

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

March 31, 2012



MATHEMATICA
Policy Research

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ABBREVIATIONS AND ACRONYMS IN THE VALIDATION TABLES

Abbreviations

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

Acronyms

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

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

2007-2009 MAX IP VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| All IP Claims | | | | | | | | | | |
| Total Number of IP MSIS Quarters | N/A | 7 | N/A | 7 | N/A | 7 | N/A | N/A | N/A | N/A |
| Total Number of Stays | N/A | 448,283 | N/A | 471,498 | N/A | 493,917 | N/A | 5.18 | 4.76 | Yes |
| % Encounter Stays | N/A | 9.52 | N/A | 10.02 | N/A | 11.36 | N/A | 5.26 | 13.40 | Yes |
| % Supplemental Stays | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| % Stays with NPI (Not 0/8/9-filled) | 95-100 | N/A | N/A | N/A | N/A | 100.00 | Yes | N/A | N/A | N/A |
| % Stays with NPI = Billing Provider ID (for Stays with NPI) | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Stays with Provider Taxonomy (Not 0/8/9-filled) | 95-100 | N/A | N/A | N/A | N/A | 85.00 | No | N/A | N/A | N/A |
| Total FFS Stays | N/A | 405,620 | N/A | 424,266 | N/A | 437,810 | N/A | 4.60 | 3.19 | Yes |
| % Crossover | 5-20 | 84.13 | No | 85.44 | No | 85.30 | No | 1.55 | -0.15 | Yes |
| % Adjusted Stays | N/A | 1.16 | N/A | 1.00 | N/A | 0.76 | N/A | -14.10 | -23.90 | Yes |
| Avg Medicaid Paid, Adjusted Stays (Include \$0) | N/A | \$7,165 | N/A | \$8,563 | N/A | \$7,714 | N/A | 19.51 | -9.91 | Yes |
| # of Stays with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | 412 | N/A | 420 | N/A | 569 | N/A | 1.942 | 35.48 | No |
| Avg Medicaid Paid for Stays with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | \$12,681 | N/A | \$9,877 | N/A | \$10,446 | N/A | -22.10 | 5.76 | Yes |
| # Stays with > \$1 Million Paid | 0 | 0 | Yes | 0 | Yes | 0 | Yes | Div by 0 | Div by 0 | N/A |
| % Section 1915(c) Waiver Stays (PGM TYPE = 6, 7) | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7) | 0 | \$0 | Yes | \$0 | Yes | \$0 | Yes | Div by 0 | Div by 0 | N/A |
| FFS Non-Crossover Stays (Type of Claim = 1, Crossover Claim Indicator = 0) | | | | | | | | | | |
| Total Number of Stays | N/A | 64,357 | N/A | 61,793 | N/A | 64,337 | N/A | -3.98 | 4.12 | Yes |
| % Stays with > \$0 Paid | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Stays with < \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| Avg Medicaid Paid (Stays with > \$0 Paid) | \$2000-\$7000 | \$6,166 | Yes | \$6,578 | Yes | \$6,779 | Yes | 6.69 | 3.06 | Yes |
| Avg Medicaid Paid per Covered Day (> \$0 Paid and > 0 Days) | N/A | \$1,315 | N/A | \$1,384 | N/A | \$1,440 | N/A | 5.26 | 4.05 | Yes |
| % Stays with TPL | >0 - 10 | 0.84 | Yes | 0.88 | Yes | 0.87 | Yes | 4.92 | -1.14 | Yes |
| Avg TPL Paid for Stays with TPL | N/A | \$7,428 | N/A | \$8,520 | N/A | \$7,269 | N/A | 14.70 | -14.70 | Yes |
| % Stays with UB-92 Accommodation Codes | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| Avg # of UB-92 Accommodation Codes (> 0 Codes) | >1 | 1.17 | Yes | 1.17 | Yes | 1.18 | Yes | 0.32 | 0.86 | Yes |
| % Stays with UB-92 Ancillary Codes | 95-100 | 99.97 | Yes | 99.96 | Yes | 99.97 | Yes | -0.01 | 0.01 | Yes |
| Avg # of UB-92 Ancillary Codes (> 0 Codes) | >3 | 9.27 | Yes | 9.10 | Yes | 9.38 | Yes | -1.78 | 3.04 | Yes |
| Avg Length of Stay | 2-<8 | 4.76 | Yes | 4.83 | Yes | 4.79 | Yes | 1.43 | -0.87 | Yes |
| Avg Covered Days (> 0 Days) | 2-<8 | 4.69 | Yes | 4.75 | Yes | 4.71 | Yes | 1.32 | -0.91 | Yes |
| % Stays with Admission Date | 98-100 | N/A | N/A | 100.00 | Yes | 100.00 | Yes | N/A | 0.00 | Yes |
| % Begin Date = Admission Date | 95-100 | 99.98 | Yes | 99.98 | Yes | 100.00 | Yes | -0.01 | 0.02 | Yes |
| % IP Stays (MAX TOS = 01) | 95-100 | 96.91 | Yes | 97.25 | Yes | 97.57 | Yes | 0.35 | 0.33 | Yes |
| % Family Planning Stays (PGM TYPE = 2) | >0-5 | 0.00 | No | 0.00 | No | 0.00 | No | Div by 0 | Div by 0 | N/A |
| % Stays with Primary Diagnosis Code | 98-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| Avg # of Diagnosis Codes (> 0 Codes) | >=2 | 5.28 | Yes | 5.45 | Yes | 5.68 | Yes | 3.14 | 4.14 | Yes |
| % Primary Diagnosis Code Stays with Length = 3 | 5-30 | 8.04 | Yes | 7.52 | Yes | 7.07 | Yes | -6.52 | -5.94 | Yes |
| % Primary Diagnosis Code Stays with Length = 4 | 15-75 | 24.98 | Yes | 26.76 | Yes | 25.79 | Yes | 7.13 | -3.62 | Yes |
| % Primary Diagnosis Code Stays with Length = 5 | 25-70 | 66.98 | Yes | 65.73 | Yes | 67.14 | Yes | -1.88 | 2.15 | Yes |
| % Stays with a Procedure Code | 35-70 | 67.67 | Yes | 69.56 | Yes | 69.51 | Yes | 2.80 | -0.08 | Yes |
| Avg # of Procedure Codes (> 0 Codes) | >1 | 2.05 | Yes | 2.08 | Yes | 2.15 | Yes | 1.14 | 3.66 | Yes |
| % Stays with Procedure Code with CPT-4 Indicator | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| % Stays with Procedure Code with ICD-9 Indicator | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % CPT-4 Indicator Stays with CPT-4 Format = 5 Digits | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % ICD-9-CM Indicator Stays with ICD-9-CM Format = 3 or 4 Digits | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |

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

2007-2009 MAX IP VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| % Stays with Diagnosis Related Group | >=90 | 99.95 | Yes | 99.96 | Yes | 99.96 | Yes | 0.01 | 0.01 | Yes |
| % Stays Maternal Delivery Indicator | N/A | 24.94 | N/A | 24.41 | N/A | 23.08 | N/A | -2.12 | -5.48 | Yes |
| % Stays Newborn Delivery Indicator (Only for Separate Infant Delivery Stays Using Mother's ID) | N/A | 28.05 | N/A | 28.28 | N/A | 26.71 | N/A | 0.82 | -5.56 | Yes |
| PATIENT STATUS | | | | | | | | | | |
| % Home | 75-90 | 88.70 | Yes | 89.71 | Yes | 89.53 | Yes | 1.14 | -0.19 | Yes |
| % Transferred | 1-10 | 9.92 | Yes | 8.76 | Yes | 9.02 | Yes | -11.70 | 2.99 | Yes |
| % Still a Patient | >0-2 | 0.17 | Yes | 0.19 | Yes | 0.12 | Yes | 15.83 | -35.40 | No |
| % Died | >0-3 | 1.21 | Yes | 1.33 | Yes | 1.32 | Yes | 10.17 | -1.27 | Yes |
| FFS Crossover Stays (Type of Claim = 1, Crossover Claim Indicator = 1) | | | | | | | | | | |
| Total Number of Stays | N/A | 341,263 | N/A | 362,473 | N/A | 373,473 | N/A | 6.22 | 3.04 | Yes |
| % Stays with > \$0 Paid | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Stays with < \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| Avg Medicaid Paid (Stays with > \$0 Paid) | N/A | \$226 | N/A | \$241 | N/A | \$240 | N/A | 7.00 | -0.81 | Yes |
| % Stays with TPL | N/A | 0.01 | N/A | 0.01 | N/A | 0.01 | N/A | -5.85 | 20.04 | Yes |
| Avg TPL Paid for Stays with TPL | N/A | \$12,643 | N/A | \$5,644 | N/A | \$12,601 | N/A | -55.40 | 123.30 | No |
| % Stays with UB-92 Accommodation Codes | 95-100 | 8.68 | No | 9.15 | No | 8.88 | No | 5.43 | -2.96 | Yes |
| Avg # of UB-92 Accommodation Codes (> 0 Codes) | >1 | 1.25 | Yes | 1.25 | Yes | 1.24 | Yes | -0.06 | -0.27 | Yes |
| % Stays with UB-92 Ancillary Codes | 95-100 | 93.00 | No | 90.85 | No | 90.39 | No | -2.31 | -0.50 | Yes |
| Avg # of UB-92 Ancillary Codes (> 0 Codes) | >3 | 3.85 | Yes | 3.82 | Yes | 3.78 | Yes | -0.82 | -0.93 | Yes |
| Avg Length of Stay | 2-<8 | 4.80 | Yes | 4.77 | Yes | 4.65 | Yes | -0.54 | -2.53 | Yes |
| % Stays with Admission Date | 98-100 | N/A | N/A | 100.00 | Yes | 100.00 | Yes | N/A | 0.00 | Yes |
| % Begin Date = Admission Date | 95-100 | 94.88 | No | 95.17 | Yes | 95.02 | Yes | 0.30 | -0.16 | Yes |
| % IP Stays (MAX TOS = 01) | 95-100 | 99.94 | Yes | 99.94 | Yes | 99.95 | Yes | 0.00 | 0.01 | Yes |
| % Stays with Primary Diagnosis Code | 98-100 | 99.99 | Yes | 100.00 | Yes | 100.00 | Yes | 0.01 | 0.00 | Yes |
| Avg # of Diagnosis Codes (> 0 Codes) | >=2 | 3.64 | Yes | 3.72 | Yes | 3.89 | Yes | 2.23 | 4.47 | Yes |
| % Primary Diagnosis Code Stays with Length = 3 | 5-30 | 4.17 | No | 4.19 | No | 3.86 | No | 0.42 | -7.80 | Yes |
| % Primary Diagnosis Code Stays with Length = 4 | 15-75 | 48.48 | Yes | 47.47 | Yes | 46.56 | Yes | -2.10 | -1.91 | Yes |
| % Primary Diagnosis Code Stays with Length = 5 | 25-70 | 47.35 | Yes | 48.35 | Yes | 49.58 | Yes | 2.11 | 2.55 | Yes |
| % Stays with a Procedure Code | 35-70 | 5.06 | No | 5.07 | No | 4.58 | No | 0.16 | -9.75 | Yes |
| Avg # of Procedure Codes (> 0 Codes) | >1 | 2.15 | Yes | 2.22 | Yes | 2.30 | Yes | 3.20 | 3.79 | Yes |
| % Stays with Procedure Code with CPT-4 Indicator | N/A | 0.01 | N/A | 0.00 | N/A | 0.00 | N/A | -100.00 | Div by 0 | N/A |
| % Stays with Procedure Code with ICD-9 Indicator | N/A | 86.57 | N/A | 85.82 | N/A | 87.73 | N/A | -0.87 | 2.23 | Yes |
| % CPT-4 Indicator Stays with CPT-4 Format = 5 Digits | N/A | 100.00 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % ICD-9-CM Indicator Stays with ICD-9-CM Format = 3 or 4 Digits | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Stays with Diagnosis Related Group | >=90 | 7.86 | No | 8.26 | No | 8.09 | No | 5.08 | -2.01 | Yes |
| Encounter Stays (Type of Claim=3) | | | | | | | | | | |
| Total Number of Stays | N/A | N/A | N/A | N/A | N/A | 56,107 | N/A | N/A | N/A | N/A |
| % Aged | N/A | N/A | N/A | N/A | N/A | 1.06 | N/A | N/A | N/A | N/A |
| % Disabled | N/A | N/A | N/A | N/A | N/A | 29.30 | N/A | N/A | N/A | N/A |
| % Child | N/A | N/A | N/A | N/A | N/A | 25.29 | N/A | N/A | N/A | N/A |
| % Adult | N/A | N/A | N/A | N/A | N/A | 44.33 | N/A | N/A | N/A | N/A |
| % Stays with > 0 Prepaid Plan Value | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Stays with UB-92 Accommodation Codes | N/A | N/A | N/A | N/A | N/A | 99.20 | N/A | N/A | N/A | N/A |
| Avg # of UB-92 Accommodation Codes (> 0 Codes) | N/A | N/A | N/A | N/A | N/A | 1.20 | N/A | N/A | N/A | N/A |
| % Stays with UB-92 Ancillary Codes | N/A | N/A | N/A | N/A | N/A | 98.78 | N/A | N/A | N/A | N/A |

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

2007-2009 MAX IP VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| Avg # of UB-92 Ancillary Codes (> 0 Codes) | N/A | N/A | N/A | N/A | N/A | 9.74 | N/A | N/A | N/A | N/A |
| Avg Length of Stay | N/A | N/A | N/A | N/A | N/A | 3.87 | N/A | N/A | N/A | N/A |
| Avg Covered Days (> 0 Days) | N/A | N/A | N/A | N/A | N/A | 3.79 | N/A | N/A | N/A | N/A |
| % Stays with Admission Date | 98-100 | N/A | N/A | N/A | N/A | 100.00 | Yes | N/A | N/A | N/A |
| % Begin Date = Admission Date | 95-100 | N/A | N/A | N/A | N/A | 99.99 | Yes | N/A | N/A | N/A |
| % IP Stays (MAX TOS = 01) | N/A | N/A | N/A | N/A | N/A | 94.99 | N/A | N/A | N/A | N/A |
| % Family Planning Stays (PGM TYPE = 2) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Stays with Primary Diagnosis Code | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| Avg # of Diagnosis Codes (> 0 Codes) | N/A | N/A | N/A | N/A | N/A | 5.69 | N/A | N/A | N/A | N/A |
| % Primary Diagnosis Code Stays with Length = 3 | N/A | N/A | N/A | N/A | N/A | 8.76 | N/A | N/A | N/A | N/A |
| % Primary Diagnosis Code Stays with Length = 4 | N/A | N/A | N/A | N/A | N/A | 26.17 | N/A | N/A | N/A | N/A |
| % Primary Diagnosis Code Stays with Length = 5 | N/A | N/A | N/A | N/A | N/A | 65.07 | N/A | N/A | N/A | N/A |
| % Stays with a Procedure Code | N/A | N/A | N/A | N/A | N/A | 51.60 | N/A | N/A | N/A | N/A |
| Avg # of Procedure Codes (> 0 Codes) | N/A | N/A | N/A | N/A | N/A | 1.63 | N/A | N/A | N/A | N/A |
| % Stays with Procedure Code with CPT-4 Indicator | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Stays with Procedure Code with ICD-9 Indicator | N/A | N/A | N/A | N/A | N/A | 99.80 | N/A | N/A | N/A | N/A |
| % CPT-4 Indicator Stays with CPT-4 Format = 5 Digits | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % ICD-9-CM Indicator Stays with ICD-9-CM Format = 3 or 4 Digits | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Stays with Diagnosis Related Group | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Stays Maternal Delivery Indicator | N/A | N/A | N/A | N/A | N/A | 34.00 | N/A | N/A | N/A | N/A |
| % Stays Newborn Delivery Indicator (Only for Separate Infant Delivery Stays Using Mother's ID) | N/A | N/A | N/A | N/A | N/A | 6.55 | N/A | N/A | N/A | N/A |
| PATIENT STATUS | | | | | | | | | | |
| % Home | N/A | N/A | N/A | N/A | N/A | 92.04 | N/A | N/A | N/A | N/A |
| % Transferred | N/A | N/A | N/A | N/A | N/A | 7.19 | N/A | N/A | N/A | N/A |
| % Still a Patient | N/A | N/A | N/A | N/A | N/A | 0.24 | N/A | N/A | N/A | N/A |
| % Died | N/A | N/A | N/A | N/A | N/A | 0.52 | N/A | N/A | N/A | N/A |

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

2007-2009 MAX LT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| All LT Claims | | | | | | | | | | |
| Total Number of LT MSIS Quarters | N/A | 7 | N/A | 7 | N/A | 7 | N/A | N/A | N/A | N/A |
| Total Number of Claims | N/A | 404,330 | N/A | 409,811 | N/A | 410,859 | N/A | 1.36 | 0.26 | Yes |
| % Encounter Claims | N/A | 0.56 | N/A | 0.37 | N/A | 0.35 | N/A | -33.40 | -6.81 | Yes |
| % Supplemental Claims | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| % Claims with NPI (Not 0/8/9-filled) | 95-100 | N/A | N/A | N/A | N/A | 100.00 | Yes | N/A | N/A | N/A |
| % Claims with NPI = Billing Provider ID (for claims with NPI) | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Claims with Provider Taxonomy (Not 0/8/9-filled) | 95-100 | N/A | N/A | N/A | N/A | 74.93 | No | N/A | N/A | N/A |
| Total FFS Claims | N/A | 402,053 | N/A | 408,275 | N/A | 409,424 | N/A | 1.55 | 0.28 | Yes |
| % Crossover | 5-20 | 0.29 | No | 0.40 | No | 0.34 | No | 37.73 | -14.90 | Yes |
| % Adjusted Claims | > 1% | 4.91 | Yes | 2.47 | Yes | 2.90 | Yes | -49.70 | 17.63 | Yes |
| Avg Medicaid Paid, Adjusted Claims (Include \$0) | N/A | \$2,534 | N/A | \$2,739 | N/A | \$3,075 | N/A | 8.07 | 12.29 | Yes |
| # of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | 109 | N/A | 81 | N/A | 109 | N/A | -25.70 | 34.57 | No |
| Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | \$3,787 | N/A | \$5,601 | N/A | \$4,449 | N/A | 47.90 | -20.60 | Yes |
| # Claims with > \$200,000 Paid | 0 | 0 | Yes | 0 | Yes | 0 | Yes | Div by 0 | Div by 0 | N/A |
| % Section 1915(c) Waiver Claims (PGM TYPE = 6, 7) | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7) | 0 | \$0 | Yes | \$0 | Yes | \$0 | Yes | Div by 0 | Div by 0 | N/A |
| FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0) | | | | | | | | | | |
| Total Number of Claims | N/A | 400,894 | N/A | 406,654 | N/A | 408,041 | N/A | 1.44 | 0.34 | Yes |
| % Claims with > \$0 Paid | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Claims with < \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| AVERAGE MEDICAID AMOUNT PAID PER COVERED DAY BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID) | | | | | | | | | | |
| NF (MAX TOS = 07) | \$50-\$100 | \$118 | No | \$125 | No | \$129 | No | 6.16 | 3.27 | Yes |
| ICF/MR (MAX TOS = 05) | N/A | \$390 | N/A | \$438 | N/A | \$460 | N/A | 12.23 | 4.94 | Yes |
| MH Aged (MAX TOS = 02) | N/A | \$441 | N/A | \$482 | N/A | \$489 | N/A | 9.10 | 1.44 | Yes |
| IP Psych, Age < 21 (MAX TOS = 04) | N/A | \$623 | N/A | \$636 | N/A | \$592 | N/A | 2.13 | -6.86 | Yes |
| TYPE OF SERVICE | | | | | | | | | | |
| % NF (MAX TOS = 07) | 75-99 | 93.38 | Yes | 93.71 | Yes | 93.97 | Yes | 0.35 | 0.28 | Yes |
| % NF claims with NF Covered Days | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| Avg days for NF claims with Covered Days | N/A | 16 | N/A | 16 | N/A | 16 | N/A | -1.70 | -0.08 | Yes |
| % ICF/MR (MAX TOS = 05) | >0-20 | 5.83 | Yes | 5.61 | Yes | 5.35 | Yes | -3.72 | -4.73 | Yes |
| % ICF/MR claims with ICF/MR Covered Days | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| Avg days for ICF/MR claims with Covered Days | N/A | 27 | N/A | 26 | N/A | 27 | N/A | -0.70 | 1.69 | Yes |
| % MH Aged (MAX TOS = 02) | >0-10 | 0.45 | Yes | 0.41 | Yes | 0.40 | Yes | -10.10 | -2.74 | Yes |
| % MH Aged claims with MH Aged Covered Days | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| Avg days for MH Aged claims with Covered Days | N/A | 26 | N/A | 26 | N/A | 26 | N/A | 1.33 | -1.48 | Yes |
| % IP Psych, Age < 21 (MAX TOS = 04) | >0-5 | 0.34 | Yes | 0.27 | Yes | 0.28 | Yes | -19.80 | 4.37 | Yes |
| % IP Psych, Age < 21 Claims with IP Psych Covered Days | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| Avg days for IP Psych, Age < 21 Claims with Covered Days | N/A | 4 | N/A | 5 | N/A | 5 | N/A | 4.03 | 2.41 | Yes |
| LEAVE DAYS | | | | | | | | | | |
| % Claims with Leave Days | 1-20 | 0.18 | No | 0.18 | No | 0.17 | No | 1.62 | -4.53 | Yes |
| ADMISSION DATE | | | | | | | | | | |
| % Claims with Admission Date | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| DIAGNOSIS CODES | | | | | | | | | | |
| % Claims with Primary Diagnosis Code | 95-100 | 99.78 | Yes | 99.86 | Yes | 99.99 | Yes | 0.08 | 0.12 | Yes |
| % Primary Diagnosis Code Claims with Length = 3 | 5-30 | 13.58 | Yes | 12.70 | Yes | 12.04 | Yes | -6.53 | -5.18 | Yes |

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

2007-2009 MAX LT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| % Primary Diagnosis Code Claims with Length = 4 | 15-75 | 53.98 | Yes | 52.88 | Yes | 51.85 | Yes | -2.05 | -1.95 | Yes |
| % Primary Diagnosis Code Claims with Length = 5 | 25-70 | 32.42 | Yes | 34.43 | Yes | 36.11 | Yes | 6.17 | 4.90 | Yes |
| PATIENT STATUS | | | | | | | | | | |
| % Claims with Patient Status | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Home | 1-5 | 0.50 | No | 0.52 | No | 0.58 | No | 4.38 | 11.05 | Yes |
| % Still a Patient | 8-98 | 96.56 | Yes | 96.52 | Yes | 96.32 | Yes | -0.04 | -0.20 | Yes |
| % Died | >0-5 | 0.41 | Yes | 0.39 | Yes | 0.38 | Yes | -5.20 | -2.23 | Yes |
| FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1) | | | | | | | | | | |
| Total Number of Claims | N/A | 1,159 | N/A | 1,621 | N/A | 1,383 | N/A | 39.86 | -14.70 | Yes |
| % Claims with > \$0 Paid | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Claims with < \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| Avg Medicaid Paid (Claims with > \$0 Paid) | N/A | \$237 | N/A | \$197 | N/A | \$228 | N/A | -16.90 | 15.79 | Yes |
| TYPE OF SERVICE | | | | | | | | | | |
| % NF (MAX TOS = 07) | 75-99 | 0.00 | No | 0.00 | No | 0.00 | No | Div by 0 | Div by 0 | N/A |
| % ICF/MR (MAX TOS = 05) | >0-20 | 0.00 | No | 0.00 | No | 0.00 | No | Div by 0 | Div by 0 | N/A |
| % MH Aged (MAX TOS = 02) | >0-10 | 99.91 | No | 99.63 | No | 100.00 | No | -0.28 | 0.37 | Yes |
| % IP Psych, Age < 21 (MAX TOS = 04) | >0-5 | 0.09 | Yes | 0.37 | Yes | 0.00 | No | 329.00 | -100.00 | No |
| ADMISSION DATE | | | | | | | | | | |
| % Claims with Admission Date | 95-100 | 16.74 | No | 37.01 | No | 28.49 | No | 121.10 | -23.00 | Yes |
| DIAGNOSIS CODES | | | | | | | | | | |
| % Claims with Primary Diagnosis Code | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Primary Diagnosis Code Claims with Length = 3 | 5-30 | 2.93 | No | 2.47 | No | 2.10 | No | -15.90 | -15.00 | Yes |
| % Primary Diagnosis Code Claims with Length = 4 | 15-75 | 74.20 | Yes | 57.62 | Yes | 55.53 | Yes | -22.30 | -3.62 | Yes |
| % Primary Diagnosis Code Claims with Length = 5 | 25-70 | 22.86 | No | 39.91 | Yes | 42.37 | Yes | 74.57 | 6.16 | Yes |
| PATIENT STATUS | | | | | | | | | | |
| % Claims with Patient Status | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Home | 1-5 | 1.55 | Yes | 6.72 | No | 7.59 | No | 333.00 | 12.91 | Yes |
| % Still a Patient | 8-98 | 81.88 | Yes | 76.56 | Yes | 79.90 | Yes | -6.50 | 4.36 | Yes |
| % Died | >0-5 | 0.09 | Yes | 0.25 | Yes | 0.29 | Yes | 186.00 | 17.21 | Yes |
| Encounter Claims (Type of Claim=3) | | | | | | | | | | |
| Total Number of Claims | N/A | N/A | N/A | N/A | N/A | 1,435 | N/A | N/A | N/A | N/A |
| % Aged | N/A | N/A | N/A | N/A | N/A | 0.91 | N/A | N/A | N/A | N/A |
| % Disabled | N/A | N/A | N/A | N/A | N/A | 65.09 | N/A | N/A | N/A | N/A |
| % Child | N/A | N/A | N/A | N/A | N/A | 19.02 | N/A | N/A | N/A | N/A |
| % Adult | N/A | N/A | N/A | N/A | N/A | 14.98 | N/A | N/A | N/A | N/A |
| % Claims with > 0 Prepaid Plan Value | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| TYPE OF SERVICE | | | | | | | | | | |
| % NF (MAX TOS = 07) | N/A | N/A | N/A | N/A | N/A | 13.87 | N/A | N/A | N/A | N/A |
| % NF claims with NF Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | 76.88 | N/A | N/A | N/A | N/A |
| Avg days for NF claims with Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | 9 | N/A | N/A | N/A | N/A |
| % ICF/MR (MAX TOS = 05) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % ICF/MR claims with ICF/MR Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| Avg days for ICF/MR claims with Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % MH Aged (MAX TOS = 02) | N/A | N/A | N/A | N/A | N/A | 55.19 | N/A | N/A | N/A | N/A |
| % MH Aged claims with MH Aged Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | 90.28 | N/A | N/A | N/A | N/A |
| Avg days for MH Aged claims with Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | N/A | N/A |
| % IP Psych, Age < 21 (MAX TOS = 04) | N/A | N/A | N/A | N/A | N/A | 30.94 | N/A | N/A | N/A | N/A |

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2007-2009 MAX LT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| % IP Psych, Age < 21 Claims with IP Psych Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | 89.64 | N/A | N/A | N/A | N/A |
| Avg days for IP Psych, Age < 21 Claims with Covered Days > 0 | N/A | N/A | N/A | N/A | N/A | 6 | N/A | N/A | N/A | N/A |
| LEAVE DAYS | | | | | | | | | | |
| % Claims with Leave Days | N/A | N/A | N/A | N/A | N/A | 0.07 | N/A | N/A | N/A | N/A |
| ADMISSION DATE | | | | | | | | | | |
| % Claims with Admission Date | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| DIAGNOSIS CODES | | | | | | | | | | |
| % Claims with Primary Diagnosis Code | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| PATIENT STATUS | | | | | | | | | | |
| % Claims with Patient Status | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Home | N/A | N/A | N/A | N/A | N/A | 87.87 | N/A | N/A | N/A | N/A |
| % Still a Patient | N/A | N/A | N/A | N/A | N/A | 4.67 | N/A | N/A | N/A | N/A |
| % Died | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |

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

2007-2009 MAX OT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| All OT Claims | | | | | | | | | | |
| Total Number of OT MSIS Quarters | N/A | 7 | N/A | 7 | N/A | 7 | N/A | N/A | N/A | N/A |
| Total Number of Claims | N/A | 21,116,849 | N/A | 25,772,623 | N/A | 29,707,944 | N/A | 22.05 | 15.27 | Yes |
| % Encounter Claims | N/A | 29.05 | N/A | 31.54 | N/A | 35.79 | N/A | 8.58 | 13.47 | Yes |
| % Supplemental Claims | N/A | 0.07 | N/A | 0.05 | N/A | 0.04 | N/A | -29.40 | -17.20 | Yes |
| % Capitation Claims ** | N/A | 25.71 | N/A | 26.11 | N/A | 21.70 | N/A | 1.55 | -16.90 | Yes |
| % Claims with NPI (Not 0/8/9-filled, Excluding Capitation Claims) | 95-100 | N/A | N/A | N/A | N/A | 100.00 | Yes | N/A | N/A | N/A |
| % Claims with NPI = Servicing Provider ID (for claims with NPI) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Claims with NPI = Billing Provider ID (for claims with NPI) | N/A | N/A | N/A | N/A | N/A | 84.59 | N/A | N/A | N/A | N/A |
| % Claims with Provider Taxonomy (Not 0/8/9-filled, Excluding Capitation Claims) | 95-100 | N/A | N/A | N/A | N/A | 70.23 | No | N/A | N/A | N/A |
| Total FFS Claims | N/A | 9,538,972 | N/A | 10,902,535 | N/A | 12,617,481 | N/A | 14.29 | 15.73 | Yes |
| % Crossover | 5-20 | 14.40 | Yes | 12.24 | Yes | 11.39 | Yes | -15.00 | -6.93 | Yes |
| % Adjusted Claims | >1% | 1.05 | Yes | 1.16 | Yes | 0.90 | No | 11.06 | -22.70 | Yes |
| Avg Medicaid Paid, Adjusted Claims (Include \$0) | N/A | \$394 | N/A | \$481 | N/A | \$525 | N/A | 22.06 | 9.10 | Yes |
| % Claims with HMO Capitation Payment | N/A | 32.37 | N/A | 35.22 | N/A | 31.14 | N/A | 8.83 | -11.60 | Yes |
| % Claims with PHP Capitation Payment | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| % Claims with PCCM Capitation Payment | N/A | 3.90 | N/A | 2.94 | N/A | 2.68 | N/A | -24.70 | -8.90 | Yes |
| Avg Medicaid Paid per HMO Capitation Claim | \$75-\$300 | \$273 | Yes | \$277 | Yes | \$284 | Yes | 1.32 | 2.78 | Yes |
| Avg Medicaid Paid per PHP Capitation Claim | \$20-\$250 | Div by 0 | No | Div by 0 | No | Div by 0 | No | Div by 0 | Div by 0 | N/A |
| Avg Medicaid Paid per PCCM Capitation Claim | 3-5 | \$3 | Yes | \$4 | Yes | \$4 | Yes | 1.89 | -0.04 | Yes |
| # of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | 12,490 | N/A | 14,181 | N/A | 16,551 | N/A | 13.54 | 16.71 | Yes |
| Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | \$124 | N/A | \$126 | N/A | \$149 | N/A | 2.03 | 17.52 | Yes |
| # Claims with > \$200,000 Paid | 0 | 0 | Yes | 0 | Yes | 0 | Yes | Div by 0 | Div by 0 | N/A |
| # HMO or PACE Capitation Claims | N/A | N/A | N/A | N/A | N/A | 5,935,665 | N/A | N/A | N/A | N/A |
| % with HMO or PACE Enrollment | N/A | N/A | N/A | N/A | N/A | 99.90 | N/A | N/A | N/A | N/A |
| % with PHP Enrollment | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % with PCCM Enrollment | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % with Unknown Enrollment | N/A | N/A | N/A | N/A | N/A | 0.10 | N/A | N/A | N/A | N/A |
| # PHP Capitation Claims | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A |
| % with Dental PHP Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with BHO PHP Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with Prenatal PHP Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with LTC PHP Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with Other PHP Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with PHP Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with HMO or PACE Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with PCCM Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| % with Unknown Enrollment | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A |
| # PCCM Capitation Claims | N/A | N/A | N/A | N/A | N/A | 510,511 | N/A | N/A | N/A | N/A |
| % with PCCM Enrollment | N/A | N/A | N/A | N/A | N/A | 73.43 | N/A | N/A | N/A | N/A |
| % with HMO or PACE Enrollment | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % with PHP Enrollment | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % with Unknown Enrollment | N/A | N/A | N/A | N/A | N/A | 26.57 | N/A | N/A | N/A | N/A |
| # Encounter Claims | N/A | 6,134,546 | N/A | 8,129,081 | N/A | 10,632,440 | N/A | 32.51 | 30.80 | No |
| % Encounter Claims for HMO or PACE | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| % Encounter Claims for PHP | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |

