (MAX TOS = 19)	<25		Yes		Yes		Yes			Yes
Durable Medical Equipment (MAX TOS = 51)	>3		No		No		No			Yes
Transportation Services (MAX TOS = 26)	>1		No		No		No			Yes
Sterilizations (MAX TOS = 24)	N/A		N/A		N/A		N/A			Yes
Abortions (MAX TOS = 25)	N/A		N/A		N/A		N/A			Yes
Personal Care Services (MAX TOS = 30)	>0		No		No		No			Yes
Targeted Case Management (MAX TOS = 31)	>0		No		No		No			Yes
Rehabilitation Services (MAX TOS = 33)	>0		No		No		No			Yes
PT/OT/Hearing/Speech Services (MAX TOS = 34)	>1		No		No		No			Yes
Hospice Services (MAX TOS = 35)	>0		No		No		No			Yes
Nurse Midwife Services (MAX TOS = 36)	N/A		N/A		N/A		N/A			Yes
Nurse Practitioner Services (MAX TOS = 37)	N/A		N/A		N/A		N/A			Yes
Private Nursing Services (MAX TOS = 38)	N/A		N/A		N/A		N/A			Yes
Religious Non-Medical Services (MAX TOS = 39)	N/A		N/A		N/A		N/A			Yes
Residential Care Services (MAX TOS = 52)	N/A		N/A		N/A		N/A			Yes
Psychiatric Services (MAX TOS = 53)	>1		No		No		No			Yes
Adult Day Care (MAX TOS = 54)	>0		No		No		No			Yes
Unknown Services (MAX TOS = 99)	<1		Yes		Yes		Yes			Yes
AVERAGE MEDICAID AMOUNT PAID BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID)										
Total	N/A		N/A		N/A		N/A			Yes
Physician Services (MAX TOS = 08)	\$20-90		No		No		No			Yes
Dental Services (MAX TOS = 09)	\$10-60		No		No		No			Yes
Other Practitioner Services (MAX TOS = 10)	\$10-100		No		No		No			Yes
Outpatient Services (MAX TOS = 11)	\$20-100		No		No		No			Yes
Clinic Services (MAX TOS = 12)	\$20-100		No		No		No			Yes
Home Health Services (MAX TOS = 13)	N/A		N/A		N/A		N/A			Yes
Lab/Xray Services (MAX TOS = 15)	10-60		No		No		No			Yes
Drugs (MAX TOS = 16)	10-60		No		No		No			Yes
Other Services (MAX TOS = 19)	N/A		N/A		N/A		N/A			Yes
Durable Medical Equipment (MAX TOS = 51)	N/A		N/A		N/A		N/A			Yes
Transportation Services (MAX TOS = 26)	N/A		N/A		N/A		N/A			Yes
Personal Care Services (MAX TOS = 30)	N/A		N/A		N/A		N/A			Yes
Targeted Case Management (MAX TOS = 31)	N/A		N/A		N/A		N/A			Yes
Rehabilitation Services (MAX TOS = 33)	N/A		N/A		N/A		N/A			Yes

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2006-2008 MAX OT VALIDATION TABLE
STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A		N/A		N/A		N/A			Yes
Hospice Services (MAX TOS = 35)	N/A		N/A		N/A		N/A			Yes
Residential Care Services (MAX TOS = 52)	N/A		N/A		N/A		N/A			Yes
Psychiatric Services (MAX TOS = 53)	N/A		N/A		N/A		N/A			Yes
Adult Day Care (MAX TOS = 54)	N/A		N/A		N/A		N/A			Yes
PERCENT OF CLAIMS BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A		N/A		N/A		N/A			Yes
Rural Health Clinic (PGM TYPE = 3)	N/A		N/A		N/A		N/A			Yes
Federally Qualified Health Center (PGM TYPE = 4)	N/A		N/A		N/A		N/A			Yes
Indian Health Services (PGM TYPE = 5)	N/A		N/A		N/A		N/A			Yes
Home and Community Based Waiver (PGM TYPE = 6,7)	N/A		N/A		N/A		N/A			Yes
AVERAGE EXPENDITURES BY PROGRAM TYPE										
Family Planning (PGM TYPE = 2)	N/A		N/A		N/A		N/A			Yes
Rural Health Clinic (PGM TYPE = 3)	N/A		N/A		N/A		N/A			Yes
Federally Qualified Health Center (PGM TYPE = 4)	N/A		N/A		N/A		N/A			Yes
Indian Health Services (PGM TYPE = 5)	N/A		N/A		N/A		N/A			Yes
Home and Community Based Waiver (PGM TYPE = 6,7)	N/A		N/A		N/A		N/A			Yes
DIAGNOSIS AND PROCEDURE CODES										
% Claims with Primary Diagnosis Code	>60		No		No		No			Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100		No		No		No			Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A		N/A		N/A		N/A			Yes
% Primary Diagnosis Code Claims with Length = 3	5-25		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 4	40-70		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 5	20-55		No		No		No			Yes
% Claims with Procedure Code	>95		No		No		No			Yes
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A		N/A		N/A		N/A			Yes
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A		N/A		N/A		N/A			Yes
% Waiver Claims (PGM TYPE = 6,7) with Procedure Code	N/A		N/A		N/A		N/A			Yes
% CLTC Claims (Excluding CLTC Flag = 16-20) with Procedure Code	N/A		N/A		N/A		N/A			Yes
% Other Claims with Procedure Code	98-100		No		No		No			Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A		N/A		N/A		N/A			Yes
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A		N/A		N/A		N/A			Yes
% with Procedure Code with Other National Indicator	N/A		N/A		N/A		N/A			Yes
% with Procedure Code with State-Specific Indicator	N/A		N/A		N/A		N/A			Yes
% CPT-4 Indicator Claims with CPT-4 Format = 5 Digits	98-100		No		No		No			Yes
% HCPCS (II & III) Indicator Claims with HCPCS Format = Either 1 Character and 4 Digits or 2 Characters and 3 Digits	98-100		No		No		No			Yes
PHYSICIAN SPECIALTY										
% Physician Claims with Physician Specialty	N/A		N/A		N/A		N/A			Yes
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Personal Care (CLTC FLAG = 11)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Private Duty Nurse (CLTC FLAG = 12)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Adult Day Care (CLTC FLAG = 13)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Home Health (CLTC FLAG = 14)	N/A		N/A		N/A		N/A			Yes

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2006-2008 MAX OT VALIDATION TABLE
STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
CLTC Non-Waiver Residential Care (CLTC FLAG = 15)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Rehabilitation (CLTC FLAG = 16)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Targeted Case Management (CLTC FLAG = 17)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Transportation (CLTC FLAG = 18)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Hospice (CLTC FLAG = 19)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Durable Medical Equipment (CLTC FLAG = 20)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A		N/A		N/A		N/A			Yes
CLTC Other Waiver (CLTC FLAG = 30)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Personal Care (CLTC FLAG = 31)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Private Duty Nurse (CLTC FLAG = 32)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Adult Day Care (CLTC FLAG = 33)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Home Health (CLTC FLAG = 34)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Residential Care (CLTC FLAG = 35)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Rehabilitation (CLTC FLAG = 36)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Targeted Case Management (CLTC FLAG = 37)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Transportation (CLTC FLAG = 38)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Hospice (CLTC FLAG = 39)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Durable Medical Equipment (CLTC FLAG = 40)	N/A		N/A		N/A		N/A			Yes
FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1)										
Total Number of Claims	N/A		N/A		N/A		N/A			Yes
% Claims with > \$0 Paid	>95		No		No		No			Yes
% Claims with < \$0 Paid	0		Yes		Yes		Yes			Yes
Avg Medicaid Paid (Claims with > \$0 Paid)	N/A		N/A		N/A		N/A			Yes
% Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Outpatient Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Home Health Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
% Other Claims with Span Bill	N/A		N/A		N/A		N/A			Yes
PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22)										
Physician Services (MAX TOS = 08)	N/A		N/A		N/A		N/A			Yes
Other Practitioner Services (MAX TOS = 10)	N/A		N/A		N/A		N/A			Yes
Outpatient Services (MAX TOS = 11)	N/A		N/A		N/A		N/A			Yes
Clinic Services (MAX TOS = 12)	N/A		N/A		N/A		N/A			Yes
Home Health Services (MAX TOS = 13)	N/A		N/A		N/A		N/A			Yes
Lab/Xray Services (MAX TOS = 15)	N/A		N/A		N/A		N/A			Yes
Other Services (MAX TOS = 19)	N/A		N/A		N/A		N/A			Yes
Durable Medical Equipment (MAX TOS = 51)	N/A		N/A		N/A		N/A			Yes
Transportation Services (MAX TOS = 26)	N/A		N/A		N/A		N/A			Yes
Personal Care Services (MAX TOS = 30)	N/A		N/A		N/A		N/A			Yes
Targeted Case Management (MAX TOS = 31)	N/A		N/A		N/A		N/A			Yes
Rehabilitation Services (MAX TOS = 33)	N/A		N/A		N/A		N/A			Yes
PT/OT/Hearing/Speech Services (MAX TOS = 34)	N/A		N/A		N/A		N/A			Yes
Hospice Services (MAX TOS = 35)	N/A		N/A		N/A		N/A			Yes
Residential Care Services (MAX TOS = 52)	N/A		N/A		N/A		N/A			Yes
Psychiatric Services (MAX TOS = 53)	N/A		N/A		N/A		N/A			Yes
Adult Day Care (MAX TOS = 54)	N/A		N/A		N/A		N/A			Yes
DIAGNOSIS AND PROCEDURE CODES										

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2006-2008 MAX OT VALIDATION TABLE

STATE: ST

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
% Claims with Primary Diagnosis Code	N/A		N/A		N/A		N/A			Yes
% Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code	85-100		No		No		No			Yes
% Primary Diagnosis Claims with Secondary Diagnosis Code	N/A		N/A		N/A		N/A			Yes
% Primary Diagnosis Code Claims with Length = 3	5-25		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 4	40-70		No		No		No			Yes
% Primary Diagnosis Code Claims with Length = 5	20-55		No		No		No			Yes
% Claims with Procedure Code	>95		No		No		No			Yes
% Outpatient Claims with Procedure Code or UB-92 Revenue Code	N/A		N/A		N/A		N/A			Yes
% Home Health Claims with Procedure Code or UB-92 Revenue Code	N/A		N/A		N/A		N/A			Yes
% Other Claims with Procedure Code	98-100		No		No		No			Yes
% Claims with Procedure Code with CPT-4 Indicator	N/A		N/A		N/A		N/A			Yes
% Claims with Procedure Code with HCPCS (II & III) Indicator	N/A		N/A		N/A		N/A			Yes
% with Procedure Code with Other Code Indicator	N/A		N/A		N/A		N/A			Yes
PERCENT OF CLAIMS BY CLTC CODE										
Not a CLTC Claim (CLTC FLAG = 00)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Claims (CLTC FLAG = 11-20)	N/A		N/A		N/A		N/A			Yes
CLTC Non-Waiver Claims (CLTC Flag = 11-15)	N/A		N/A		N/A		N/A			Yes
CLTC Waiver Claims (CLTC FLAG = 30-40)	N/A		N/A		N/A		N/A			Yes