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2007-2009 MAX OT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| FFS Non-Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 0) | | | | | | | | | | |
| Total Number of Claims | N/A | 8,165,778 | N/A | 9,567,788 | N/A | 11,179,779 | N/A | 17.17 | 16.85 | Yes |
| % Claims with > \$0 Paid | >95 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Claims with < \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| % Claims with Span Bill | N/A | 14.44 | N/A | 14.09 | N/A | 14.90 | N/A | -2.47 | 5.77 | Yes |
| % Outpatient Claims with Span Bill | N/A | 12.52 | N/A | 10.96 | N/A | 12.72 | N/A | -12.40 | 16.01 | Yes |
| % Home Health Claims with Span Bill | N/A | 59.66 | N/A | 60.74 | N/A | 55.77 | N/A | 1.80 | -8.19 | Yes |
| % Other Claims with Span Bill | N/A | 14.35 | N/A | 14.10 | N/A | 14.87 | N/A | -1.78 | 5.50 | Yes |
| % Waiver Claims (PGM TYPE = 6,7) with Span Bill | N/A | 39.84 | N/A | 38.50 | N/A | 36.89 | N/A | -3.38 | -4.16 | Yes |
| % CLTC Claims (Excluding CLTC Flag = 16-20) with Span Bill | N/A | 39.95 | N/A | 38.58 | N/A | 36.97 | N/A | -3.43 | -4.15 | Yes |
| % Claims with Servicing Provider ID = Billing Provider ID | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| PLACE OF SERVICE | | | | | | | | | | |
| % Claims with Place of Service | >95 | 98.99 | Yes | 98.90 | Yes | 98.73 | Yes | -0.10 | -0.17 | Yes |
| % Claims with Place of Service = Office (PLC OF SVC CD = 11) | 50-90 | 41.38 | No | 44.97 | No | 45.15 | No | 8.68 | 0.40 | Yes |
| % Claims with Place of Service = Home (PLC OF SVC CD = 12) | >0-5 | 17.49 | No | 17.26 | No | 19.36 | No | -1.29 | 12.19 | Yes |
| % Claims with Place of Service = Hospital (PLC OF SVC CD = 21) | >0-5 | 8.51 | No | 7.36 | No | 6.36 | No | -13.50 | -13.50 | Yes |
| % Claims with Place of Service = Nursing Facility (PLC OF SVC CD = 32) | >0-5 | 0.28 | Yes | 0.22 | Yes | 0.20 | Yes | -18.80 | -10.40 | Yes |
| % Claims with Place of Service = Inpatient Psychiatric (PLC OF SVC CD = 51) | N/A | 0.10 | N/A | 0.19 | N/A | 0.23 | N/A | 84.56 | 20.21 | Yes |
| % Claims with Place of Service = ICF/MR (PLC OF SVC CD = 54) | N/A | 0.03 | N/A | 0.03 | N/A | 0.03 | N/A | 6.01 | -2.67 | Yes |
| % Claims with Place of Service = Psychiatric Residential (PLC OF SVC CD = 56) | N/A | 0.70 | N/A | 0.91 | N/A | 0.81 | N/A | 29.97 | -10.50 | Yes |
| % Claims with Place of Service = Emergency Room (PLC OF SVC CD = 23) | 1-10 | 3.18 | Yes | 2.71 | Yes | 2.72 | Yes | -14.60 | 0.16 | Yes |
| % Claims with Place of Service = Outpatient (PLC OF SVC CD = 22) | >0-10 | 6.43 | Yes | 5.69 | Yes | 5.54 | Yes | -11.40 | -2.65 | Yes |
| % Claims with Place of Service = Unknown/Other (PLC OF SVC CD = 99) | <5 | 0.83 | Yes | 1.06 | Yes | 1.26 | Yes | 27.74 | 18.86 | Yes |
| THIRD-PARTY LIABILITY | | | | | | | | | | |
| % Claims with TPL | >0 - 15 | 0.56 | Yes | 0.57 | Yes | 0.58 | Yes | 1.71 | 1.93 | Yes |
| Avg TPL Paid for Claims with TPL | N/A | \$87 | N/A | \$82 | N/A | \$89 | N/A | -5.76 | 8.69 | Yes |
| PERCENT OF CLAIMS BY MAX TYPE OF SERVICE | | | | | | | | | | |
| Physician Services (MAX TOS = 08) | 10-35 | 18.25 | Yes | 15.76 | Yes | 15.87 | Yes | -13.70 | 0.67 | Yes |
| Dental Services (MAX TOS = 09) | 2-20 | 11.13 | Yes | 18.49 | Yes | 20.53 | No | 66.11 | 11.01 | Yes |
| Other Practitioner Services (MAX TOS = 10) | 0.5-8 | 0.55 | Yes | 0.50 | No | 0.49 | No | -9.38 | -1.34 | Yes |
| Outpatient Services (MAX TOS = 11) | 3-25 | 0.21 | No | 3.22 | Yes | 2.56 | No | 1,423.00 | -20.60 | Yes |
| Clinic Services (MAX TOS = 12) | 2-25 | 4.39 | Yes | 3.41 | Yes | 3.44 | Yes | -22.40 | 0.93 | Yes |
| Home Health Services (MAX TOS = 13) | >0-25 | 0.21 | Yes | 0.19 | Yes | 0.20 | Yes | -7.61 | 4.04 | Yes |
| Lab/Xray Services (MAX TOS = 15) | 4-20 | 26.94 | No | 20.14 | No | 18.14 | Yes | -25.20 | -9.95 | Yes |
| Drugs (MAX TOS = 16) | <3 | 2.55 | Yes | 2.16 | Yes | 0.00 | Yes | -15.30 | -100.00 | No |
| Other Services (MAX TOS = 19) | <25 | 7.99 | Yes | 8.15 | Yes | 8.33 | Yes | 2.03 | 2.26 | Yes |
| Durable Medical Equipment (MAX TOS = 51) | >3 | 6.22 | Yes | 5.32 | Yes | 5.08 | Yes | -14.40 | -4.61 | Yes |
| Transportation Services (MAX TOS = 26) | >1 | 0.26 | No | 0.24 | No | 0.28 | No | -9.23 | 16.81 | Yes |
| Sterilizations (MAX TOS = 24) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | -46.70 | -11.60 | Yes |
| Abortions (MAX TOS = 25) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | -25.30 | -100.00 | No |
| Personal Care Services (MAX TOS = 30) | >0 | 5.45 | Yes | 5.40 | Yes | 6.13 | Yes | -0.90 | 13.53 | Yes |
| Targeted Case Management (MAX TOS = 31) | >0 | 0.32 | Yes | 0.39 | Yes | 0.48 | Yes | 24.70 | 20.73 | Yes |
| Rehabilitation Services (MAX TOS = 33) | >0 | 0.03 | Yes | 0.33 | Yes | 0.48 | Yes | 872.20 | 46.31 | No |
| PT/OT/Hearing/Speech Services (MAX TOS = 34) | >1 | 0.10 | No | 0.08 | No | 0.07 | No | -22.40 | -12.60 | Yes |
| Hospice Services (MAX TOS = 35) | >0 | 0.09 | Yes | 0.11 | Yes | 0.11 | Yes | 17.58 | -2.08 | Yes |
| Nurse Midwife Services (MAX TOS = 36) | N/A | 0.02 | N/A | 0.00 | N/A | 0.00 | N/A | -99.30 | 183.50 | No |
| Nurse Practitioner Services (MAX TOS = 37) | N/A | 0.42 | N/A | 0.41 | N/A | 0.46 | N/A | -2.93 | 11.28 | Yes |

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2007-2009 MAX OT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| Private Nursing Services (MAX TOS = 38) | N/A | 0.74 | N/A | 0.68 | N/A | 0.72 | N/A | -8.73 | 7.04 | Yes |
| Religious Non-Medical Services (MAX TOS = 39) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Residential Care Services (MAX TOS = 52) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Psychiatric Services (MAX TOS = 53) | >1 | 14.04 | Yes | 14.80 | Yes | 16.43 | Yes | 5.43 | 11.03 | Yes |
| Adult Day Care (MAX TOS = 54) | >0 | 0.09 | Yes | 0.23 | Yes | 0.23 | Yes | 151.50 | -1.35 | Yes |
| Unknown Services (MAX TOS = 99) | <1 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| AVERAGE MEDICAID AMOUNT PAID BY MAX TYPE OF SERVICE (CLAIMS WITH >\$0 PAID) | | | | | | | | | | |
| Total | N/A | \$181 | N/A | \$178 | N/A | \$181 | N/A | -1.17 | 1.42 | Yes |
| Physician Services (MAX TOS = 08) | \$20-90 | \$79 | Yes | \$82 | Yes | \$77 | Yes | 3.20 | -5.84 | Yes |
| Dental Services (MAX TOS = 09) | \$10-60 | \$60 | Yes | \$57 | Yes | \$56 | Yes | -4.66 | -0.97 | Yes |
| Other Practitioner Services (MAX TOS = 10) | \$10-100 | \$58 | Yes | \$60 | Yes | \$60 | Yes | 3.80 | 0.25 | Yes |
| Outpatient Services (MAX TOS = 11) | \$20-100 | \$969 | No | \$302 | No | \$339 | No | -68.90 | 12.30 | Yes |
| Clinic Services (MAX TOS = 12) | \$20-100 | \$168 | No | \$126 | No | \$109 | No | -25.00 | -13.20 | Yes |
| Home Health Services (MAX TOS = 13) | N/A | \$322 | N/A | \$323 | N/A | \$317 | N/A | 0.43 | -2.03 | Yes |
| Lab/Xray Services (MAX TOS = 15) | 10-60 | \$53 | Yes | \$20 | Yes | \$29 | Yes | -61.80 | 43.45 | No |
| Drugs (MAX TOS = 16) | 10-60 | \$11 | Yes | \$11 | Yes | Div by 0 | No | -0.25 | Div by 0 | N/A |
| Other Services (MAX TOS = 19) | N/A | \$810 | N/A | \$763 | N/A | \$698 | N/A | -5.72 | -8.53 | Yes |
| Durable Medical Equipment (MAX TOS = 51) | N/A | \$113 | N/A | \$123 | N/A | \$138 | N/A | 8.58 | 12.27 | Yes |
| Transportation Services (MAX TOS = 26) | N/A | \$155 | N/A | \$154 | N/A | \$133 | N/A | -0.54 | -14.10 | Yes |
| Personal Care Services (MAX TOS = 30) | N/A | \$333 | N/A | \$312 | N/A | \$275 | N/A | -6.12 | -12.00 | Yes |
| Targeted Case Management (MAX TOS = 31) | N/A | \$105 | N/A | \$91 | N/A | \$79 | N/A | -12.60 | -14.00 | Yes |
| Rehabilitation Services (MAX TOS = 33) | N/A | \$109 | N/A | \$163 | N/A | \$120 | N/A | 49.91 | -26.60 | Yes |
| PT/OT/Hearing/Speech Services (MAX TOS = 34) | N/A | \$32 | N/A | \$32 | N/A | \$29 | N/A | -1.46 | -7.96 | Yes |
| Hospice Services (MAX TOS = 35) | N/A | \$2,889 | N/A | \$2,936 | N/A | \$2,925 | N/A | 1.64 | -0.40 | Yes |
| Residential Care Services (MAX TOS = 52) | 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 |
| Psychiatric Services (MAX TOS = 53) | N/A | \$260 | N/A | \$279 | N/A | \$289 | N/A | 7.24 | 3.68 | Yes |
| Adult Day Care (MAX TOS = 54) | N/A | \$506 | N/A | \$202 | N/A | \$197 | N/A | -60.00 | -2.56 | Yes |
| PERCENT OF CLAIMS BY PROGRAM TYPE | | | | | | | | | | |
| Family Planning (PGM TYPE = 2) | N/A | 0.10 | N/A | 0.05 | N/A | 0.04 | N/A | -50.80 | -16.90 | Yes |
| Rural Health Clinic (PGM TYPE = 3) | N/A | 0.87 | N/A | 0.75 | N/A | 0.69 | N/A | -14.10 | -7.48 | Yes |
| Federally Qualified Health Center (PGM TYPE = 4) | N/A | 0.67 | N/A | 0.44 | N/A | 0.48 | N/A | -34.80 | 9.20 | Yes |
| Indian Health Services (PGM TYPE = 5) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Home and Community Based Waiver (PGM TYPE = 6,7) | N/A | 23.37 | N/A | 22.56 | N/A | 23.13 | N/A | -3.46 | 2.54 | Yes |
| AVERAGE EXPENDITURES BY PROGRAM TYPE | | | | | | | | | | |
| Family Planning (PGM TYPE = 2) | N/A | \$87 | N/A | \$120 | N/A | \$107 | N/A | 38.33 | -11.50 | Yes |
| Rural Health Clinic (PGM TYPE = 3) | N/A | \$63 | N/A | \$67 | N/A | \$67 | N/A | 5.21 | 1.24 | Yes |
| Federally Qualified Health Center (PGM TYPE = 4) | N/A | \$81 | N/A | \$85 | N/A | \$86 | N/A | 4.79 | 0.62 | Yes |
| Indian Health Services (PGM TYPE = 5) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| Home and Community Based Waiver (PGM TYPE = 6,7) | N/A | \$390 | N/A | \$381 | N/A | \$366 | N/A | -2.15 | -4.03 | Yes |
| DIAGNOSIS AND PROCEDURE CODES | | | | | | | | | | |
| % Claims with Primary Diagnosis Code | >60 | 87.27 | Yes | 80.75 | Yes | 79.25 | Yes | -7.48 | -1.85 | Yes |
| % Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code | 85-100 | 99.56 | Yes | 99.94 | Yes | 100.00 | Yes | 0.37 | 0.06 | Yes |
| % Primary Diagnosis Claims with Secondary Diagnosis Code | N/A | 25.01 | N/A | 25.13 | N/A | 25.38 | N/A | 0.50 | 0.98 | Yes |
| % Primary Diagnosis Code Claims with Length = 3 | 5-25 | 8.16 | Yes | 7.57 | Yes | 7.52 | Yes | -7.25 | -0.58 | Yes |
| % Primary Diagnosis Code Claims with Length = 4 | 40-70 | 44.82 | Yes | 44.31 | Yes | 41.98 | Yes | -1.13 | -5.27 | Yes |
| % Primary Diagnosis Code Claims with Length = 5 | 20-55 | 46.79 | Yes | 48.06 | Yes | 50.50 | Yes | 2.72 | 5.06 | Yes |
| % Claims with Procedure Code | >95 | 99.35 | Yes | 99.49 | Yes | 97.18 | Yes | 0.13 | -2.32 | Yes |

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2007-2009 MAX OT VALIDATION TABLE
STATE: VA

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|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| % Outpatient Claims with Procedure Code or UB-92 Revenue Code | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Home Health Claims with Procedure Code or UB-92 Revenue Code | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Waiver Claims (PGM TYPE = 6,7) with Procedure Code | N/A | 99.11 | N/A | 99.19 | N/A | 98.17 | N/A | 0.08 | -1.03 | Yes |
| % CLTC Claims (Excluding CLTC Flag = 16-20) with Procedure Code | N/A | 98.66 | N/A | 98.77 | N/A | 97.73 | N/A | 0.11 | -1.05 | Yes |
| % Other Claims with Procedure Code | 98-100 | 99.56 | Yes | 99.71 | Yes | 99.01 | Yes | 0.16 | -0.70 | Yes |
| % Claims with Procedure Code with CPT-4 Indicator | N/A | 55.17 | N/A | 48.11 | N/A | 44.53 | N/A | -12.80 | -7.44 | Yes |
| % Claims with Procedure Code with HCPCS (II & III) Indicator | N/A | 29.18 | N/A | 29.49 | N/A | 33.07 | N/A | 1.06 | 12.13 | Yes |
| % with Procedure Code with Other National Indicator | N/A | 0.12 | N/A | 0.11 | N/A | 0.03 | N/A | -13.80 | -69.80 | No |
| % with Procedure Code with State-Specific Indicator | N/A | 12.57 | N/A | 19.95 | N/A | 21.57 | N/A | 58.65 | 8.12 | Yes |
| % CPT-4 Indicator Claims with CPT-4 Format = 5 Digits | 98-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % HCPCS (II & III) Indicator Claims with HCPCS Format = Either 1 Character and 4 Digits or 2 Characters and 3 Digits | 98-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| PHYSICIAN SPECIALTY | | | | | | | | | | |
| % Physician Claims with Physician Specialty | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| PERCENT OF CLAIMS BY CLTC CODE | | | | | | | | | | |
| Not a CLTC Claim (CLTC FLAG = 00) | N/A | 74.64 | N/A | 75.74 | N/A | 75.28 | N/A | 1.47 | -0.62 | Yes |
| CLTC Non-Waiver Claims (CLTC FLAG = 11-20) | N/A | 1.99 | N/A | 1.70 | N/A | 1.60 | N/A | -14.60 | -6.23 | Yes |
| CLTC Non-Waiver Personal Care (CLTC FLAG = 11) | N/A | 0.01 | N/A | 0.01 | N/A | 0.00 | N/A | 10.73 | -18.80 | Yes |
| CLTC Non-Waiver Private Duty Nurse (CLTC FLAG = 12) | N/A | 0.02 | N/A | 0.03 | N/A | 0.03 | N/A | 57.39 | -7.59 | Yes |
| CLTC Non-Waiver Adult Day Care (CLTC FLAG = 13) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | -52.80 | -35.80 | No |
| CLTC Non-Waiver Home Health (CLTC FLAG = 14) | N/A | 0.11 | N/A | 0.10 | N/A | 0.11 | N/A | -7.32 | 6.88 | Yes |
| CLTC Non-Waiver Residential Care (CLTC FLAG = 15) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| CLTC Non-Waiver Rehabilitation (CLTC FLAG = 16) | N/A | 0.01 | N/A | 0.08 | N/A | 0.08 | N/A | 846.20 | 4.10 | Yes |
| CLTC Non-Waiver Targeted Case Management (CLTC FLAG = 17) | N/A | 0.04 | N/A | 0.03 | N/A | 0.03 | N/A | -28.90 | 4.46 | Yes |
| CLTC Non-Waiver Transportation (CLTC FLAG = 18) | N/A | 0.10 | N/A | 0.10 | N/A | 0.12 | N/A | -6.17 | 21.55 | Yes |
| CLTC Non-Waiver Hospice (CLTC FLAG = 19) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| CLTC Non-Waiver Durable Medical Equipment (CLTC FLAG = 20) | N/A | 1.71 | N/A | 1.36 | N/A | 1.23 | N/A | -20.20 | -9.85 | Yes |
| CLTC Waiver Claims (CLTC FLAG = 30-40) | N/A | 23.36 | N/A | 22.56 | N/A | 23.13 | N/A | -3.45 | 2.54 | Yes |
| CLTC Other Waiver (CLTC FLAG = 30) | N/A | 13.39 | N/A | 12.69 | N/A | 12.41 | N/A | -5.23 | -2.18 | Yes |
| CLTC Waiver Personal Care (CLTC FLAG = 31) | N/A | 5.44 | N/A | 5.39 | N/A | 6.12 | N/A | -0.91 | 13.56 | Yes |
| CLTC Waiver Private Duty Nurse (CLTC FLAG = 32) | N/A | 0.72 | N/A | 0.64 | N/A | 0.69 | N/A | -10.70 | 7.80 | Yes |
| CLTC Waiver Adult Day Care (CLTC FLAG = 33) | N/A | 0.09 | N/A | 0.23 | N/A | 0.23 | N/A | 154.10 | -1.27 | Yes |
| CLTC Waiver Home Health (CLTC FLAG = 34) | N/A | 0.10 | N/A | 0.09 | N/A | 0.09 | N/A | -7.97 | 1.01 | Yes |
| CLTC Waiver Residential Care (CLTC FLAG = 35) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| CLTC Waiver Rehabilitation (CLTC FLAG = 36) | N/A | 0.01 | N/A | 0.13 | N/A | 0.27 | N/A | 1,062.00 | 108.60 | No |
| CLTC Waiver Targeted Case Management (CLTC FLAG = 37) | N/A | 0.28 | N/A | 0.36 | N/A | 0.44 | N/A | 31.82 | 22.14 | Yes |
| CLTC Waiver Transportation (CLTC FLAG = 38) | N/A | 0.08 | N/A | 0.07 | N/A | 0.07 | N/A | -8.13 | 6.09 | Yes |
| CLTC Waiver Hospice (CLTC FLAG = 39) | N/A | 0.09 | N/A | 0.11 | N/A | 0.11 | N/A | 17.58 | -2.11 | Yes |
| CLTC Waiver Durable Medical Equipment (CLTC FLAG = 40) | N/A | 3.17 | N/A | 2.84 | N/A | 2.69 | N/A | -10.40 | -5.46 | Yes |
| FFS Crossover Claims (Type of Claim = 1, Crossover Claim Indicator = 1) | | | | | | | | | | |
| Total Number of Claims | N/A | 1,373,194 | N/A | 1,334,747 | N/A | 1,437,702 | N/A | -2.80 | 7.71 | Yes |
| % Claims with > \$0 Paid | >95 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Claims with < \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | N/A |
| Avg Medicaid Paid (Claims with > \$0 Paid) | N/A | \$24 | N/A | \$24 | N/A | \$23 | N/A | -1.46 | -6.26 | Yes |
| % Claims with Span Bill | N/A | 7.21 | N/A | 8.07 | N/A | 7.93 | N/A | 11.88 | -1.73 | Yes |
| % Outpatient Claims with Span Bill | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % Home Health Claims with Span Bill | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |

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2007-2009 MAX OT VALIDATION TABLE
STATE: VA

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|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| % Other Claims with Span Bill | N/A | 7.21 | N/A | 8.07 | N/A | 7.93 | N/A | 11.88 | -1.73 | Yes |
| PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22) | | | | | | | | | | |
| Physician Services (MAX TOS = 08) | N/A | 99.57 | N/A | 99.40 | N/A | 98.44 | N/A | -0.16 | -0.97 | Yes |
| Other Practitioner Services (MAX TOS = 10) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Outpatient Services (MAX TOS = 11) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Clinic Services (MAX TOS = 12) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Home Health Services (MAX TOS = 13) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Lab/Xray Services (MAX TOS = 15) | N/A | 0.28 | N/A | 0.37 | N/A | 1.26 | N/A | 34.62 | 238.00 | No |
| Other Services (MAX TOS = 19) | N/A | 0.15 | N/A | 0.21 | N/A | 0.28 | N/A | 40.08 | 35.87 | No |
| Durable Medical Equipment (MAX TOS = 51) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Transportation Services (MAX TOS = 26) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Personal Care Services (MAX TOS = 30) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Targeted Case Management (MAX TOS = 31) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Rehabilitation Services (MAX TOS = 33) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| PT/OT/Hearing/Speech Services (MAX TOS = 34) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Hospice Services (MAX TOS = 35) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Residential Care Services (MAX TOS = 52) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Psychiatric Services (MAX TOS = 53) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Adult Day Care (MAX TOS = 54) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| DIAGNOSIS AND PROCEDURE CODES | | | | | | | | | | |
| % Claims with Primary Diagnosis Code | N/A | 99.24 | N/A | 99.83 | N/A | 99.99 | N/A | 0.60 | 0.17 | Yes |
| % Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code | 85-100 | 99.23 | Yes | 99.83 | Yes | 99.99 | Yes | 0.60 | 0.17 | Yes |
| % Primary Diagnosis Claims with Secondary Diagnosis Code | N/A | 17.39 | N/A | 26.65 | N/A | 28.23 | N/A | 53.22 | 5.93 | Yes |
| % Primary Diagnosis Code Claims with Length = 3 | 5-25 | 12.44 | Yes | 12.44 | Yes | 11.52 | Yes | -0.07 | -7.41 | Yes |
| % Primary Diagnosis Code Claims with Length = 4 | 40-70 | 35.07 | No | 34.26 | No | 34.44 | No | -2.32 | 0.54 | Yes |
| % Primary Diagnosis Code Claims with Length = 5 | 20-55 | 52.47 | Yes | 53.31 | Yes | 54.04 | Yes | 1.60 | 1.38 | Yes |
| % Claims with Procedure Code | >95 | 0.00 | No | 0.00 | No | 0.00 | No | Div by 0 | Div by 0 | N/A |
| % Outpatient Claims with Procedure Code or UB-92 Revenue Code | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % Home Health Claims with Procedure Code or UB-92 Revenue Code | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % Other Claims with Procedure Code | 98-100 | 0.00 | No | 0.00 | No | 0.00 | No | Div by 0 | Div by 0 | N/A |
| % Claims with Procedure Code with CPT-4 Indicator | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % Claims with Procedure Code with HCPCS (II & III) Indicator | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| % with Procedure Code with Other Code Indicator | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A |
| PERCENT OF CLAIMS BY CLTC CODE | | | | | | | | | | |
| Not a CLTC Claim (CLTC FLAG = 00) | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| CLTC Non-Waiver Claims (CLTC FLAG = 11-20) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| CLTC Non-Waiver Claims (CLTC Flag = 11-15) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| CLTC Waiver Claims (CLTC FLAG = 30-40) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Encounter Claims (Type of Claim=3) | | | | | | | | | | |
| Total Number of Claims | N/A | N/A | N/A | N/A | N/A | 10,632,440 | N/A | N/A | N/A | N/A |
| % Aged | N/A | N/A | N/A | N/A | N/A | 2.99 | N/A | N/A | N/A | N/A |
| % Disabled | N/A | N/A | N/A | N/A | N/A | 33.84 | N/A | N/A | N/A | N/A |
| % Child | N/A | N/A | N/A | N/A | N/A | 43.33 | N/A | N/A | N/A | N/A |
| % Adult | N/A | N/A | N/A | N/A | N/A | 19.84 | N/A | N/A | N/A | N/A |
| % Claims with > \$0 Prepaid Plan Service Value | N/A | N/A | N/A | N/A | N/A | 99.80 | N/A | N/A | N/A | N/A |
| % Claims with Span Bill | N/A | N/A | N/A | N/A | N/A | 0.92 | N/A | N/A | N/A | N/A |
| % Outpatient Claims with Span Bill | N/A | N/A | N/A | N/A | N/A | 12.91 | N/A | N/A | N/A | N/A |

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

2007-2009 MAX OT VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| % Home Health Claims with Span Bill | N/A | N/A | N/A | N/A | N/A | 62.26 | N/A | N/A | N/A | N/A |
| % Other Claims with Span Bill | N/A | N/A | N/A | N/A | N/A | 0.38 | N/A | N/A | N/A | N/A |
| PERCENT OF CLAIMS BY MAX TYPE OF SERVICE (EXCLUDING 20-22) | | | | | | | | | | |
| Physician Services (MAX TOS = 08) | N/A | N/A | N/A | N/A | N/A | 39.75 | N/A | N/A | N/A | N/A |
| Dental Services (MAX TOS = 09) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Other Practitioner Services (MAX TOS = 10) | N/A | N/A | N/A | N/A | N/A | 0.94 | N/A | N/A | N/A | N/A |
| Outpatient Services (MAX TOS = 11) | N/A | N/A | N/A | N/A | N/A | 3.68 | N/A | N/A | N/A | N/A |
| Clinic Services (MAX TOS = 12) | N/A | N/A | N/A | N/A | N/A | 1.70 | N/A | N/A | N/A | N/A |
| Home Health Services (MAX TOS = 13) | N/A | N/A | N/A | N/A | N/A | 0.12 | N/A | N/A | N/A | N/A |
| Lab/Xray Services (MAX TOS = 15) | N/A | N/A | N/A | N/A | N/A | 26.29 | N/A | N/A | N/A | N/A |
| Drugs (MAX TOS = 16) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Other Services (MAX TOS = 19) | N/A | N/A | N/A | N/A | N/A | 0.86 | N/A | N/A | N/A | N/A |
| Durable Medical Equipment (MAX TOS = 51) | N/A | N/A | N/A | N/A | N/A | 3.21 | N/A | N/A | N/A | N/A |
| Transportation Services (MAX TOS = 26) | N/A | N/A | N/A | N/A | N/A | 19.06 | N/A | N/A | N/A | N/A |
| Sterilizations (MAX TOS = 24) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Abortions (MAX TOS = 25) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Personal Care Services (MAX TOS = 30) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Targeted Case Management (MAX TOS = 31) | N/A | N/A | N/A | N/A | N/A | 0.05 | N/A | N/A | N/A | N/A |
| Rehabilitation Services (MAX TOS = 33) | N/A | N/A | N/A | N/A | N/A | 0.70 | N/A | N/A | N/A | N/A |
| PT/OT/Hearing/Speech Services (MAX TOS = 34) | N/A | N/A | N/A | N/A | N/A | 0.06 | N/A | N/A | N/A | N/A |
| Hospice Services (MAX TOS = 35) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Nurse Midwife Services (MAX TOS = 36) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Nurse Practitioner Services (MAX TOS = 37) | N/A | N/A | N/A | N/A | N/A | 0.49 | N/A | N/A | N/A | N/A |
| Private Nursing Services (MAX TOS = 38) | N/A | N/A | N/A | N/A | N/A | 0.01 | N/A | N/A | N/A | N/A |
| Religious Non-Medical Services (MAX TOS = 39) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Residential Care Services (MAX TOS = 52) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Psychiatric Services (MAX TOS = 53) | N/A | N/A | N/A | N/A | N/A | 3.07 | N/A | N/A | N/A | N/A |
| Adult Day Care (MAX TOS = 54) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Unknown Services (MAX TOS = 99) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| DIAGNOSIS AND PROCEDURE CODES | | | | | | | | | | |
| % Claims with Primary Diagnosis Code | N/A | N/A | N/A | N/A | N/A | 80.86 | N/A | N/A | N/A | N/A |
| % Physician, Outpatient, or Clinic Claims with Primary Diagnosis Code | N/A | N/A | N/A | N/A | N/A | 99.96 | N/A | N/A | N/A | N/A |
| % Primary Diagnosis Claims with Secondary Diagnosis Code | N/A | N/A | N/A | N/A | N/A | 41.55 | N/A | N/A | N/A | N/A |
| % Claims with Procedure Code | N/A | N/A | N/A | N/A | N/A | 95.18 | N/A | N/A | N/A | N/A |
| % Outpatient Claims with Procedure Code or UB-92 Revenue Code | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Home Health Claims with Procedure Code or UB-92 Revenue Code | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Other Claims with Procedure Code | N/A | N/A | N/A | N/A | N/A | 98.12 | N/A | N/A | N/A | N/A |
| % Claims with Procedure Code with CPT-4 Indicator | N/A | N/A | N/A | N/A | N/A | 73.48 | N/A | N/A | N/A | N/A |
| % Claims with Procedure Code with HCPCS (II & III) Indicator | N/A | N/A | N/A | N/A | N/A | 25.00 | N/A | N/A | N/A | N/A |
| % with Procedure Code with Other Code Indicator | N/A | N/A | N/A | N/A | N/A | 0.59 | N/A | N/A | N/A | N/A |