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2006-2008 MAX RX VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Change Within Expected Range
All RX Claims										
Total Number of Claims	N/A	3,376,150	N/A	3,474,520	N/A	3,485,829	N/A	2.91	0.33	Yes
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	3,376,150	N/A	3,474,520	N/A	3,485,829	N/A	2.91	0.33	Yes
% Adjusted Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Standard Adjustments	>1%	Div by 0	Yes	Div by 0	Yes	Div by 0	Yes	Div by 0	Div by 0	N/A
Avg Medicaid Paid, Adjusted Claims (Include \$0)	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
# of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	18,710	N/A	11,200	N/A	14,679	N/A	-40.1	31.06	No
Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only)	N/A	\$70	N/A	\$79	N/A	\$61	N/A	13.65	-22.90	No
# Claims with > \$200,000 Paid	0	0	Yes	0	Yes	0	Yes	Div by 0	Div by 0	N/A
% Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A
Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	N/A
FFS Claims (Type of Claim = 1)										
Total Number of Claims	N/A	3,376,150	N/A	3,474,520	N/A	3,485,829	N/A	2.91	0.33	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	\$56	Yes	\$58	Yes	\$61	No	3.61	5.05	Yes
% Claims with TPL	>0-15	5.47	Yes	4.71	Yes	4.44	Yes	-13.90	-5.72	Yes
Avg TPL Paid for Claims with TPL	N/A	\$8,081	N/A	\$9,721	N/A	\$10,916	N/A	20.30	12.29	Yes
% Family Planning Claims (PGM TYPE = 2)	N/A	3.34	N/A	3.30	N/A	3.19	N/A	-1.40	-3.40	Yes
% 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	100.00	N/A	100.00	N/A	N/A	0.00	Yes
% Drug Claims with Date Prescribed	>98	N/A	N/A	100.00	Yes	100.00	Yes	N/A	0.00	Yes
% Drug Claims with Quantity	>98	99.97	Yes	99.99	Yes	99.99	Yes	0.01	0.00	Yes
% Drug Claims with Days Supply	>98	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
DRUG CLASSIFICATION										
% Claims with Medispan	98-100	99.70	Yes	99.46	Yes	99.69	Yes	-0.24	0.22	Yes
% Claims with Generic Therapeutic Class	98-100	99.80	Yes	99.74	Yes	99.81	Yes	-0.06	0.07	Yes
% Claims with Specific Therapeutic Class	98-100	99.80	Yes	99.74	Yes	99.81	Yes	-0.06	0.07	Yes
NDC CONFIGURATION INDICATOR										
% Prescription (NDC FMT IND = 0-3)	N/A	74.27	N/A	71.24	N/A	70.05	N/A	-4.08	-1.67	Yes
% Products (NDC FMT IND = 4-6)	N/A	25.12	N/A	28.00	N/A	29.19	N/A	11.44	4.27	Yes
% Health Related Item (NDC FMT IND = 7)	N/A	0.28	N/A	0.38	N/A	0.20	N/A	35.32	-47.50	No
% Claims with Clinical Formulation Identifier	N/A	N/A	N/A	99.74	N/A	99.81	N/A	N/A	0.07	Yes
% Claims with Ingredient List Identifier	N/A	N/A	N/A	99.74	N/A	99.81	N/A	N/A	0.07	Yes
% Claims with Hierarchical Specific Therapeutic Class Code Sequence Number	N/A	N/A	N/A	99.74	N/A	99.81	N/A	N/A	0.07	Yes
% Claims with Over-the-Counter Drug Class	N/A	8.87	N/A	9.71	N/A	9.82	N/A	9.55	1.14	Yes
% Claims with Prescription Drug Class	N/A	90.94	N/A	90.03	N/A	89.99	N/A	-1.00	-0.04	Yes
% Claims with Multiple Sources	N/A	59.01	N/A	61.12	N/A	65.09	N/A	3.57	6.51	Yes
% Claims with Single Source (No Generic)	N/A	31.68	N/A	30.12	N/A	27.49	N/A	-4.92	-8.72	Yes

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
All Records											
Total Number of Records	N/A	337,424	N/A	361,555	N/A	361,611	N/A	7.15	0.02	10% (+/-)	Yes
Total Medicaid Paid	N/A	\$188,340,724	N/A	\$200,829,137	N/A	\$211,658,459	N/A	6.63	5.39	15% (+/-)	Yes
% with No Claims (RCPNT IND = 0)	N/A	37.18	N/A	40.65	N/A	41.29	N/A	9.32	1.58	N/A	N/A
% with FFS Only Claims (RCPNT IND = 1)	N/A	62.82	N/A	59.35	N/A	58.71	N/A	-5.52	-1.08	N/A	N/A
% with Only Capitation Claims (RCPNT IND = 2)	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 Only Encounter Claims (RCPNT IND = 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS and Capitation Claims (RCPNT IND = 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
% with Capitation and Encounter Claims Only (RCPNT IND = 5)	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 FFS and Encounter Claims Only (RCPNT IND = 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
% with FFS, Capitation, and Encounter Claims (RCPNT IND = 7)	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 Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	1,287	N/A	775	N/A	1,216	N/A	-39.80	56.90	N/A	N/A
% with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	<2%	0.38	Yes	0.21	Yes	0.34	Yes	-43.80	56.88	N/A	N/A
Total Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	\$1,300,856	N/A	\$885,006	N/A	\$893,940	N/A	-32.00	1.01	N/A	N/A
Avg Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees)	N/A	\$1,011	N/A	\$1,142	N/A	\$735	N/A	12.98	-35.60	N/A	N/A
# with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	1,287	N/A	775	N/A	1,216	N/A	-39.80	56.90	N/A	N/A
% with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	0.38	N/A	0.21	N/A	0.34	N/A	-43.80	56.88	N/A	N/A
Total Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	\$1,300,856	N/A	\$885,006	N/A	\$893,940	N/A	-32.00	1.01	N/A	N/A
Avg Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only)	N/A	\$1,011	N/A	\$1,142	N/A	\$735	N/A	12.98	-35.60	N/A	N/A
S-CHIP ENROLLMENT											
# with ONLY S-CHIP Enrollment	N/A	3,726	N/A	3,880	N/A	3,849	N/A	4.13	-0.80	N/A	N/A
% with ONLY S-CHIP Enrollment	N/A	1.10	N/A	1.07	N/A	1.06	N/A	-2.82	-0.81	N/A	N/A
# with ANY S-CHIP Enrollment	N/A	8,313	N/A	8,188	N/A	8,484	N/A	-1.50	3.62	N/A	N/A
% with ANY S-CHIP Enrollment	N/A	2.46	N/A	2.26	N/A	2.35	N/A	-8.08	3.60	N/A	N/A
Total Person-Years of Enrollment with ANY S-CHIP Enrollment	N/A	4,533	N/A	4,546	N/A	4,676	N/A	0.29	2.87	N/A	N/A
Total Medicaid Enrollees (excludes people with missing Medicaid eligibility information or S-CHIP only)											
Total Medicaid Enrollees	N/A	332,411	N/A	356,900	N/A	356,546	N/A	7.37	-0.10	10% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	278,294	N/A	300,969	N/A	304,794	N/A	8.15	1.27	10% (+/-)	Yes
# with Any M-CHIP Enrollment	N/A	19,647	N/A	20,911	N/A	20,594	N/A	6.43	-1.52	N/A	N/A
# Child (Age < 19 Years)	N/A	N/A	N/A	N/A	N/A	19,837	N/A	N/A	N/A	N/A	N/A
# Adult (Age > 18 Years)	N/A	N/A	N/A	N/A	N/A	757	N/A	N/A	N/A	N/A	N/A
% with ANY M-CHIP Enrollment	N/A	N/A	N/A	N/A	N/A	5.78	N/A	N/A	N/A	N/A	N/A
Total Person-Years of Enrollment Any M-CHIP	N/A	9,662	N/A	9,826	N/A	9,567	N/A	1.69	-2.64	N/A	N/A
Demographic Characteristics											
% Records with Valid SSN Format	>=95%	99.52	Yes	99.33	Yes	99.52	Yes	-0.19	0.19	10% (+/-)	Yes
% Records Whose MSIS SSN Passed High Group Test (HGT FLAG = 1)	>95%	99.44	Yes	99.25	Yes	99.44	Yes	-0.19	0.19	10% (+/-)	Yes
% Records Whose MSIS SSN Failed High Group Test Due to Invalid AAA (HGT FLAG = 2)	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-4.92	0.10	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	-6.86	-24.90	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	0.10	N/A	N/A
% Records Whose MSIS SSN Failed High Group Test Due to GG Not Yet Issued (HGT FLAG = 5)	N/A	0.07	N/A	0.07	N/A	0.07	N/A	3.44	-1.15	N/A	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
% Records Whose MSIS SSN Failed High Group Test Due to Railroad Retirement Number with Invalid DOB (HGT FLAG = 6)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
# Records Without Valid SSN	N/A	N/A	N/A	2,679	N/A	2,009	N/A	N/A	-25.00	N/A	N/A
% Records Without Valid SSN	<5%	N/A	N/A	0.75	Yes	0.56	Yes	N/A	-24.90	N/A	N/A
% for Children Under Age 21	N/A	N/A	N/A	87.61	N/A	86.91	N/A	N/A	-0.80	N/A	N/A
% for Infants Under Age 1	N/A	N/A	N/A	44.49	N/A	40.52	N/A	N/A	-8.94	N/A	N/A
% Ever Aliens Eligible for Only Emergency Services	N/A	N/A	N/A	6.23	N/A	8.66	N/A	N/A	38.94	N/A	N/A
% Ever Eligible for Only Family Planning Services	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A	N/A
# SSNs with More Than One MSIS ID	0	0	Yes	0	Yes	39	No	Div by 0	Div by 0	N/A	N/A
% Records with Duplicated SSNs	<10%	N/A	N/A	0.00	Yes	0.02	Yes	N/A	Div by 0	N/A	N/A
% for Children Under Age 21	N/A	N/A	N/A	Div by 0	N/A	94.87	N/A	N/A	Div by 0	N/A	N/A
% for Infants Under Age 1	N/A	N/A	N/A	Div by 0	N/A	10.26	N/A	N/A	Div by 0	N/A	N/A
% Ever Aliens Eligible for Only Emergency Services	N/A	N/A	N/A	Div by 0	N/A	0.00	N/A	N/A	Div by 0	N/A	N/A
% Ever Eligible for Only Family Planning 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	23.84	N/A	27.00	N/A	28.01	N/A	13.27	3.74	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%	98.18	Yes	98.51	Yes	98.97	Yes	0.33	0.47	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.99	Yes	99.98	Yes	99.99	Yes	0.00	0.01	10% (+/-)	Yes
% White	N/A	84.84	N/A	81.52	N/A	80.33	N/A	-3.92	-1.45	10% (+/-)	Yes
% Black	N/A	2.58	N/A	2.57	N/A	2.57	N/A	-.399	0.03	10% (+/-)	Yes
% Native American/Alaskan Native	N/A	1.31	N/A	1.26	N/A	1.27	N/A	-3.66	0.72	10% (+/-)	Yes
% Asian	N/A	0.87	N/A	0.82	N/A	0.84	N/A	-5.12	1.90	N/A	N/A
% Native Hawaiian or Other Pacific Islander	N/A	0.10	N/A	0.11	N/A	0.11	N/A	3.487	3.26	N/A	N/A
% More Than One Race	N/A	0.69	N/A	0.68	N/A	0.77	N/A	-.726	12.31	N/A	N/A
% Unknown Race	<5%	11.03	No	14.45	No	15.68	No	31.02	8.54	10% (+/-)	Yes
% Hispanic/Latino (Included with Race Categories Prior to 2005)	N/A	0.23	N/A	0.22	N/A	0.20	N/A	-5.65	-6.60	10% (+/-)	Yes
% of Hispanic/Latino with Unknown Race	N/A	40.16	N/A	39.77	N/A	38.34	N/A	-.967	-3.58	10% (+/-)	Yes
% Age 0	2-8%	2.19	Yes	2.11	Yes	2.09	Yes	-3.86	-0.66	10% (+/-)	Yes
% Age 1-5	N/A	N/A	N/A	N/A	N/A	10.17	N/A	N/A	N/A	10% (+/-)	N/A
% Age 6-18	N/A	N/A	N/A	N/A	N/A	22.83	N/A	N/A	N/A	10% (+/-)	N/A
% Age 19-20	N/A	N/A	N/A	N/A	N/A	3.52	N/A	N/A	N/A	10% (+/-)	N/A
% Age 21-44	N/A	N/A	N/A	N/A	N/A	29.90	N/A	N/A	N/A	10% (+/-)	N/A
% Age 45-64	N/A	N/A	N/A	N/A	N/A	15.01	N/A	N/A	N/A	10% (+/-)	N/A
% Age 65-74	N/A	N/A	N/A	N/A	N/A	6.61	N/A	N/A	N/A	10% (+/-)	N/A
% Age 75-84	N/A	N/A	N/A	N/A	N/A	6.26	N/A	N/A	N/A	10% (+/-)	N/A
% Age 85+	N/A	N/A	N/A	N/A	N/A	3.59	N/A	N/A	N/A	10% (+/-)	N/A
% with Century of Birth '18', '19', '20'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% with Gender Code 'M' or 'F'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% Female	N/A	N/A	N/A	N/A	N/A	55.47	N/A	N/A	N/A	10% (+/-)	N/A
% Male	N/A	N/A	N/A	N/A	N/A	44.53	N/A	N/A	N/A	10% (+/-)	N/A
% Enrollees with 12 Months Enrollment	40-70%	66.62	Yes	64.95	Yes	69.44	Yes	-2.51	6.92	10% (+/-)	Yes
% Aged Enrollees with 12 Months Enrollment	N/A	N/A	N/A	58.16	N/A	79.06	N/A	N/A	35.94	N/A	N/A
% Disabled Enrollees with 12 Months Enrollment	N/A	N/A	N/A	81.00	N/A	83.34	N/A	N/A	2.88	N/A	N/A
% Child Enrollees with 12 Months Enrollment	N/A	N/A	N/A	67.31	N/A	66.14	N/A	N/A	-1.73	N/A	N/A
% Adult Enrollees with 12 Months Enrollment	N/A	N/A	N/A	57.24	N/A	60.20	N/A	N/A	5.18	N/A	N/A
# with 0 Days but Positive Months of Enrollment	0	N/A	N/A	N/A	N/A	0	Yes	N/A	N/A	N/A	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
% Enrollees with MSIS Date of Death During Year	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	Div by 0	N/A	N/A
% Enrollees with SSA Date of Death During Year	N/A	N/A	N/A	1.57	N/A	1.61	N/A	N/A	2.58	N/A	N/A
% Enrollees with MSIS, SSA, or EDB Date of Death During Year	N/A	N/A	N/A	1.62	N/A	1.65	N/A	N/A	1.71	N/A	N/A
# with MSIS Date of Death ≠ SSA Date of Death	N/A	N/A	N/A	7,079	N/A	6,985	N/A	N/A	-1.33	N/A	N/A
# with MSIS Date of Death Prior to MAX CY	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	N/A	N/A
# with SSA Date of Death Prior to MAX CY	0	N/A	N/A	1,474	No	1,241	No	N/A	-15.80	N/A	N/A
% with SSA Death Prior to MAX CY Who Have \$0 Medicaid Paid	N/A	N/A	N/A	N/A	N/A	99.60	N/A	N/A	N/A	N/A	N/A
EDB Dual Eligibles											
Total EDB Duals (Duals Confirmed by EDB)	N/A	70,331	N/A	88,280	N/A	92,950	N/A	25.52	5.29	10% (+/-)	Yes
Total EDB Dual Person-Years of Enrollment	N/A	62,969	N/A	76,958	N/A	84,895	N/A	22.22	10.31	15% (+/-)	Yes
% Age > 64 Years Who Are EDB Duals	>=90%	95.64	Yes	95.23	Yes	96.22	Yes	-0.43	1.04	10% (+/-)	Yes
% Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are EDB Duals	>=90%	95.70	Yes	95.32	Yes	96.35	Yes	-0.40	1.08	10% (+/-)	Yes
% Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are EDB Duals	30-55%	50.29	Yes	52.47	Yes	53.12	Yes	4.34	1.23	10% (+/-)	Yes
% EDB Dual Not Reported on MSIS (EDB DUAL = 50)	<5%	1.57	Yes	1.40	Yes	0.82	Yes	-10.90	-41.40	N/A	N/A
% EDB QMB Only (EDB DUAL = 51)	N/A	4.45	N/A	30.07	N/A	31.09	N/A	575.60	3.41	N/A	N/A
% EDB QMB Plus (EDB DUAL = 52)	N/A	51.22	N/A	45.56	N/A	46.92	N/A	-11.10	3.00	N/A	N/A
% EDB SLMB Only (EDB DUAL = 53)	N/A	12.59	N/A	6.31	N/A	7.07	N/A	-49.90	12.02	N/A	N/A
% EDB SLMB Plus (EDB DUAL = 54)	N/A	2.48	N/A	0.52	N/A	0.63	N/A	-79.00	20.69	N/A	N/A
% EDB QDWI (EDB DUAL = 55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB QI-1 (EDB DUAL = 56)	N/A	7.94	N/A	2.58	N/A	3.60	N/A	-67.50	39.34	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	19.75	N/A	13.57	N/A	9.88	N/A	-31.30	-27.20	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	61.04	N/A	58.25	N/A	N/A	-4.58	N/A	N/A
% EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	N/A	N/A	38.96	N/A	41.75	N/A	N/A	7.18	N/A	N/A
Total Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	N/A	2,014	N/A	2,903	N/A	2,264	N/A	44.14	-22.00	10% (+/-)	No
% Non-EDB Duals Without Valid SSN	N/A	0.00	N/A	0.00	N/A	0.04	N/A	Div by 0	Div by 0	10% (+/-)	N/A
% Non-EDB Duals Who Are Children/Adults	N/A	15.44	N/A	10.16	N/A	9.19	N/A	-34.20	-9.59	10% (+/-)	Yes
% EDB Duals with Spanish Language	N/A	0.06	N/A	0.05	N/A	0.04	N/A	-22.30	-12.10	15% (+/-)	Yes
% EDB Duals - Female	N/A	N/A	N/A	N/A	N/A	59.43	N/A	N/A	N/A	10% (+/-)	N/A
% EDB Duals - Male	N/A	N/A	N/A	N/A	N/A	40.57	N/A	N/A	N/A	10% (+/-)	N/A
% EDB Duals with EDB Date of Death During Year	6-10%	5.90	No	5.59	No	5.52	No	-5.20	-1.23	15% (+/-)	Yes
% EDB Duals with MSIS Date of Death During Year	6-10%	N/A	N/A	0.00	No	0.00	No	N/A	Div by 0	15% (+/-)	N/A
% EDB Duals with SSA Date of Death During Year	6-10%	N/A	N/A	5.39	No	5.38	No	N/A	-0.17	15% (+/-)	Yes
% EDB Duals with EDB, MSIS, or SSA Date of Death During Year	6-10%	N/A	N/A	5.60	No	5.53	No	N/A	-1.22	15% (+/-)	Yes
# EDB Duals with EDB Date of Death ≠ MSIS Date of Death	N/A	N/A	N/A	4,937	N/A	5,134	N/A	N/A	3.99	10% (+/-)	Yes
# EDB Duals with EDB Date of Death ≠ SSA Date of Death	N/A	N/A	N/A	274	N/A	203	N/A	N/A	-25.90	10% (+/-)	No
% EDB Duals with Medicaid Reported HIC	N/A	96.08	N/A	97.45	N/A	98.12	N/A	1.43	0.69	15% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC = Medicare HIC	N/A	97.32	N/A	97.73	N/A	98.41	N/A	0.42	0.69	15% (+/-)	Yes
Total EDB Dual Enrollees in June	N/A	66,934	N/A	84,216	N/A	88,666	N/A	25.82	5.28	10% (+/-)	Yes
JUNE MEDICARE ELIGIBILITY GROUP											
June % with Part A Medicare only	N/A	4.01	N/A	3.30	N/A	1.80	N/A	-17.80	-45.20	15% (+/-)	No
June % with Part B Medicare only	N/A	1.35	N/A	1.09	N/A	1.06	N/A	-19.40	-2.11	15% (+/-)	Yes
June % Part A/B Medicare	N/A	94.64	N/A	95.62	N/A	97.13	N/A	1.03	1.58	15% (+/-)	Yes
ORIGINAL REASON FOR MEDICARE ENTITLEMENT											