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

2007-2009 MAX RX VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| All RX Claims | | | | | | | | | | |
| Total Number of RX MSIS Quarters | N/A | 7 | N/A | 7 | N/A | 7 | N/A | N/A | N/A | N/A |
| Total Number of Claims | N/A | 7,194,660 | N/A | 7,986,136 | N/A | 9,070,909 | N/A | 11.00 | 13.58 | Yes |
| % Encounter Claims | N/A | 42.32 | N/A | 48.48 | N/A | 52.42 | N/A | 14.57 | 8.12 | Yes |
| % Supplemental Claims | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| % Claims with NPI (Not 0/8/9-filled) | 95-100 | N/A | N/A | N/A | N/A | 100.00 | Yes | N/A | N/A | N/A |
| % Claims with NPI = Billing Provider ID (for claims with NPI) | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Claims with Provider Taxonomy (Not 0/8/9-filled) | 95-100 | N/A | N/A | N/A | N/A | 0.00 | No | N/A | N/A | N/A |
| Total FFS Claims | N/A | 4,150,051 | N/A | 4,114,192 | N/A | 4,315,907 | N/A | -0.86 | 4.90 | Yes |
| % Adjusted Claims | N/A | 0.67 | N/A | 0.59 | N/A | 0.00 | N/A | -12.00 | -100.00 | No |
| Avg Medicaid Paid, Adjusted Claims (Include \$0) | N/A | \$69 | N/A | \$87 | N/A | Div by 0 | N/A | 25.84 | Div by 0 | N/A |
| # of Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | 1,200 | N/A | 1,305 | N/A | 1,016 | N/A | 8.750 | -22.10 | Yes |
| Avg Medicaid Paid for Claims with Missing Medicaid Eligibility and > \$0 Paid (Excludes S-CHIP Only) | N/A | \$32 | N/A | \$66 | N/A | \$32 | N/A | 107.10 | -51.70 | 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 | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A |
| Total Medicaid Paid among Section 1915(c) Waiver Claims (PGM TYPE = 6, 7) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | N/A |
| FFS Claims (Type of Claim = 1) | | | | | | | | | | |
| Total Number of Claims | N/A | 4,150,051 | N/A | 4,114,192 | N/A | 4,315,907 | N/A | -0.86 | 4.90 | 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 | \$54 | Yes | \$55 | Yes | \$53 | Yes | 1.71 | -3.22 | Yes |
| % Claims with TPL | >0-15 | 2.78 | Yes | 2.84 | Yes | 2.94 | Yes | 2.23 | 3.43 | Yes |
| Avg TPL Paid for Claims with TPL | N/A | \$101 | N/A | \$109 | N/A | \$107 | N/A | 8.94 | -2.01 | Yes |
| % Family Planning Claims (PGM TYPE = 2) | N/A | 1.38 | N/A | 1.23 | N/A | 1.20 | N/A | -10.70 | -2.71 | 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 | 25.47 | N/A | 75.54 | N/A | 100.00 | N/A | 196.60 | 32.38 | No |
| % Drug Claims with Date Prescribed | >98 | 0.00 | No | 0.00 | No | 0.00 | No | Div by 0 | Div by 0 | N/A |
| % Drug Claims with Quantity | >98 | 99.92 | Yes | 99.92 | Yes | 99.92 | Yes | 0.00 | 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 | 99.47 | Yes | 99.55 | Yes | 99.41 | Yes | 0.08 | -0.14 | Yes |
| % Claims with Generic Therapeutic Class | 98-100 | 99.93 | Yes | 100.00 | Yes | 100.00 | Yes | 0.07 | 0.00 | Yes |
| % Claims with Specific Therapeutic Class | 98-100 | 99.93 | Yes | 100.00 | Yes | 100.00 | Yes | 0.07 | 0.00 | Yes |
| NDC CONFIGURATION INDICATOR | | | | | | | | | | |
| % Prescription (NDC FMT IND = 0-3) | N/A | 71.78 | N/A | 71.29 | N/A | 69.10 | N/A | -0.68 | -3.08 | Yes |
| % Products (NDC FMT IND = 4-6) | N/A | 28.14 | N/A | 28.70 | N/A | 30.90 | N/A | 2.00 | 7.64 | Yes |
| % Health Related Item (NDC FMT IND = 7) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | 68.12 | -4.67 | Yes |
| % Claims with Clinical Formulation Identifier | N/A | 99.93 | N/A | 100.00 | N/A | 100.00 | N/A | 0.07 | 0.00 | Yes |
| % Claims with Ingredient List Identifier | N/A | 99.93 | N/A | 100.00 | N/A | 100.00 | N/A | 0.07 | 0.00 | Yes |
| % Claims with Hierarchical Specific Therapeutic Class Code Sequence Number | N/A | 99.93 | N/A | 100.00 | N/A | 100.00 | N/A | 0.07 | 0.00 | Yes |
| % Claims with Over-the-Counter Drug Class | N/A | 26.94 | N/A | 27.52 | N/A | 26.38 | N/A | 2.18 | -4.14 | Yes |
| % Claims with Prescription Drug Class | N/A | 72.99 | N/A | 72.48 | N/A | 73.62 | N/A | -0.71 | 1.57 | Yes |
| % Claims with Multiple Sources | N/A | 71.88 | N/A | 73.91 | N/A | 76.39 | N/A | 2.82 | 3.36 | Yes |
| % Claims with Single Source (No Generic) | N/A | 23.22 | N/A | 21.39 | N/A | 18.99 | N/A | -7.86 | -11.20 | Yes |

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2007-2009 MAX RX VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Within Expected Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|----------------------------------|
| Encounter Claims (Type of Claim=3) | | | | | | | | | | |
| Total Number of Claims | N/A | N/A | N/A | N/A | N/A | 4,755,002 | N/A | N/A | N/A | N/A |
| % Aged | N/A | N/A | N/A | N/A | N/A | 1.95 | N/A | N/A | N/A | N/A |
| % Disabled | N/A | N/A | N/A | N/A | N/A | 41.98 | N/A | N/A | N/A | N/A |
| % Child | N/A | N/A | N/A | N/A | N/A | 30.65 | N/A | N/A | N/A | N/A |
| % Adult | N/A | N/A | N/A | N/A | N/A | 25.41 | N/A | N/A | N/A | N/A |
| % Claims with > 0 Prepaid Plan Service Value | N/A | N/A | N/A | N/A | N/A | 99.52 | N/A | N/A | N/A | N/A |
| % Family Planning Claims (PGM TYPE = 2) | N/A | N/A | N/A | N/A | N/A | 2.09 | N/A | N/A | N/A | N/A |
| % Drug Claims (MAX TOS = 16) | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Durable Medical Equipment Claims (MAX TOS = 51) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Drug Claims with Prescribing Physician | N/A | N/A | N/A | N/A | N/A | 91.39 | N/A | N/A | N/A | N/A |
| % Drug Claims with Date Prescribed | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Drug Claims with Quantity | N/A | N/A | N/A | N/A | N/A | 97.23 | N/A | N/A | N/A | N/A |
| % Drug Claims with Days Supply | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| DRUG CLASSIFICATION | | | | | | | | | | |
| % Claims with Medispan | N/A | N/A | N/A | N/A | N/A | 99.75 | N/A | N/A | N/A | N/A |
| % Claims with Generic Therapeutic Class | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Claims with Specific Therapeutic Class | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| NDC CONFIGURATION INDICATOR | | | | | | | | | | |
| % Prescription (NDC FMT IND = 0-3) | N/A | N/A | N/A | N/A | N/A | 64.33 | | N/A | N/A | N/A |
| % Products (NDC FMT IND = 4-6) | N/A | N/A | N/A | N/A | N/A | 35.64 | N/A | N/A | N/A | N/A |
| % Health Related Item (NDC FMT IND = 7) | N/A | N/A | N/A | N/A | N/A | 0.01 | N/A | N/A | N/A | N/A |
| % Claims with Clinical Formulation Identifier | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Claims with Ingredient List Identifier | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Claims with Hierarchical Specific Therapeutic Class Code Sequence Number | N/A | N/A | N/A | N/A | N/A | 100.00 | N/A | N/A | N/A | N/A |
| % Claims with Over-the-Counter Drug Class | N/A | N/A | N/A | N/A | N/A | 5.20 | N/A | N/A | N/A | N/A |
| % Claims with Prescription Drug Class | N/A | N/A | N/A | N/A | N/A | 94.80 | N/A | N/A | N/A | N/A |
| % Claims with Multiple Sources | N/A | N/A | N/A | N/A | N/A | 77.61 | N/A | N/A | N/A | N/A |
| % Claims with Single Source (No Generic) | N/A | N/A | N/A | N/A | N/A | 19.21 | N/A | N/A | N/A | N/A |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| All Records | | | | | | | | | | | |
| Total Number of EL MSIS Quarters | N/A | 7 | N/A | 7 | N/A | 7 | N/A | N/A | N/A | N/A | N/A |
| Total Number of Records | N/A | 965,390 | N/A | 1,006,083 | N/A | 1,075,013 | N/A | 4.22 | 6.85 | 30% (+/-) | Yes |
| Total Medicaid Paid | N/A | \$4,525,998,623 | N/A | \$5,241,434,305 | N/A | \$5,596,726,428 | N/A | 15.81 | 6.78 | 30% (+/-) | Yes |
| % with No Claims (RCPNT IND = 0) | N/A | 14.78 | N/A | 14.87 | N/A | 13.59 | N/A | 0.58 | -8.60 | N/A | N/A |
| % with FFS Only Claims (RCPNT IND = 1) | N/A | 20.81 | N/A | 20.13 | N/A | 19.89 | N/A | -3.29 | -1.16 | N/A | N/A |
| % with Only Capitation Claims (RCPNT IND = 2) | N/A | 8.27 | N/A | 6.88 | N/A | 5.79 | N/A | -16.80 | -15.80 | N/A | N/A |
| % with Only Encounter Claims (RCPNT IND = 3) | N/A | 0.96 | N/A | 0.82 | N/A | 0.79 | N/A | -14.50 | -3.54 | N/A | N/A |
| % with FFS and Capitation Claims (RCPNT IND = 4) | N/A | 9.47 | N/A | 8.48 | N/A | 7.89 | N/A | -10.40 | -6.95 | N/A | N/A |
| % with Capitation and Encounter Claims Only (RCPNT IND = 5) | N/A | 21.58 | N/A | 18.79 | N/A | 18.04 | N/A | -12.90 | -3.98 | N/A | N/A |
| % with FFS and Encounter Claims Only (RCPNT IND = 6) | N/A | 3.08 | N/A | 3.96 | N/A | 4.07 | N/A | 28.44 | 2.96 | N/A | N/A |
| % with FFS, Capitation, and Encounter Claims (RCPNT IND = 7) | N/A | 21.04 | N/A | 26.08 | N/A | 29.93 | N/A | 23.91 | 14.75 | N/A | N/A |
| # with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only) | N/A | 1,446 | N/A | 1,451 | N/A | 1,782 | N/A | 0.35 | 22.81 | N/A | N/A |
| % with Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only) | <2% | 0.15 | Yes | 0.14 | Yes | 0.17 | Yes | -3.71 | 14.94 | N/A | N/A |
| Total Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees) | N/A | \$7,223,105 | N/A | \$6,481,155 | N/A | \$8,920,342 | N/A | -10.30 | 37.64 | N/A | N/A |
| Avg Medicaid Paid for People Missing Medicaid Eligibility (Excludes S-CHIP Only Enrollees) | N/A | \$4,995 | N/A | \$4,467 | N/A | \$5,006 | N/A | -10.60 | 12.07 | N/A | N/A |
| # with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only) | N/A | 992 | N/A | 1,056 | N/A | 1,186 | N/A | 6.45 | 12.31 | N/A | N/A |
| % with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only) | N/A | 0.10 | N/A | 0.10 | N/A | 0.11 | N/A | 2.15 | 5.11 | N/A | N/A |
| Total Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only) | N/A | \$6,819,536 | N/A | \$5,955,096 | N/A | \$8,234,000 | N/A | -12.70 | 38.27 | N/A | N/A |
| Avg Medicaid Paid for People with FFS Claims and Missing Medicaid Eligibility (Excludes S-CHIP Only) | N/A | \$6,875 | N/A | \$5,639 | N/A | \$6,943 | N/A | -18.00 | 23.11 | N/A | N/A |
| S-CHIP ENROLLMENT | | | | | | | | | | | |
| # with ONLY S-CHIP Enrollment | N/A | 51,862 | N/A | 56,726 | N/A | 57,883 | N/A | 9.38 | 2.04 | N/A | N/A |
| % with ONLY S-CHIP Enrollment | N/A | 5.37 | N/A | 5.64 | N/A | 5.38 | N/A | 4.96 | -4.50 | N/A | N/A |
| # with ANY S-CHIP Enrollment | N/A | 80,900 | N/A | 90,458 | N/A | 94,642 | N/A | 11.81 | 4.63 | N/A | N/A |
| % with ANY S-CHIP Enrollment | N/A | 8.38 | N/A | 8.99 | N/A | 8.80 | N/A | 7.29 | -2.08 | N/A | N/A |
| Total Person-Years of Enrollment with ANY S-CHIP Enrollment | N/A | 51,817 | N/A | 58,897 | N/A | 61,802 | N/A | 13.66 | 4.93 | N/A | N/A |
| Total Medicaid Enrollees (excludes people with missing Medicaid eligibility information or S-CHIP only) | | | | | | | | | | | |
| Total Medicaid Enrollees | N/A | 912,082 | N/A | 947,906 | N/A | 1,015,348 | N/A | 3.93 | 7.12 | 30% (+/-) | Yes |
| Total Medicaid Person-Years of Enrollment | N/A | 733,028 | N/A | 760,382 | N/A | 820,784 | N/A | 3.73 | 7.94 | 10% (+/-) | Yes |
| # with Any M-CHIP Enrollment | N/A | 69,270 | N/A | 72,803 | N/A | 77,276 | N/A | 5.10 | 6.14 | N/A | N/A |
| # Child (Age < 19 Years) | N/A | N/A | N/A | 70,110 | N/A | 74,262 | N/A | N/A | 5.92 | N/A | N/A |
| # Adult (Age > 18 Years) | N/A | N/A | N/A | 2,693 | N/A | 3,014 | N/A | N/A | 11.92 | N/A | N/A |
| % with ANY M-CHIP Enrollment | N/A | N/A | N/A | 7.68 | N/A | 7.61 | N/A | N/A | -0.91 | N/A | N/A |
| Total Person-Years of Enrollment Any M-CHIP | N/A | 37,722 | N/A | 39,516 | N/A | 42,971 | N/A | 4.76 | 8.74 | N/A | N/A |
| Demographic Characteristics | | | | | | | | | | | |
| % Records with Valid SSN Format | >=95% | 94.96 | No | 95.42 | Yes | 97.04 | Yes | 0.49 | 1.69 | 10% (+/-) | Yes |
| % Records Whose MSIS SSN Passed High Group Test (HGT FLAG = 1) | >95% | 94.78 | No | 95.29 | Yes | 96.86 | Yes | 0.54 | 1.65 | 10% (+/-) | Yes |
| % Records Whose MSIS SSN Failed High Group Test Due to Invalid AAA (HGT FLAG = 2) | N/A | 0.07 | N/A | 0.05 | N/A | 0.06 | N/A | -34.10 | 13.51 | N/A | N/A |
| % Records Whose MSIS SSN Failed High Group Test Due to GG = 00 (HGT FLAG = 3) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| % Records Whose MSIS SSN Failed High Group Test Due to SSSS = 0000 (HGT FLAG = 4) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| % Records Whose MSIS SSN Failed High Group Test Due to GG Not Yet Issued (HGT FLAG = 5) | N/A | 0.10 | N/A | 0.09 | N/A | 0.13 | N/A | -17.40 | 48.15 | N/A | N/A |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| % Records Whose MSIS SSN Failed High Group Test Due to Railroad Retirement Number with Invalid DOB (HGT FLAG = 6) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | -6.64 | N/A | N/A |
| # Records Without Valid SSN | N/A | 47,622 | N/A | 44,650 | N/A | 31,907 | N/A | -6.24 | -28.50 | N/A | N/A |
| % Records Without Valid SSN | <5% | 5.22 | No | 4.71 | Yes | 3.14 | Yes | -9.78 | -33.30 | N/A | N/A |
| % for Children Under Age 21 | N/A | 86.11 | N/A | 85.47 | N/A | 79.85 | N/A | -0.75 | -6.57 | N/A | N/A |
| % for Infants Under Age 1 | N/A | 50.87 | N/A | 52.87 | N/A | 46.28 | N/A | 3.92 | -12.50 | N/A | N/A |
| % Ever Aliens Eligible for Only Emergency Services | N/A | 14.34 | N/A | 14.15 | N/A | 18.85 | N/A | -1.33 | 33.27 | N/A | N/A |
| % Ever Eligible for Only Family Planning Services | N/A | N/A | N/A | 0.04 | N/A | 0.04 | N/A | N/A | 13.70 | N/A | N/A |
| # SSNs with More Than One MSIS ID | 0 | 269 | No | 46 | No | 47 | No | -82.90 | 2.17 | N/A | N/A |
| % Records with Duplicated SSNs | <10% | 0.06 | Yes | 0.01 | Yes | 0.01 | Yes | -83.60 | -4.61 | N/A | N/A |
| % for Children Under Age 21 | N/A | 91.47 | N/A | 77.17 | N/A | 95.74 | N/A | -15.60 | 24.06 | N/A | N/A |
| % for Infants Under Age 1 | N/A | 0.74 | N/A | 2.17 | N/A | 29.79 | N/A | 192.90 | 1,270.00 | N/A | N/A |
| % Ever Aliens Eligible for Only Emergency Services | N/A | 0.19 | N/A | 1.09 | N/A | 0.00 | N/A | 485.90 | -100.00 | N/A | N/A |
| % Ever Eligible for Only Family Planning Services | N/A | N/A | N/A | 0.00 | N/A | 0.00 | N/A | N/A | Div by 0 | N/A | N/A |
| % with External SSN from EDB (EXT SSN SRCE = 1) | N/A | 19.98 | N/A | 19.55 | N/A | 18.69 | N/A | -2.14 | -4.42 | 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% | 98.92 | Yes | 98.88 | Yes | 98.94 | Yes | -0.05 | 0.06 | 10% (+/-) | Yes |
| % with Valid 5 Digit Zip Code Format | >=95% | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | 10% (+/-) | Yes |
| % White | N/A | 43.17 | N/A | 42.46 | N/A | 42.05 | N/A | -1.64 | -0.97 | 10% (+/-) | Yes |
| % Black | N/A | 42.25 | N/A | 40.92 | N/A | 39.52 | N/A | -3.16 | -3.42 | 10% (+/-) | Yes |
| % Native American/Alaskan Native | N/A | 0.17 | N/A | 0.18 | N/A | 0.19 | N/A | 3.89 | 5.48 | 10% (+/-) | Yes |
| % Asian | N/A | 2.59 | N/A | 2.58 | N/A | 2.66 | N/A | -0.38 | 2.79 | N/A | N/A |
| % Native Hawaiian or Other Pacific Islander | N/A | 0.42 | N/A | 0.38 | N/A | 0.37 | N/A | -9.09 | -3.85 | N/A | N/A |
| % More Than One Race | N/A | 0.25 | N/A | 0.29 | N/A | 0.37 | N/A | 15.24 | 28.31 | N/A | N/A |
| % Unknown Race | <5% | 11.64 | No | 13.76 | No | 15.59 | No | 18.23 | 13.26 | 10% (+/-) | No |
| % Hispanic/Latino (Included with Race Categories Prior to 2005) | N/A | 9.90 | N/A | 10.60 | N/A | 11.12 | N/A | 7.05 | 4.97 | 10% (+/-) | Yes |
| % of Hispanic/Latino with Unknown Race | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | 10% (+/-) | Yes |
| % Age 0 | 2-8% | 4.69 | Yes | 4.56 | Yes | 4.32 | Yes | -2.60 | -5.35 | 10% (+/-) | Yes |
| % Age 1-5 | N/A | N/A | N/A | 19.22 | N/A | 19.57 | N/A | N/A | 1.83 | 10% (+/-) | Yes |
| % Age 6-18 | N/A | N/A | N/A | 33.60 | N/A | 34.14 | N/A | N/A | 1.62 | 10% (+/-) | Yes |
| % Age 19-20 | N/A | N/A | N/A | 2.86 | N/A | 2.92 | N/A | N/A | 2.17 | 10% (+/-) | Yes |
| % Age 21-44 | N/A | N/A | N/A | 18.78 | N/A | 18.71 | N/A | N/A | -0.36 | 10% (+/-) | Yes |
| % Age 45-64 | N/A | N/A | N/A | 9.87 | N/A | 9.84 | N/A | N/A | -0.31 | 10% (+/-) | Yes |
| % Age 65-74 | N/A | N/A | N/A | 4.72 | N/A | 4.50 | N/A | N/A | -4.57 | 10% (+/-) | Yes |
| % Age 75-84 | N/A | N/A | N/A | 3.97 | N/A | 3.70 | N/A | N/A | -6.93 | 10% (+/-) | Yes |
| % Age 85+ | N/A | N/A | N/A | 2.42 | N/A | 2.29 | N/A | N/A | -5.24 | 10% (+/-) | Yes |
| # Age 0-18, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 588,165 | N/A | N/A | N/A | 10% (+/-) | N/A |
| # Age 19-20, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 29,516 | N/A | N/A | N/A | 10% (+/-) | N/A |
| # Age 21-64, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 282,877 | N/A | N/A | N/A | 10% (+/-) | N/A |
| # Age 65+, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 85,018 | 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 | 59.18 | N/A | 58.70 | N/A | N/A | -0.81 | 10% (+/-) | Yes |
| % Male | N/A | N/A | N/A | 40.82 | N/A | 41.30 | N/A | N/A | 1.18 | 10% (+/-) | Yes |
| % Enrollees with 12 Months Enrollment | 40-70% | 59.46 | Yes | 59.56 | Yes | 60.42 | Yes | 0.18 | 1.43 | 10% (+/-) | Yes |
| % Aged Enrollees with 12 Months Enrollment | N/A | 74.47 | N/A | 74.47 | N/A | 75.43 | N/A | 0.00 | 1.29 | N/A | N/A |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| % Disabled Enrollees with 12 Months Enrollment | N/A | 77.98 | N/A | 78.29 | N/A | 77.99 | N/A | 0.40 | -0.38 | N/A | N/A |
| % Child Enrollees with 12 Months Enrollment | N/A | 56.17 | N/A | 57.13 | N/A | 59.81 | N/A | 1.70 | 4.69 | N/A | N/A |
| % Adult Enrollees with 12 Months Enrollment | N/A | 38.72 | N/A | 36.36 | N/A | 33.57 | N/A | -6.09 | -7.67 | N/A | N/A |
| # with 0 Days but Positive Months of Enrollment | 0 | N/A | N/A | 0 | Yes | 0 | Yes | N/A | Div by 0 | N/A | N/A |
| % Enrollees with MSIS Date of Death During Year | N/A | 0.26 | N/A | 0.01 | N/A | 0.03 | N/A | -95.70 | 134.70 | N/A | N/A |
| % Enrollees with SSA Date of Death During Year | N/A | 1.55 | N/A | 1.54 | N/A | 1.45 | N/A | -0.53 | -6.01 | N/A | N/A |
| % Enrollees with MSIS, SSA, or EDB Date of Death During Year | N/A | 1.65 | N/A | 1.61 | N/A | 1.51 | N/A | -2.36 | -6.46 | N/A | N/A |
| # with MSIS Date of Death ≠ SSA Date of Death | N/A | 12,789 | N/A | 15,068 | N/A | 15,249 | N/A | 17.82 | 1.20 | N/A | N/A |
| # with MSIS Date of Death Prior to MAX CY | 0 | 126 | No | 115 | No | 213 | No | -8.73 | 85.22 | N/A | N/A |
| # with SSA Date of Death Prior to MAX CY | 0 | 198 | No | 361 | No | 416 | No | 82.32 | 15.24 | N/A | N/A |
| % with SSA Death Prior to MAX CY Who Have \$0 Medicaid Paid | N/A | N/A | N/A | 77.56 | N/A | 78.61 | N/A | N/A | 1.35 | N/A | N/A |
| EDB Dual Eligibles | | | | | | | | | | | |
| Total EDB Duals (Duals Confirmed by EDB) | N/A | 169,441 | N/A | 173,035 | N/A | 176,983 | N/A | 2.12 | 2.28 | 10% (+/-) | Yes |
| Total EDB Dual Person-Years of Enrollment | N/A | 150,539 | N/A | 154,048 | N/A | 157,941 | N/A | 2.33 | 2.53 | 15% (+/-) | Yes |
| % Age > 64 Years Who Are EDB Duals | >=90% | 94.57 | Yes | 94.46 | Yes | 94.35 | Yes | -0.12 | -0.11 | 10% (+/-) | Yes |
| % Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are EDB Duals | >=90% | 95.21 | Yes | 95.15 | Yes | 95.22 | Yes | -0.06 | 0.07 | 10% (+/-) | Yes |
| % Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are EDB Duals | 30-55% | 44.99 | Yes | 45.28 | Yes | 45.67 | Yes | 0.63 | 0.87 | 10% (+/-) | Yes |
| % EDB Dual Not Reported in MSIS (EDB DUAL = 50) | <5% | 0.99 | Yes | 0.80 | Yes | 0.91 | Yes | -18.80 | 14.22 | N/A | N/A |
| % EDB QMB Only (EDB DUAL = 51) | N/A | 14.28 | N/A | 14.36 | N/A | 14.77 | N/A | 0.54 | 2.86 | N/A | N/A |
| % EDB QMB Plus (EDB DUAL = 52) | N/A | 55.42 | N/A | 54.57 | N/A | 52.79 | N/A | -1.53 | -3.27 | N/A | N/A |
| % EDB SLMB Only (EDB DUAL = 53) | N/A | 10.87 | N/A | 11.28 | N/A | 11.75 | N/A | 3.75 | 4.23 | N/A | N/A |
| % EDB SLMB Plus (EDB DUAL = 54) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| % EDB QDWI (EDB DUAL = 55) | N/A | 0.02 | N/A | 0.03 | N/A | 0.02 | N/A | 23.03 | -38.10 | N/A | N/A |
| % EDB QI-1 (EDB DUAL = 56) | N/A | 4.26 | N/A | 4.52 | N/A | 4.97 | N/A | 6.14 | 10.00 | 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 | 14.16 | N/A | 14.45 | N/A | 14.79 | N/A | 2.00 | 2.35 | 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 | 70.57 | N/A | 69.82 | N/A | 68.49 | N/A | -1.06 | -1.90 | N/A | N/A |
| % EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57) | N/A | 29.43 | N/A | 30.18 | N/A | 31.51 | N/A | 2.55 | 4.40 | N/A | N/A |
| Total Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB) | N/A | 1,317 | N/A | 1,423 | N/A | 1,339 | N/A | 8.05 | -5.90 | 10% (+/-) | Yes |
| % Non-EDB Duals Without Valid SSN | N/A | 0.08 | N/A | 0.00 | N/A | 0.00 | N/A | -100.00 | Div by 0 | 10% (+/-) | N/A |
| % Non-EDB Duals Who Are Children/Adults | N/A | 1.44 | N/A | 2.04 | N/A | 1.87 | N/A | 41.26 | -8.39 | 10% (+/-) | Yes |
| % EDB Duals with Spanish Language | N/A | 0.75 | N/A | 0.79 | N/A | 0.87 | N/A | 5.48 | 9.92 | 15% (+/-) | Yes |
| % EDB Duals - Female | N/A | N/A | N/A | 63.59 | N/A | 63.34 | N/A | N/A | -0.40 | 10% (+/-) | Yes |
| % EDB Duals - Male | N/A | N/A | N/A | 36.41 | N/A | 36.66 | N/A | N/A | 0.70 | 10% (+/-) | Yes |
| % EDB Duals with EDB Date of Death During Year | 5-10% | 7.21 | Yes | 7.18 | Yes | 6.95 | Yes | -0.41 | -3.22 | 15% (+/-) | Yes |
| % EDB Duals with MSIS Date of Death During Year | 5-10% | 1.11 | No | 0.02 | No | 0.06 | No | -98.60 | 276.00 | 15% (+/-) | No |
| % EDB Duals with SSA Date of Death During Year | 5-10% | 6.77 | Yes | 6.84 | Yes | 6.67 | Yes | 1.10 | -2.50 | 15% (+/-) | Yes |
| % EDB Duals with EDB, MSIS, or SSA Date of Death During Year | 5-10% | 7.23 | Yes | 7.19 | Yes | 6.96 | Yes | -0.53 | -3.24 | 15% (+/-) | Yes |
| # EDB Duals with EDB Date of Death ≠ MSIS Date of Death | N/A | 10,506 | N/A | 12,423 | N/A | 12,251 | N/A | 18.25 | -1.38 | 10% (+/-) | Yes |
| # EDB Duals with EDB Date of Death ≠ SSA Date of Death | N/A | 1,175 | N/A | 953 | N/A | 723 | N/A | -18.90 | -24.10 | 10% (+/-) | No |
| % EDB Duals with Medicaid Reported HIC | N/A | 98.95 | N/A | 99.15 | N/A | 99.04 | N/A | 0.20 | -0.11 | 15% (+/-) | Yes |
| % EDB Duals with Medicaid Reported HIC = Medicare HIC | N/A | 98.50 | N/A | 98.66 | N/A | 98.79 | N/A | 0.16 | 0.13 | 15% (+/-) | Yes |
| Total EDB Dual Enrollees in June | N/A | 160,426 | N/A | 164,157 | N/A | 168,157 | N/A | 2.33 | 2.44 | 10% (+/-) | Yes |
| JUNE MEDICARE ELIGIBILITY GROUP | | | | | | | | | | | |
| June % with Part A Medicare only | N/A | 1.28 | N/A | 1.07 | N/A | 0.99 | N/A | -16.70 | -7.17 | 15% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| June % with Part B Medicare only | N/A | 2.50 | N/A | 2.63 | N/A | 2.58 | N/A | 4.93 | -1.65 | 15% (+/-) | Yes |
| June % Part A/B Medicare | N/A | 96.22 | N/A | 96.31 | N/A | 96.43 | N/A | 0.09 | 0.12 | 15% (+/-) | Yes |
| ORIGINAL REASON FOR MEDICARE ENTITLEMENT | | | | | | | | | | | |
| % Aged (MDCR ORIG REAS CD = 0) | N/A | 45.63 | N/A | 44.75 | N/A | 43.89 | N/A | -1.92 | -1.92 | 15% (+/-) | Yes |
| % Disabled (MDCR ORIG REAS CD = 1) | N/A | 52.55 | N/A | 53.47 | N/A | 54.34 | N/A | 1.74 | 1.63 | 15% (+/-) | Yes |
| % End Stage Renal Disease (MDCR ORIG REAS CD = 2) | N/A | 0.65 | N/A | 0.66 | N/A | 0.66 | N/A | 1.47 | -0.78 | 15% (+/-) | Yes |
| % Disabled with End Stage Renal Disease (MDCR ORIG REAS CD = 3) | N/A | 1.17 | N/A | 1.12 | N/A | 1.12 | N/A | -3.76 | -0.57 | 15% (+/-) | Yes |
| Other Eligibility Characteristics (All Enrollees) | | | | | | | | | | | |
| % Aged Groups (MAX ELIG CD = 11,21,31,41,51) Who Are > 64 Years | >=99% | 99.99 | Yes | 99.98 | Yes | 99.99 | Yes | 0.00 | 0.00 | 10% (+/-) | Yes |
| % Disabled Groups (MAX ELIG CD = 12,22,32,3A,42,52) Who Are > 64 Years | N/A | 2.91 | N/A | 3.19 | N/A | 3.96 | N/A | 9.72 | 24.10 | 10% (+/-) | No |
| % Child Groups (MAX ELIG CD = 14,16, 24, 34, 44, 48, 54) Who Are < 21 Years | >=98% | 99.96 | Yes | 99.96 | Yes | 99.96 | Yes | 0.00 | 0.00 | 10% (+/-) | Yes |
| % Adult Groups (MAX ELIG CD = 15,17,25,35,45,55) Who Are > 20 Years | >=80% | 91.53 | Yes | 91.89 | Yes | 92.35 | Yes | 0.39 | 0.50 | 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 | 30% (+/-) | Yes |
| JUNE % MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55) with 1115 Waiver Enrollment (WVR TYPE = 1,5,6,A,F) | 100% | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | 30% (+/-) | Yes |
| % MAX 1115 Waiver Enrollees (WVR TYPE = 1,5,6,A,F) in MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55) | N/A | 83.64 | N/A | 80.90 | N/A | 85.26 | N/A | -3.28 | 5.39 | 30% (+/-) | Yes |
| JUNE % MAX 1115 Waiver Enrollees (WVR TYPE = 1,5,6,A,F) in MAX 1115 Expansion Group (MAX ELIG CD = 51,52,54,55) | N/A | N/A | N/A | 100.00 | N/A | 100.00 | N/A | N/A | 0.00 | 30% (+/-) | Yes |
| Aged Total | N/A | 99,246 | N/A | 99,840 | N/A | 99,439 | N/A | 0.60 | -0.40 | 10% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | 34,559 | N/A | 33,690 | N/A | 32,478 | N/A | -2.51 | -3.60 | 10% (+/-) | Yes |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | 3,281 | N/A | 3,232 | N/A | 3,135 | N/A | -1.49 | -3.00 | 10% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | 35,467 | N/A | 36,226 | N/A | 36,864 | N/A | 2.14 | 1.76 | 10% (+/-) | Yes |
| Other Aged (MAX ELIG CD = 41) | N/A | 25,939 | N/A | 26,692 | N/A | 26,962 | N/A | 2.90 | 1.01 | 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 | 164,972 | N/A | 170,675 | N/A | 178,366 | N/A | 3.46 | 4.51 | 10% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | 111,628 | N/A | 113,722 | N/A | 116,549 | N/A | 1.88 | 2.49 | 10% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | 5,473 | N/A | 5,869 | N/A | 6,964 | N/A | 7.24 | 18.66 | 10% (+/-) | No |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | 35,664 | N/A | 38,016 | N/A | 40,913 | N/A | 6.60 | 7.62 | 10% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | 12,207 | N/A | 13,068 | N/A | 13,940 | N/A | 7.05 | 6.67 | 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 | 509,314 | N/A | 531,343 | N/A | 578,309 | N/A | 4.33 | 8.84 | 10% (+/-) | Yes |
| AFDC Child, Cash (MAX ELIG CD = 14) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 10% (+/-) | N/A |
| AFDC-U Child, Cash (MAX ELIG CD = 16) | N/A | 139 | N/A | 111 | N/A | 114 | N/A | -20.10 | 2.70 | 10% (+/-) | Yes |
| AFDC Child, Medically Needy (MAX ELIG CD = 24) | N/A | 127 | N/A | 111 | N/A | 90 | N/A | -12.60 | -18.90 | 10% (+/-) | No |
| Child Poverty (MAX ELIG CD = 34) | N/A | 456,466 | N/A | 478,308 | N/A | 526,154 | N/A | 4.79 | 10.00 | 10% (+/-) | Yes |
| Other Child (MAX ELIG CD = 44) | N/A | 36,587 | N/A | 37,602 | N/A | 37,726 | N/A | 2.77 | 0.33 | 10% (+/-) | Yes |
| Foster Care Child (MAX ELIG CD = 48) | N/A | 15,995 | N/A | 15,211 | N/A | 14,225 | N/A | -4.90 | -6.48 | 10% (+/-) | Yes |
| 1115 Child (MAX ELIG CD = 54) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 10% (+/-) | N/A |
| Adult Total | N/A | 138,550 | N/A | 146,048 | N/A | 159,234 | N/A | 5.41 | 9.03 | 10% (+/-) | Yes |
| AFDC Adult, Cash (MAX ELIG CD = 15) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 10% (+/-) | N/A |
| AFDC-U Adult, Cash (MAX ELIG CD = 17) | N/A | 7,733 | N/A | 8,164 | N/A | 10,665 | N/A | 5.57 | 30.63 | 10% (+/-) | No |
| AFDC Adult, Medically Needy (MAX ELIG CD = 25) | N/A | 121 | N/A | 116 | N/A | 75 | N/A | -4.13 | -35.30 | 10% (+/-) | No |
| Adult, Poverty (MAX ELIG CD = 35) | N/A | 34,721 | N/A | 39,791 | N/A | 39,151 | N/A | 14.60 | -1.61 | 10% (+/-) | Yes |
| Other Adult (MAX ELIG CD = 45) | N/A | 78,619 | N/A | 88,000 | N/A | 101,933 | N/A | 11.93 | 15.83 | 10% (+/-) | No |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| 1115 Adult (MAX ELIG CD = 55) | N/A | 17,356 | N/A | 9,977 | N/A | 7,410 | N/A | -42.50 | -25.70 | 10% (+/-) | No |
| Long-Term Care Enrollees | | | | | | | | | | | |
| INSTITUTIONAL STATUS | | | | | | | | | | | |
| # with Any ILTC FFS Claims (Includes NF, ICF/MR, Aged Mental Hospital, IP Psych Age < 21 years, MAX TOS = 02, 04, 05, 07) | N/A | 28,390 | N/A | 28,591 | N/A | 28,886 | N/A | 0.71 | 1.03 | 30% (+/-) | Yes |
| % Enrollees with Any ILTC FFS Claims | N/A | 3.11 | N/A | 3.02 | N/A | 2.84 | N/A | -3.10 | -5.68 | 30% (+/-) | Yes |
| % Aged Enrollees with Any ILTC FFS Claims | N/A | 21.34 | N/A | 21.18 | N/A | 20.99 | N/A | -0.77 | -0.90 | 30% (+/-) | Yes |
| % Disabled Enrollees with Any ILTC FFS Claims | N/A | 4.02 | N/A | 4.03 | N/A | 4.18 | N/A | 0.35 | 3.67 | 30% (+/-) | Yes |
| % Child Enrollees with Any ILTC FFS Claims | N/A | 0.10 | N/A | 0.10 | N/A | 0.09 | N/A | -5.58 | -10.40 | 30% (+/-) | Yes |
| % Adult Enrollees with Any ILTC FFS Claims | N/A | 0.04 | N/A | 0.03 | N/A | 0.03 | N/A | -16.80 | 8.78 | 30% (+/-) | Yes |
| COMMUNITY LONG-TERM CARE STATUS | | | | | | | | | | | |
| # with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 39,566 | N/A | 42,618 | N/A | 49,348 | N/A | 7.71 | 15.79 | 30% (+/-) | Yes |
| % Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 4.34 | N/A | 4.50 | N/A | 4.86 | N/A | 3.64 | 8.10 | 30% (+/-) | Yes |
| % Aged Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 17.33 | N/A | 18.41 | N/A | 19.74 | N/A | 6.27 | 7.22 | 30% (+/-) | Yes |
| % Disabled Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 12.46 | N/A | 12.90 | N/A | 13.79 | N/A | 3.56 | 6.88 | 30% (+/-) | Yes |
| % Child Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 0.26 | N/A | 0.33 | N/A | 0.79 | N/A | 26.22 | 139.90 | 30% (+/-) | No |
| % Adult Enrollees with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 0.36 | N/A | 0.33 | N/A | 0.36 | N/A | -9.15 | 10.26 | 30% (+/-) | Yes |
| # with ILTC FFS Claims and CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 10,284 | N/A | 10,740 | N/A | 11,422 | N/A | 4.43 | 6.35 | 30% (+/-) | Yes |
| # Ever Enrolled in Section 1915(c) Waiver or with Any CLTC FFS Claims (Excludes CLTC FLAG = 16-20) | N/A | 40,238 | N/A | 43,404 | N/A | 49,842 | N/A | 7.87 | 14.83 | 30% (+/-) | Yes |
| SECTION 1915(c) WAIVER ENROLLMENT - MOST RECENT | | | | | | | | | | | |
| # Ever Enrolled in Any Section 1915(c) Waiver (WVR TYPE = G-P) | N/A | 24,854 | N/A | 27,729 | N/A | 29,787 | N/A | 11.57 | 7.42 | 30% (+/-) | Yes |
| % Enrolled in Any Section 1915(c) Waiver | N/A | 2.72 | N/A | 2.93 | N/A | 2.93 | N/A | 7.35 | 0.29 | 30% (+/-) | Yes |
| % Aged Enrollees in Section 1915(c) Waiver | N/A | 10.12 | N/A | 11.10 | N/A | 11.44 | N/A | 9.70 | 3.09 | 30% (+/-) | Yes |
| % Disabled Enrollees in Section 1915(c) Waiver | N/A | 8.45 | N/A | 9.00 | N/A | 9.27 | N/A | 6.44 | 3.03 | 30% (+/-) | Yes |
| % Child Enrollees in Section 1915(c) Waiver | N/A | 0.16 | N/A | 0.24 | N/A | 0.32 | N/A | 43.78 | 35.28 | 30% (+/-) | No |
| % Adult Enrollees in Section 1915(c) Waiver | N/A | 0.02 | N/A | 0.03 | N/A | 0.02 | N/A | 14.40 | -26.20 | 30% (+/-) | Yes |
| # Aged, EDB Dual | N/A | 9,778 | N/A | 10,764 | N/A | 11,069 | N/A | 10.08 | 2.83 | 30% (+/-) | Yes |
| # Aged, Non-Dual | N/A | 263 | N/A | 317 | N/A | 309 | N/A | 20.53 | -2.52 | 30% (+/-) | Yes |
| # Disabled, EDB Dual | N/A | 7,308 | N/A | 7,963 | N/A | 8,513 | N/A | 8.96 | 6.91 | 30% (+/-) | Yes |
| # Disabled, Non-Dual | N/A | 6,637 | N/A | 7,393 | N/A | 8,021 | N/A | 11.39 | 8.50 | 30% (+/-) | Yes |
| # Other (Child or Adult) | N/A | 868 | N/A | 1,292 | N/A | 1,875 | N/A | 48.85 | 45.12 | 30% (+/-) | No |
| # with Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G) | N/A | 16,149 | N/A | 18,473 | N/A | 20,229 | N/A | 14.39 | 9.51 | 30% (+/-) | Yes |
| # Aged, EDB Dual | N/A | 9,486 | N/A | 10,449 | N/A | 10,736 | N/A | 10.15 | 2.75 | 30% (+/-) | Yes |
| # Aged, Non-Dual | N/A | 251 | N/A | 303 | N/A | 295 | N/A | 20.72 | -2.64 | 30% (+/-) | Yes |
| # Disabled, EDB Dual | N/A | 3,037 | N/A | 3,454 | N/A | 3,770 | N/A | 13.73 | 9.15 | 30% (+/-) | Yes |
| # Disabled, Non-Dual | N/A | 2,853 | N/A | 3,409 | N/A | 3,985 | N/A | 19.49 | 16.90 | 30% (+/-) | Yes |
| # Other (Child or Adult) | N/A | 522 | N/A | 858 | N/A | 1,443 | N/A | 64.37 | 68.18 | 30% (+/-) | No |
| # with Section 1915(c) Waiver for Aged (WVR TYPE = H) | N/A | 22 | N/A | 32 | N/A | 43 | N/A | 45.45 | 34.38 | 30% (+/-) | No |
| # Aged, EDB Dual | N/A | 22 | N/A | 32 | N/A | 42 | N/A | 45.45 | 31.25 | 30% (+/-) | No |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 0 | N/A | 0 | N/A | 11 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Other (Child or Adult) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Other (Child or Adult) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Other (Child or Adult) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K) | N/A | 101 | N/A | 65 | N/A | 63 | N/A | -35.60 | -3.08 | 30% (+/-) | Yes |
| # Aged, EDB Dual | N/A | 11 | N/A | 11 | N/A | 11 | N/A | -16.70 | 20.00 | 30% (+/-) | Yes |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 55 | N/A | 35 | N/A | 35 | N/A | -36.40 | 0.00 | 30% (+/-) | Yes |
| # Disabled, Non-Dual | N/A | 38 | N/A | 23 | N/A | 21 | N/A | -39.50 | -8.70 | 30% (+/-) | Yes |
| # Other (Child or Adult) | N/A | 11 | N/A | 11 | N/A | 11 | N/A | 0.00 | -50.00 | 30% (+/-) | No |
| # with Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L) | N/A | 8,185 | N/A | 8,759 | N/A | 9,045 | N/A | 7.01 | 3.27 | 30% (+/-) | Yes |
| # Aged, EDB Dual | N/A | 255 | N/A | 270 | N/A | 277 | N/A | 5.88 | 2.59 | 30% (+/-) | Yes |
| # Aged, Non-Dual | N/A | 12 | N/A | 14 | N/A | 14 | N/A | 16.67 | 0.00 | 30% (+/-) | Yes |
| # Disabled, EDB Dual | N/A | 4,177 | N/A | 4,432 | N/A | 4,654 | N/A | 6.11 | 5.01 | 30% (+/-) | Yes |
| # Disabled, Non-Dual | N/A | 3,485 | N/A | 3,721 | N/A | 3,767 | N/A | 6.77 | 1.24 | 30% (+/-) | Yes |
| # Other (Child or Adult) | N/A | 256 | N/A | 322 | N/A | 333 | N/A | 25.78 | 3.42 | 30% (+/-) | Yes |
| # with Section 1915(c) Waiver for People with MI/SED (WVR TYPE = M) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Other (Child or Adult) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N) | N/A | 397 | N/A | 400 | N/A | 407 | N/A | 0.76 | 1.75 | 30% (+/-) | Yes |
| # Aged, EDB Dual | N/A | 11 | N/A | 11 | N/A | 11 | N/A | -11.10 | 0.00 | 30% (+/-) | Yes |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 39 | N/A | 42 | N/A | 53 | N/A | 7.69 | 26.19 | 30% (+/-) | Yes |
| # Disabled, Non-Dual | N/A | 261 | N/A | 240 | N/A | 248 | N/A | -8.05 | 3.33 | 30% (+/-) | Yes |
| # Other (Child or Adult) | N/A | 88 | N/A | 110 | N/A | 98 | N/A | 25.00 | -10.90 | 30% (+/-) | Yes |
| # with Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Other (Child or Adult) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Section 1915(c) Waiver for Unspecified or Unknown Populations (WVR TYPE = O) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Aged, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, EDB Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Disabled, Non-Dual | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # Other (Child or Adult) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % of Section 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) | <15% | 2.57 | Yes | 2.68 | Yes | 1.54 | Yes | 4.38 | -42.40 | 30% (+/-) | No |