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
% Aged (MDCR ORIG REAS CD = 0)	N/A	44.04	N/A	48.99	N/A	48.71	N/A	11.23	-0.58	15% (+/-)	Yes
% Disabled (MDCR ORIG REAS CD = 1)	N/A	55.34	N/A	50.47	N/A	50.76	N/A	-8.80	0.57	15% (+/-)	Yes
% End Stage Renal Disease (MDCR ORIG REAS CD = 2)	N/A	0.22	N/A	0.18	N/A	0.18	N/A	-17.30	-3.28	15% (+/-)	Yes
% Disabled with End Stage Renal Disease (MDCR ORIG REAS CD = 3)	N/A	0.39	N/A	0.35	N/A	0.36	N/A	-9.57	1.08	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	0.03	N/A	0.99	N/A	0.83	N/A	3,428.00	-15.20	10% (+/-)	No
% Child Groups (MAX ELIG CD = 14,16, 24, 34, 44, 48, 54) Who Are < 21 Years	>=98%	99.93	Yes	98.79	Yes	98.30	Yes	-1.14	-0.50	10% (+/-)	Yes
% Adult Groups (MAX ELIG CD = 15,17,25,35,45,55) Who Are > 20 Years	>=80%	99.56	Yes	99.56	Yes	99.49	Yes	-0.01	-0.07	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%	100.00	Yes	100.00	Yes	100.00	Yes	0.00	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	N/A	100.00	Yes	100.00	Yes	N/A	0.00	25% (+/-)	Yes
% MAX 1115 Waiver Enrollees (WVR TYPE = 1,5,6,A,F) in MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55)	N/A	92.10	N/A	90.19	N/A	88.57	N/A	-2.07	-1.80	25% (+/-)	Yes
JUNE % MAX 1115 Waiver Enrollees (WVR TYPE = 1,5,6,A,F) in MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55)	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	25% (+/-)	N/A
Aged Total	N/A	40,547	N/A	55,487	N/A	57,909	N/A	36.85	4.37	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	7,271	N/A	6,775	N/A	6,722	N/A	-6.82	-0.78	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	3,797	N/A	4,024	N/A	3,966	N/A	5.98	-1.44	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	24,003	N/A	39,046	N/A	41,606	N/A	62.67	6.56	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	5,476	N/A	5,642	N/A	5,615	N/A	3.03	-0.48	10% (+/-)	Yes
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	53,718	N/A	58,375	N/A	61,326	N/A	8.67	5.06	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	31,467	N/A	31,900	N/A	32,843	N/A	1.38	2.96	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	942	N/A	1,081	N/A	950	N/A	14.76	-12.10	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	17,531	N/A	21,268	N/A	23,271	N/A	21.32	9.42	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	3,778	N/A	4,126	N/A	4,262	N/A	9.21	3.30	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Total	N/A	128,668	N/A	130,522	N/A	132,112	N/A	1.44	1.22	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	10% (+/-)	N/A
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	653	N/A	689	N/A	695	N/A	5.51	0.87	10% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	104,590	N/A	104,719	N/A	105,341	N/A	0.12	0.59	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	19,626	N/A	20,759	N/A	21,473	N/A	5.77	3.44	10% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	3,795	N/A	4,340	N/A	4,602	N/A	14.36	6.04	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	11	N/A	15	N/A	11	N/A	400.00	-93.30	10% (+/-)	No
Adult Total	N/A	109,478	N/A	112,516	N/A	105,199	N/A	2.78	-6.50	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	28,528	N/A	29,820	N/A	29,998	N/A	4.53	0.60	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	600	N/A	567	N/A	562	N/A	-5.50	-0.88	10% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	2,009	N/A	2,027	N/A	2,117	N/A	0.90	4.44	10% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	53,116	N/A	52,465	N/A	54,645	N/A	-1.23	4.16	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	25,225	N/A	27,637	N/A	17,877	N/A	9.56	-35.30	10% (+/-)	No
Long-Term Care Enrollees											

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

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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	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Enrollees with Any ILTC Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Aged Enrollees with Any ILTC Claims	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 ILTC Claims	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 ILTC Claims	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 ILTC Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
COMMUNITY LONG-TERM CARE STATUS											
# Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Aged Enrollees with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	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 CLTC Claims (Excludes CLTC FLAG = 16-20)	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 CLTC Claims (Excludes CLTC FLAG = 16-20)	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 CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Enrollees with ILTC Claims and CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Ever Enrolled in Section 1915(c) Waiver or with Any CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	4,157	N/A	4,302	N/A	5,647	N/A	3.49	31.26	15% (+/-)	No
SECTION 1915(c) WAIVER ENROLLMENT - MOST RECENT											
# Ever Enrolled in Any Section 1915(c) Waiver (WVR TYPE = G-P)	N/A	4,157	N/A	4,302	N/A	5,647	N/A	3.49	31.26	15% (+/-)	No
% Enrolled in Any Section 1915(c) Waiver	N/A	1.25	N/A	1.21	N/A	1.58	N/A	-3.61	31.39	15% (+/-)	No
% Aged Enrollees in Section 1915(c) Waiver	N/A	2.54	N/A	1.85	N/A	1.92	N/A	-27.20	3.95	15% (+/-)	Yes
% Disabled Enrollees in Section 1915(c) Waiver	N/A	5.74	N/A	5.53	N/A	7.29	N/A	-3.59	31.87	15% (+/-)	No
% Child Enrollees in Section 1915(c) Waiver	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-10.40	8.68	15% (+/-)	Yes
% Adult Enrollees in Section 1915(c) Waiver	N/A	0.02	N/A	0.03	N/A	0.04	N/A	12.87	51.21	15% (+/-)	No
# Aged, EDB Dual	N/A	N/A	N/A	990	N/A	1,075	N/A	N/A	8.59	15% (+/-)	Yes
# Aged, Non-Dual	N/A	N/A	N/A	35	N/A	37	N/A	N/A	5.71	15% (+/-)	Yes
# Disabled, EDB Dual	N/A	N/A	N/A	2,141	N/A	2,847	N/A	N/A	32.98	15% (+/-)	No
# Disabled, Non-Dual	N/A	N/A	N/A	1,087	N/A	1,625	N/A	N/A	49.49	15% (+/-)	No
# Other (Child or Adult)	N/A	N/A	N/A	49	N/A	63	N/A	N/A	28.57	15% (+/-)	No
# with Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	839	N/A	851	N/A	898	N/A	1.43	5.52	15% (+/-)	Yes
# Aged, EDB Dual	N/A	735	N/A	722	N/A	744	N/A	-1.77	3.05	15% (+/-)	Yes
# Aged, Non-Dual	N/A	25	N/A	34	N/A	37	N/A	36.00	8.82	15% (+/-)	Yes
# Disabled, EDB Dual	N/A	50	N/A	53	N/A	68	N/A	6.00	28.30	15% (+/-)	No
# Disabled, Non-Dual	N/A	28	N/A	39	N/A	47	N/A	39.29	20.51	15% (+/-)	No
# Other (Child or Adult)	N/A	11	N/A	11	N/A	11	N/A	200.00	-33.30	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	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I)	N/A	614	N/A	622	N/A	669	N/A	1.30	7.56	15% (+/-)	Yes
# Aged, EDB Dual	N/A	25	N/A	11	N/A	11	N/A	-76.00	50.00	15% (+/-)	No
# Aged, Non-Dual	N/A	11	N/A	11	N/A	0	N/A	0.00	-100.00	15% (+/-)	No
# Disabled, EDB Dual	N/A	365	N/A	366	N/A	374	N/A	0.27	2.19	15% (+/-)	Yes