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|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| % of Section 1915(c) Claim (PGM TYPE = 6 or 7) Recipients with No Waiver Enrollment | <10% | 36.45 | No | 34.68 | No | 38.63 | No | -4.86 | 11.37 | 30% (+/-) | Yes |
| % of Section 1915(c) Waiver Enrollees with Any HMO/HIO Enrollment | N/A | 3.19 | N/A | 4.14 | N/A | 5.91 | N/A | 29.48 | 42.84 | 30% (+/-) | No |
| % of Section 1915(c) Waiver Enrollees not Enrolled in HMOs/HIOs with No Waiver claim (PGM TYPE = 6 or 7) | <15% | 2.49 | Yes | 2.58 | Yes | 1.44 | Yes | 3.53 | -44.00 | 30% (+/-) | No |
| # Section 1915(c) Waiver Enrollees Enrolled in More Than One Section 1915(c) Waiver During the Year | N/A | 161 | N/A | 212 | N/A | 96 | N/A | 31.68 | -54.70 | 30% (+/-) | No |
| # Section 1915(c) Claim (PGM TYPE=6 or 7) Recipients | N/A | N/A | N/A | 41,316 | N/A | 47,786 | N/A | N/A | 15.66 | 30% (+/-) | Yes |
| Other Waiver Enrollment (Enrolled Any Time During the Year) | | | | | | | | | | | |
| # with Any 1115 Waiver (WVR TYPE = 1,5,6,A,F) | N/A | 20,750 | N/A | 12,332 | N/A | 8,691 | N/A | -40.60 | -29.50 | 30% (+/-) | Yes |
| % Aged Enrollees with Any 1115 Waiver | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Disabled Enrollees with Any 1115 Waiver | N/A | 0.02 | N/A | 0.02 | N/A | 0.01 | N/A | 1.49 | -61.30 | 30% (+/-) | No |
| % Child Enrollees with Any 1115 Waiver | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | -52.10 | -74.90 | 30% (+/-) | No |
| % Adult Enrollees with Any 1115 Waiver | N/A | 14.93 | N/A | 8.41 | N/A | 5.45 | N/A | -43.70 | -35.20 | 30% (+/-) | No |
| % with Any HMO/HIO Enrollment | N/A | 100.00 | N/A | 20.57 | N/A | 23.37 | N/A | -79.40 | 13.59 | 30% (+/-) | Yes |
| # with Any 1915(b) Waiver (WVR TYPE = 2) | N/A | 614,855 | N/A | 640,098 | N/A | 703,443 | N/A | 4.11 | 9.90 | 30% (+/-) | Yes |
| % Aged Enrollees with Any 1915(b) Waiver | N/A | 3.16 | N/A | 2.94 | N/A | 2.92 | N/A | -6.91 | -0.52 | 30% (+/-) | Yes |
| % Disabled Enrollees with Any 1915(b) Waiver | N/A | 44.18 | N/A | 43.03 | N/A | 42.67 | N/A | -2.59 | -0.84 | 30% (+/-) | Yes |
| % Child Enrollees with Any 1915(b) Waiver | N/A | 85.78 | N/A | 85.76 | N/A | 86.92 | N/A | -0.02 | 1.35 | 30% (+/-) | Yes |
| % Adult Enrollees with Any 1915(b) Waiver | N/A | 73.59 | N/A | 73.97 | N/A | 76.48 | N/A | 0.52 | 3.39 | 30% (+/-) | Yes |
| % with Any HMO/HIO Enrollment | N/A | 88.69 | N/A | 89.50 | N/A | 90.01 | N/A | 0.90 | 0.57 | 30% (+/-) | Yes |
| % with Any HMO/HIO or PHP Enrollment | N/A | N/A | N/A | 89.50 | N/A | 90.01 | N/A | N/A | 0.57 | 30% (+/-) | Yes |
| # with Any Combined 1915(b)(c) Waiver (WVR TYPE = 4) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Aged Enrollees with Any Combined 1915(b)(c) Waiver | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Disabled Enrollees with Any Combined 1915(b)(c) Waiver | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Child Enrollees with Any Combined 1915(b)(c) Waiver | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Adult Enrollees with Any Combined 1915(b)(c) Waiver | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % with Any HMO/HIO Enrollment | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % with Any HMO/HIO or PHP Enrollment | N/A | N/A | N/A | Div by 0 | N/A | Div by 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| # with 1115 HIFA Waiver (WVR TYPE = 5) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with 1115 Pharmacy Waiver Coverage (WVR TYPE = 6) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Aged Enrollees with Pharmacy Waiver Coverage | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Disabled Enrollees with Any Pharmacy Waiver Coverage | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Child Enrollees with Any Pharmacy Waiver Coverage | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Adult Enrollees with Any Pharmacy Waiver Coverage | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % with Any HMO/HIO Enrollment | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Other Type of Waiver (WVR TYPE = 7) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with Unknown Type of Waiver (WVR TYPE = 9) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with 1115 Disaster-Related Waiver (WVR TYPE = A) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # with 1115 Family Planning Only Waiver (WVR TYPE = F) | N/A | 20,750 | N/A | 12,332 | N/A | 8,691 | N/A | -40.60 | -29.50 | 30% (+/-) | Yes |
| # of Waiver IDs with More than One Waiver Type | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # of Waiver IDs with Reporting in January but Not December | 0 | 0 | Yes | 0 | Yes | 0 | Yes | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| # of Waiver IDs with Reporting in December but Not January | 0 | 0 | Yes | 0 | Yes | 0 | Yes | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Benefit Coverage | | | | | | | | | | | |
| <i>Full Scope Benefits (RBF = 1)</i> | | | | | | | | | | | |
| # with Full Scope Benefits | N/A | N/A | N/A | N/A | N/A | 939,607 | N/A | N/A | N/A | N/A | N/A |
| # Person-Years of Full Scope Benefits | N/A | N/A | N/A | N/A | N/A | 760,251 | N/A | N/A | N/A | N/A | N/A |
| <i>Alien Benefits (RBF = 2)</i> | | | | | | | | | | | |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| # with ONLY Alien Benefits | N/A | 9,015 | N/A | 8,391 | N/A | 8,035 | N/A | -6.92 | -4.24 | N/A | N/A |
| # with Alien Benefits | N/A | 9,049 | N/A | 8,420 | N/A | 8,062 | N/A | -6.95 | -4.25 | N/A | N/A |
| # Person-Years of Alien Benefits | N/A | 948 | N/A | Div by 0 | N/A | 840 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| <i>EDB Duals with Medicare Cost Sharing Benefits (RBF = 3)</i> | | | | | | | | | | | |
| # EDB Duals with ONLY Medicare Cost Sharing Benefits | N/A | 46,495 | N/A | 48,900 | N/A | 51,341 | N/A | 5.17 | 4.99 | N/A | N/A |
| # EDB Duals with Medicare Cost Sharing Benefits | N/A | 53,225 | N/A | 55,564 | N/A | 58,900 | N/A | 4.40 | 6.00 | N/A | N/A |
| # Person-Years of EDB Dual Medicare Cost Sharing Benefits | N/A | 43,602 | N/A | 45,830 | N/A | 48,365 | N/A | 5.11 | 5.53 | N/A | N/A |
| % EDB Duals with Medicare Cost Sharing Benefits | <=40% | 27.44 | Yes | 28.26 | Yes | 29.01 | Yes | 2.99 | 2.65 | 15% (+/-) | Yes |
| <i>Pregnancy-Related Benefits (RBF = 4)</i> | | | | | | | | | | | |
| # with Pregnancy-Related Benefits | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| # Person-Years of Pregnancy-Related Benefits | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| <i>Other Benefits (RBF = 5)</i> | | | | | | | | | | | |
| # with Other Benefits | N/A | N/A | N/A | N/A | N/A | 12,763 | N/A | N/A | N/A | N/A | N/A |
| # Person-Years of Other Benefits | N/A | N/A | N/A | N/A | N/A | 6,363 | N/A | N/A | N/A | N/A | N/A |
| <i>Family Planning Only Benefits (RBF = 6)</i> | | | | | | | | | | | |
| # with ONLY Family Planning Only Benefits | N/A | 9,079 | N/A | 8,623 | N/A | 6,011 | N/A | -5.02 | -30.30 | N/A | N/A |
| # with Family Planning Only Benefits | N/A | 20,750 | N/A | 12,332 | N/A | 8,691 | N/A | -40.60 | -29.50 | N/A | N/A |
| % with Family Planning Only Benefits Who Are Male | N/A | Div by 0 | N/A | 1.95 | N/A | 7.01 | N/A | Div by 0 | 260.10 | N/A | N/A |
| # Person-Years of Family Planning Only Benefits | N/A | 10,574 | N/A | 6,797 | N/A | 4,641 | N/A | -35.70 | -31.70 | N/A | N/A |
| <i>Benchmark-Equivalent Benefits (RBF = 7)</i> | | | | | | | | | | | |
| # with Benchmark-Equivalent Benefits | N/A | Div by 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| # Person-Years of Benchmark-Equivalent Benefits | N/A | Div by 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| <i>Money Follows the Person Benefits (RBF = 8)</i> | | | | | | | | | | | |
| # with Money Follows the Person Benefits | N/A | Div by 0 | N/A | 15 | N/A | 119 | N/A | Div by 0 | 693.30 | N/A | N/A |
| # Person-Years of Money Follows the Person Benefits | N/A | Div by 0 | N/A | 3 | N/A | 52 | N/A | Div by 0 | 1,977.00 | N/A | N/A |
| <i>PRTF Benefits (RBF = A)</i> | | | | | | | | | | | |
| # with PRTF Benefits | N/A | Div by 0 | N/A | 29 | N/A | 125 | N/A | Div by 0 | 331.00 | N/A | N/A |
| # Person-Years of PRTF Benefits | N/A | Div by 0 | N/A | 7 | N/A | 41 | N/A | Div by 0 | 478.80 | N/A | N/A |
| <i>Health Opportunity Account Benefits (RBF = B)</i> | | | | | | | | | | | |
| # with Health Opportunity Account Benefits | N/A | Div by 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| # Person-Years of Health Opportunity Account Benefits | N/A | Div by 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| <i>Assistance with Purchase of Managed Care Coverage (RBF = W)</i> | | | | | | | | | | | |
| # with ONLY Assistance with Purchase of MC Coverage | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| # with Assistance with Purchase of MC Coverage | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| # Person-Years of Assistance with Purchase of MC Coverage | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A |
| <i>Prescription Drug Benefits (RBF = X, Y, or Z)</i> | | | | | | | | | | | |
| # with ONLY Prescription Drug Benefits (May Have a Month or More of RBF = 3) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| # with Prescription Drug Benefits | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| # Person-Years of Prescription Drug Benefits | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| # with ONLY Prescription Drug Benefits Who Are EDB Duals | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| <i>Only Very Restricted Benefits (RBF = 2, 3, 6, W, X, Y, or Z)</i> | | | | | | | | | | | |
| # with ONLY Very Restricted Benefits | N/A | N/A | N/A | N/A | N/A | 65,712 | N/A | N/A | N/A | N/A | N/A |
| June Eligibility Profile | | | | | | | | | | | |
| Total Enrollees in June | N/A | 725,970 | N/A | 752,124 | N/A | 813,298 | N/A | 3.60 | 8.13 | 15% (+/-) | Yes |
| June # Aged | N/A | N/A | N/A | 85,957 | N/A | 86,431 | N/A | N/A | 0.55 | 15% (+/-) | Yes |
| June # Disabled | N/A | N/A | N/A | 151,246 | N/A | 157,943 | N/A | N/A | 4.43 | 15% (+/-) | Yes |
| June # Child | N/A | N/A | N/A | 420,457 | N/A | 468,247 | N/A | N/A | 11.37 | 15% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|---|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| June # Adult | N/A | N/A | N/A | 94,464 | N/A | 100,677 | N/A | N/A | 6.58 | 15% (+/-) | Yes |
| June # Age 0-18, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 479,939 | N/A | N/A | N/A | 10% (+/-) | N/A |
| June # Age 19-20, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 18,984 | N/A | N/A | N/A | 10% (+/-) | N/A |
| June # Age 21-64, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 213,297 | N/A | N/A | N/A | 10% (+/-) | N/A |
| June # Age 65+, Excluding Institutionalized | N/A | N/A | N/A | N/A | N/A | 75,348 | N/A | N/A | N/A | 10% (+/-) | N/A |
| June % Full Scope Benefits (RBF = 1) | >80% | 91.59 | Yes | 92.15 | Yes | 92.64 | Yes | 0.60 | 0.54 | 15% (+/-) | Yes |
| June % Alien Benefits (RBF = 2) | <5% | 0.13 | Yes | 0.11 | Yes | 0.09 | Yes | -17.40 | -17.40 | 15% (+/-) | No |
| June % EDB Duals with Medicare Cost Sharing Benefits (RBF = 3) | <5% | 6.03 | No | 6.10 | No | 5.95 | No | 1.04 | -2.41 | 15% (+/-) | Yes |
| June % Pregnancy-Related Benefits (RBF = 4) | <5% | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % Other Benefits (RBF = 5) | 0% | 0.76 | No | 0.75 | No | 0.76 | No | -2.08 | 2.30 | 15% (+/-) | Yes |
| June % Family Planning Benefits (RBF = 6) | <5% | 1.48 | Yes | 0.90 | Yes | 0.54 | Yes | -39.00 | -39.90 | 15% (+/-) | No |
| June % Benchmark-Equivalent Benefits (RBF = 7) | 0% | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % Money Follows the Person Benefits (RBF = 8) | 0% | 0.00 | Yes | 0.00 | Yes | 0.00 | No | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % Unknown Benefits (RBF = 9) | 0% | 0.00 | No | 0.00 | Yes | 0.00 | No | -100.00 | Div by 0 | 15% (+/-) | N/A |
| June % PRTF Benefits (RBF = A) | 0% | 0.00 | Yes | 0.00 | No | 0.01 | No | Div by 0 | 986.60 | 15% (+/-) | No |
| June % Health Opportunity Account Benefits (RBF = B) | 0% | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % Assistance with Purchase of MC Coverage (RBF=W) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 15% (+/-) | No |
| June % Non-Dual Pharm Plus Benefits (RBF = X) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % EDB Dual with Pharm Plus and Medicare Cost Sharing Benefits (RBF = Y) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % EDB Dual with Pharm Plus but no Medicare Cost Sharing Benefits (RBF = Z) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June % Private Health Insurance (PVT INS CD = 2-4) | 2-15% | 7.25 | Yes | 6.95 | Yes | 6.62 | Yes | -4.13 | -4.75 | 15% (+/-) | Yes |
| June Total Enrollees with TANF Flag (TANF FLAG = 2) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 15% (+/-) | N/A |
| June # with M-CHIP (SCHIP = 2) - Child (Age < 19 Years) | N/A | 35,996 | N/A | 37,518 | N/A | 40,350 | N/A | 4.23 | 7.55 | 15% (+/-) | Yes |
| June # with M-CHIP (SCHIP = 2) - Adult (Age > 18 Years) | N/A | 1,087 | N/A | 1,184 | N/A | 1,296 | N/A | 8.92 | 9.46 | 15% (+/-) | Yes |
| June # with S-CHIP (SCHIP = 3) - Child (Age < 19 Years) | N/A | 11,389 | N/A | 14,671 | N/A | 16,527 | N/A | 28.82 | 12.65 | 15% (+/-) | Yes |
| June # with S-CHIP (SCHIP = 3) - Adult (Age > 18 Years) | N/A | 299 | N/A | 378 | N/A | 451 | N/A | 26.42 | 19.31 | 15% (+/-) | No |
| Medicaid Expenditures | | | | | | | | | | | |
| Total Medicaid Paid | N/A | \$4,518,775,518 | N/A | \$5,234,953,150 | N/A | \$5,587,806,086 | N/A | 15.85 | 6.74 | 30% (+/-) | Yes |
| Avg Medicaid Paid per Enrollee | N/A | \$4,954 | N/A | \$5,523 | N/A | \$5,503 | N/A | 11.47 | -0.35 | 30% (+/-) | Yes |
| 25th Percentile | N/A | \$395 | N/A | \$420 | N/A | \$547 | N/A | 6.33 | 30.24 | 30% (+/-) | No |
| 50th Percentile (Median) | N/A | \$1,276 | N/A | \$1,588 | N/A | \$1,598 | N/A | 24.45 | 0.63 | 30% (+/-) | Yes |
| 75th Percentile | N/A | \$3,772 | N/A | \$4,690 | N/A | \$4,279 | N/A | 24.34 | -8.76 | 30% (+/-) | Yes |
| 95th Percentile | N/A | \$20,100 | N/A | \$21,574 | N/A | \$22,242 | N/A | 7.33 | 3.10 | 30% (+/-) | Yes |
| 99th Percentile | N/A | \$67,534 | N/A | \$70,429 | N/A | \$70,892 | N/A | 4.29 | 0.66 | 30% (+/-) | Yes |
| Maximum Medicaid Paid | N/A | \$937,227 | N/A | \$1,172,570 | N/A | \$1,136,376 | N/A | 25.11 | -3.09 | 30% (+/-) | Yes |
| PERCENT OF ENROLLEES WITH ZERO EXPENDITURES | | | | | | | | | | | |
| % of Enrollees with Total Medicaid Paid = \$0 | N/A | 10.95 | N/A | 10.65 | N/A | 9.49 | N/A | -2.77 | -10.90 | 30% (+/-) | Yes |
| Aged | N/A | 21.86 | N/A | 21.96 | N/A | 21.94 | N/A | 0.44 | -0.09 | 30% (+/-) | Yes |
| Disabled | N/A | 11.28 | N/A | 11.63 | N/A | 11.47 | N/A | 3.09 | -1.41 | 30% (+/-) | Yes |
| Child | N/A | 9.03 | N/A | 8.42 | N/A | 7.18 | N/A | -6.68 | -14.70 | 30% (+/-) | Yes |
| Adult | N/A | 9.82 | N/A | 9.87 | N/A | 7.89 | N/A | 0.46 | -20.10 | 30% (+/-) | Yes |
| NUMBER OF HIGH-COST ENROLLEES | | | | | | | | | | | |
| # of Enrollees with Total Medicaid Paid > \$1,000,000 | N/A | 0 | N/A | 11 | N/A | 11 | N/A | Div by 0 | 0.00 | N/A | N/A |
| # of Enrollees with Total Medicaid Paid > \$500,000 | N/A | 21 | N/A | 25 | N/A | 26 | N/A | 19.05 | 4.00 | N/A | N/A |
| AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP | | | | | | | | | | | |
| Avg Medicaid Paid per Enrollee | N/A | \$4,954 | N/A | \$5,523 | N/A | \$5,503 | N/A | 11.47 | -0.35 | 30% (+/-) | Yes |
| Aged | N/A | \$9,142 | N/A | \$9,574 | N/A | \$10,041 | N/A | 4.73 | 4.88 | 30% (+/-) | Yes |

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|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Disabled | N/A | \$12,759 | N/A | \$14,062 | N/A | \$14,268 | N/A | 10.21 | 1.47 | 30% (+/-) | Yes |
| Child | N/A | \$2,054 | N/A | \$2,453 | N/A | \$2,516 | N/A | 19.46 | 2.56 | 30% (+/-) | Yes |
| Adult | N/A | \$3,325 | N/A | \$3,941 | N/A | \$3,701 | N/A | 18.51 | -6.10 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY GENDER | | | | | | | | | | | |
| Avg Medicaid Paid per Female Enrollee | N/A | N/A | N/A | \$5,461 | N/A | \$5,407 | N/A | N/A | -0.98 | 30% (+/-) | Yes |
| Avg Medicaid Paid per Male Enrollee | N/A | N/A | N/A | \$5,612 | N/A | \$5,639 | N/A | N/A | 0.48 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE | | | | | | | | | | | |
| Avg Medicaid Paid per EDB Dual Enrollee | N/A | \$8,948 | N/A | \$9,370 | N/A | \$9,799 | N/A | 4.72 | 4.58 | 30% (+/-) | Yes |
| Aged | N/A | \$8,846 | N/A | \$9,208 | N/A | \$9,702 | N/A | 4.10 | 5.36 | 30% (+/-) | Yes |
| Disabled | N/A | \$9,128 | N/A | \$9,613 | N/A | \$9,965 | N/A | 5.31 | 3.67 | 30% (+/-) | Yes |
| Female | N/A | N/A | N/A | \$9,052 | N/A | \$9,450 | N/A | N/A | 4.40 | 30% (+/-) | Yes |
| Male | N/A | N/A | N/A | \$9,927 | N/A | \$10,403 | N/A | N/A | 4.80 | 30% (+/-) | Yes |
| EDB Dual Not Reported in MSIS (EDB DUAL = 50) | N/A | \$13,353 | N/A | \$11,430 | N/A | \$12,106 | N/A | -14.40 | 5.92 | 30% (+/-) | Yes |
| EDB QMB Only (EDB DUAL = 51) | N/A | \$766 | N/A | \$776 | N/A | \$843 | N/A | 1.37 | 8.57 | 30% (+/-) | Yes |
| EDB QMB Plus (EDB DUAL = 52) | N/A | \$10,005 | N/A | \$10,602 | N/A | \$11,156 | N/A | 5.97 | 5.23 | 30% (+/-) | Yes |
| EDB SLMB Only (EDB DUAL = 53) | N/A | \$154 | N/A | \$166 | N/A | \$227 | N/A | 7.77 | 36.81 | 30% (+/-) | No |
| EDB SLMB Plus (EDB DUAL = 54) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| EDB QDWI (EDB DUAL = 55) | N/A | \$265 | N/A | \$579 | N/A | \$288 | N/A | 118.70 | -50.30 | 30% (+/-) | No |
| EDB QI-1 (EDB DUAL = 56) | N/A | \$147 | N/A | \$209 | N/A | \$172 | N/A | 41.87 | -17.60 | 30% (+/-) | Yes |
| EDB QI-2 (EDB DUAL = 57) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| EDB Other (EDB DUAL = 58) | N/A | \$22,168 | N/A | \$23,217 | N/A | \$24,619 | N/A | 4.73 | 6.04 | 30% (+/-) | Yes |
| EDB Dual Type Unknown (EDB DUAL = 59) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| EDB Dual Status Unknown (EDB DUAL = 98) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Avg Medicaid Paid per EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58) | N/A | \$12,493 | N/A | \$13,222 | N/A | \$14,075 | N/A | 5.83 | 6.46 | 30% (+/-) | Yes |
| Avg Medicaid Paid per EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57) | N/A | \$450 | N/A | \$463 | N/A | \$507 | N/A | 2.92 | 9.49 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER LONG-TERM CARE ENROLLEE | | | | | | | | | | | |
| Avg Medicaid Paid per Enrollee with ILTC Claims (MAX TOS = 02, 04, 05, 07) | N/A | \$41,504 | N/A | \$44,138 | N/A | \$45,999 | N/A | 6.35 | 4.22 | 30% (+/-) | Yes |
| Avg Medicaid Paid per Enrollee with CLTC Claims (Excluding CLTC FLAG = 16-20) | N/A | \$35,361 | N/A | \$36,065 | N/A | \$35,319 | N/A | 1.99 | -2.07 | 30% (+/-) | Yes |
| Avg Medicaid Paid per Enrollee with ILTC (MAX TOS = 02, 04, 05, 07) and CLTC Claims (Excluding CLTC FLAG = 16-20) | N/A | \$48,675 | N/A | \$50,976 | N/A | \$52,393 | N/A | 4.73 | 2.78 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE IN 1915(c) WAIVER - MOST RECENT | | | | | | | | | | | |
| Avg Medicaid Paid per Section 1915(c) Enrollee | N/A | \$33,473 | N/A | \$33,555 | N/A | \$34,867 | N/A | 0.24 | 3.91 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G) | N/A | \$19,000 | N/A | \$18,840 | N/A | \$19,965 | N/A | -0.84 | 5.97 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for Aged (WVR TYPE = H) | N/A | \$13,443 | N/A | \$14,458 | N/A | \$15,637 | N/A | 7.55 | 8.16 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K) | N/A | \$25,457 | N/A | \$33,618 | N/A | \$29,143 | N/A | 32.06 | -13.30 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L) | N/A | \$58,205 | N/A | \$60,421 | N/A | \$64,119 | N/A | 3.81 | 6.12 | 30% (+/-) | 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 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N) | N/A | \$115,446 | N/A | \$126,333 | N/A | \$128,377 | N/A | 9.43 | 1.62 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for None of the Above (WVR TYPE = O) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AVERAGE 1915(c) WAIVER AMOUNT PAID (PROGRAM TYPES 6 OR 7) PER ENROLLEE IN ANY 1915(c) WAIVER - MOST RECENT | | | | | | | | | | | |
| Avg 1915(c) Waiver Amount Paid per Section 1915(c) Enrollee | N/A | \$27,907 | N/A | \$27,693 | N/A | \$29,291 | N/A | -0.77 | 5.77 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for Aged and Disabled (WVR TYPE = G) | N/A | \$13,256 | N/A | \$12,984 | N/A | \$14,353 | N/A | -2.05 | 10.54 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for Aged (WVR TYPE = H) | N/A | \$10,564 | N/A | \$12,114 | N/A | \$13,992 | N/A | 14.67 | 15.51 | 30% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|--------------|-------------------------|--------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Section 1915(c) Waiver for Physically Disabled (WVR TYPE = I) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for People with Brain Injuries (WVR TYPE = J) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for People with HIV/AIDS (WVR TYPE = K) | N/A | \$10,172 | N/A | \$17,912 | N/A | \$15,925 | N/A | 76.08 | -11.10 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for People with MR/DD (WVR TYPE = L) | N/A | \$54,236 | N/A | \$55,947 | N/A | \$59,721 | N/A | 3.16 | 6.75 | 30% (+/-) | 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 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for Tech Dependent/Medically Fragile (WVR TYPE = N) | N/A | \$86,569 | N/A | \$91,124 | N/A | \$99,151 | N/A | 5.26 | 8.81 | 30% (+/-) | Yes |
| Section 1915(c) Waiver for People with Autism/ASD (WVR TYPE = P) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver for None of the Above (WVR TYPE = O) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| EXPENDITURES BY BENEFIT COVERAGE | | | | | | | | | | | |
| <i>Expenditures for Enrollees with Full Scope Benefits (RBF = 1)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with Full Scope Benefits | N/A | N/A | N/A | N/A | N/A | \$5,372,904,021 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with Full Scope Benefits | N/A | N/A | N/A | N/A | N/A | \$5,718 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Alien Benefits (RBF = 2)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with ONLY Alien Benefits | N/A | \$41,339,159 | N/A | \$42,025,877 | N/A | \$39,089,345 | N/A | 1.66 | -6.99 | N/A | N/A |
| Avg Medicaid Paid per Enrollee with ONLY Alien Benefits | N/A | \$4,586 | N/A | \$5,008 | N/A | \$4,865 | N/A | 9.22 | -2.87 | N/A | N/A |
| <i>Expenditures for EDB Duals with Medicare Cost Sharing Benefits (RBF = 3)</i> | | | | | | | | | | | |
| Total Medicaid Paid for EDB Duals with ONLY Medicare Cost Sharing Benefits | N/A | \$13,262,318 | N/A | \$14,645,184 | N/A | \$15,738,742 | N/A | 10.43 | 7.47 | N/A | N/A |
| Avg Medicaid Paid per EDB Dual with ONLY Medicare Cost Sharing Benefits | N/A | \$285 | N/A | \$299 | N/A | \$307 | N/A | 5.00 | 2.36 | N/A | N/A |
| <i>Expenditures for Enrollees with Pregnancy-Related Benefits (RBF = 4)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with Pregnancy-Related Benefits | N/A | N/A | N/A | N/A | N/A | \$0 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with Pregnancy-Related Benefits | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Other Benefits (RBF = 5)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with Other Benefits | N/A | N/A | N/A | N/A | N/A | \$230,436,370 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with Other Benefits | N/A | N/A | N/A | N/A | N/A | \$18,055 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Family Planning Only Benefits (RBF = 6)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with ONLY Family Planning Only Benefits | N/A | \$715,250 | N/A | \$787,751 | N/A | \$781,668 | N/A | 10.14 | -0.77 | N/A | N/A |
| Avg Medicaid Paid per Enrollee with ONLY Family Planning Only Benefits | N/A | \$79 | N/A | \$91 | N/A | \$130 | N/A | 15.96 | 42.35 | N/A | N/A |
| <i>Expenditures for Enrollees with Benchmark-Equivalent Benefits (RBF = 7)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with Benchmark-Equivalent Benefits | N/A | N/A | N/A | N/A | N/A | \$0 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with Benchmark-Equivalent Benefits | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Money Follows the Person Benefits (RBF = 8)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with Money Follows the Person Benefits | N/A | N/A | N/A | N/A | N/A | \$10,250,206 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with Money Follows the Person Benefits | N/A | N/A | N/A | N/A | N/A | \$86,136 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with PRTF Benefits (RBF = A)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with PRTF Benefits | N/A | N/A | N/A | N/A | N/A | \$8,828,169 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with PRTF Benefits | N/A | N/A | N/A | N/A | N/A | \$70,625 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Health Opportunity Account Benefits (RBF = B)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with Health Opportunity Account Benefits | N/A | N/A | N/A | N/A | N/A | \$0 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with Health Opportunity Account Benefits | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Assistance with Purchase of MC Coverage Benefits (RBF = W)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with ONLY Assistance with Purchase of MC Coverage Benefits | N/A | N/A | N/A | N/A | N/A | \$0 | N/A | N/A | N/A | N/A | N/A |
| Avg Medicaid Paid per Enrollee with ONLY Assistance with Purchase of MC Coverage Benefits | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | N/A | N/A |
| <i>Expenditures for Enrollees with Prescription Drug Benefits (RBF = X, Y, or Z)</i> | | | | | | | | | | | |
| Total Medicaid Paid for Enrollees with ONLY Prescription Drug Benefits | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| Avg Medicaid Paid per Enrollee with ONLY Prescription Drug Benefits | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | N/A | N/A |

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**2007-2009 MAX PSF VALIDATION TABLE
STATE: VA**

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Total Medicaid Paid for Enrollees with ONLY Prescription Drug Benefits Who Are EDB Duals | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | N/A | N/A |
| AVERAGE MEDICAID AMOUNT PAID PER M-CHIP ENROLLEE | | | | | | | | | | | |
| Avg Medicaid Paid per Person Ever Enrolled in M-CHIP | N/A | N/A | N/A | \$886 | N/A | \$945 | N/A | N/A | 6.73 | 30% (+/-) | Yes |
| Child (Age < 19 Years) | N/A | Div by 0 | N/A | \$890 | N/A | \$956 | N/A | Div by 0 | 7.36 | 30% (+/-) | Yes |
| Adult (Age > 18 Years) | N/A | Div by 0 | N/A | \$761 | N/A | \$680 | N/A | Div by 0 | -10.60 | 30% (+/-) | Yes |
| MEDICAID ENROLLEES - EXCLUDING SELECT RESTRICTED BENEFIT GROUPS (excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. | | | | | | | | | | | |
| Total Medicaid Enrollees | N/A | 847,493 | N/A | 881,992 | N/A | 949,636 | N/A | 4.07 | 7.67 | 30% (+/-) | Yes |
| Aged Total | N/A | 73,966 | N/A | 73,976 | N/A | 72,677 | N/A | 0.01 | -1.76 | 30% (+/-) | Yes |
| Disabled Total | N/A | 143,186 | N/A | 147,111 | N/A | 152,903 | N/A | 2.74 | 3.94 | 30% (+/-) | Yes |
| Child Total | N/A | 509,039 | N/A | 531,143 | N/A | 578,125 | N/A | 4.34 | 8.85 | 30% (+/-) | Yes |
| Adult Total | N/A | 121,302 | N/A | 129,762 | N/A | 145,931 | N/A | 6.97 | 12.46 | 30% (+/-) | Yes |
| Total Medicaid Person-Years of Enrollment | N/A | 686,082 | N/A | 711,438 | N/A | 771,136 | N/A | 3.70 | 8.39 | 10% (+/-) | Yes |
| Total EDB Duals | N/A | 122,883 | N/A | 124,075 | N/A | 125,599 | N/A | 0.97 | 1.23 | 10% (+/-) | Yes |
| Aged | N/A | 69,567 | N/A | 69,441 | N/A | 68,403 | N/A | -0.18 | -1.49 | 10% (+/-) | Yes |
| Disabled | N/A | 52,622 | N/A | 53,903 | N/A | 56,374 | N/A | 2.43 | 4.58 | 10% (+/-) | Yes |
| TOTAL MEDICAID AMOUNT PAID | | | | | | | | | | | |
| Total Medicaid Paid | N/A | \$4,463,458,791 | N/A | \$5,177,494,338 | N/A | \$5,532,121,770 | N/A | 16.00 | 6.85 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY MAX ELIGIBILITY GROUP | | | | | | | | | | | |
| Avg Medicaid Paid per Enrollee | N/A | \$5,267 | N/A | \$5,870 | N/A | \$5,826 | N/A | 11.46 | -0.76 | 30% (+/-) | Yes |
| Aged | N/A | \$12,101 | N/A | \$12,750 | N/A | \$13,574 | N/A | 5.36 | 6.47 | 30% (+/-) | Yes |
| Disabled | N/A | \$14,607 | N/A | \$16,207 | N/A | \$16,536 | N/A | 10.95 | 2.03 | 30% (+/-) | Yes |
| Child | N/A | \$2,052 | N/A | \$2,453 | N/A | \$2,516 | N/A | 19.50 | 2.58 | 30% (+/-) | Yes |
| Adult | N/A | \$3,561 | N/A | \$4,219 | N/A | \$3,856 | N/A | 18.46 | -8.59 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY GENDER | | | | | | | | | | | |
| Avg Medicaid Paid per Female Enrollee | N/A | N/A | N/A | \$5,859 | N/A | \$5,762 | N/A | N/A | -1.66 | 30% (+/-) | Yes |
| Avg Medicaid Paid per Male Enrollee | N/A | N/A | N/A | \$5,886 | N/A | \$5,913 | N/A | N/A | 0.47 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER EDB DUAL ENROLLEE | | | | | | | | | | | |
| Avg Medicaid Paid per EDB Dual Enrollee | N/A | \$12,227 | N/A | \$12,945 | N/A | \$13,678 | N/A | 5.87 | 5.66 | 30% (+/-) | Yes |
| Aged | N/A | \$11,931 | N/A | \$12,505 | N/A | \$13,331 | N/A | 4.81 | 6.61 | 30% (+/-) | Yes |
| Disabled | N/A | \$12,727 | N/A | \$13,618 | N/A | \$14,230 | N/A | 7.01 | 4.49 | 30% (+/-) | Yes |
| Female | N/A | N/A | N/A | \$12,217 | N/A | \$12,882 | N/A | N/A | 5.44 | 30% (+/-) | Yes |
| Male | N/A | N/A | N/A | \$14,307 | N/A | \$15,149 | N/A | N/A | 5.89 | 30% (+/-) | Yes |
| AVERAGE MEDICAID AMOUNT PAID PER M-CHIP ENROLLEE | | | | | | | | | | | |
| Avg Medicaid Paid per Person Ever Enrolled in M-CHIP | N/A | N/A | N/A | \$886 | N/A | \$946 | N/A | N/A | 6.73 | 30% (+/-) | Yes |
| Child (Age < 19 Years) | N/A | N/A | N/A | \$891 | N/A | \$956 | N/A | N/A | 7.36 | 30% (+/-) | Yes |
| Adult (Age > 18 Years) | N/A | N/A | N/A | \$762 | N/A | \$681 | N/A | N/A | -10.60 | 30% (+/-) | Yes |
| Managed CARE PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs, excludes people with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2003. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees are grouped with HMO/HIO rather than PHP enrollees as of 2007. | | | | | | | | | | | |
| % Total Enrollees in MC Anytime During Year | N/A | 72.81 | N/A | 72.61 | N/A | 74.13 | N/A | -0.27 | 2.10 | 30% (+/-) | Yes |
| Total MC Enrollees | N/A | 617,024 | N/A | 640,387 | N/A | 703,955 | N/A | 3.79 | 9.93 | 30% (+/-) | Yes |
| Aged | N/A | 3,134 | N/A | 3,195 | N/A | 3,346 | N/A | 1.95 | 4.73 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | N/A | N/A | N/A | N/A | 2,709 | N/A | N/A | N/A | 30% (+/-) | No |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | N/A | N/A | N/A | N/A | 12 | N/A | N/A | N/A | 30% (+/-) | No |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Aged, Poverty (MAX ELIG CD = 31) | N/A | N/A | N/A | N/A | N/A | 281 | N/A | N/A | N/A | 30% (+/-) | No |
| Other Aged (MAX ELIG CD = 41) | N/A | N/A | N/A | N/A | N/A | 344 | N/A | N/A | N/A | 30% (+/-) | No |
| 1115 Aged (MAX ELIG CD = 51) | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | No |
| Disabled | N/A | 72,899 | N/A | 73,475 | N/A | 76,178 | N/A | 0.79 | 3.68 | 30% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | N/A | N/A | N/A | N/A | 72,590 | N/A | N/A | N/A | 30% (+/-) | No |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | N/A | N/A | N/A | N/A | 294 | N/A | N/A | N/A | 30% (+/-) | No |
| Disabled, Poverty (MAX ELIG CD = 32) | N/A | N/A | N/A | N/A | N/A | 2,676 | N/A | N/A | N/A | 30% (+/-) | No |
| Disabled, Poverty (MAX ELIG CD = 3A) | N/A | N/A | N/A | N/A | N/A | 12 | N/A | N/A | N/A | 30% (+/-) | No |
| Other Disabled (MAX ELIG CD = 42) | N/A | N/A | N/A | N/A | N/A | 606 | N/A | N/A | N/A | 30% (+/-) | No |
| 1115 Disabled (MAX ELIG CD = 52) | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | No |
| Child | N/A | 436,888 | N/A | 455,681 | N/A | 502,641 | N/A | 4.30 | 10.31 | 30% (+/-) | Yes |
| AFDC Child, Cash (MAX ELIG CD = 14) | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | No |
| AFDC-U Child, Cash (MAX ELIG CD = 16) | N/A | N/A | N/A | N/A | N/A | 109 | N/A | N/A | N/A | 30% (+/-) | No |
| AFDC Child, Medically Needy (MAX ELIG CD = 24) | N/A | N/A | N/A | N/A | N/A | 11 | N/A | N/A | N/A | 30% (+/-) | No |
| Child Poverty (MAX ELIG CD = 34) | N/A | N/A | N/A | N/A | N/A | 468,618 | N/A | N/A | N/A | 30% (+/-) | No |
| Other Child (MAX ELIG CD = 44) | N/A | N/A | N/A | N/A | N/A | 32,924 | N/A | N/A | N/A | 30% (+/-) | No |
| Foster Care Child (MAX ELIG CD = 48) | N/A | N/A | N/A | N/A | N/A | 983 | N/A | N/A | N/A | 30% (+/-) | No |
| 1115 Child (MAX ELIG CD = 54) | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | No |
| Adult | N/A | 104,103 | N/A | 108,036 | N/A | 121,790 | N/A | 3.78 | 12.73 | 30% (+/-) | Yes |
| AFDC Adult, Cash (MAX ELIG CD = 15) | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | No |
| AFDC-U Adult, Cash (MAX ELIG CD = 17) | N/A | N/A | N/A | N/A | N/A | 8,801 | N/A | N/A | N/A | 30% (+/-) | No |
| AFDC Adult, Medically Needy (MAX ELIG CD = 25) | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | No |
| Adult, Poverty (MAX ELIG CD = 35) | N/A | N/A | N/A | N/A | N/A | 22,502 | N/A | N/A | N/A | 30% (+/-) | No |
| Other Adult (MAX ELIG CD = 45) | N/A | N/A | N/A | N/A | N/A | 89,251 | N/A | N/A | N/A | 30% (+/-) | No |
| 1115 Adult (MAX ELIG CD = 55) | N/A | N/A | N/A | N/A | N/A | 1,236 | N/A | N/A | N/A | 30% (+/-) | No |
| # in HMO/HIO (MC TYPE = 1) | N/A | N/A | N/A | 572,851 | N/A | 633,152 | N/A | N/A | 10.53 | 30% (+/-) | Yes |
| # in Dental (MC TYPE = 2) | N/A | N/A | N/A | 0 | N/A | 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| # in BHO (MC TYPE = 3) | N/A | N/A | N/A | 0 | N/A | 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| # in Prenatal (MC TYPE = 4) | N/A | N/A | N/A | 0 | N/A | 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| # in LTC (MC TYPE = 5) | N/A | N/A | N/A | 0 | N/A | 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| # in PACE (MC TYPE = 6) | N/A | N/A | N/A | 303 | N/A | 512 | N/A | N/A | 68.98 | 30% (+/-) | No |
| # in PCCM (MC TYPE = 7) | N/A | N/A | N/A | 68,458 | N/A | 71,638 | N/A | N/A | 4.65 | 30% (+/-) | Yes |
| # in Other MC (MC TYPE = 8) | N/A | N/A | N/A | 0 | N/A | 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| # in Any PHP (MC TYPE = 2,3,4,5,8) | N/A | N/A | N/A | 0 | N/A | 0 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| % EDB Duals Ever Enrolled in HMO/HIOs | <20% | 3.43 | Yes | 3.14 | Yes | 3.41 | Yes | -8.52 | 8.71 | 30% (+/-) | Yes |
| % EDB Duals in PHP Only or PHP/PCCM Only | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % EDB Duals in PCCM Only | N/A | 0.85 | N/A | 0.63 | N/A | 0.66 | N/A | -25.90 | 3.95 | 30% (+/-) | Yes |
| % Section 1915(c) Waiver Enrollees Ever Enrolled in HMO/HIOs | N/A | 3.19 | N/A | 4.14 | N/A | 5.91 | N/A | 29.48 | 42.84 | 30% (+/-) | No |
| % Section 1915(c) Waiver Enrollees in PHP Only or PHP and PCCM Only | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Section 1915(c) Waiver Enrollees in PCCM Only | N/A | 0.52 | N/A | 0.44 | N/A | 0.38 | N/A | -15.30 | -13.10 | 30% (+/-) | Yes |
| % M-CHIP Children (<19) Ever Enrolled in HMO/HIOs | N/A | N/A | N/A | 79.50 | N/A | 80.77 | N/A | N/A | 1.60 | 30% (+/-) | Yes |
| % M-CHIP Children (<19) in PHP Only or PHP/PCCM Only | N/A | N/A | N/A | 0.00 | N/A | 0.00 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| % M-CHIP Children (<19) in PCCM Only | N/A | N/A | N/A | 9.44 | N/A | 8.74 | N/A | N/A | -7.42 | 30% (+/-) | Yes |
| % M-CHIP Adults (>18) Ever Enrolled in HMO/HIOs | N/A | N/A | N/A | 80.25 | N/A | 77.86 | N/A | N/A | -2.98 | 30% (+/-) | Yes |
| % M-CHIP Adults (>18) in PHP Only or PHP/PCCM Only | N/A | N/A | N/A | 0.00 | N/A | 0.00 | N/A | N/A | Div by 0 | 30% (+/-) | N/A |
| % M-CHIP Adults (>18) in PCCM Only | N/A | N/A | N/A | 10.00 | N/A | 10.37 | N/A | N/A | 3.69 | 30% (+/-) | Yes |
| Total Enrollees in June | N/A | 678,953 | N/A | 703,543 | N/A | 764,111 | N/A | 3.62 | 8.61 | 30% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| June % HMO/HIO Only (MC COMBO = 01) | N/A | 57.19 | N/A | 59.76 | N/A | 61.12 | N/A | 4.49 | 2.28 | 30% (+/-) | Yes |
| June % Dental Plan Only (MC COMBO = 02) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % BHO Only (MC COMBO = 03) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % PCCM Only (MC COMBO = 04) | N/A | 9.51 | N/A | 7.44 | N/A | 7.09 | N/A | -21.70 | -4.81 | 30% (+/-) | Yes |
| June % Other MC Only (MC COMBO = 05) | N/A | 0.00 | N/A | 0.03 | N/A | 0.05 | N/A | Div by 0 | 61.94 | 30% (+/-) | No |
| 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 | 30% (+/-) | 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 | 30% (+/-) | N/A |
| June % HMO/HIO & Other MC (MC COMBO = 08) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % HMO/HIO & Dental & BHO (MC COMBO = 09) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % Dental & PCCM (MC COMBO = 10) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % BHO & PCCM (MC COMBO = 11) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % Other MC & PCCM (MC COMBO = 12) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % Dental & BHO & PCCM (MC COMBO = 13) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % Dental & BHO (MC COMBO = 14) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % Other Combinations (MC COMBO = 15) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| June % FFS Only (MC COMBO = 16) | N/A | 33.30 | N/A | 32.77 | N/A | 31.75 | N/A | -1.59 | -3.11 | 30% (+/-) | Yes |
| June % MC Status Unknown (MC COMBO = 99) | <5% | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | Div by 0 | -100.00 | 30% (+/-) | No |
| CAPITATION CLAIMS | | | | | | | | | | | |
| Total Capitation Payments | N/A | \$1,323,294,773 | N/A | \$1,718,292,478 | N/A | \$1,687,781,667 | N/A | 29.85 | -1.78 | 30% (+/-) | Yes |
| HMO/HIO | N/A | \$1,321,943,937 | N/A | \$1,717,144,687 | N/A | \$1,686,648,286 | N/A | 29.90 | -1.78 | 30% (+/-) | Yes |
| PHP | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| PCCM | N/A | \$1,350,836 | N/A | \$1,147,791 | N/A | \$1,133,381 | N/A | -15.00 | -1.26 | 30% (+/-) | Yes |
| Ratio of Capitation Claims to Person-Month Enrollment in MC | .9-2 | 0.98 | Yes | 1.16 | Yes | 1.00 | Yes | 18.95 | -13.50 | 30% (+/-) | Yes |
| HMO/HIO | .9-2 | 1.03 | Yes | 1.23 | Yes | 1.05 | Yes | 19.76 | -14.30 | 30% (+/-) | Yes |
| PHP | .9-2 | Div by 0 | No | Div by 0 | No | Div by 0 | No | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| PCCM | .9-2 | 0.64 | No | 0.61 | No | 0.58 | No | -4.33 | -5.32 | 30% (+/-) | Yes |
| Avg Capitation Payment per Person-Month Enrollment in MC | N/A | \$244 | N/A | \$303 | N/A | \$269 | N/A | 24.04 | -11.30 | 30% (+/-) | Yes |
| HMO/HIO | N/A | \$280 | N/A | \$340 | N/A | \$299 | N/A | 21.35 | -12.00 | 30% (+/-) | Yes |
| PHP | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| PCCM | N/A | \$2 | N/A | \$2 | N/A | \$2 | N/A | -4.30 | -5.26 | 30% (+/-) | Yes |
| Percent with Reported MC Enrollment Who Have Capitated Payments | >98% | N/A | N/A | 91.69 | No | 91.65 | No | N/A | -0.05 | 30% (+/-) | Yes |
| HMO/HIO | >98% | N/A | N/A | 94.71 | No | 95.01 | No | N/A | 0.31 | 30% (+/-) | Yes |
| PHP | >98% | N/A | N/A | Div by 0 | Yes | Div by 0 | Yes | N/A | Div by 0 | 30% (+/-) | N/A |
| PCCM | >98% | N/A | N/A | 66.09 | No | 61.51 | No | N/A | -6.93 | 30% (+/-) | Yes |
| ENCOUNTER CLAIMS | | | | | | | | | | | |
| Number of HMO/HIO or PHP Enrollees | N/A | N/A | N/A | 573,146 | N/A | 633,659 | N/A | N/A | 10.56 | 30% (+/-) | Yes |
| Percentage of HMO/HIO or PHP Enrollees with Encounter Records | N/A | N/A | N/A | 80.23 | N/A | 83.44 | N/A | N/A | 3.994 | 30% (+/-) | Yes |
| PERSONS ENROLLED IN PHP ONLY OR PHP AND PCCM ONLY | | | | | | | | | | | |
| Total Capitation Payments | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Total Medicaid Paid | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Count of Enrollees | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Aged | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Disabled | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Child | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Adult | N/A | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Percentage of Enrollees with Encounter Records | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Aged | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|--|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Disabled | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Child | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Adult | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Dental (MAX TOS = 09) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Home Health (MAX TOS = 13) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Drugs (MAX TOS = 16) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Transportation (MAX TOS = 26) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Personal Care Services (MAX TOS = 30) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Psych Services (MAX TOS = 53) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Unknown (MAX TOS = 99) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| All Other (All Other MAX TOS, Excluding Capitation Payments) | N/A | N/A | N/A | N/A | N/A | Div by 0 | N/A | N/A | N/A | 30% (+/-) | N/A |
| PERSONS ENROLLED IN PCCM ONLY | | | | | | | | | | | |
| Total Capitation Payments | N/A | \$1,201,783 | N/A | \$1,134,367 | N/A | \$1,116,684 | N/A | -5.61 | -1.56 | 30% (+/-) | Yes |
| Count of Enrollees | N/A | 69,510 | N/A | 67,241 | N/A | 70,296 | N/A | -3.26 | 4.54 | 30% (+/-) | Yes |
| PERSONS EVER ENROLLED IN HMO OR HIO DURING YEAR | | | | | | | | | | | |
| Count of Enrollees | N/A | 547,514 | N/A | 573,146 | N/A | 633,659 | N/A | 4.68 | 10.56 | 30% (+/-) | Yes |
| Aged | N/A | 2,839 | N/A | 2,948 | N/A | 3,135 | N/A | 3.84 | 6.34 | 30% (+/-) | Yes |
| Disabled | N/A | 58,901 | N/A | 59,960 | N/A | 62,608 | N/A | 1.80 | 4.42 | 30% (+/-) | Yes |
| Child | N/A | 392,331 | N/A | 413,621 | N/A | 458,785 | N/A | 5.43 | 10.92 | 30% (+/-) | Yes |
| Adult | N/A | 93,443 | N/A | 96,617 | N/A | 109,131 | N/A | 3.40 | 12.95 | 30% (+/-) | Yes |
| Total Ever Enrolled in HMO/HIO Person-Years of Enrollment | N/A | 393,181 | N/A | 420,887 | N/A | 469,564 | N/A | 7.05 | 11.57 | 30% (+/-) | Yes |
| Total Capitation Payments | N/A | \$1,322,092,990 | N/A | \$1,717,158,111 | N/A | \$1,686,664,983 | N/A | 29.88 | -1.78 | 30% (+/-) | Yes |
| Avg Capitation Payments | N/A | \$2,415 | N/A | \$2,996 | N/A | \$2,662 | N/A | 24.07 | -11.20 | 30% (+/-) | Yes |
| Aged | N/A | \$11,078 | N/A | \$12,058 | N/A | \$10,887 | N/A | 8.84 | -9.71 | 30% (+/-) | Yes |
| Disabled | N/A | \$8,402 | N/A | \$10,588 | N/A | \$9,490 | N/A | 26.01 | -10.40 | 30% (+/-) | Yes |
| Child | N/A | \$1,272 | N/A | \$1,553 | N/A | \$1,444 | N/A | 22.10 | -7.00 | 30% (+/-) | Yes |
| Adult | N/A | \$3,176 | N/A | \$4,186 | N/A | \$3,627 | N/A | 31.81 | -13.40 | 30% (+/-) | Yes |
| Total FFS Payments | N/A | \$501,642,329 | N/A | \$594,074,935 | N/A | \$776,329,067 | N/A | 18.43 | 30.68 | 30% (+/-) | No |
| Avg FFS Payments per Enrollee | N/A | \$916 | N/A | \$1,037 | N/A | \$1,225 | N/A | 13.13 | 18.20 | 30% (+/-) | Yes |
| Aged | N/A | \$1,576 | N/A | \$3,564 | N/A | \$5,343 | N/A | 126.10 | 49.93 | 30% (+/-) | No |
| Disabled | N/A | \$2,986 | N/A | \$3,163 | N/A | \$3,839 | N/A | 5.94 | 21.36 | 30% (+/-) | Yes |
| Child | N/A | \$636 | N/A | \$797 | N/A | \$959 | N/A | 25.19 | 20.33 | 30% (+/-) | Yes |
| Adult | N/A | \$766 | N/A | \$666 | N/A | \$727 | N/A | -13.10 | 9.21 | 30% (+/-) | Yes |
| Total FFS Payments by Type of Service | | | | | | | | | | | |
| IP (MAX TOS = 01) | N/A | \$120,469,671 | N/A | \$110,283,419 | N/A | \$119,432,339 | N/A | -8.46 | 8.30 | 30% (+/-) | Yes |
| ILTC (MAX TOS = 02, 04, 05, 07) | N/A | \$8,449,609 | N/A | \$12,422,723 | N/A | \$12,543,544 | N/A | 47.02 | 0.97 | 30% (+/-) | Yes |
| Drug (MAX TOS = 16) | N/A | \$29,506,205 | N/A | \$22,038,402 | N/A | \$23,590,151 | N/A | -25.30 | 7.04 | 30% (+/-) | Yes |
| All Other (Excluding Capitation Payments) | N/A | \$343,216,844 | N/A | \$449,330,391 | N/A | \$620,763,033 | N/A | 30.92 | 38.15 | 30% (+/-) | No |
| Average FFS Payments by Type of Service | | | | | | | | | | | |
| IP (MAX TOS = 01) | N/A | \$220 | N/A | \$192 | N/A | \$188 | N/A | -12.50 | -2.05 | 30% (+/-) | Yes |
| ILTC (MAX TOS = 02, 04, 05, 07) | N/A | \$15 | N/A | \$22 | N/A | \$20 | N/A | 40.45 | -8.67 | 30% (+/-) | Yes |
| Drug (MAX TOS = 16) | N/A | \$54 | N/A | \$38 | N/A | \$37 | N/A | -28.60 | -3.18 | 30% (+/-) | Yes |
| All Other (Excluding Capitation Payments) | N/A | \$627 | N/A | \$784 | N/A | \$980 | N/A | 25.06 | 24.96 | 30% (+/-) | Yes |
| Percentage of Enrollees with Encounter Records | N/A | Div by 0 | N/A | 80.23 | N/A | 83.44 | N/A | Div by 0 | 3.99 | 30% (+/-) | Yes |
| Aged | N/A | N/A | N/A | N/A | N/A | 75.22 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Disabled | N/A | N/A | N/A | N/A | N/A | 89.55 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Child | N/A | N/A | N/A | N/A | N/A | 82.45 | N/A | N/A | N/A | 30% (+/-) | N/A |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