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# Disabled, Non-Dual	N/A	199	N/A	225	N/A	257	N/A	13.07	14.22	15% (+/-)	Yes
# Other (Child or Adult)	N/A	24	N/A	24	N/A	29	N/A	0.00	20.83	15% (+/-)	No
# with Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L)	N/A	2,704	N/A	2,829	N/A	2,920	N/A	4.62	3.22	15% (+/-)	Yes
# Aged, EDB Dual	N/A	241	N/A	262	N/A	289	N/A	8.71	10.31	15% (+/-)	Yes
# Aged, Non-Dual	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	1,651	N/A	1,722	N/A	1,763	N/A	4.30	2.38	15% (+/-)	Yes
# Disabled, Non-Dual	N/A	788	N/A	823	N/A	851	N/A	4.44	3.40	15% (+/-)	Yes
# Other (Child or Adult)	N/A	22	N/A	22	N/A	17	N/A	0.00	-22.70	15% (+/-)	No
# 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	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# with Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P)	N/A	0	N/A	0	N/A	1,160	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, EDB Dual	N/A	0	N/A	0	N/A	33	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	642	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	470	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	15	N/A	Div by 0	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	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Aged, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, EDB Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Disabled, Non-Dual	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
# Other (Child or Adult)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% of Section 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7)	<15%	100.00	No	100.00	No	100.00	No	0.00	0.00	15% (+/-)	Yes
% of Section 1915(c) Claim (PGM TYPE = 6 or 7) Recipients with No Waiver Enrollment	<10%	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A

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% of Section 1915(c) Waiver Enrollees with Any HMO/HIO Enrollment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% of Section 1915(c) Waiver Enrollees not Enrolled in HMOs/HIOs with No Waiver claim (PGM TYPE = 6 or 7)	<15%	N/A	N/A	100.00	No	100.00	No	N/A	0.00	15% (+/-)	Yes
# Section 1915(c) Waiver Enrollees Enrolled in More Than One Section 1915(c) Waiver During the Year	N/A	N/A	N/A	24	N/A	91	N/A	N/A	279.20	15% (+/-)	No
# Section 1915(c) Claim (PGM TYPE=6 or 7) Recipients	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Other Waiver Enrollment (Enrolled Any Time During the Year)											
# with Any 1115 Waiver (WVR TYPE = 1,5,6,A,F)	N/A	27,392	N/A	30,659	N/A	20,185	N/A	11.93	-34.20	25% (+/-)	No
% Aged Enrollees with Any 1115 Waiver	N/A	0.39	N/A	0.29	N/A	0.27	N/A	-25.10	-8.32	15% (+/-)	Yes
% Disabled Enrollees with Any 1115 Waiver	N/A	2.04	N/A	2.43	N/A	1.96	N/A	19.01	-19.40	15% (+/-)	No
% Child Enrollees with Any 1115 Waiver	N/A	0.01	N/A	0.02	N/A	0.00	N/A	150.90	-82.40	15% (+/-)	No
% Adult Enrollees with Any 1115 Waiver	N/A	23.86	N/A	25.82	N/A	17.89	N/A	8.19	-30.70	15% (+/-)	No
% with Any HMO/HIO Enrollment	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 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 HMO/HIO or PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	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 Any HMO/HIO or PHP Enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
# with 1115 HIFA Waiver (WVR TYPE = 5)	N/A	27,060	N/A	30,306	N/A	19,836	N/A	12.00	-34.50	25% (+/-)	No
# 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
% 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	0	N/A	0	N/A	N/A	Div by 0	25% (+/-)	N/A
# of Waiver IDs with Reporting in January but Not December	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	25% (+/-)	N/A
# of Waiver IDs with Reporting in December but Not January	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	25% (+/-)	N/A
Enrollees with Restricted Benefits											
Family Planning enrollees with Restricted Benefits (RBF = 6)											
# 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
% with ANY Family Planning Who Are Male	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A

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# 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
Aliens with Restricted Benefits (RBF = 2)											
# Aliens with ONLY Restricted Benefits	N/A	144	N/A	261	N/A	255	N/A	81.25	-2.30	N/A	N/A
# Aliens with ANY Restricted Benefits	N/A	241	N/A	492	N/A	355	N/A	104.10	-27.80	N/A	N/A
# Person-Years of Enrollment Aliens with ANY Restricted Benefits	N/A	123	N/A	198	N/A	199	N/A	61.22	0.50	N/A	N/A
EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - RBF = 3)											
# EDB Duals with ONLY Restricted Benefits Enrollment	N/A	15,586	N/A	32,088	N/A	36,143	N/A	105.90	12.64	N/A	N/A
# EDB Duals with ANY Restricted Benefits Enrollment	N/A	18,898	N/A	36,533	N/A	40,986	N/A	93.32	12.19	N/A	N/A
# Person-Years of Enrollment EDB Duals with ANY Restricted Benefits	N/A	14,089	N/A	26,827	N/A	34,164	N/A	90.41	27.35	N/A	N/A
% EDB Duals with ONLY Restricted Benefits Enrollment	<=40%	22.16	Yes	36.35	Yes	38.88	Yes	64.02	6.98	15% (+/-)	Yes
Prescription Drug Enrollees (RBF = X, Y, or Z)											
# 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
Dual Prescription Drug Enrollees											
# 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
Benchmark-Equivalent Enrollees (RBF = 7)											
# with ANY Benchmark-Equivalent Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# Person-Years of Benchmark-Equivalent Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Money Follows the Person Enrollees (RBF = 8)											
# with ANY Money Follows the Person Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# Person-Years of Money Follows the Person Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
PRTF Enrollees (RBF = A)											
# with ANY PRTF Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# Person-Years of PRTF Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Health Opportunity Account Enrollment (RBF = B)											
# with ANY Health Opportunity Account Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
# Person-Years of Health Opportunity Account Enrollment	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
June Eligibility Profile											
Total Enrollees in June	N/A	275,409	N/A	305,629	N/A	303,500	N/A	10.97	-0.70	15% (+/-)	Yes
June # Aged	N/A	N/A	N/A	N/A	N/A	50,623	N/A	N/A	N/A	15% (+/-)	N/A
June # Disabled	N/A	N/A	N/A	N/A	N/A	56,136	N/A	N/A	N/A	15% (+/-)	N/A
June # Child	N/A	N/A	N/A	N/A	N/A	112,434	N/A	N/A	N/A	15% (+/-)	N/A
June # Adult	N/A	N/A	N/A	N/A	N/A	84,307	N/A	N/A	N/A	15% (+/-)	N/A
June % Full Scope Benefits (RBF = 1)	>80%	94.36	Yes	89.73	Yes	88.43	Yes	-4.91	-1.44	15% (+/-)	Yes
June % Restricted Benefits Alien (RBF = 2)	<5%	0.04	Yes	0.07	Yes	0.06	Yes	71.88	-4.68	15% (+/-)	Yes
June % Restricted Benefits Dual (RBF = 3)	<5%	5.59	No	10.19	No	11.50	No	82.43	12.77	15% (+/-)	Yes
June % Restricted Benefits Pregnant (RBF = 4)	<5%	0.01	Yes	0.01	Yes	0.01	Yes	-27.90	-24.50	15% (+/-)	No
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	N/A	0.00	Yes	0.00	Yes	N/A	Div by 0	15% (+/-)	N/A
June % Money Follows the Person Enrollee (RBF = 8)	0%	N/A	N/A	0.00	Yes	0.00	Yes	N/A	Div by 0	15% (+/-)	N/A
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	N/A	0.00	Yes	0.00	Yes	N/A	Div by 0	15% (+/-)	N/A
June % Health Opportunity Account (RBF = B)	0%	N/A	N/A	0.00	Yes	0.00	Yes	N/A	Div by 0	15% (+/-)	N/A
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

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STATE: ME

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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
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%	7.95	Yes	8.07	Yes	12.86	Yes	1.57	59.33	15% (+/-)	No
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	9,325	N/A	9,630	N/A	9,073	N/A	3.27	-5.78	15% (+/-)	Yes
June # with M-CHIP (SCHIP = 2) - Adult (Age > 18 Years)	N/A	307	N/A	329	N/A	332	N/A	7.17	0.91	15% (+/-)	Yes
June # with S-CHIP (SCHIP = 3) - Child (Age < 19 Years)	N/A	1,729	N/A	1,613	N/A	1,696	N/A	-6.71	5.15	15% (+/-)	Yes
June # with S-CHIP (SCHIP = 3) - Adult (Age > 18 Years)	N/A	102	N/A	91	N/A	110	N/A	-10.80	20.88	15% (+/-)	No
Medicaid Expenditures											
Total Medicaid Paid	N/A	\$187,039,868	N/A	\$199,944,131	N/A	\$210,764,519	N/A	6.90	5.41	15% (+/-)	Yes
Avg Medicaid Paid per Enrollee	N/A	\$563	N/A	\$560	N/A	\$591	N/A	-0.44	5.52	15% (+/-)	Yes
25th Percentile	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
50th Percentile (Median)	N/A	\$26	N/A	\$17	N/A	\$14	N/A	-34.60	-17.60	15% (+/-)	No
75th Percentile	N/A	\$267	N/A	\$229	N/A	\$205	N/A	-14.20	-10.50	15% (+/-)	Yes
95th Percentile	N/A	\$2,877	N/A	\$2,928	N/A	\$3,152	N/A	1.77	7.65	15% (+/-)	Yes
99th Percentile	N/A	\$8,122	N/A	\$8,410	N/A	\$9,184	N/A	3.55	9.20	15% (+/-)	Yes
Maximum Medicaid Paid	N/A	\$571,736	N/A	\$602,320	N/A	\$961,814	N/A	5.35	59.68	25% (+/-)	No
PERCENT OF ENROLLEES WITH ZERO EXPENDITURES											
% of Enrollees with Total Medicaid Paid = \$0	N/A	N/A	N/A	40.09	N/A	40.80	N/A	N/A	1.76	15% (+/-)	Yes
Aged	N/A	N/A	N/A	74.74	N/A	74.51	N/A	N/A	-0.31	15% (+/-)	Yes
Disabled	N/A	N/A	N/A	34.74	N/A	35.54	N/A	N/A	2.32	15% (+/-)	Yes
Child	N/A	N/A	N/A	36.88	N/A	38.04	N/A	N/A	3.15	15% (+/-)	Yes
Adult	N/A	N/A	N/A	29.51	N/A	28.76	N/A	N/A	-2.53	15% (+/-)	Yes
NUMBER OF HIGH-COST ENROLLEES											
# of Enrollees with Total Medicaid Paid > \$1,000,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# of Enrollees with Total Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	11	N/A	0.00	-50.00	N/A	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$563	N/A	\$560	N/A	\$591	N/A	-0.44	5.52	15% (+/-)	Yes
Aged	N/A	\$112	N/A	\$58	N/A	\$60	N/A	-48.00	3.08	15% (+/-)	Yes
Disabled	N/A	\$1,557	N/A	\$1,525	N/A	\$1,587	N/A	-2.06	4.03	10% (+/-)	Yes
Child	N/A	\$278	N/A	\$284	N/A	\$288	N/A	2.39	1.39	10% (+/-)	Yes
Adult	N/A	\$577	N/A	\$627	N/A	\$683	N/A	8.78	8.97	10% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY GENDER											
Avg Medicaid Paid per Female Enrollee	N/A	N/A	N/A	N/A	N/A	\$630	N/A	N/A	N/A	15% (+/-)	N/A
Avg Medicaid Paid per Male Enrollee	N/A	N/A	N/A	N/A	N/A	\$543	N/A	N/A	N/A	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$218	N/A	\$152	N/A	\$147	N/A	-30.20	-3.17	15% (+/-)	Yes
Aged	N/A	\$92	N/A	\$43	N/A	\$45	N/A	-52.70	3.99	10% (+/-)	Yes
Disabled	N/A	\$296	N/A	\$256	N/A	\$245	N/A	-13.70	-4.05	10% (+/-)	Yes
Female	N/A	N/A	N/A	N/A	N/A	\$144	N/A	N/A	N/A	10% (+/-)	N/A
Male	N/A	N/A	N/A	N/A	N/A	\$152	N/A	N/A	N/A	10% (+/-)	N/A
EDB Dual Not Reported on MSIS (EDB DUAL = 50)	N/A	N/A	N/A	\$1,578	N/A	\$1,223	N/A	N/A	-22.50	10% (+/-)	No
EDB QMB Only (EDB DUAL = 51)	N/A	N/A	N/A	\$16	N/A	\$21	N/A	N/A	33.30	10% (+/-)	No
EDB QMB Plus (EDB DUAL = 52)	N/A	N/A	N/A	\$177	N/A	\$180	N/A	N/A	2.07	10% (+/-)	Yes
EDB SLMB Only (EDB DUAL = 53)	N/A	N/A	N/A	\$11	N/A	\$9	N/A	N/A	-14.30	10% (+/-)	No