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|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Adult | N/A | N/A | N/A | N/A | N/A | 84.30 | N/A | N/A | N/A | 30% (+/-) | N/A |
| IP (MAX TOS = 01) | N/A | N/A | N/A | N/A | N/A | 6.46 | N/A | N/A | N/A | 30% (+/-) | N/A |
| MH Aged (MAX TOS = 02) | N/A | N/A | N/A | N/A | N/A | 0.07 | N/A | N/A | N/A | 30% (+/-) | N/A |
| IP Psych, Age < 21 (MAX TOS = 04) | N/A | N/A | N/A | N/A | N/A | 0.05 | N/A | N/A | N/A | 30% (+/-) | N/A |
| ICF/MR (MAX TOS = 05) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Nursing Facilities (MAX TOS = 07) | N/A | N/A | N/A | N/A | N/A | 0.02 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Physician (MAX TOS = 08) | N/A | N/A | N/A | N/A | N/A | 76.61 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Dental (MAX TOS = 09) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Other Practitioner (MAX TOS = 10) | N/A | N/A | N/A | N/A | N/A | 8.59 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Outpatient (MAX TOS = 11) | N/A | N/A | N/A | N/A | N/A | 29.16 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Clinic (MAX TOS = 12) | N/A | N/A | N/A | N/A | N/A | 5.39 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Home Health (MAX TOS = 13) | N/A | N/A | N/A | N/A | N/A | 0.59 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Lab/Xray (MAX TOS = 15) | N/A | N/A | N/A | N/A | N/A | 56.24 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Drugs (MAX TOS = 16) | N/A | N/A | N/A | N/A | N/A | 61.92 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Other Services (MAX TOS = 19) | N/A | N/A | N/A | N/A | N/A | 4.47 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Transportation (MAX TOS = 26) | N/A | N/A | N/A | N/A | N/A | 8.33 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Personal Care Services (MAX TOS = 30) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Targeted Case Mgmt (MAX TOS = 31) | N/A | N/A | N/A | N/A | N/A | 0.15 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Rehabilitation Services (MAX TOS = 33) | N/A | N/A | N/A | N/A | N/A | 0.73 | N/A | N/A | N/A | 30% (+/-) | N/A |
| PT/OT/Speech/Hearing (MAX TOS = 34) | N/A | N/A | N/A | N/A | N/A | 0.29 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Hospice (MAX TOS = 35) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Nurse Practitioner (MAX TOS = 37) | N/A | N/A | N/A | N/A | N/A | 3.14 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Private Duty Nursing (MAX TOS = 38) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Durable Medical Equipmt (MAX TOS = 51) | N/A | N/A | N/A | N/A | N/A | 14.50 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Residential Care (MAX TOS = 52) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Psych Services (MAX TOS = 53) | N/A | N/A | N/A | N/A | N/A | 12.19 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Adult Day Care (MAX TOS = 54) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| Unknown (MAX TOS = 99) | N/A | N/A | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A | 30% (+/-) | N/A |
| All Other (All Other MAX TOS, Excluding Capitation Payments) | N/A | N/A | N/A | N/A | N/A | 0.46 | N/A | N/A | N/A | 30% (+/-) | N/A |
| FFS INFORMATION FOR NON-DUAL MEDICAID ENROLLEES (excludes EDB Duals, people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: S-CHIP only, FP Only, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007. | | | | | | | | | | | |
| Total Non-Dual FFS Enrollees | N/A | 181,312 | N/A | 188,665 | N/A | 194,663 | N/A | 4.06 | 3.18 | 30% (+/-) | Yes |
| Total Non-Dual FFS Recipients | N/A | 139,193 | N/A | 145,432 | N/A | 152,855 | N/A | 4.48 | 5.10 | 30% (+/-) | Yes |
| Total Non-Dual FFS Person-Years of Enrollment | N/A | 123,205 | N/A | 125,502 | N/A | 128,919 | N/A | 1.87 | 2.72 | 30% (+/-) | Yes |
| Aged Total | N/A | 2,183 | N/A | 2,232 | N/A | 1,957 | N/A | 2.25 | -12.30 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | 829 | N/A | 828 | N/A | 821 | N/A | -0.12 | -0.85 | 30% (+/-) | Yes |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | 623 | N/A | 606 | N/A | 566 | N/A | -2.73 | -6.60 | 30% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | 315 | N/A | 342 | N/A | 135 | N/A | 8.57 | -60.50 | 30% (+/-) | No |
| Other Aged (MAX ELIG CD = 41) | N/A | 416 | N/A | 456 | N/A | 435 | N/A | 9.62 | -4.61 | 30% (+/-) | Yes |
| 1115 Aged (MAX ELIG CD = 51) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Disabled | N/A | 34,937 | N/A | 36,201 | N/A | 37,000 | N/A | 3.62 | 2.21 | 30% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | 27,081 | N/A | 27,527 | N/A | 27,138 | N/A | 1.65 | -1.41 | 30% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | 3,631 | N/A | 3,974 | N/A | 4,902 | N/A | 9.45 | 23.35 | 30% (+/-) | Yes |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | 1,881 | N/A | 2,104 | N/A | 2,248 | N/A | 11.86 | 6.84 | 30% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | 2,344 | N/A | 2,596 | N/A | 2,712 | N/A | 10.75 | 4.47 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| 1115 Disabled (MAX ELIG CD = 52) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Child | N/A | 116,682 | N/A | 117,497 | N/A | 119,311 | N/A | 0.70 | 1.54 | 30% (+/-) | Yes |
| AFDC Child, Cash (MAX ELIG CD = 14) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Child, Cash (MAX ELIG CD = 16) | N/A | 42 | N/A | 25 | N/A | 35 | N/A | -40.50 | 40.00 | 30% (+/-) | No |
| AFDC Child, Medically Needy (MAX ELIG CD = 24) | N/A | 111 | N/A | 101 | N/A | 79 | N/A | -9.01 | -21.80 | 30% (+/-) | Yes |
| Child Poverty (MAX ELIG CD = 34) | N/A | 94,029 | N/A | 95,713 | N/A | 98,899 | N/A | 1.79 | 3.33 | 30% (+/-) | Yes |
| Other Child (MAX ELIG CD = 44) | N/A | 7,639 | N/A | 7,461 | N/A | 6,878 | N/A | -2.33 | -7.81 | 30% (+/-) | Yes |
| Foster Care Child (MAX ELIG CD = 48) | N/A | 14,861 | N/A | 14,197 | N/A | 13,420 | N/A | -4.47 | -5.47 | 30% (+/-) | Yes |
| 1115 Child (MAX ELIG CD = 54) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Adult | N/A | 27,510 | N/A | 32,735 | N/A | 36,395 | N/A | 18.99 | 11.18 | 30% (+/-) | Yes |
| AFDC Adult, Cash (MAX ELIG CD = 15) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Adult, Cash (MAX ELIG CD = 17) | N/A | 2,408 | N/A | 2,682 | N/A | 3,320 | N/A | 11.38 | 23.79 | 30% (+/-) | Yes |
| AFDC Adult, Medically Needy (MAX ELIG CD = 25) | N/A | 38 | N/A | 40 | N/A | 20 | N/A | 5.26 | -50.00 | 30% (+/-) | No |
| Adult, Poverty (MAX ELIG CD = 35) | N/A | 9,203 | N/A | 11,227 | N/A | 11,534 | N/A | 21.99 | 2.73 | 30% (+/-) | Yes |
| Other Adult (MAX ELIG CD = 45) | N/A | 15,861 | N/A | 18,502 | N/A | 21,239 | N/A | 16.65 | 14.79 | 30% (+/-) | Yes |
| 1115 Adult (MAX ELIG CD = 55) | N/A | 0 | N/A | 284 | N/A | 282 | N/A | Div by 0 | -0.70 | 30% (+/-) | Yes |
| # Non-Dual FFS Enrollees with MSIS Dual Code but No EDB Confirmation | N/A | 1,239 | N/A | 1,357 | N/A | 979 | N/A | 9.52 | -27.90 | 30% (+/-) | Yes |
| Total FFS Medicaid Paid | N/A | \$1,172,004,878 | N/A | \$1,297,379,070 | N/A | \$1,393,895,401 | N/A | 10.70 | 7.44 | 30% (+/-) | Yes |
| Avg FFS Medicaid Paid per Non-Dual FFS Enrollee | N/A | \$6,464 | N/A | \$6,877 | N/A | \$7,161 | N/A | 6.38 | 4.13 | 30% (+/-) | Yes |
| Avg FFS Medicaid Paid per Non-Dual FFS Recipient (User of Any service) | N/A | \$8,420 | N/A | \$8,921 | N/A | \$9,119 | N/A | 5.95 | 2.22 | 30% (+/-) | Yes |
| Total Capitation Payments | N/A | \$1,808,073 | N/A | \$1,781,760 | N/A | \$1,711,163 | N/A | -1.46 | -3.96 | 30% (+/-) | Yes |
| # Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE | 0 | 508 | No | 521 | No | 377 | No | 2.56 | -27.60 | 30% (+/-) | Yes |
| Total HMO/HIO Payments (Among People not Enrolled) | N/A | \$551,113 | N/A | \$566,207 | N/A | \$513,010 | N/A | 2.74 | -9.40 | 30% (+/-) | Yes |
| Avg HMO/HIO Payments (Among People not Enrolled) | N/A | N/A | N/A | \$1,087 | N/A | \$1,361 | N/A | N/A | 25.21 | 30% (+/-) | Yes |
| AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX ELIGIBILITY GROUP | | | | | | | | | | | |
| Aged | N/A | \$16,109 | N/A | \$16,345 | N/A | \$19,193 | N/A | 1.46 | 17.43 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | \$24,119 | N/A | \$24,006 | N/A | \$24,979 | N/A | -0.47 | 4.05 | 30% (+/-) | Yes |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | \$6,366 | N/A | \$6,982 | N/A | \$8,696 | N/A | 9.66 | 24.55 | 30% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | \$1,728 | N/A | \$1,913 | N/A | \$3,927 | N/A | 10.70 | 105.30 | 30% (+/-) | No |
| Other Aged (MAX ELIG CD = 41) | N/A | \$25,628 | N/A | \$25,700 | N/A | \$26,669 | N/A | 0.28 | 3.77 | 30% (+/-) | 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 | 30% (+/-) | N/A |
| Disabled | N/A | \$22,312 | N/A | \$23,602 | N/A | \$24,857 | N/A | 5.78 | 5.32 | 30% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | \$21,675 | N/A | \$22,852 | N/A | \$23,860 | N/A | 5.43 | 4.41 | 30% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | \$19,451 | N/A | \$22,885 | N/A | \$24,139 | N/A | 17.66 | 5.48 | 30% (+/-) | Yes |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | \$12,139 | N/A | \$12,688 | N/A | \$15,254 | N/A | 4.52 | 20.22 | 30% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | \$42,269 | N/A | \$41,499 | N/A | \$44,084 | N/A | -1.82 | 6.23 | 30% (+/-) | Yes |
| 1115 Disabled (MAX ELIG CD = 52) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Child | N/A | \$2,527 | N/A | \$2,803 | N/A | \$2,939 | N/A | 10.96 | 4.84 | 30% (+/-) | Yes |
| AFDC Child, Cash (MAX ELIG CD = 14) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Child, Cash (MAX ELIG CD = 16) | N/A | \$1,262 | N/A | \$1,491 | N/A | \$881 | N/A | 18.12 | -40.90 | 30% (+/-) | No |
| AFDC Child, Medically Needy (MAX ELIG CD = 24) | N/A | \$6,380 | N/A | \$7,254 | N/A | \$17,037 | N/A | 13.70 | 134.90 | 30% (+/-) | No |
| Child Poverty (MAX ELIG CD = 34) | N/A | \$1,452 | N/A | \$1,730 | N/A | \$1,990 | N/A | 19.15 | 14.99 | 30% (+/-) | Yes |
| Other Child (MAX ELIG CD = 44) | N/A | \$3,690 | N/A | \$3,935 | N/A | \$4,231 | N/A | 6.66 | 7.53 | 30% (+/-) | Yes |
| Foster Care Child (MAX ELIG CD = 48) | N/A | \$8,701 | N/A | \$9,413 | N/A | \$9,195 | N/A | 8.18 | -2.31 | 30% (+/-) | Yes |
| 1115 Child (MAX ELIG CD = 54) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Adult | N/A | \$2,272 | N/A | \$2,355 | N/A | \$2,362 | N/A | 3.64 | 0.31 | 30% (+/-) | Yes |
| AFDC Adult, Cash (MAX ELIG CD = 15) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| AFDC-U Adult, Cash (MAX ELIG CD = 17) | N/A | \$2,144 | N/A | \$1,934 | N/A | \$1,900 | N/A | -9.82 | -1.75 | 30% (+/-) | Yes |
| AFDC Adult, Medically Needy (MAX ELIG CD = 25) | N/A | \$2,867 | N/A | \$3,184 | N/A | \$2,303 | N/A | 11.06 | -27.70 | 30% (+/-) | Yes |
| Adult, Poverty (MAX ELIG CD = 35) | N/A | \$1,871 | N/A | \$2,105 | N/A | \$2,176 | N/A | 12.50 | 3.36 | 30% (+/-) | Yes |
| Other Adult (MAX ELIG CD = 45) | N/A | \$2,522 | N/A | \$2,561 | N/A | \$2,528 | N/A | 1.53 | -1.28 | 30% (+/-) | Yes |
| 1115 Adult (MAX ELIG CD = 55) | N/A | Div by 0 | N/A | \$2,633 | N/A | \$2,888 | N/A | Div by 0 | 9.70 | 30% (+/-) | Yes |
| FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE | | | | | | | | | | | |
| IP: Total Medicaid Paid (MAX TOS = 01) | N/A | \$221,635,711 | N/A | \$245,739,337 | N/A | \$265,019,638 | N/A | 10.88 | 7.85 | 30% (+/-) | Yes |
| IP: Number of Users | N/A | 22,145 | N/A | 23,331 | N/A | 23,954 | N/A | 5.36 | 2.67 | 30% (+/-) | Yes |
| IP: Avg Medicaid Paid per User | N/A | \$10,008 | N/A | \$10,533 | N/A | \$11,064 | N/A | 5.24 | 5.04 | 30% (+/-) | Yes |
| IP: Avg Medicaid Covered Days Per User | N/A | 7 | N/A | 7 | N/A | 7 | N/A | -0.96 | 0.85 | 30% (+/-) | Yes |
| MH Aged: Total Medicaid Paid (MAX TOS = 02) | N/A | \$508,769 | N/A | \$455,582 | N/A | \$363,322 | N/A | -10.50 | -20.30 | 30% (+/-) | Yes |
| MH Aged: Number of Users | N/A | 21 | N/A | 16 | N/A | 26 | N/A | -23.80 | 62.50 | 30% (+/-) | No |
| MH Aged: Avg Medicaid Paid per User | N/A | \$24,227 | N/A | \$28,474 | N/A | \$13,974 | N/A | 17.53 | -50.90 | 30% (+/-) | No |
| IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04) | N/A | \$2,861,817 | N/A | \$2,061,226 | N/A | \$2,148,368 | N/A | -28.00 | 4.23 | 30% (+/-) | Yes |
| IP Psych, Age < 21: Number of Users | N/A | 448 | N/A | 380 | N/A | 387 | N/A | -15.20 | 1.84 | 30% (+/-) | Yes |
| IP Psych, Age < 21: Avg Medicaid Paid per User | N/A | \$6,388 | N/A | \$5,424 | N/A | \$5,551 | N/A | -15.10 | 2.34 | 30% (+/-) | Yes |
| ICF/MR: Total Medicaid Paid (MAX TOS = 05) | N/A | \$74,255,718 | N/A | \$78,205,906 | N/A | \$76,629,722 | N/A | 5.32 | -2.02 | 30% (+/-) | Yes |
| ICF/MR: Number of Users | N/A | 544 | N/A | 522 | N/A | 493 | N/A | -4.04 | -5.56 | 30% (+/-) | Yes |
| ICF/MR: Avg Medicaid Paid per User | N/A | \$136,499 | N/A | \$149,820 | N/A | \$155,436 | N/A | 9.76 | 3.75 | 30% (+/-) | Yes |
| NF: Total Medicaid Paid (MAX TOS = 07) | N/A | \$91,486,772 | N/A | \$106,865,165 | N/A | \$116,038,562 | N/A | 16.81 | 8.58 | 30% (+/-) | Yes |
| NF: Number of Users | N/A | 2,322 | N/A | 2,478 | N/A | 2,753 | N/A | 6.72 | 11.10 | 30% (+/-) | Yes |
| NF: Avg Medicaid Paid per User | N/A | \$39,400 | N/A | \$43,126 | N/A | \$42,150 | N/A | 9.46 | -2.26 | 30% (+/-) | Yes |
| Physician: Total Medicaid Paid (MAX TOS = 08) | N/A | \$67,488,287 | N/A | \$76,707,539 | N/A | \$82,739,539 | N/A | 13.66 | 7.86 | 30% (+/-) | Yes |
| Physician: Number of Users | N/A | 107,646 | N/A | 111,504 | N/A | 117,680 | N/A | 3.58 | 5.54 | 30% (+/-) | Yes |
| Physician: Avg Medicaid Paid per User | N/A | \$627 | N/A | \$688 | N/A | \$703 | N/A | 9.73 | 2.20 | 30% (+/-) | Yes |
| Dental: Total Medicaid Paid (MAX TOS = 09) | N/A | \$12,227,021 | N/A | \$19,065,816 | N/A | \$22,904,857 | N/A | 55.93 | 20.14 | 30% (+/-) | Yes |
| Dental: Number of Users | N/A | 31,950 | N/A | 43,592 | N/A | 49,636 | N/A | 36.44 | 13.86 | 30% (+/-) | Yes |
| Dental: Avg Medicaid Paid per User | N/A | \$383 | N/A | \$437 | N/A | \$461 | N/A | 14.29 | 5.51 | 30% (+/-) | Yes |
| Other Practitioner: Total Medicaid Paid (MAX TOS = 10) | N/A | \$1,815,931 | N/A | \$2,082,083 | N/A | \$2,337,941 | N/A | 14.66 | 12.29 | 30% (+/-) | Yes |
| Other Practitioner: Number of Users | N/A | 15,850 | N/A | 16,862 | N/A | 18,710 | N/A | 6.39 | 10.96 | 30% (+/-) | Yes |
| Other Practitioner: Avg Medicaid Paid per User | N/A | \$115 | N/A | \$123 | N/A | \$125 | N/A | 7.78 | 1.20 | 30% (+/-) | Yes |
| Outpatient: Total Medicaid Paid (MAX TOS = 11) | N/A | \$10,252,290 | N/A | \$60,703,538 | N/A | \$55,732,943 | N/A | 492.10 | -8.19 | 30% (+/-) | Yes |
| Outpatient: Number of Users | N/A | 7,498 | N/A | 65,737 | N/A | 62,392 | N/A | 776.70 | -5.09 | 30% (+/-) | Yes |
| Outpatient: Avg Medicaid Paid per User | N/A | \$1,367 | N/A | \$923 | N/A | \$893 | N/A | -32.50 | -3.27 | 30% (+/-) | Yes |
| Clinic: Total Medicaid Paid (MAX TOS = 12) | N/A | \$23,816,657 | N/A | \$19,503,785 | N/A | \$20,130,889 | N/A | -18.10 | 3.22 | 30% (+/-) | Yes |
| Clinic: Number of Users | N/A | 33,708 | N/A | 34,202 | N/A | 38,731 | N/A | 1.47 | 13.24 | 30% (+/-) | Yes |
| Clinic: Avg Medicaid Paid per User | N/A | \$707 | N/A | \$570 | N/A | \$520 | N/A | -19.30 | -8.85 | 30% (+/-) | Yes |
| Home Health: Total Medicaid Paid (MAX TOS = 13) | N/A | \$4,168,876 | N/A | \$4,821,822 | N/A | \$5,593,342 | N/A | 15.66 | 16.00 | 30% (+/-) | Yes |
| Home Health: Number of Users | N/A | 2,294 | N/A | 2,466 | N/A | 2,724 | N/A | 7.50 | 10.46 | 30% (+/-) | Yes |
| Home Health: Avg Medicaid Paid per User | N/A | \$1,817 | N/A | \$1,955 | N/A | \$2,053 | N/A | 7.60 | 5.01 | 30% (+/-) | Yes |
| Lab/Xray: Total Medicaid Paid (MAX TOS = 15) | N/A | \$75,267,013 | N/A | \$25,263,575 | N/A | \$37,923,249 | N/A | -66.40 | 50.11 | 30% (+/-) | No |
| Lab/Xray: Number of Users | N/A | 97,021 | N/A | 92,357 | N/A | 98,467 | N/A | -4.81 | 6.62 | 30% (+/-) | Yes |
| Lab/Xray: Avg Medicaid Paid per User | N/A | \$776 | N/A | \$274 | N/A | \$385 | N/A | -64.70 | 40.80 | 30% (+/-) | No |
| Drugs: Total Medicaid Paid (MAX TOS = 16) | N/A | \$176,990,891 | N/A | \$187,527,138 | N/A | \$187,205,492 | N/A | 5.95 | -0.17 | 30% (+/-) | Yes |
| Drugs: Number of Users | N/A | 110,490 | N/A | 113,682 | N/A | 112,577 | N/A | 2.89 | -0.97 | 30% (+/-) | Yes |
| Drugs: Avg Medicaid Paid per User | N/A | \$1,602 | N/A | \$1,650 | N/A | \$1,663 | N/A | 2.98 | 0.81 | 30% (+/-) | Yes |
| Other Services: Total Medicaid Paid (MAX TOS = 19) | N/A | \$237,603,762 | N/A | \$256,660,732 | N/A | \$266,692,353 | N/A | 8.02 | 3.91 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|--------------|-------------------------|--------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Other Services: Number of Users | N/A | 14,443 | N/A | 15,720 | N/A | 16,480 | N/A | 8.84 | 4.84 | 30% (+/-) | Yes |
| Other Services: Avg Medicaid Paid per User | N/A | \$16,451 | N/A | \$16,327 | N/A | \$16,183 | N/A | -0.75 | -0.88 | 30% (+/-) | Yes |
| Transportation: Total Medicaid Paid (MAX TOS = 26) | N/A | \$2,146,150 | N/A | \$2,487,197 | N/A | \$2,850,903 | N/A | 15.89 | 14.62 | 30% (+/-) | Yes |
| Transportation: Number of Users | N/A | 7,351 | N/A | 8,215 | N/A | 9,235 | N/A | 11.75 | 12.42 | 30% (+/-) | Yes |
| Transportation: Avg Medicaid Paid per User | N/A | \$292 | N/A | \$303 | N/A | \$309 | N/A | 3.70 | 1.96 | 30% (+/-) | Yes |
| Personal Care Services: Total Medicaid Paid (MAX TOS = 30) | N/A | \$24,894,152 | N/A | \$26,837,256 | N/A | \$29,427,444 | N/A | 7.81 | 9.65 | 30% (+/-) | Yes |
| Personal Care Services: Number of Users | N/A | 1,902 | N/A | 1,991 | N/A | 2,077 | N/A | 4.68 | 4.32 | 30% (+/-) | Yes |
| Personal Care Services: Avg Medicaid Paid per User | N/A | \$13,088 | N/A | \$13,479 | N/A | \$14,168 | N/A | 2.99 | 5.11 | 30% (+/-) | Yes |
| Targeted Case Management: Total Medicaid Paid (MAX TOS = 31) | N/A | \$1,392,412 | N/A | \$1,697,775 | N/A | \$2,002,765 | N/A | 21.93 | 17.96 | 30% (+/-) | Yes |
| Targeted Case Management: Number of Users | N/A | 2,293 | N/A | 3,046 | N/A | 3,885 | N/A | 32.84 | 27.54 | 30% (+/-) | Yes |
| Targeted Case Management: Avg Medicaid Paid per User | N/A | \$607 | N/A | \$557 | N/A | \$516 | N/A | -8.21 | -7.51 | 30% (+/-) | Yes |
| Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33) | N/A | \$251,515 | N/A | \$4,573,832 | N/A | \$4,412,123 | N/A | 1,719.00 | -3.54 | 30% (+/-) | Yes |
| Rehabilitation Services: Number of Users | N/A | 288 | N/A | 2,516 | N/A | 2,758 | N/A | 773.60 | 9.62 | 30% (+/-) | Yes |
| Rehabilitation Services: Avg Medicaid Paid per User | N/A | \$873 | N/A | \$1,818 | N/A | \$1,600 | N/A | 108.20 | -12.00 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34) | N/A | \$139,177 | N/A | \$132,611 | N/A | \$120,103 | N/A | -4.72 | -9.43 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Number of Users | N/A | 2,138 | N/A | 2,006 | N/A | 1,756 | N/A | -6.17 | -12.50 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Avg Medicaid Paid per User | N/A | \$65 | N/A | \$66 | N/A | \$68 | N/A | 1.55 | 3.46 | 30% (+/-) | Yes |
| Hospice: Total Medicaid Paid (MAX TOS = 35) | N/A | \$1,801,139 | N/A | \$6,081,696 | N/A | \$7,230,917 | N/A | 237.70 | 18.90 | 30% (+/-) | Yes |
| Hospice: Number of Users | N/A | 218 | N/A | 542 | N/A | 623 | N/A | 148.60 | 14.94 | 30% (+/-) | Yes |
| Hospice: Avg Medicaid Paid per User | N/A | \$8,262 | N/A | \$11,221 | N/A | \$11,607 | N/A | 35.81 | 3.44 | 30% (+/-) | Yes |
| Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37) | N/A | N/A | N/A | \$1,529,274 | N/A | \$1,819,656 | N/A | N/A | 18.99 | 30% (+/-) | Yes |
| Nurse Practitioner: Number of Users | N/A | N/A | N/A | 11,645 | N/A | 13,770 | N/A | N/A | 18.25 | 30% (+/-) | Yes |
| Nurse Practitioner: Avg Medicaid Paid per User | N/A | N/A | N/A | \$131 | N/A | \$132 | N/A | N/A | 0.63 | 30% (+/-) | Yes |
| Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38) | N/A | N/A | N/A | \$30,558,218 | N/A | \$36,030,368 | N/A | N/A | 17.91 | 30% (+/-) | Yes |
| Private Duty Nursing: Number of Users | N/A | N/A | N/A | 500 | N/A | 562 | N/A | N/A | 12.40 | 30% (+/-) | Yes |
| Private Duty Nursing: Avg Medicaid Paid per User | N/A | N/A | N/A | \$61,116 | N/A | \$64,111 | N/A | N/A | 4.90 | 30% (+/-) | Yes |
| Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51) | N/A | \$33,765,882 | N/A | \$37,081,575 | N/A | \$44,948,557 | N/A | 9.82 | 21.22 | 30% (+/-) | Yes |
| Durable Medical Equipment: Number of Users | N/A | 23,873 | N/A | 25,964 | N/A | 33,837 | N/A | 8.76 | 30.32 | 30% (+/-) | No |
| Durable Medical Equipment: Avg Medicaid Paid per User | N/A | \$1,414 | N/A | \$1,428 | N/A | \$1,328 | N/A | 0.98 | -6.99 | 30% (+/-) | Yes |
| Residential Care: Total Medicaid Paid (MAX TOS = 52) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Residential Care: Number of Users | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Residential Care: Avg Medicaid Paid per User | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Psych Services: Total Medicaid Paid (MAX TOS = 53) | N/A | \$75,019,024 | N/A | \$97,083,224 | N/A | \$120,263,850 | N/A | 29.41 | 23.88 | 30% (+/-) | Yes |
| Psych Services: Number of Users | N/A | 29,656 | N/A | 32,205 | N/A | 34,970 | N/A | 8.60 | 8.59 | 30% (+/-) | Yes |
| Psych Services: Avg Medicaid Paid per User | N/A | \$2,530 | N/A | \$3,015 | N/A | \$3,439 | N/A | 19.17 | 14.08 | 30% (+/-) | Yes |
| Adult Day Care: Total Medicaid Paid (MAX TOS = 54) | N/A | \$599,862 | N/A | \$641,048 | N/A | \$591,361 | N/A | 6.87 | -7.75 | 30% (+/-) | Yes |
| Adult Day Care: Number of Users | N/A | 89 | N/A | 89 | N/A | 82 | N/A | 0.00 | -7.87 | 30% (+/-) | Yes |
| Adult Day Care: Avg Medicaid Paid per User | N/A | \$6,740 | N/A | \$7,203 | N/A | \$7,212 | N/A | 6.87 | 0.12 | 30% (+/-) | Yes |
| AVERAGE FFS MEDICAID AMOUNT PAID PER NON-DUAL FFS ENROLLEE BY MAX TYPE OF SERVICE | | | | | | | | | | | |
| Inpatient Hospital (MAX TOS = 01) | N/A | \$1,222 | N/A | \$1,303 | N/A | \$1,361 | N/A | 6.55 | 4.52 | 30% (+/-) | Yes |
| Aged | N/A | \$2,903 | N/A | \$2,823 | N/A | \$3,269 | N/A | -2.75 | 15.79 | 30% (+/-) | Yes |
| Disabled | N/A | \$4,399 | N/A | \$4,720 | N/A | \$5,193 | N/A | 7.31 | 10.02 | 30% (+/-) | Yes |
| Child | N/A | \$365 | N/A | \$390 | N/A | \$350 | N/A | 6.79 | -10.10 | 30% (+/-) | Yes |
| Adult | N/A | \$693 | N/A | \$696 | N/A | \$679 | N/A | 0.48 | -2.50 | 30% (+/-) | Yes |
| ILTC (MAX TOS = 02,04,05,07) | N/A | \$933 | N/A | \$994 | N/A | \$1,003 | N/A | 6.60 | 0.84 | 30% (+/-) | Yes |
| Aged | N/A | \$8,088 | N/A | \$8,189 | N/A | \$9,549 | N/A | 1.25 | 16.61 | 30% (+/-) | Yes |
| Disabled | N/A | \$4,150 | N/A | \$4,424 | N/A | \$4,463 | N/A | 6.58 | 0.90 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Child | N/A | \$53 | N/A | \$76 | N/A | \$92 | N/A | 44.28 | 21.04 | 30% (+/-) | Yes |
| Adult | N/A | \$10 | N/A | \$6 | N/A | \$9 | N/A | -41.30 | 48.84 | 30% (+/-) | No |
| Drugs (MAX TOS = 16) | N/A | \$976 | N/A | \$994 | N/A | \$962 | N/A | 1.82 | -3.25 | 30% (+/-) | Yes |
| Aged | N/A | \$1,509 | N/A | \$1,550 | N/A | \$1,780 | N/A | 2.71 | 14.85 | 30% (+/-) | Yes |
| Disabled | N/A | \$3,245 | N/A | \$3,327 | N/A | \$3,212 | N/A | 2.54 | -3.45 | 30% (+/-) | Yes |
| Child | N/A | \$422 | N/A | \$429 | N/A | \$415 | N/A | 1.84 | -3.23 | 30% (+/-) | Yes |
| Adult | N/A | \$405 | N/A | \$403 | N/A | \$420 | N/A | -0.68 | 4.38 | 30% (+/-) | Yes |
| All Other Services | N/A | \$3,333 | N/A | \$3,586 | N/A | \$3,835 | N/A | 7.60 | 6.94 | 30% (+/-) | Yes |
| Aged | N/A | \$3,609 | N/A | \$3,782 | N/A | \$4,595 | N/A | 4.80 | 21.48 | 30% (+/-) | Yes |
| Disabled | N/A | \$10,519 | N/A | \$11,131 | N/A | \$11,988 | N/A | 5.82 | 7.70 | 30% (+/-) | Yes |
| Child | N/A | \$1,687 | N/A | \$1,908 | N/A | \$2,081 | N/A | 13.09 | 9.07 | 30% (+/-) | Yes |
| Adult | N/A | \$1,164 | N/A | \$1,250 | N/A | \$1,254 | N/A | 7.42 | 0.33 | 30% (+/-) | Yes |
| PERCENT OF NON-DUAL FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| % Non-Dual FFS Enrollees with IP Claims (MAX TOS = 01) | N/A | 12.21 | N/A | 12.37 | N/A | 12.31 | N/A | 1.25 | -0.49 | 30% (+/-) | Yes |
| Aged | N/A | 27.21 | N/A | 26.25 | N/A | 27.90 | N/A | -3.51 | 6.27 | 30% (+/-) | Yes |
| Disabled | N/A | 21.03 | N/A | 21.02 | N/A | 22.32 | N/A | -0.04 | 6.20 | 30% (+/-) | Yes |
| Child | N/A | 8.70 | N/A | 8.48 | N/A | 8.02 | N/A | -2.53 | -5.43 | 30% (+/-) | Yes |
| Adult | N/A | 14.75 | N/A | 15.81 | N/A | 15.34 | N/A | 7.22 | -2.97 | 30% (+/-) | Yes |
| % Non-Dual FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07) | N/A | 1.82 | N/A | 1.78 | N/A | 1.85 | N/A | -2.18 | 3.70 | 30% (+/-) | Yes |
| Aged | N/A | 22.90 | N/A | 21.51 | N/A | 24.68 | N/A | -6.11 | 14.76 | 30% (+/-) | Yes |
| Disabled | N/A | 6.80 | N/A | 6.92 | N/A | 7.38 | N/A | 1.71 | 6.67 | 30% (+/-) | Yes |
| Child | N/A | 0.35 | N/A | 0.31 | N/A | 0.31 | N/A | -11.20 | -0.43 | 30% (+/-) | Yes |
| Adult | N/A | 0.07 | N/A | 0.04 | N/A | 0.04 | N/A | -41.20 | 2.79 | 30% (+/-) | Yes |
| % with Ratio of ILTC Days/Enrollment Days > 1 | N/A | 1.24 | N/A | 1.01 | N/A | 1.20 | N/A | -18.50 | 18.20 | 30% (+/-) | Yes |
| % Non-Dual FFS Enrollees with Drug Claims (MAX TOS = 16) | N/A | 60.94 | N/A | 60.26 | N/A | 57.83 | N/A | -1.12 | -4.02 | 30% (+/-) | Yes |
| Aged | N/A | 59.41 | N/A | 54.66 | N/A | 61.62 | N/A | -8.00 | 12.74 | 30% (+/-) | Yes |
| Disabled | N/A | 79.29 | N/A | 78.74 | N/A | 78.07 | N/A | -0.69 | -0.85 | 30% (+/-) | Yes |
| Child | N/A | 56.89 | N/A | 55.88 | N/A | 52.31 | N/A | -1.77 | -6.40 | 30% (+/-) | Yes |
| Adult | N/A | 54.94 | N/A | 55.89 | N/A | 55.17 | N/A | 1.74 | -1.30 | 30% (+/-) | Yes |
| % Non-Dual FFS Enrollees with All Other Claims | N/A | 73.56 | N/A | 74.39 | N/A | 76.12 | N/A | 1.12 | 2.34 | 30% (+/-) | Yes |
| Aged | N/A | 69.35 | N/A | 65.55 | N/A | 70.98 | N/A | -5.49 | 8.28 | 30% (+/-) | Yes |
| Disabled | N/A | 88.46 | N/A | 88.41 | N/A | 89.56 | N/A | -0.06 | 1.30 | 30% (+/-) | Yes |
| Child | N/A | 70.08 | N/A | 71.18 | N/A | 73.58 | N/A | 1.56 | 3.38 | 30% (+/-) | Yes |
| Adult | N/A | 69.73 | N/A | 71.00 | N/A | 71.07 | N/A | 1.82 | 0.11 | 30% (+/-) | Yes |
| Avg # IP Days per Non-Dual FFS User | N/A | 7 | N/A | 7 | N/A | 7 | N/A | -0.96 | 0.85 | 30% (+/-) | Yes |
| Aged | N/A | 6 | N/A | 6 | N/A | 6 | N/A | 2.11 | 1.27 | 30% (+/-) | Yes |
| Disabled | N/A | 13 | N/A | 13 | N/A | 13 | N/A | -0.71 | -2.39 | 30% (+/-) | Yes |
| Child | N/A | 4 | N/A | 4 | N/A | 4 | N/A | 3.43 | -0.36 | 30% (+/-) | Yes |
| Adult | N/A | 4 | N/A | 4 | N/A | 4 | N/A | -4.00 | 2.50 | 30% (+/-) | Yes |
| Avg # ILTC Days per Non-Dual FFS User | N/A | 208 | N/A | 210 | N/A | 201 | N/A | 0.94 | -4.30 | 30% (+/-) | Yes |
| Aged | N/A | 256 | N/A | 258 | N/A | 258 | N/A | 0.78 | -0.15 | 30% (+/-) | Yes |
| Disabled | N/A | 230 | N/A | 226 | N/A | 213 | N/A | -1.54 | -5.97 | 30% (+/-) | Yes |
| Child | N/A | 29 | N/A | 40 | N/A | 44 | N/A | 35.52 | 12.02 | 30% (+/-) | Yes |
| Adult | N/A | 20 | N/A | 26 | N/A | 31 | N/A | 33.82 | 15.88 | 30% (+/-) | Yes |
| % Non-Dual FFS Enrollees with Maternal Delivery | N/A | 2.08 | N/A | 2.59 | N/A | 2.63 | N/A | 24.46 | 1.32 | 30% (+/-) | Yes |
| HIGH-COST FFS NON-DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| Number of FFS Non-Duals with FFS Medicaid Paid > \$1,000,000 | N/A | 0 | N/A | 11 | N/A | 11 | N/A | Div by 0 | 0.00 | N/A | N/A |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Number of FFS Non-Duals with FFS Medicaid Paid > \$500,000 | N/A | 11 | N/A | 18 | N/A | 18 | N/A | 63.64 | 0.00 | N/A | N/A |
| Inpatient Hospital (MAX TOS = 01) > \$500,000 | N/A | 11 | N/A | 11 | N/A | 11 | N/A | 60.00 | -37.50 | N/A | N/A |
| ILTC (MAX TOS = 02,04,05,07) > \$200,000 | N/A | 96 | N/A | 185 | N/A | 198 | N/A | 92.71 | 7.03 | N/A | N/A |
| Drugs (MAX TOS = 16) > \$200,000 | N/A | 11 | N/A | 11 | N/A | 11 | N/A | 37.50 | 0.00 | N/A | N/A |
| All Other Services > \$200,000 | N/A | 11 | N/A | 12 | N/A | 23 | N/A | 20.00 | 91.67 | N/A | N/A |
| Maximum FFS Medicaid Paid | N/A | \$937,227 | N/A | \$1,172,570 | N/A | \$1,136,340 | N/A | 25.11 | -3.09 | N/A | N/A |
| Inpatient Hospital (MAX TOS = 01) | N/A | \$773,963 | N/A | \$953,782 | N/A | \$936,355 | N/A | 23.23 | -1.83 | N/A | N/A |
| ILTC (MAX TOS = 02,04,05,07) | N/A | \$273,762 | N/A | \$677,163 | N/A | \$768,449 | N/A | 147.40 | 13.48 | N/A | N/A |
| Drugs (MAX TOS = 16) | N/A | \$819,377 | N/A | \$1,073,549 | N/A | \$1,134,275 | N/A | 31.02 | 5.66 | N/A | N/A |
| All Other Services | N/A | \$228,617 | N/A | \$231,069 | N/A | \$287,205 | N/A | 1.07 | 24.29 | N/A | N/A |
| FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE | | | | | | | | | | | |
| FP: Total Medicaid Paid (PGM TYPE = 2) | N/A | \$1,729,426 | N/A | \$2,083,264 | N/A | \$2,289,107 | N/A | 20.46 | 9.88 | 30% (+/-) | Yes |
| FP: Number of Users | N/A | 7,831 | N/A | 8,597 | N/A | 9,271 | N/A | 9.78 | 7.84 | 30% (+/-) | Yes |
| FP: Avg Medicaid Paid per User | N/A | \$221 | N/A | \$242 | N/A | \$247 | N/A | 9.73 | 1.89 | 30% (+/-) | Yes |
| RHC: Total Medicaid Paid (PGM TYPE = 3) | N/A | \$4,095,727 | N/A | \$4,434,712 | N/A | \$4,848,243 | N/A | 8.28 | 9.33 | 30% (+/-) | Yes |
| RHC: Number of Users | N/A | 12,785 | N/A | 13,909 | N/A | 14,591 | N/A | 8.79 | 4.90 | 30% (+/-) | Yes |
| RHC: Avg Medicaid Paid per User | N/A | \$320 | N/A | \$319 | N/A | \$332 | N/A | -0.47 | 4.22 | 30% (+/-) | Yes |
| FQHC: Total Medicaid Paid (PGM TYPE = 4) | N/A | \$2,404,602 | N/A | \$2,548,041 | N/A | \$3,245,211 | N/A | 5.97 | 27.36 | 30% (+/-) | Yes |
| FQHC: Number of Users | N/A | 8,101 | N/A | 8,567 | N/A | 10,507 | N/A | 5.75 | 22.65 | 30% (+/-) | Yes |
| FQHC: Avg Medicaid Paid per User | N/A | \$297 | N/A | \$297 | N/A | \$309 | N/A | 0.20 | 3.85 | 30% (+/-) | Yes |
| IHS: Total Medicaid Paid (PGM TYPE = 5) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| IHS: Number of Users | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| IHS: Avg Medicaid Paid per User | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7) | N/A | \$278,043,107 | N/A | \$307,676,290 | N/A | \$338,708,757 | N/A | 10.66 | 10.09 | 30% (+/-) | Yes |
| Section 1915(c) Waiver: Number of Users | N/A | 10,302 | N/A | 11,358 | N/A | 12,844 | N/A | 10.25 | 13.08 | 30% (+/-) | Yes |
| Section 1915(c) Waiver: Avg Medicaid Paid per User | N/A | \$26,989 | N/A | \$27,089 | N/A | \$26,371 | N/A | 0.37 | -2.65 | 30% (+/-) | Yes |
| FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS | | | | | | | | | | | |
| Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20) | N/A | \$280,901,687 | N/A | \$311,306,324 | N/A | \$342,982,381 | N/A | 10.82 | 10.18 | 30% (+/-) | Yes |
| Number of Non-Dual CLTC Users (Excludes CLTC FLAG = 16-20) | N/A | 11,538 | N/A | 12,620 | N/A | 14,264 | N/A | 9.38 | 13.03 | 30% (+/-) | Yes |
| Avg FFS CLTC Medicaid Paid per Non-Dual User (Excludes CLTC FLAG = 16-20) | N/A | \$24,346 | N/A | \$24,668 | N/A | \$24,045 | N/A | 1.32 | -2.52 | 30% (+/-) | Yes |
| Aged | N/A | \$9,768 | N/A | \$10,940 | N/A | \$11,287 | N/A | 12.00 | 3.17 | 30% (+/-) | Yes |
| Disabled | N/A | \$26,552 | N/A | \$27,279 | N/A | \$27,863 | N/A | 2.74 | 2.14 | 30% (+/-) | Yes |
| Child | N/A | \$18,509 | N/A | \$16,342 | N/A | \$13,507 | N/A | -11.70 | -17.40 | 30% (+/-) | Yes |
| Adult | N/A | \$2,318 | N/A | \$2,742 | N/A | \$2,929 | N/A | 18.28 | 6.83 | 30% (+/-) | Yes |
| % Non-Dual FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20) | N/A | 6.36 | N/A | 6.69 | N/A | 7.33 | N/A | 5.12 | 9.54 | 30% (+/-) | Yes |
| Aged | N/A | 28.36 | N/A | 26.88 | N/A | 31.63 | N/A | -5.20 | 17.66 | 30% (+/-) | Yes |
| Disabled | N/A | 27.48 | N/A | 28.34 | N/A | 29.24 | N/A | 3.12 | 3.18 | 30% (+/-) | Yes |
| Child | N/A | 0.89 | N/A | 1.25 | N/A | 2.08 | N/A | 40.52 | 65.87 | 30% (+/-) | No |
| Adult | N/A | 1.00 | N/A | 0.88 | N/A | 0.95 | N/A | -12.60 | 7.81 | 30% (+/-) | Yes |
| Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | \$278,002,278 | N/A | \$307,621,181 | N/A | \$338,662,609 | N/A | 10.65 | 10.09 | 30% (+/-) | Yes |
| # Non-Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | 10,298 | N/A | 11,348 | N/A | 12,839 | N/A | 10.20 | 13.14 | 30% (+/-) | Yes |
| Avg FFS CLTC Medicaid Paid per Non-Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | \$26,996 | N/A | \$27,108 | N/A | \$26,378 | N/A | 0.42 | -2.69 | 30% (+/-) | Yes |
| Aged | N/A | \$10,164 | N/A | \$11,328 | N/A | \$11,729 | N/A | 11.46 | 3.53 | 30% (+/-) | Yes |
| Disabled | N/A | \$28,876 | N/A | \$29,573 | N/A | \$30,429 | N/A | 2.42 | 2.89 | 30% (+/-) | Yes |
| Child | N/A | \$22,799 | N/A | \$18,936 | N/A | \$14,472 | N/A | -16.90 | -23.60 | 30% (+/-) | Yes |
| Adult | N/A | \$3,790 | N/A | \$3,965 | N/A | \$4,377 | N/A | 4.64 | 10.37 | 30% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| % Non-Dual FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | 5.68 | N/A | 6.01 | N/A | 6.60 | N/A | 5.90 | 9.65 | 30% (+/-) | Yes |
| Aged | N/A | 26.94 | N/A | 25.72 | N/A | 30.15 | N/A | -4.52 | 17.23 | 30% (+/-) | Yes |
| Disabled | N/A | 25.06 | N/A | 25.87 | N/A | 26.49 | N/A | 3.24 | 2.40 | 30% (+/-) | Yes |
| Child | N/A | 0.70 | N/A | 1.06 | N/A | 1.89 | N/A | 49.93 | 79.18 | 30% (+/-) | No |
| Adult | N/A | 0.49 | N/A | 0.51 | N/A | 0.52 | N/A | 5.36 | 1.72 | 30% (+/-) | Yes |
| 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 | 118,667 | N/A | 120,181 | N/A | 121,314 | N/A | 1.28 | 0.94 | 30% (+/-) | Yes |
| Number of EDB Dual FFS Recipients | N/A | 109,730 | N/A | 111,429 | N/A | 113,083 | N/A | 1.55 | 1.48 | 30% (+/-) | Yes |
| Total EDB Dual FFS Person-Years of Enrollment | N/A | 106,102 | N/A | 107,590 | N/A | 108,981 | N/A | 1.40 | 1.29 | 30% (+/-) | Yes |
| % EDB Dual Not Reported in MSIS (EDB DUAL = 50) | N/A | 0.60 | N/A | 0.58 | N/A | 0.73 | N/A | -3.88 | 25.68 | 30% (+/-) | Yes |
| % QMB Only (EDB DUAL = 51) | N/A | 1.54 | N/A | 1.49 | N/A | 2.27 | N/A | -3.15 | 52.61 | 30% (+/-) | No |
| % QMB Plus (EDB DUAL = 52) | N/A | 76.77 | N/A | 76.18 | N/A | 74.51 | N/A | -0.77 | -2.20 | 30% (+/-) | Yes |
| % SLMB Only (EDB DUAL = 53) | N/A | 0.87 | N/A | 0.83 | N/A | 0.88 | N/A | -5.54 | 6.76 | 30% (+/-) | Yes |
| % SLMB Plus (EDB DUAL = 54) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % QDWI (EDB DUAL = 55) | N/A | 0.01 | N/A | 0.01 | N/A | 0.00 | N/A | -30.90 | -15.10 | 30% (+/-) | Yes |
| % QI 1 (EDB DUAL = 56) | N/A | 0.38 | N/A | 0.40 | N/A | 0.39 | N/A | 5.12 | -0.93 | 30% (+/-) | Yes |
| % QI 2 (EDB DUAL = 57) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| % Other Type Dual (EDB DUAL = 58) | N/A | 19.83 | N/A | 20.53 | N/A | 21.22 | N/A | 3.52 | 3.36 | 30% (+/-) | Yes |
| % 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 | 30% (+/-) | N/A |
| % EDB Duals with Full Benefits (EDB DUAL = 50,52,54,58) | N/A | 97.20 | N/A | 97.28 | N/A | 96.45 | N/A | 0.08 | -0.86 | 30% (+/-) | Yes |
| % EDB Duals with Restricted Benefits (EDB DUAL = 51,53,55,56,57) | N/A | 2.80 | N/A | 2.72 | N/A | 3.55 | N/A | -2.87 | 30.70 | 30% (+/-) | No |
| Aged EDB Dual FFS Total | N/A | 68,944 | N/A | 68,796 | N/A | 67,585 | N/A | -0.22 | -1.76 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | 31,183 | N/A | 30,391 | N/A | 29,132 | N/A | -2.54 | -4.14 | 30% (+/-) | Yes |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | 2,335 | N/A | 2,326 | N/A | 2,260 | N/A | -0.39 | -2.84 | 30% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | 9,918 | N/A | 10,051 | N/A | 10,015 | N/A | 1.34 | -0.36 | 30% (+/-) | Yes |
| Other Aged (MAX ELIG CD = 41) | N/A | 25,508 | N/A | 26,028 | N/A | 26,178 | N/A | 2.04 | 0.58 | 30% (+/-) | Yes |
| 1115 Aged (MAX ELIG CD = 51) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Disabled EDB Dual FFS Total | N/A | 49,348 | N/A | 50,950 | N/A | 53,295 | N/A | 3.25 | 4.60 | 30% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | 28,235 | N/A | 28,872 | N/A | 29,796 | N/A | 2.26 | 3.20 | 30% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | 1,495 | N/A | 1,508 | N/A | 1,599 | N/A | 0.87 | 6.03 | 30% (+/-) | Yes |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | 10,212 | N/A | 10,593 | N/A | 11,190 | N/A | 3.73 | 5.64 | 30% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | 9,406 | N/A | 9,977 | N/A | 10,710 | N/A | 6.07 | 7.35 | 30% (+/-) | Yes |
| 1115 Disabled (MAX ELIG CD = 52) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Total FFS Medicaid Paid | N/A | \$1,465,289,946 | N/A | \$1,566,483,844 | N/A | \$1,672,922,951 | N/A | 6.91 | 6.80 | 30% (+/-) | Yes |
| Avg FFS Medicaid Paid per FFS Dual | N/A | \$12,348 | N/A | \$13,034 | N/A | \$13,790 | N/A | 5.56 | 5.80 | 30% (+/-) | Yes |
| Avg FFS Medicaid Paid per FFS Dual Recipient (User of Any Service) | N/A | \$13,354 | N/A | \$14,058 | N/A | \$14,794 | N/A | 5.28 | 5.23 | 30% (+/-) | Yes |
| Total Capitation Payments | N/A | \$620,575 | N/A | \$616,618 | N/A | \$598,205 | N/A | -0.64 | -2.99 | 30% (+/-) | Yes |
| # Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE | 0 | 18 | No | 11 | No | 11 | No | -55.60 | -37.50 | 30% (+/-) | No |
| Total HMO/HIO Payments (Among People not Enrolled) | N/A | \$24,185 | N/A | \$18,063 | N/A | \$12,479 | N/A | -25.30 | -30.90 | 30% (+/-) | No |
| Avg HMO/HIO Payments (Among People not Enrolled) | N/A | N/A | N/A | \$2,258 | N/A | \$2,496 | N/A | N/A | 10.54 | 30% (+/-) | Yes |
| AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY MAX ELIGIBILITY GROUP | | | | | | | | | | | |
| Aged | N/A | \$11,944 | N/A | \$12,502 | N/A | \$13,280 | N/A | 4.67 | 6.22 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | \$4,908 | N/A | \$5,183 | N/A | \$5,564 | N/A | 5.60 | 7.35 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | \$10,539 | N/A | \$11,370 | N/A | \$11,944 | N/A | 7.88 | 5.05 | 30% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | \$1,653 | N/A | \$1,681 | N/A | \$1,888 | N/A | 1.70 | 12.33 | 30% (+/-) | Yes |
| Other Aged (MAX ELIG CD = 41) | N/A | \$24,675 | N/A | \$25,328 | N/A | \$26,341 | N/A | 2.65 | 4.00 | 30% (+/-) | 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 | 30% (+/-) | N/A |
| Disabled | N/A | \$12,979 | N/A | \$13,828 | N/A | \$14,513 | N/A | 6.54 | 4.95 | 30% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | \$7,230 | N/A | \$7,556 | N/A | \$7,881 | N/A | 4.52 | 4.30 | 30% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | \$9,002 | N/A | \$8,815 | N/A | \$11,236 | N/A | -2.08 | 27.47 | 30% (+/-) | Yes |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | \$2,585 | N/A | \$2,703 | N/A | \$2,994 | N/A | 4.57 | 10.79 | 30% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | \$42,155 | N/A | \$44,545 | N/A | \$45,484 | N/A | 5.67 | 2.11 | 30% (+/-) | Yes |
| 1115 Disabled (MAX ELIG CD = 52) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE | | | | | | | | | | | |
| IP: Total Medicaid Paid (MAX TOS = 01) | N/A | \$82,878,952 | N/A | \$89,212,836 | N/A | \$93,128,057 | N/A | 7.64 | 4.39 | 30% (+/-) | Yes |
| IP: Number of Users | N/A | 67,933 | N/A | 69,677 | N/A | 70,710 | N/A | 2.57 | 1.48 | 30% (+/-) | Yes |
| IP: Avg Medicaid Paid per User | N/A | \$1,220 | N/A | \$1,280 | N/A | \$1,317 | N/A | 4.95 | 2.86 | 30% (+/-) | Yes |
| IP: Avg Medicaid Covered Days Per User | N/A | 0 | N/A | 0 | N/A | 0 | N/A | -25.30 | 11.67 | 30% (+/-) | Yes |
| MH Aged: Total Medicaid Paid (MAX TOS = 02) | N/A | \$20,229,133 | N/A | \$20,641,788 | N/A | \$20,187,289 | N/A | 2.04 | -2.20 | 30% (+/-) | Yes |
| MH Aged: Number of Users | N/A | 742 | N/A | 768 | N/A | 703 | N/A | 3.50 | -8.46 | 30% (+/-) | Yes |
| MH Aged: Avg Medicaid Paid per User | N/A | \$27,263 | N/A | \$26,877 | N/A | \$28,716 | N/A | -1.41 | 6.84 | 30% (+/-) | Yes |
| IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04) | N/A | \$2,911 | N/A | \$2,665 | N/A | \$10,609 | N/A | -8.45 | 298.10 | 30% (+/-) | No |
| IP Psych, Age < 21: Number of Users | N/A | 11 | N/A | 11 | N/A | 11 | N/A | 200.00 | 33.33 | 30% (+/-) | No |
| IP Psych, Age < 21: Avg Medicaid Paid per User | N/A | \$2,911 | N/A | \$888 | N/A | \$2,652 | N/A | -69.50 | 198.60 | 30% (+/-) | No |
| ICF/MR: Total Medicaid Paid (MAX TOS = 05) | N/A | \$167,181,992 | N/A | \$184,603,199 | N/A | \$191,675,628 | N/A | 10.42 | 3.83 | 30% (+/-) | Yes |
| ICF/MR: Number of Users | N/A | 1,308 | N/A | 1,261 | N/A | 1,243 | N/A | -3.59 | -1.43 | 30% (+/-) | Yes |
| ICF/MR: Avg Medicaid Paid per User | N/A | \$127,815 | N/A | \$146,394 | N/A | \$154,204 | N/A | 14.54 | 5.34 | 30% (+/-) | Yes |
| NF: Total Medicaid Paid (MAX TOS = 07) | N/A | \$628,573,061 | N/A | \$654,620,397 | N/A | \$674,613,508 | N/A | 4.14 | 3.05 | 30% (+/-) | Yes |
| NF: Number of Users | N/A | 22,953 | N/A | 22,997 | N/A | 22,926 | N/A | 0.19 | -0.31 | 30% (+/-) | Yes |
| NF: Avg Medicaid Paid per User | N/A | \$27,385 | N/A | \$28,465 | N/A | \$29,426 | N/A | 3.95 | 3.37 | 30% (+/-) | Yes |
| Physician: Total Medicaid Paid (MAX TOS = 08) | N/A | \$32,453,994 | N/A | \$30,672,974 | N/A | \$31,556,661 | N/A | -5.49 | 2.88 | 30% (+/-) | Yes |
| Physician: Number of Users | N/A | 95,847 | N/A | 96,748 | N/A | 98,950 | N/A | 0.94 | 2.28 | 30% (+/-) | Yes |
| Physician: Avg Medicaid Paid per User | N/A | \$339 | N/A | \$317 | N/A | \$319 | N/A | -6.37 | 0.59 | 30% (+/-) | Yes |
| Dental: Total Medicaid Paid (MAX TOS = 09) | N/A | \$523,324 | N/A | \$1,077,144 | N/A | \$1,542,510 | N/A | 105.80 | 43.20 | 30% (+/-) | No |