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EDB SLMB Plus (EDB DUAL = 54)	N/A	N/A	N/A	\$175	N/A	\$205	N/A	N/A	17.10	10% (+/-)	No
EDB QDWI (EDB DUAL = 55)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	10% (+/-)	N/A
EDB QI-1 (EDB DUAL = 56)	N/A	N/A	N/A	\$8	N/A	\$12	N/A	N/A	46.34	10% (+/-)	No
EDB QI-2 (EDB DUAL = 57)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	10% (+/-)	N/A
EDB Other (EDB DUAL = 58)	N/A	N/A	N/A	\$316	N/A	\$441	N/A	N/A	39.72	10% (+/-)	No
EDB Dual Type Unknown (EDB DUAL = 59)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	10% (+/-)	N/A
EDB Dual Status Unknown (EDB DUAL = 98)	N/A	N/A	N/A	Div by 0	N/A	Div by 0	N/A	N/A	Div by 0	10% (+/-)	N/A
Avg Medicaid Paid per EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58)	N/A	N/A	N/A	\$240	N/A	\$240	N/A	N/A	-0.09	10% (+/-)	Yes
Avg Medicaid Paid per EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	N/A	N/A	\$15	N/A	\$18	N/A	N/A	26.32	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg Medicaid Paid per Enrollee with CLTC Claims (Excluding CLTC FLAG = 16-20)	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
Avg Medicaid Paid per Enrollee with ILTC (MAX TOS = 02, 04, 05, 07) and CLTC Claims (Excluding CLTC FLAG = 16-20)	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 MEDICAID AMOUNT PAID PER ENROLLEE IN 1915(c) WAIVER - MOST RECENT											
Avg Medicaid Paid per Section 1915(c) Enrollee	N/A	\$1,481	N/A	\$1,590	N/A	\$1,561	N/A	7.34	-1.80	15% (+/-)	Yes
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	\$327	N/A	\$389	N/A	\$490	N/A	18.98	25.86	15% (+/-)	No
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	\$1,886	N/A	\$2,119	N/A	\$2,451	N/A	12.32	15.68	15% (+/-)	No
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	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 MR/DD (WVR TYPE = L)	N/A	\$1,747	N/A	\$1,835	N/A	\$1,981	N/A	5.02	7.96	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	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 Autism/ASD (WVR TYPE = P)	N/A	Div by 0	N/A	Div by 0	N/A	\$822	N/A	Div by 0	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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
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	\$0	N/A	\$0	N/A	\$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	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 MR/DD (WVR TYPE = L)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
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	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 Autism/ASD (WVR TYPE = P)	N/A	Div by 0	N/A	Div by 0	N/A	\$0	N/A	Div by 0	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											
Expenditures for Family Planning Enrollees with Restricted Benefits (RBF = 6)											
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
Expenditures for Aliens with Restricted Benefits (RBF = 2)											
Total Medicaid Paid for Aliens with Restricted Benefits ONLY Enrollment	N/A	\$43,068	N/A	\$6,476	N/A	\$12,897	N/A	-85.00	99.15	N/A	N/A
Avg Medicaid Paid per Alien Enrollee with Restricted Benefits ONLY	N/A	\$299	N/A	\$25	N/A	\$51	N/A	-91.70	103.80	N/A	N/A
Expenditures for EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - RBF = 3)											

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Total Medicaid Paid for EDB Duals with Only Restricted Benefits Enrollment	N/A	\$27,592	N/A	\$63,945	N/A	\$182,367	N/A	131.80	185.20	N/A	N/A
Avg Medicaid Paid per EDB Dual with Only Restricted Benefits Enrollment	N/A	\$2	N/A	\$2	N/A	\$5	N/A	12.57	153.20	N/A	N/A
Expenditures for Prescription Drug Enrollees (RBF = X, Y, or Z)											
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
Expenditures for Dual Prescription Drug Enrollees											
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
AVERAGE MEDICAID AMOUNT PAID PER M-CHIP ENROLLEE											
Avg Medicaid Paid per Person Ever Enrolled in M-CHIP	N/A	N/A	N/A	N/A	N/A	\$316	N/A	N/A	N/A	15% (+/-)	N/A
Child (Age < 19 Years)	N/A	N/A	N/A	N/A	N/A	\$316	N/A	N/A	N/A	15% (+/-)	N/A
Adult (Age > 18 Years)	N/A	N/A	N/A	N/A	N/A	\$325	N/A	N/A	N/A	15% (+/-)	N/A
MEDICAID ENROLLEES - EXCLUDING SELECT RESTRICTED BENEFIT GROUPS (excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total Medicaid Enrollees	N/A	316,681	N/A	324,551	N/A	320,148	N/A	2.49	-1.36	10% (+/-)	Yes
Aged Total	N/A	28,309	N/A	29,192	N/A	28,730	N/A	3.12	-1.58	10% (+/-)	Yes
Disabled Total	N/A	50,370	N/A	52,582	N/A	54,362	N/A	4.39	3.39	10% (+/-)	Yes
Child Total	N/A	128,651	N/A	130,472	N/A	132,058	N/A	1.42	1.22	10% (+/-)	Yes
Adult Total	N/A	109,351	N/A	112,305	N/A	104,998	N/A	2.70	-6.51	10% (+/-)	Yes
Total Medicaid Person-Years of Enrollment	N/A	265,403	N/A	275,788	N/A	272,601	N/A	3.91	-1.16	10% (+/-)	Yes
Total EDB Duals	N/A	54,745	N/A	56,192	N/A	56,806	N/A	2.64	1.09	10% (+/-)	Yes
Aged	N/A	26,566	N/A	26,596	N/A	26,614	N/A	0.11	0.07	10% (+/-)	Yes
Disabled	N/A	23,668	N/A	24,838	N/A	25,610	N/A	4.94	3.11	10% (+/-)	Yes
TOTAL MEDICAID AMOUNT PAID											
Total Medicaid Paid	N/A	\$186,969,208	N/A	\$199,873,710	N/A	\$210,569,255	N/A	6.90	5.35	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP											
Avg Medicaid Paid per Enrollee	N/A	\$590	N/A	\$616	N/A	\$658	N/A	4.31	6.80	15% (+/-)	Yes
Aged	N/A	\$160	N/A	\$109	N/A	\$120	N/A	-31.50	9.48	15% (+/-)	Yes
Disabled	N/A	\$1,661	N/A	\$1,693	N/A	\$1,787	N/A	1.94	5.58	10% (+/-)	Yes
Child	N/A	\$278	N/A	\$284	N/A	\$288	N/A	2.41	1.40	10% (+/-)	Yes
Adult	N/A	\$577	N/A	\$628	N/A	\$685	N/A	8.92	8.97	10% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY GENDER											
Avg Medicaid Paid per Female Enrollee	N/A	N/A	N/A	N/A	N/A	\$707	N/A	N/A	N/A	15% (+/-)	N/A
Avg Medicaid Paid per Male Enrollee	N/A	N/A	N/A	N/A	N/A	\$598	N/A	N/A	N/A	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE											
Avg Medicaid Paid per EDB Dual Enrollee	N/A	\$279	N/A	\$238	N/A	\$238	N/A	-14.90	-0.01	15% (+/-)	Yes
Aged	N/A	\$134	N/A	\$85	N/A	\$93	N/A	-36.30	9.90	10% (+/-)	Yes
Disabled	N/A	\$338	N/A	\$314	N/A	\$306	N/A	-6.96	-2.54	10% (+/-)	Yes
Female	N/A	N/A	N/A	N/A	N/A	\$233	N/A	N/A	N/A	10% (+/-)	N/A
Male	N/A	N/A	N/A	N/A	N/A	\$245	N/A	N/A	N/A	10% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER M-CHIP ENROLLEE											
Avg Medicaid Paid per Person Ever Enrolled in M-CHIP	N/A	N/A	N/A	N/A	N/A	\$316	N/A	N/A	N/A	15% (+/-)	N/A
Child (Age < 19 Years)	N/A	N/A	N/A	N/A	N/A	\$316	N/A	N/A	N/A	15% (+/-)	N/A
Adult (Age > 18 Years)	N/A	N/A	N/A	N/A	N/A	\$325	N/A	N/A	N/A	15% (+/-)	N/A

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

2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Managed CARE PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs, excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2003. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees are grouped with HMO/HIO rather than PHP enrollees as of 2007.											
% Total Enrollees in MC Anytime During Year	N/A	63.98	N/A	63.88	N/A	64.15	N/A	-0.16	0.41	25% (+)	Yes
Total MC Enrollees	N/A	202,623	N/A	207,332	N/A	205,362	N/A	2.32	-0.95	25% (+)	Yes
Aged	N/A	148	N/A	144	N/A	250	N/A	-2.70	73.61	25% (+)	No
Disabled	N/A	2,786	N/A	3,168	N/A	8,990	N/A	13.71	183.80	25% (+)	No
Child	N/A	108,635	N/A	109,798	N/A	109,097	N/A	1.07	-0.64	25% (+)	Yes
Adult	N/A	91,054	N/A	94,222	N/A	87,025	N/A	3.48	-7.64	25% (+)	Yes
# in HMO/HIO (MC TYPE = 1)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in Dental (MC TYPE = 2)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in BHO (MC TYPE = 3)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in Prenatal (MC TYPE = 4)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in LTC (MC TYPE = 5)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in PACE (MC TYPE = 6)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in PCCM (MC TYPE = 7)	N/A	N/A	N/A	N/A	N/A	205,362	N/A	N/A	N/A	25% (+)	N/A
# in Other MC (MC TYPE = 8)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
# in Any PHP (MC TYPE = 2,3,4,5,8)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
% EDB Duals Ever Enrolled in HMO/HIOs	<20%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals in PHP Only or PHP/PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals in PCCM Only	N/A	2.66	N/A	2.59	N/A	2.28	N/A	-2.71	-11.80	25% (+)	Yes
% Section 1915(c) Waiver Enrollees Ever Enrolled in HMO/HIOs	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 in PHP Only or PHP and PCCM Only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% Section 1915(c) Waiver Enrollees in PCCM Only	N/A	0.61	N/A	0.68	N/A	3.73	N/A	12.07	449.40	25% (+)	No
% M-CHIP Children (<19) Ever Enrolled in HMO/HIOs	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	25% (+)	N/A
% M-CHIP Children (<19) in PHP Only or PHP/PCCM Only	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	25% (+)	N/A
% M-CHIP Children (<19) in PCCM Only	N/A	N/A	N/A	N/A	N/A	82.93	N/A	N/A	N/A	25% (+)	N/A
% M-CHIP Adults (>18) Ever Enrolled in HMO/HIOs	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	25% (+)	N/A
% M-CHIP Adults (>18) in PHP Only or PHP/PCCM Only	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	25% (+)	N/A
% M-CHIP Adults (>18) in PCCM Only	N/A	N/A	N/A	N/A	N/A	82.83	N/A	N/A	N/A	25% (+)	N/A
Total Enrollees in June	N/A	261,924	N/A	277,386	N/A	271,477	N/A	5.90	-2.13	25% (+)	Yes
June % HMO/HIO Only (MC COMBO = 01)	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 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	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % PCCM Only (MC COMBO = 04)	N/A	59.40	N/A	59.16	N/A	57.34	N/A	-0.40	-3.07	25% (+)	Yes
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	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Other MC (MC COMBO = 08)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	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

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
June % FFS Only (MC COMBO = 16)	N/A	40.60	N/A	40.84	N/A	42.66	N/A	0.59	4.45	25% (+)	Yes
June % MC Status Unknown (MC COMBO = 99)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	25% (+)	N/A
CAPITATION CLAIMS											
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
HMO/HIO	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PHP	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
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	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	15% (+/-)	N/A
HMO/HIO	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
PHP	.9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	.9-2	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	15% (+/-)	N/A
Avg Capitation Payment per Person-Month Enrollment in MC	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
HMO/HIO	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
PHP	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
PCCM	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Percent with Reported MC Enrollment Who Have Capitated Payments	>98%	N/A	N/A	N/A	N/A	0.00	No	N/A	N/A	15% (+/-)	N/A
HMO/HIO	>98%	N/A	N/A	N/A	N/A	Div by 0	Yes	N/A	N/A	15% (+/-)	N/A
PHP	>98%	N/A	N/A	N/A	N/A	Div by 0	Yes	N/A	N/A	15% (+/-)	N/A
PCCM	>98%	N/A	N/A	N/A	N/A	0.00	No	N/A	N/A	15% (+/-)	N/A
ENCOUNTER CLAIMS											
Percent of HMO/HIO Enrollees with any Encounter Records	>75%	N/A	N/A	N/A	N/A	Div by 0	Yes	N/A	N/A	25% (+)	N/A
Percent of PHP Only or PHP and PCCM Only Enrollees with any Encounter Records	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	25% (+)	N/A
Number of HMO/HIO or PHP Enrollees	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	25% (+)	N/A
Percentage of HMO/HIO or PHP Enrollees with Encounter Records, Overall and by MAX Type of Service	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	25% (+)	N/A
IP (MAX TOS = 01)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
MH Aged (MAX TOS = 02)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
IP Psych, Age < 21 (MAX TOS = 04)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
ICF/MR (MAX TOS = 05)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Nursing Facilities (MAX TOS = 07)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Physician (MAX TOS = 08)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Dental (MAX TOS = 09)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Other Practitioner (MAX TOS = 10)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Outpatient (MAX TOS = 11)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Clinic (MAX TOS = 12)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Home Health (MAX TOS = 13)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Lab/Xray (MAX TOS = 15)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Other Services (MAX TOS = 19)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Transportation (MAX TOS = 26)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Personal Care Services (MAX TOS = 30)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Targeted Case Mgmt (MAX TOS = 31)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Rehabilitation Services (MAX TOS = 33)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
PT/OT/Speech/Hearing (MAX TOS = 34)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Hospice (MAX TOS = 35)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner (MAX TOS = 37)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Private Duty Nursing (MAX TOS = 38)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Durable Medical Equipmt (MAX TOS = 51)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Residential Care (MAX TOS = 52)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Psych Services (MAX TOS = 53)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Adult Day Care (MAX TOS = 54)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
PERSONS ENROLLED IN PHP ONLY OR PHP AND PCCM ONLY											
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total Medicaid Paid	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 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	202,623	N/A	207,332	N/A	205,362	N/A	2.32	-0.95	15% (+/-)	Yes
PERSONS EVER ENROLLED IN HMO OR HIO DURING YEAR											
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Disabled	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Child	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Adult	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Total Ever Enrolled in HMO/HIO Person-Years of Enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	25% (+)	N/A
Total Capitation Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg Capitation Payments	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
Total FFS Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg FFS Payments per Enrollee	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
Total FFS Payments by Type of Service											
IP (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ILTC (MAX TOS = 02, 04, 05, 07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Drug (MAX TOS = 16)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Other (Excluding Capitation Payments)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Average FFS Payments by Type of Service											
IP (MAX TOS = 01)	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
ILTC (MAX TOS = 02, 04, 05, 07)	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
Drug (MAX TOS = 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
All Other (Excluding Capitation Payments)	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
FFS INFORMATION FOR NON-DUAL MEDICAID ENROLLEES (excludes EDB Duals, people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: S-CHIP only, FP Only, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007.											
Total Non-Dual FFS Enrollees	N/A	261,936	N/A	268,359	N/A	263,342	N/A	2.45	-1.87	15% (+/-)	Yes
Total Non-Dual FFS Recipients	N/A	179,748	N/A	183,187	N/A	179,198	N/A	1.91	-2.18	15% (+/-)	Yes

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

2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Total Non-Dual FFS Person-Years of Enrollment	N/A	215,231	N/A	223,886	N/A	219,729	N/A	4.02	-1.86	15% (+/-)	Yes
Aged Total	N/A	1,743	N/A	2,596	N/A	2,116	N/A	48.94	-18.50	10% (+/-)	No
Aged, Cash (MAX ELIG CD = 11)	N/A	271	N/A	263	N/A	245	N/A	-2.95	-6.84	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	139	N/A	125	N/A	123	N/A	-10.10	-1.60	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	1,134	N/A	2,019	N/A	1,588	N/A	78.04	-21.30	10% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	199	N/A	189	N/A	160	N/A	-5.03	-15.30	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	26,702	N/A	27,744	N/A	28,752	N/A	3.90	3.63	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	20,037	N/A	20,398	N/A	21,099	N/A	1.80	3.44	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	336	N/A	417	N/A	400	N/A	24.11	-4.08	10% (+/-)	Yes
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	4,505	N/A	5,033	N/A	5,369	N/A	11.72	6.68	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	1,824	N/A	1,896	N/A	1,884	N/A	3.95	-0.63	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Total	N/A	128,631	N/A	130,451	N/A	132,025	N/A	1.42	1.21	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	10% (+/-)	N/A
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	653	N/A	689	N/A	695	N/A	5.51	0.87	10% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	104,590	N/A	104,718	N/A	105,340	N/A	0.12	0.59	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	19,592	N/A	20,690	N/A	21,389	N/A	5.60	3.38	10% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	3,792	N/A	4,339	N/A	4,600	N/A	14.43	6.02	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	11	N/A	15	N/A	11	N/A	400.00	-93.30	10% (+/-)	No
Adult Total	N/A	104,860	N/A	107,568	N/A	100,449	N/A	2.58	-6.62	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	26,722	N/A	27,841	N/A	28,009	N/A	4.19	0.60	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	568	N/A	540	N/A	548	N/A	-4.93	1.48	10% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	1,972	N/A	1,988	N/A	2,092	N/A	0.81	5.23	10% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	50,985	N/A	50,163	N/A	52,318	N/A	-1.61	4.30	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	24,613	N/A	27,036	N/A	17,482	N/A	9.84	-35.30	10% (+/-)	No
# Non-Dual FFS Enrollees with MSIS Dual Code but No EDB Confirmation	N/A	2,014	N/A	2,903	N/A	2,264	N/A	44.14	-22.00	10% (+/-)	No
Total FFS Medicaid Paid	N/A	\$171,670,762	N/A	\$186,512,149	N/A	\$197,063,572	N/A	8.65	5.66	15% (+/-)	Yes
Avg FFS Medicaid Paid per Non-Dual FFS Enrollee	N/A	\$655	N/A	\$695	N/A	\$748	N/A	6.05	7.67	15% (+/-)	Yes
Avg FFS Medicaid Paid per Non-Dual FFS Recipient (User of Any service)	N/A	\$955	N/A	\$1,018	N/A	\$1,100	N/A	6.61	8.01	15% (+/-)	Yes
Total Capitation Payments	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	10% (+/-)	N/A
Total HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	15% (+/-)	N/A
Avg HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$556	N/A	\$359	N/A	\$450	N/A	-35.50	25.57	15% (+/-)	No
Aged, Cash (MAX ELIG CD = 11)	N/A	\$1,309	N/A	\$1,520	N/A	\$1,762	N/A	16.10	15.89	15% (+/-)	No
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$763	N/A	\$613	N/A	\$594	N/A	-19.60	-3.16	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$347	N/A	\$188	N/A	\$238	N/A	-45.80	26.70	15% (+/-)	No
Other Aged (MAX ELIG CD = 41)	N/A	\$579	N/A	\$400	N/A	\$441	N/A	-31.00	10.24	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	\$2,833	N/A	\$2,927	N/A	\$3,107	N/A	3.31	6.13	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$3,085	N/A	\$3,246	N/A	\$3,548	N/A	5.20	9.33	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$1,663	N/A	\$1,616	N/A	\$2,317	N/A	-2.86	43.39	15% (+/-)	No

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$2,216	N/A	\$2,332	N/A	\$2,025	N/A	5.22	-13.10	15% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	\$1,806	N/A	\$1,369	N/A	\$1,406	N/A	-24.20	2.64	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$277	N/A	\$284	N/A	\$288	N/A	2.45	1.46	15% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
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	\$295	N/A	\$146	N/A	\$142	N/A	-50.40	-2.83	15% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	\$248	N/A	\$250	N/A	\$251	N/A	0.93	0.43	15% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	\$280	N/A	\$280	N/A	\$273	N/A	0.15	-2.56	15% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	\$1,065	N/A	\$1,140	N/A	\$1,226	N/A	7.07	7.53	15% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	\$11,314	N/A	\$1,185	N/A	\$10,959	N/A	-89.50	824.90	15% (+/-)	No
Adult	N/A	\$566	N/A	\$626	N/A	\$684	N/A	10.51	9.35	15% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$494	N/A	\$528	N/A	\$542	N/A	6.92	2.52	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	\$392	N/A	\$345	N/A	\$468	N/A	-12.00	35.64	15% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	\$214	N/A	\$288	N/A	\$219	N/A	34.72	-23.80	15% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	\$564	N/A	\$637	N/A	\$672	N/A	12.94	5.61	15% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	\$682	N/A	\$736	N/A	\$1,011	N/A	7.95	37.31	15% (+/-)	No
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP: 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: Avg Medicaid Covered Days 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: 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
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
NF: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
NF: 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
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Physician: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Physician: 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
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Dental: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Dental: 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
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Practitioner: 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
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Outpatient: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Outpatient: 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
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Clinic: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Clinic: 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
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Home Health: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Home Health: 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
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Lab/Xray: 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
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$171,670,762	N/A	\$186,512,149	N/A	\$197,063,572	N/A	8.65	5.66	15% (+/-)	Yes
Drugs: Number of Users	N/A	179,748	N/A	183,187	N/A	179,198	N/A	1.91	-2.18	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$955	N/A	\$1,018	N/A	\$1,100	N/A	6.61	8.01	15% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other 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
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Transportation: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Transportation: 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: 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
Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner: Number of Users	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner: Avg Medicaid Paid per User	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Number of Users	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Avg Medicaid Paid per User	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: 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
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Residential Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Residential Care: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych 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
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	\$655	N/A	\$695	N/A	\$748	N/A	6.05	7.67	15% (+/-)	Yes
Aged	N/A	\$556	N/A	\$359	N/A	\$450	N/A	-35.50	25.57	15% (+/-)	No
Disabled	N/A	\$2,833	N/A	\$2,927	N/A	\$3,107	N/A	3.31	6.13	15% (+/-)	Yes
Child	N/A	\$277	N/A	\$284	N/A	\$288	N/A	2.45	1.46	15% (+/-)	Yes
Adult	N/A	\$566	N/A	\$626	N/A	\$684	N/A	10.51	9.35	15% (+/-)	Yes
All Other Services	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
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	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Non-Dual FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% with Ratio of ILTC Days/Enrollment Days > 1	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
% Non-Dual FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	68.62	N/A	68.26	N/A	68.05	N/A	-0.53	-0.31	15% (+/-)	Yes
Aged	N/A	27.83	N/A	18.91	N/A	22.64	N/A	-32.00	19.69	15% (+/-)	No
Disabled	N/A	86.72	N/A	86.21	N/A	85.73	N/A	-0.59	-0.57	15% (+/-)	Yes
Child	N/A	63.86	N/A	63.13	N/A	61.97	N/A	-1.15	-1.83	15% (+/-)	Yes
Adult	N/A	70.53	N/A	71.04	N/A	71.93	N/A	0.73	1.24	15% (+/-)	Yes
% Non-Dual FFS Enrollees with All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	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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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg # IP Days per Non-Dual FFS 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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
Avg # ILTC Days per Non-Dual FFS 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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
% Non-Dual FFS Enrollees with Maternal Delivery	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
HIGH-COST FFS NON-DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE											
Number of FFS Non-Duals with FFS Medicaid Paid > \$1,000,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Number of FFS Non-Duals with FFS Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	11	N/A	0.00	-50.00	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	11	N/A	11	N/A	11	N/A	-20.00	-12.50	N/A	N/A
All Other Services > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Maximum FFS Medicaid Paid	N/A	\$571,736	N/A	\$602,320	N/A	\$961,814	N/A	5.35	59.68	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Drugs (MAX TOS = 16)	N/A	\$571,736	N/A	\$602,320	N/A	\$961,814	N/A	5.35	59.68	N/A	N/A
All Other Services	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$4,664,743	N/A	\$4,582,564	N/A	\$3,614,872	N/A	-1.76	-21.10	15% (+/-)	No
FP: Number of Users	N/A	19,843	N/A	20,250	N/A	20,025	N/A	2.05	-1.11	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$235	N/A	\$226	N/A	\$181	N/A	-3.74	-20.20	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
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
FOHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FOHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FOHC: 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
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$433,771	N/A	\$430,437	N/A	\$390,603	N/A	-0.77	-9.25	15% (+/-)	Yes
IHS: Number of Users	N/A	926	N/A	920	N/A	907	N/A	-0.65	-1.41	15% (+/-)	Yes
IHS: Avg Medicaid Paid per User	N/A	\$468	N/A	\$468	N/A	\$431	N/A	-0.12	-7.95	15% (+/-)	Yes
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: 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
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	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
Number of Non-Dual CLTC Users (Excludes CLTC FLAG = 16-20)	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
Avg FFS CLTC Medicaid Paid per Non-Dual User (Excludes CLTC FLAG = 16-20)	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

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STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
% Non-Dual FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
# Non-Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Avg FFS CLTC Medicaid Paid per Non-Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
% Non-Dual FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS INFORMATION FOR DUAL MEDICAID ENROLLEES (excludes non-EDB duals, duals ever enrolled in HMO/HIOs or PACE, duals with only restricted benefits, duals with missing eligibility information, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage)---NOTE: non-EDB duals and duals with restricted benefits were not excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007.											
Total EDB Dual FFS Enrollees	N/A	54,745	N/A	56,192	N/A	56,806	N/A	2.64	1.09	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	30,660	N/A	30,306	N/A	31,191	N/A	-1.15	2.92	15% (+/-)	Yes
Total EDB Dual FFS Person-Years of Enrollment	N/A	50,173	N/A	51,903	N/A	52,872	N/A	3.45	1.87	15% (+/-)	Yes
% EDB Dual Not Reported on MSIS (EDB DUAL = 50)	N/A	2.02	N/A	2.20	N/A	1.34	N/A	8.98	-39.10	15% (+/-)	No
% QMB Only (EDB DUAL = 51)	N/A	1.62	N/A	3.43	N/A	4.03	N/A	111.70	17.22	15% (+/-)	No
% QMB Plus (EDB DUAL = 52)	N/A	65.81	N/A	71.57	N/A	76.78	N/A	8.76	7.27	15% (+/-)	Yes
% SLMB Only (EDB DUAL = 53)	N/A	1.49	N/A	0.49	N/A	0.44	N/A	-66.80	-10.30	15% (+/-)	Yes
% SLMB Plus (EDB DUAL = 54)	N/A	3.18	N/A	0.82	N/A	1.02	N/A	-74.40	25.70	15% (+/-)	No
% 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	0.52	N/A	0.17	N/A	0.23	N/A	-67.50	35.75	15% (+/-)	No
% 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	25.37	N/A	21.32	N/A	16.16	N/A	-16.00	-24.20	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	95.90	N/A	95.30	N/A	N/A	-0.63	15% (+/-)	Yes
% EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57)	N/A	N/A	N/A	4.10	N/A	4.70	N/A	N/A	14.65	15% (+/-)	Yes
Aged EDB Dual FFS Total	N/A	26,566	N/A	26,596	N/A	26,614	N/A	0.11	0.07	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	7,000	N/A	6,512	N/A	6,477	N/A	-6.97	-0.54	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	3,658	N/A	3,899	N/A	3,843	N/A	6.59	-1.44	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	10,631	N/A	10,732	N/A	10,839	N/A	0.95	1.00	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	5,277	N/A	5,453	N/A	5,455	N/A	3.34	0.04	10% (+/-)	Yes

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
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	23,668	N/A	24,838	N/A	25,610	N/A	4.94	3.11	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	11,430	N/A	11,502	N/A	11,744	N/A	0.63	2.10	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	606	N/A	664	N/A	550	N/A	9.57	-17.20	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	9,678	N/A	10,442	N/A	10,938	N/A	7.89	4.75	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	1,954	N/A	2,230	N/A	2,378	N/A	14.12	6.64	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Total FFS Medicaid Paid	N/A	\$15,298,446	N/A	\$13,361,561	N/A	\$13,505,683	N/A	-12.70	1.08	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual	N/A	\$279	N/A	\$238	N/A	\$238	N/A	-14.90	-0.01	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Dual Recipient (User of Any Service)	N/A	\$499	N/A	\$441	N/A	\$433	N/A	-11.60	-1.79	15% (+/-)	Yes
Total Capitation Payments	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	10% (+/-)	N/A
Total HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	15% (+/-)	N/A
Avg HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$134	N/A	\$85	N/A	\$93	N/A	-36.30	9.90	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$165	N/A	\$117	N/A	\$131	N/A	-28.80	12.07	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$234	N/A	\$137	N/A	\$157	N/A	-41.30	14.82	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$70	N/A	\$53	N/A	\$55	N/A	-25.30	4.71	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	\$150	N/A	\$73	N/A	\$80	N/A	-51.20	8.75	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	\$338	N/A	\$314	N/A	\$306	N/A	-6.96	-2.54	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$330	N/A	\$335	N/A	\$330	N/A	1.76	-1.75	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$319	N/A	\$305	N/A	\$256	N/A	-4.27	-16.20	15% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$363	N/A	\$314	N/A	\$308	N/A	-13.40	-2.11	15% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	\$268	N/A	\$209	N/A	\$198	N/A	-22.10	-5.27	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP: 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: Avg Medicaid Covered Days 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: 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
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
NF: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
NF: 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
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Physician: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Physician: 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
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Dental: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Dental: 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
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Practitioner: 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
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Outpatient: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Outpatient: 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
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Clinic: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Clinic: 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
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Home Health: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Home Health: 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
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Lab/Xray: 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
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$15,298,446	N/A	\$13,361,561	N/A	\$13,505,683	N/A	-12.70	1.08	15% (+/-)	Yes
Drugs: Number of Users	N/A	30,660	N/A	30,306	N/A	31,191	N/A	-1.15	2.92	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$499	N/A	\$441	N/A	\$433	N/A	-11.60	-1.79	15% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other 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
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Transportation: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Transportation: 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: 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
Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner: Number of Users	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner: Avg Medicaid Paid per User	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Number of Users	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Avg Medicaid Paid per User	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: 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
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Residential Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Residential Care: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych 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
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	\$279	N/A	\$238	N/A	\$238	N/A	-14.90	-0.01	15% (+/-)	Yes
Aged	N/A	\$134	N/A	\$85	N/A	\$93	N/A	-36.30	9.90	15% (+/-)	Yes
Disabled	N/A	\$338	N/A	\$314	N/A	\$306	N/A	-6.96	-2.54	15% (+/-)	Yes
All Other Services	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERCENT OF FFS DUALS WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Duals with IP Claims (MAX TOS = 01)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% FFS Duals with ILTC Claims (MAX TOS = 02,04,05,07)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% FFS Duals with Drug Claims (MAX TOS = 16)	N/A	56.01	N/A	53.93	N/A	54.91	N/A	-3.70	1.81	15% (+/-)	Yes
Aged	N/A	52.65	N/A	50.19	N/A	52.11	N/A	-4.67	3.82	15% (+/-)	Yes
Disabled	N/A	58.19	N/A	56.74	N/A	57.22	N/A	-2.50	0.86	15% (+/-)	Yes
% FFS Duals with All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg # IP Days per FFS Dual User (MAX TOS = 01)	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg # ILTC Days per FFS Dual User (MAX TOS = 02, 04, 05, 07)	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
Aged	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

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Disabled	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
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	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Number of FFS Duals with FFS Medicaid Paid > \$500,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
All Other Services > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Maximum FFS Medicaid Paid	N/A	\$133,839	N/A	\$104,810	N/A	\$131,018	N/A	-21.70	25.01	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Drugs (MAX TOS = 16)	N/A	\$133,839	N/A	\$104,810	N/A	\$131,018	N/A	-21.70	25.01	N/A	N/A
All Other Services	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$49,198	N/A	\$44,753	N/A	\$39,848	N/A	-9.03	-11.00	15% (+/-)	Yes
FP: Number of Users	N/A	271	N/A	229	N/A	245	N/A	-15.50	6.99	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$182	N/A	\$195	N/A	\$163	N/A	7.65	-16.80	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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FQHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FQHC: 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
IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$40,150	N/A	\$16,874	N/A	\$15,586	N/A	-58.00	-7.63	15% (+/-)	Yes
IHS: Number of Users	N/A	96	N/A	73	N/A	80	N/A	-24.00	9.59	15% (+/-)	Yes
IHS: Avg Medicaid Paid per User	N/A	\$418	N/A	\$231	N/A	\$195	N/A	-44.70	-15.70	15% (+/-)	No
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: 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
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	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
Number of Dual CLTC Users (Excludes CLTC FLAG = 16-20)	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
Avg FFS CLTC Medicaid Paid per Dual User (Excludes CLTC FLAG = 16-20)	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% FFS Dual Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
# Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Avg CLTC Medicaid Paid per Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% FFS Dual Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS INFORMATION FOR TOTAL MEDICAID ENROLLEES (excludes people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007.											
Total FFS Enrollees	N/A	316,681	N/A	324,551	N/A	320,148	N/A	2.49	-1.36	15% (+/-)	Yes
# FFS Recipients	N/A	210,408	N/A	213,493	N/A	210,389	N/A	1.47	-1.45	15% (+/-)	Yes
% FFS Enrollees Who Are Recipients	65-90%	66.44	Yes	65.78	Yes	65.72	Yes	-0.99	-0.10	15% (+/-)	Yes
% Aged Who Are Recipients	90-100%	51.12	No	47.41	No	49.94	No	-7.26	5.33	15% (+/-)	Yes
% Disabled Who Are Recipients	85-100%	73.32	No	72.29	No	72.30	No	-1.40	0.01	15% (+/-)	Yes
% Child Who Are Recipients	80-100%	63.87	No	63.13	No	61.97	No	-1.15	-1.84	15% (+/-)	Yes
% Adults Who Are Recipients	80-100%	70.27	No	70.58	No	71.33	No	0.45	1.06	15% (+/-)	Yes
Total FFS Person-Years of Enrollment	N/A	265,403	N/A	275,788	N/A	272,601	N/A	3.91	-1.16	15% (+/-)	Yes
Aged Total	N/A	28,309	N/A	29,192	N/A	28,730	N/A	3.12	-1.58	10% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	7,271	N/A	6,775	N/A	6,722	N/A	-6.82	-0.78	10% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	3,797	N/A	4,024	N/A	3,966	N/A	5.98	-1.44	10% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	11,765	N/A	12,751	N/A	12,427	N/A	8.38	-2.54	10% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	5,476	N/A	5,642	N/A	5,615	N/A	3.03	-0.48	10% (+/-)	Yes
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	50,370	N/A	52,582	N/A	54,362	N/A	4.39	3.39	10% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	31,467	N/A	31,900	N/A	32,843	N/A	1.38	2.96	10% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	942	N/A	1,081	N/A	950	N/A	14.76	-12.10	10% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	14,183	N/A	15,475	N/A	16,307	N/A	9.11	5.38	10% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	3,778	N/A	4,126	N/A	4,262	N/A	9.21	3.30	10% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Child Total	N/A	128,651	N/A	130,472	N/A	132,058	N/A	1.42	1.22	10% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	11	N/A	0	N/A	0	N/A	-100.00	Div by 0	10% (+/-)	N/A
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	653	N/A	689	N/A	695	N/A	5.51	0.87	10% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	104,590	N/A	104,719	N/A	105,341	N/A	0.12	0.59	10% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	19,609	N/A	20,709	N/A	21,419	N/A	5.61	3.43	10% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	3,795	N/A	4,340	N/A	4,602	N/A	14.36	6.04	10% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	11	N/A	15	N/A	11	N/A	400.00	-93.30	10% (+/-)	No
Adult Total	N/A	109,351	N/A	112,305	N/A	104,998	N/A	2.70	-6.51	10% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	28,528	N/A	29,820	N/A	29,998	N/A	4.53	0.60	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	600	N/A	567	N/A	562	N/A	-5.50	-0.88	10% (+/-)	Yes
Adult, Poverty (MAX ELIG CD = 35)	N/A	2,009	N/A	2,027	N/A	2,117	N/A	0.90	4.44	10% (+/-)	Yes
Other Adult (MAX ELIG CD = 45)	N/A	52,989	N/A	52,254	N/A	54,444	N/A	-1.39	4.19	10% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	25,225	N/A	27,637	N/A	17,877	N/A	9.56	-35.30	10% (+/-)	No
Total FFS Medicaid Paid	N/A	\$186,969,208	N/A	\$199,873,710	N/A	\$210,569,255	N/A	6.90	5.35	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Enrollee	N/A	\$590	N/A	\$616	N/A	\$658	N/A	4.31	6.80	15% (+/-)	Yes
Avg FFS Medicaid Paid per FFS Recipient (User of Any Service)	N/A	\$889	N/A	\$936	N/A	\$1,001	N/A	5.36	6.91	15% (+/-)	Yes
Total Capitation Payments	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	15% (+/-)	N/A
# Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE	0	N/A	N/A	0	Yes	0	Yes	N/A	Div by 0	10% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
Total HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	\$0	N/A	\$0	N/A	N/A	Div by 0	15% (+/-)	N/A
Avg HMO/HIO Payments (Among People not Enrolled)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
Aged	N/A	\$160	N/A	\$109	N/A	\$120	N/A	-31.50	9.48	15% (+/-)	Yes
Aged, Cash (MAX ELIG CD = 11)	N/A	\$207	N/A	\$172	N/A	\$191	N/A	-17.20	11.13	15% (+/-)	Yes
Aged, Medically Needy (MAX ELIG CD = 21)	N/A	\$253	N/A	\$152	N/A	\$171	N/A	-40.00	12.55	15% (+/-)	Yes
Aged, Poverty (MAX ELIG CD = 31)	N/A	\$97	N/A	\$74	N/A	\$78	N/A	-23.70	6.00	15% (+/-)	Yes
Other Aged (MAX ELIG CD = 41)	N/A	\$166	N/A	\$84	N/A	\$90	N/A	-49.20	6.84	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	\$1,661	N/A	\$1,693	N/A	\$1,787	N/A	1.94	5.58	15% (+/-)	Yes
Disabled, Cash (MAX ELIG CD = 12)	N/A	\$2,084	N/A	\$2,196	N/A	\$2,397	N/A	5.37	9.16	15% (+/-)	Yes
Disabled, Medically Needy (MAX ELIG CD = 22)	N/A	\$799	N/A	\$811	N/A	\$1,124	N/A	1.55	38.58	15% (+/-)	No
Disabled, Poverty (MAX ELIG CD = 32, 3A)	N/A	\$951	N/A	\$970	N/A	\$873	N/A	1.98	-10.00	15% (+/-)	Yes
Other Disabled (MAX ELIG CD = 42)	N/A	\$1,010	N/A	\$742	N/A	\$732	N/A	-26.60	-1.41	15% (+/-)	Yes
1115 Disabled (MAX ELIG CD = 52)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$278	N/A	\$284	N/A	\$288	N/A	2.41	1.40	15% (+/-)	Yes
AFDC Child, Cash (MAX ELIG CD = 14)	N/A	\$0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
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	\$295	N/A	\$146	N/A	\$142	N/A	-50.40	-2.83	15% (+/-)	Yes
Child Poverty (MAX ELIG CD = 34)	N/A	\$248	N/A	\$250	N/A	\$251	N/A	1.00	0.36	15% (+/-)	Yes
Other Child (MAX ELIG CD = 44)	N/A	\$282	N/A	\$281	N/A	\$274	N/A	-0.33	-2.63	15% (+/-)	Yes
Foster Care Child (MAX ELIG CD = 48)	N/A	\$1,065	N/A	\$1,140	N/A	\$1,225	N/A	7.01	7.51	15% (+/-)	Yes
1115 Child (MAX ELIG CD = 54)	N/A	\$11,314	N/A	\$1,185	N/A	\$10,959	N/A	-89.50	824.90	15% (+/-)	No
Adult	N/A	\$577	N/A	\$628	N/A	\$685	N/A	8.92	8.97	15% (+/-)	Yes
AFDC Adult, Cash (MAX ELIG CD = 15)	N/A	\$493	N/A	\$518	N/A	\$537	N/A	5.09	3.82	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	\$402	N/A	\$343	N/A	\$474	N/A	-14.90	38.37	15% (+/-)	No
Adult, Poverty (MAX ELIG CD = 35)	N/A	\$216	N/A	\$288	N/A	\$229	N/A	33.23	-20.50	15% (+/-)	No
Other Adult (MAX ELIG CD = 45)	N/A	\$572	N/A	\$638	N/A	\$673	N/A	11.58	5.43	15% (+/-)	Yes
1115 Adult (MAX ELIG CD = 55)	N/A	\$715	N/A	\$760	N/A	\$1,028	N/A	6.24	35.31	15% (+/-)	No
FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE											
IP: Total Medicaid Paid (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IP: 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: Avg Medicaid Covered Days 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ICF/MR: 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
NF: Total Medicaid Paid (MAX TOS = 07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
NF: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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2006-2008 MAX PSF VALIDATION TABLE
STATE: ME

Measure	Expected Range	2006 Value	2006 Value Within Range	2007 Value	2007 Value Within Range	2008 Value	2008 Value Within Range	% Change 2006 - 2007	% Change 2007 - 2008	Cross Year Expected Range	Cross Year Within Range
NF: 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
Physician: Total Medicaid Paid (MAX TOS = 08)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Physician: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Physician: 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
Dental: Total Medicaid Paid (MAX TOS = 09)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Dental: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Dental: 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
Other Practitioner: Total Medicaid Paid (MAX TOS = 10)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Practitioner: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Practitioner: 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
Outpatient: Total Medicaid Paid (MAX TOS = 11)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Outpatient: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Outpatient: 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
Clinic: Total Medicaid Paid (MAX TOS = 12)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Clinic: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Clinic: 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
Home Health: Total Medicaid Paid (MAX TOS = 13)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Home Health: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Home Health: 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
Lab/Xray: Total Medicaid Paid (MAX TOS = 15)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Lab/Xray: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Lab/Xray: 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
Drugs: Total Medicaid Paid (MAX TOS = 16)	N/A	\$186,969,208	N/A	\$199,873,710	N/A	\$210,569,255	N/A	6.90	5.35	15% (+/-)	Yes
Drugs: Number of Users	N/A	210,408	N/A	213,493	N/A	210,389	N/A	1.47	-1.45	15% (+/-)	Yes
Drugs: Avg Medicaid Paid per User	N/A	\$889	N/A	\$936	N/A	\$1,001	N/A	5.36	6.91	15% (+/-)	Yes
Other Services: Total Medicaid Paid (MAX TOS = 19)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Other 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
Transportation: Total Medicaid Paid (MAX TOS = 26)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Transportation: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Transportation: 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Targeted Case Management: 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
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	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PT/OT/Speech/Hearing: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Total Medicaid Paid (MAX TOS = 35)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Hospice: 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

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STATE: ME

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Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner: Number of Users	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Nurse Practitioner: Avg Medicaid Paid per User	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38)	N/A	N/A	N/A	N/A	N/A	\$0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Number of Users	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	N/A
Private Duty Nursing: Avg Medicaid Paid per User	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	N/A
Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Durable Medical Equipment: 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
Residential Care: Total Medicaid Paid (MAX TOS = 52)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Residential Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Residential Care: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych Services: Total Medicaid Paid (MAX TOS = 53)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych Services: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Psych 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
Adult Day Care: Total Medicaid Paid (MAX TOS = 54)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult Day Care: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult Day Care: Avg Medicaid Paid per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY SELECTED MAX TYPE OF SERVICE											
Inpatient Hospital (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Drugs (MAX TOS = 16)	N/A	\$590	N/A	\$616	N/A	\$658	N/A	4.31	6.80	15% (+/-)	Yes
Aged	N/A	\$160	N/A	\$109	N/A	\$120	N/A	-31.50	9.48	15% (+/-)	Yes
Disabled	N/A	\$1,661	N/A	\$1,693	N/A	\$1,787	N/A	1.94	5.58	15% (+/-)	Yes
Child	N/A	\$278	N/A	\$284	N/A	\$288	N/A	2.41	1.40	15% (+/-)	Yes
Adult	N/A	\$577	N/A	\$628	N/A	\$685	N/A	8.92	8.97	15% (+/-)	Yes
All Other Services	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PERCENT OF FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Enrollees with IP Claims (MAX TOS = 01)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07)	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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STATE: ME

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Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% FFS Enrollees with Drug Claims (MAX TOS = 16)	N/A	66.44	N/A	65.78	N/A	65.72	N/A	-0.99	-0.10	15% (+/-)	Yes
Aged	N/A	51.12	N/A	47.41	N/A	49.94	N/A	-7.26	5.33	15% (+/-)	Yes
Disabled	N/A	73.32	N/A	72.29	N/A	72.30	N/A	-1.40	0.01	15% (+/-)	Yes
Child	N/A	63.87	N/A	63.13	N/A	61.97	N/A	-1.15	-1.84	15% (+/-)	Yes
Adult	N/A	70.27	N/A	70.58	N/A	71.33	N/A	0.45	1.06	15% (+/-)	Yes
% FFS Enrollees with All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Avg # IP Days per FFS 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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
Avg # ILTC Days per FFS 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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
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	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Number of FFS Enrollees with FFS Medicaid Paid > \$500,000	N/A	11	N/A	11	N/A	11	N/A	0.00	-50.00	N/A	N/A
Inpatient Hospital (MAX TOS = 01) > \$500,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07) > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Drugs (MAX TOS = 16) > \$200,000	N/A	11	N/A	11	N/A	11	N/A	-20.00	-12.50	N/A	N/A
All Other Services > \$200,000	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Maximum FFS Medicaid Paid	N/A	\$571,736	N/A	\$602,320	N/A	\$961,814	N/A	5.35	59.68	N/A	N/A
Inpatient Hospital (MAX TOS = 01)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
ILTC (MAX TOS = 02,04,05,07)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
Drugs (MAX TOS = 16)	N/A	\$571,736	N/A	\$602,320	N/A	\$961,814	N/A	5.35	59.68	N/A	N/A
All Other Services	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	N/A	N/A
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (PGM TYPE = 2)	N/A	\$4,713,941	N/A	\$4,627,317	N/A	\$3,654,720	N/A	-1.84	-21.00	15% (+/-)	No
FP: Number of Users	N/A	20,114	N/A	20,479	N/A	20,270	N/A	1.82	-1.02	15% (+/-)	Yes
FP: Avg Medicaid Paid per User	N/A	\$234	N/A	\$226	N/A	\$180	N/A	-3.59	-20.20	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
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
FOHC: Total Medicaid Paid (PGM TYPE = 4)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FOHC: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FOHC: 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

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IHS: Total Medicaid Paid (PGM TYPE = 5)	N/A	\$473,921	N/A	\$447,311	N/A	\$406,189	N/A	-5.61	-9.19	15% (+/-)	Yes
IHS: Number of Users	N/A	1,022	N/A	993	N/A	987	N/A	-2.84	-0.60	15% (+/-)	Yes
IHS: Avg Medicaid Paid per User	N/A	\$464	N/A	\$450	N/A	\$412	N/A	-2.86	-8.64	15% (+/-)	Yes
Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: 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
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20)	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
Number of CLTC Users (Excludes CLTC FLAG = 16-20)	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
Avg FFS CLTC Medicaid Paid per User (Excludes CLTC FLAG = 16-20)	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
% FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Number of CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Avg FFS CLTC Medicaid Paid per User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	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
Aged	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	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	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
Adult	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
% FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Aged	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Disabled	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Child	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Adult	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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

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