| Dental: Number of Users | N/A | 1,076 | N/A | 2,337 | N/A | 3,846 | N/A | 117.20 | 64.57 | 30% (+/-) | No |
| Dental: Avg Medicaid Paid per User | N/A | \$486 | N/A | \$461 | N/A | \$401 | N/A | -5.23 | -13.00 | 30% (+/-) | Yes |
| Other Practitioner: Total Medicaid Paid (MAX TOS = 10) | N/A | \$231,221 | N/A | \$250,915 | N/A | \$245,514 | N/A | 8.52 | -2.15 | 30% (+/-) | Yes |
| Other Practitioner: Number of Users | N/A | 4,205 | N/A | 4,585 | N/A | 4,913 | N/A | 9.04 | 7.15 | 30% (+/-) | Yes |
| Other Practitioner: Avg Medicaid Paid per User | N/A | \$55 | N/A | \$55 | N/A | \$50 | N/A | -0.48 | -8.68 | 30% (+/-) | Yes |
| Outpatient: Total Medicaid Paid (MAX TOS = 11) | N/A | \$868,754 | N/A | \$3,224,049 | N/A | \$3,263,115 | N/A | 271.10 | 1.21 | 30% (+/-) | Yes |
| Outpatient: Number of Users | N/A | 465 | N/A | 2,960 | N/A | 3,089 | N/A | 536.60 | 4.36 | 30% (+/-) | Yes |
| Outpatient: Avg Medicaid Paid per User | N/A | \$1,868 | N/A | \$1,089 | N/A | \$1,056 | N/A | -41.70 | -3.02 | 30% (+/-) | Yes |
| Clinic: Total Medicaid Paid (MAX TOS = 12) | N/A | \$20,235,533 | N/A | \$7,133,183 | N/A | \$6,494,495 | N/A | -64.70 | -8.95 | 30% (+/-) | Yes |
| Clinic: Number of Users | N/A | 7,239 | N/A | 3,948 | N/A | 3,704 | N/A | -45.50 | -6.18 | 30% (+/-) | Yes |
| Clinic: Avg Medicaid Paid per User | N/A | \$2,795 | N/A | \$1,807 | N/A | \$1,753 | N/A | -35.40 | -2.96 | 30% (+/-) | Yes |
| Home Health: Total Medicaid Paid (MAX TOS = 13) | N/A | \$406,397 | N/A | \$405,164 | N/A | \$515,391 | N/A | -0.30 | 27.21 | 30% (+/-) | Yes |
| Home Health: Number of Users | N/A | 261 | N/A | 272 | N/A | 305 | N/A | 4.22 | 12.13 | 30% (+/-) | Yes |
| Home Health: Avg Medicaid Paid per User | N/A | \$1,557 | N/A | \$1,490 | N/A | \$1,690 | N/A | -4.34 | 13.44 | 30% (+/-) | Yes |
| Lab/Xray: Total Medicaid Paid (MAX TOS = 15) | N/A | \$5,079,108 | N/A | \$1,302,697 | N/A | \$1,798,580 | N/A | -74.40 | 38.07 | 30% (+/-) | No |
| Lab/Xray: Number of Users | N/A | 12,249 | N/A | 12,036 | N/A | 16,730 | N/A | -1.74 | 39.00 | 30% (+/-) | No |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Lab/Xray: Avg Medicaid Paid per User | N/A | \$415 | N/A | \$108 | N/A | \$108 | N/A | -73.90 | -0.67 | 30% (+/-) | Yes |
| Drugs: Total Medicaid Paid (MAX TOS = 16) | N/A | \$19,422,366 | N/A | \$18,154,638 | N/A | \$18,122,971 | N/A | -6.53 | -0.17 | 30% (+/-) | Yes |
| Drugs: Number of Users | N/A | 63,994 | N/A | 64,056 | N/A | 64,811 | N/A | 0.10 | 1.18 | 30% (+/-) | Yes |
| Drugs: Avg Medicaid Paid per User | N/A | \$304 | N/A | \$283 | N/A | \$280 | N/A | -6.62 | -1.34 | 30% (+/-) | Yes |
| Other Services: Total Medicaid Paid (MAX TOS = 19) | N/A | \$270,036,836 | N/A | \$313,388,953 | N/A | \$348,452,926 | N/A | 16.05 | 11.19 | 30% (+/-) | Yes |
| Other Services: Number of Users | N/A | 18,970 | N/A | 20,578 | N/A | 22,222 | N/A | 8.48 | 7.99 | 30% (+/-) | Yes |
| Other Services: Avg Medicaid Paid per User | N/A | \$14,235 | N/A | \$15,229 | N/A | \$15,681 | N/A | 6.99 | 2.96 | 30% (+/-) | Yes |
| Transportation: Total Medicaid Paid (MAX TOS = 26) | N/A | \$309,296 | N/A | \$342,506 | N/A | \$387,326 | N/A | 10.74 | 13.09 | 30% (+/-) | Yes |
| Transportation: Number of Users | N/A | 1,901 | N/A | 1,955 | N/A | 2,127 | N/A | 2.84 | 8.80 | 30% (+/-) | Yes |
| Transportation: Avg Medicaid Paid per User | N/A | \$163 | N/A | \$175 | N/A | \$182 | N/A | 7.68 | 3.94 | 30% (+/-) | Yes |
| Personal Care Services: Total Medicaid Paid (MAX TOS = 30) | N/A | \$120,767,744 | N/A | \$130,606,849 | N/A | \$150,766,757 | N/A | 8.15 | 15.44 | 30% (+/-) | Yes |
| Personal Care Services: Number of Users | N/A | 10,134 | N/A | 10,501 | N/A | 11,009 | N/A | 3.62 | 4.84 | 30% (+/-) | Yes |
| Personal Care Services: Avg Medicaid Paid per User | N/A | \$11,917 | N/A | \$12,438 | N/A | \$13,695 | N/A | 4.37 | 10.11 | 30% (+/-) | Yes |
| Targeted Case Management: Total Medicaid Paid (MAX TOS = 31) | N/A | \$1,183,130 | N/A | \$1,561,386 | N/A | \$1,823,548 | N/A | 31.97 | 16.79 | 30% (+/-) | Yes |
| Targeted Case Management: Number of Users | N/A | 3,546 | N/A | 3,999 | N/A | 5,194 | N/A | 12.77 | 29.88 | 30% (+/-) | Yes |
| Targeted Case Management: Avg Medicaid Paid per User | N/A | \$334 | N/A | \$390 | N/A | \$351 | N/A | 17.02 | -10.10 | 30% (+/-) | Yes |
| Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33) | N/A | \$13,531 | N/A | \$92,267 | N/A | \$84,608 | N/A | 581.90 | -8.30 | 30% (+/-) | Yes |
| Rehabilitation Services: Number of Users | N/A | 21 | N/A | 80 | N/A | 80 | N/A | 281.00 | 0.00 | 30% (+/-) | Yes |
| Rehabilitation Services: Avg Medicaid Paid per User | N/A | \$644 | N/A | \$1,153 | N/A | \$1,058 | N/A | 79.00 | -8.30 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34) | N/A | \$2,134 | N/A | \$1,289 | N/A | \$1,524 | N/A | -39.60 | 18.23 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Number of Users | N/A | 26 | N/A | 20 | N/A | 24 | N/A | -23.10 | 20.00 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Avg Medicaid Paid per User | N/A | \$82 | N/A | \$64 | N/A | \$64 | N/A | -21.50 | -1.47 | 30% (+/-) | Yes |
| Hospice: Total Medicaid Paid (MAX TOS = 35) | N/A | \$19,838,922 | N/A | \$23,001,132 | N/A | \$25,928,653 | N/A | 15.94 | 12.73 | 30% (+/-) | Yes |
| Hospice: Number of Users | N/A | 1,775 | N/A | 2,062 | N/A | 2,215 | N/A | 16.17 | 7.42 | 30% (+/-) | Yes |
| Hospice: Avg Medicaid Paid per User | N/A | \$11,177 | N/A | \$11,155 | N/A | \$11,706 | N/A | -0.20 | 4.94 | 30% (+/-) | Yes |
| Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37) | N/A | N/A | N/A | \$42,355 | N/A | \$58,206 | N/A | N/A | 37.42 | 30% (+/-) | No |
| Nurse Practitioner: Number of Users | N/A | N/A | N/A | 460 | N/A | 515 | N/A | N/A | 11.96 | 30% (+/-) | Yes |
| Nurse Practitioner: Avg Medicaid Paid per User | N/A | N/A | N/A | \$92 | N/A | \$113 | N/A | N/A | 22.75 | 30% (+/-) | Yes |
| Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38) | N/A | N/A | N/A | \$4,492,318 | N/A | \$6,018,963 | N/A | N/A | 33.98 | 30% (+/-) | No |
| Private Duty Nursing: Number of Users | N/A | N/A | N/A | 69 | N/A | 85 | N/A | N/A | 23.19 | 30% (+/-) | Yes |
| Private Duty Nursing: Avg Medicaid Paid per User | N/A | N/A | N/A | \$65,106 | N/A | \$70,811 | N/A | N/A | 8.76 | 30% (+/-) | Yes |
| Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51) | N/A | \$13,745,613 | N/A | \$15,278,340 | N/A | \$18,589,999 | N/A | 11.15 | 21.68 | 30% (+/-) | Yes |
| Durable Medical Equipment: Number of Users | N/A | 16,228 | N/A | 17,377 | N/A | 18,152 | N/A | 7.08 | 4.46 | 30% (+/-) | Yes |
| Durable Medical Equipment: Avg Medicaid Paid per User | N/A | \$847 | N/A | \$879 | N/A | \$1,024 | N/A | 3.80 | 16.48 | 30% (+/-) | Yes |
| Residential Care: Total Medicaid Paid (MAX TOS = 52) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Residential Care: Number of Users | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Residential Care: Avg Medicaid Paid per User | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Psych Services: Total Medicaid Paid (MAX TOS = 53) | N/A | \$54,045,726 | N/A | \$62,499,024 | N/A | \$73,218,657 | N/A | 15.64 | 17.15 | 30% (+/-) | Yes |
| Psych Services: Number of Users | N/A | 9,772 | N/A | 10,081 | N/A | 10,968 | N/A | 3.16 | 8.80 | 30% (+/-) | Yes |
| Psych Services: Avg Medicaid Paid per User | N/A | \$5,531 | N/A | \$6,200 | N/A | \$6,676 | N/A | 12.10 | 7.68 | 30% (+/-) | Yes |
| Adult Day Care: Total Medicaid Paid (MAX TOS = 54) | N/A | \$3,145,464 | N/A | \$3,772,051 | N/A | \$4,307,911 | N/A | 19.92 | 14.21 | 30% (+/-) | Yes |
| Adult Day Care: Number of Users | N/A | 525 | N/A | 614 | N/A | 628 | N/A | 16.95 | 2.28 | 30% (+/-) | Yes |
| Adult Day Care: Avg Medicaid Paid per User | N/A | \$5,991 | N/A | \$6,143 | N/A | \$6,860 | N/A | 2.54 | 11.66 | 30% (+/-) | Yes |
| AVERAGE FFS MEDICAID AMOUNT PAID PER FFS DUAL BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| Inpatient Hospital (MAX TOS = 01) | N/A | \$698 | N/A | \$742 | N/A | \$768 | N/A | 6.29 | 3.41 | 30% (+/-) | Yes |
| Aged | N/A | \$630 | N/A | \$677 | N/A | \$687 | N/A | 7.52 | 1.54 | 30% (+/-) | Yes |
| Disabled | N/A | \$794 | N/A | \$826 | N/A | \$866 | N/A | 3.95 | 4.85 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| ILTC (MAX TOS = 02,04,05,07) | N/A | \$6,876 | N/A | \$7,155 | N/A | \$7,307 | N/A | 4.05 | 2.13 | 30% (+/-) | Yes |
| Aged | N/A | \$8,549 | N/A | \$8,881 | N/A | \$9,220 | N/A | 3.89 | 3.81 | 30% (+/-) | Yes |
| Disabled | N/A | \$4,592 | N/A | \$4,882 | N/A | \$4,937 | N/A | 6.31 | 1.14 | 30% (+/-) | Yes |
| Drugs (MAX TOS = 16) | N/A | \$164 | N/A | \$151 | N/A | \$149 | N/A | -7.70 | -1.11 | 30% (+/-) | Yes |
| Aged | N/A | \$132 | N/A | \$118 | N/A | \$113 | N/A | -10.60 | -4.59 | 30% (+/-) | Yes |
| Disabled | N/A | \$201 | N/A | \$190 | N/A | \$190 | N/A | -5.45 | 0.29 | 30% (+/-) | Yes |
| All Other Services | N/A | \$4,610 | N/A | \$4,986 | N/A | \$5,566 | N/A | 8.17 | 11.62 | 30% (+/-) | Yes |
| Aged | N/A | \$2,634 | N/A | \$2,825 | N/A | \$3,260 | N/A | 7.29 | 15.37 | 30% (+/-) | Yes |
| Disabled | N/A | \$7,392 | N/A | \$7,930 | N/A | \$8,519 | N/A | 7.29 | 7.42 | 30% (+/-) | Yes |
| PERCENT OF FFS DUALS WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| % FFS Duals with IP Claims (MAX TOS = 01) | N/A | 57.25 | N/A | 57.98 | N/A | 58.29 | N/A | 1.28 | 0.53 | 30% (+/-) | Yes |
| Aged | N/A | 54.05 | N/A | 54.67 | N/A | 54.53 | N/A | 1.16 | -0.25 | 30% (+/-) | Yes |
| Disabled | N/A | 61.78 | N/A | 62.50 | N/A | 63.07 | N/A | 1.17 | 0.91 | 30% (+/-) | Yes |
| % FFS Duals with ILTC Claims (MAX TOS = 02,04,05,07) | N/A | 20.57 | N/A | 20.31 | N/A | 20.04 | N/A | -1.25 | -1.34 | 30% (+/-) | Yes |
| Aged | N/A | 29.89 | N/A | 29.88 | N/A | 29.97 | N/A | -0.04 | 0.30 | 30% (+/-) | Yes |
| Disabled | N/A | 7.71 | N/A | 7.57 | N/A | 7.61 | N/A | -1.77 | 0.51 | 30% (+/-) | Yes |
| % FFS Duals with Drug Claims (MAX TOS = 16) | N/A | 53.93 | N/A | 53.30 | N/A | 53.42 | N/A | -1.16 | 0.23 | 30% (+/-) | Yes |
| Aged | N/A | 55.76 | N/A | 55.00 | N/A | 54.95 | N/A | -1.36 | -0.10 | 30% (+/-) | Yes |
| Disabled | N/A | 51.36 | N/A | 50.97 | N/A | 51.49 | N/A | -0.74 | 1.02 | 30% (+/-) | Yes |
| % FFS Duals with All Other Claims | N/A | 85.58 | N/A | 85.78 | N/A | 86.86 | N/A | 0.23 | 1.26 | 30% (+/-) | Yes |
| Aged | N/A | 83.29 | N/A | 83.33 | N/A | 84.57 | N/A | 0.05 | 1.49 | 30% (+/-) | Yes |
| Disabled | N/A | 88.80 | N/A | 89.10 | N/A | 89.75 | N/A | 0.34 | 0.74 | 30% (+/-) | Yes |
| Avg # IP Days per FFS Dual User (MAX TOS = 01) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | -25.30 | 11.67 | 30% (+/-) | Yes |
| Aged | N/A | 0 | N/A | 0 | N/A | 0 | N/A | -44.90 | -17.60 | 30% (+/-) | Yes |
| Disabled | N/A | 0 | N/A | 0 | N/A | 0 | N/A | -18.10 | 17.87 | 30% (+/-) | Yes |
| Avg # ILTC Days per FFS Dual User (MAX TOS = 02, 04, 05, 07) | N/A | 250 | N/A | 248 | N/A | 249 | N/A | -0.79 | 0.27 | 30% (+/-) | Yes |
| Aged | N/A | 245 | N/A | 243 | N/A | 244 | N/A | -0.99 | 0.59 | 30% (+/-) | Yes |
| Disabled | N/A | 279 | N/A | 279 | N/A | 274 | N/A | -0.02 | -1.81 | 30% (+/-) | Yes |
| HIGH-COST FFS DUALS AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| Number of FFS Duals with FFS Medicaid Paid > \$1,000,000 | N/A | 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 | 11 | N/A | 67 | N/A | 299 | N/A | 570.00 | 346.30 | N/A | N/A |
| Drugs (MAX TOS = 16) > \$200,000 | N/A | 0 | N/A | 11 | N/A | 0 | N/A | Div by 0 | -100.00 | 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 | \$353,932 | N/A | \$274,731 | N/A | \$272,617 | N/A | -22.40 | -0.77 | N/A | N/A |
| Inpatient Hospital (MAX TOS = 01) | N/A | \$345,255 | N/A | \$230,311 | N/A | \$268,552 | N/A | -33.30 | 16.60 | N/A | N/A |
| ILTC (MAX TOS = 02,04,05,07) | N/A | \$202,070 | N/A | \$219,826 | N/A | \$251,156 | N/A | 8.79 | 14.25 | N/A | N/A |
| Drugs (MAX TOS = 16) | N/A | \$93,620 | N/A | \$235,409 | N/A | \$118,120 | N/A | 151.50 | -49.80 | N/A | N/A |
| All Other Services | N/A | \$183,288 | N/A | \$188,910 | N/A | \$180,083 | N/A | 3.07 | -4.67 | N/A | N/A |
| FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE | | | | | | | | | | | |
| FP: Total Medicaid Paid (PGM TYPE = 2) | N/A | \$110,411 | N/A | \$42,616 | N/A | \$20,656 | N/A | -61.40 | -51.50 | 30% (+/-) | No |
| FP: Number of Users | N/A | 247 | N/A | 212 | N/A | 250 | N/A | -14.20 | 17.92 | 30% (+/-) | Yes |
| FP: Avg Medicaid Paid per User | N/A | \$447 | N/A | \$201 | N/A | \$83 | N/A | -55.00 | -58.90 | 30% (+/-) | No |
| RHC: Total Medicaid Paid (PGM TYPE = 3) | N/A | \$428,591 | N/A | \$122,934 | N/A | \$83,796 | N/A | -71.30 | -31.80 | 30% (+/-) | No |
| RHC: Number of Users | N/A | 3,994 | N/A | 1,166 | N/A | 729 | N/A | -70.80 | -37.50 | 30% (+/-) | No |
| RHC: Avg Medicaid Paid per User | N/A | \$107 | N/A | \$105 | N/A | \$115 | N/A | -1.75 | 9.02 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| FQHC: Total Medicaid Paid (PGM TYPE = 4) | N/A | \$166,322 | N/A | \$177,211 | N/A | \$195,509 | N/A | 6.55 | 10.33 | 30% (+/-) | Yes |
| FQHC: Number of Users | N/A | 2,296 | N/A | 2,354 | N/A | 2,569 | N/A | 2.53 | 9.13 | 30% (+/-) | Yes |
| FQHC: Avg Medicaid Paid per User | N/A | \$72 | N/A | \$75 | N/A | \$76 | N/A | 3.92 | 1.09 | 30% (+/-) | Yes |
| IHS: Total Medicaid Paid (PGM TYPE = 5) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| IHS: Number of Users | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| IHS: Avg Medicaid Paid per User | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7) | N/A | \$450,435,829 | N/A | \$498,063,614 | N/A | \$563,335,718 | N/A | 10.57 | 13.11 | 30% (+/-) | Yes |
| Section 1915(c) Waiver: Number of Users | N/A | 26,182 | N/A | 27,977 | N/A | 29,549 | N/A | 6.86 | 5.62 | 30% (+/-) | Yes |
| Section 1915(c) Waiver: Avg Medicaid Paid per User | N/A | \$17,204 | N/A | \$17,803 | N/A | \$19,064 | N/A | 3.48 | 7.09 | 30% (+/-) | Yes |
| FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS | | | | | | | | | | | |
| Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20) | N/A | \$450,515,545 | N/A | \$498,037,708 | N/A | \$563,347,149 | N/A | 10.55 | 13.11 | 30% (+/-) | Yes |
| Number of Dual CLTC Users (Excludes CLTC FLAG = 16-20) | N/A | 25,768 | N/A | 27,453 | N/A | 29,118 | N/A | 6.54 | 6.07 | 30% (+/-) | Yes |
| Avg FFS CLTC Medicaid Paid per Dual User (Excludes CLTC FLAG = 16-20) | N/A | \$17,484 | N/A | \$18,141 | N/A | \$19,347 | N/A | 3.76 | 6.65 | 30% (+/-) | Yes |
| Aged | N/A | \$9,524 | N/A | \$9,745 | N/A | \$10,740 | N/A | 2.33 | 10.21 | 30% (+/-) | Yes |
| Disabled | N/A | \$31,454 | N/A | \$32,887 | N/A | \$33,924 | N/A | 4.56 | 3.15 | 30% (+/-) | Yes |
| % FFS Dual Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20) | N/A | 21.71 | N/A | 22.84 | N/A | 24.00 | N/A | 5.20 | 5.07 | 30% (+/-) | Yes |
| Aged | N/A | 23.80 | N/A | 25.42 | N/A | 27.07 | N/A | 6.81 | 6.48 | 30% (+/-) | Yes |
| Disabled | N/A | 18.95 | N/A | 19.54 | N/A | 20.28 | N/A | 3.13 | 3.79 | 30% (+/-) | Yes |
| Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | \$450,222,189 | N/A | \$497,815,124 | N/A | \$563,080,178 | N/A | 10.57 | 13.11 | 30% (+/-) | Yes |
| # Dual CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | 25,646 | N/A | 27,344 | N/A | 28,978 | N/A | 6.62 | 5.98 | 30% (+/-) | Yes |
| Avg CLTC Medicaid Paid per Dual User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | \$17,555 | N/A | \$18,206 | N/A | \$19,431 | N/A | 3.71 | 6.73 | 30% (+/-) | Yes |
| Aged | N/A | \$9,538 | N/A | \$9,762 | N/A | \$10,759 | N/A | 2.35 | 10.21 | 30% (+/-) | Yes |
| Disabled | N/A | \$31,719 | N/A | \$33,103 | N/A | \$34,216 | N/A | 4.36 | 3.36 | 30% (+/-) | Yes |
| % FFS Dual Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | 21.61 | N/A | 22.75 | N/A | 23.89 | N/A | 5.28 | 4.99 | 30% (+/-) | Yes |
| Aged | N/A | 23.75 | N/A | 25.36 | N/A | 27.01 | N/A | 6.81 | 6.49 | 30% (+/-) | Yes |
| Disabled | N/A | 18.78 | N/A | 19.41 | N/A | 20.10 | N/A | 3.35 | 3.57 | 30% (+/-) | Yes |
| FFS INFORMATION FOR TOTAL MEDICAID ENROLLEES (excludes people ever enrolled in HMO/HIOs or PACE, with missing eligibility information, S-CHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC Coverage) ---- NOTE: S-CHIP only, FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003. PACE enrollees were not excluded prior to 2007. | | | | | | | | | | | |
| Total FFS Enrollees | N/A | 299,979 | N/A | 308,846 | N/A | 315,977 | N/A | 2.96 | 2.31 | 30% (+/-) | Yes |
| # FFS Recipients | N/A | 248,923 | N/A | 256,861 | N/A | 265,938 | N/A | 3.19 | 3.53 | 30% (+/-) | Yes |
| % FFS Enrollees Who Are Recipients | 65-90% | 82.98 | Yes | 83.17 | Yes | 84.16 | Yes | 0.23 | 1.20 | 30% (+/-) | Yes |
| % Aged Who Are Recipients | 90-100% | 92.12 | Yes | 92.20 | Yes | 92.85 | Yes | 0.08 | 0.71 | 30% (+/-) | Yes |
| % Disabled Who Are Recipients | 85-100% | 91.69 | Yes | 91.77 | Yes | 92.41 | Yes | 0.09 | 0.70 | 30% (+/-) | Yes |
| % Child Who Are Recipients | 80-100% | 73.28 | No | 73.60 | No | 75.60 | No | 0.43 | 2.72 | 30% (+/-) | Yes |
| % Adults Who Are Recipients | 80-100% | 73.92 | No | 75.12 | No | 75.27 | No | 1.63 | 0.20 | 30% (+/-) | Yes |
| Total FFS Person-Years of Enrollment | N/A | 229,306 | N/A | 233,092 | N/A | 237,900 | N/A | 1.65 | 2.06 | 30% (+/-) | Yes |
| Aged Total | N/A | 71,127 | N/A | 71,028 | N/A | 69,542 | N/A | -0.14 | -2.09 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | 32,012 | N/A | 31,219 | N/A | 29,953 | N/A | -2.48 | -4.06 | 30% (+/-) | Yes |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | 2,958 | N/A | 2,932 | N/A | 2,826 | N/A | -0.88 | -3.62 | 30% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | 10,233 | N/A | 10,393 | N/A | 10,150 | N/A | 1.56 | -2.34 | 30% (+/-) | Yes |
| Other Aged (MAX ELIG CD = 41) | N/A | 25,924 | N/A | 26,484 | N/A | 26,613 | N/A | 2.16 | 0.49 | 30% (+/-) | Yes |
| 1115 Aged (MAX ELIG CD = 51) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Disabled Total | N/A | 84,285 | N/A | 87,151 | N/A | 90,295 | N/A | 3.40 | 3.61 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Disabled, Cash (MAX ELIG CD = 12) | N/A | 55,316 | N/A | 56,399 | N/A | 56,934 | N/A | 1.96 | 0.95 | 30% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | 5,126 | N/A | 5,482 | N/A | 6,501 | N/A | 6.95 | 18.59 | 30% (+/-) | Yes |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | 12,093 | N/A | 12,697 | N/A | 13,438 | N/A | 5.00 | 5.84 | 30% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | 11,750 | N/A | 12,573 | N/A | 13,422 | N/A | 7.00 | 6.75 | 30% (+/-) | Yes |
| 1115 Disabled (MAX ELIG CD = 52) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Child Total | N/A | 116,708 | N/A | 117,522 | N/A | 119,340 | N/A | 0.70 | 1.55 | 30% (+/-) | Yes |
| AFDC Child, Cash (MAX ELIG CD = 14) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Child, Cash (MAX ELIG CD = 16) | N/A | 42 | N/A | 25 | N/A | 35 | N/A | -40.50 | 40.00 | 30% (+/-) | No |
| AFDC Child, Medically Needy (MAX ELIG CD = 24) | N/A | 111 | N/A | 101 | N/A | 80 | N/A | -9.01 | -20.80 | 30% (+/-) | Yes |
| Child Poverty (MAX ELIG CD = 34) | N/A | 94,034 | N/A | 95,721 | N/A | 98,906 | N/A | 1.79 | 3.33 | 30% (+/-) | Yes |
| Other Child (MAX ELIG CD = 44) | N/A | 7,639 | N/A | 7,463 | N/A | 6,880 | N/A | -2.30 | -7.81 | 30% (+/-) | Yes |
| Foster Care Child (MAX ELIG CD = 48) | N/A | 14,882 | N/A | 14,212 | N/A | 13,439 | N/A | -4.50 | -5.44 | 30% (+/-) | Yes |
| 1115 Child (MAX ELIG CD = 54) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Adult Total | N/A | 27,859 | N/A | 33,145 | N/A | 36,800 | N/A | 18.97 | 11.03 | 30% (+/-) | Yes |
| AFDC Adult, Cash (MAX ELIG CD = 15) | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Adult, Cash (MAX ELIG CD = 17) | N/A | 2,434 | N/A | 2,710 | N/A | 3,354 | N/A | 11.34 | 23.76 | 30% (+/-) | Yes |
| AFDC Adult, Medically Needy (MAX ELIG CD = 25) | N/A | 38 | N/A | 40 | N/A | 20 | N/A | 5.26 | -50.00 | 30% (+/-) | No |
| Adult, Poverty (MAX ELIG CD = 35) | N/A | 9,295 | N/A | 11,376 | N/A | 11,645 | N/A | 22.39 | 2.37 | 30% (+/-) | Yes |
| Other Adult (MAX ELIG CD = 45) | N/A | 16,092 | N/A | 18,735 | N/A | 21,499 | N/A | 16.42 | 14.75 | 30% (+/-) | Yes |
| 1115 Adult (MAX ELIG CD = 55) | N/A | 0 | N/A | 284 | N/A | 282 | N/A | Div by 0 | -0.70 | 30% (+/-) | Yes |
| Total FFS Medicaid Paid | N/A | \$2,637,294,824 | N/A | \$2,863,862,914 | N/A | \$3,066,818,352 | N/A | 8.59 | 7.09 | 30% (+/-) | Yes |
| Avg FFS Medicaid Paid per FFS Enrollee | N/A | \$8,792 | N/A | \$9,273 | N/A | \$9,706 | N/A | 5.47 | 4.67 | 30% (+/-) | Yes |
| Avg FFS Medicaid Paid per FFS Recipient (User of Any Service) | N/A | \$10,595 | N/A | \$11,149 | N/A | \$11,532 | N/A | 5.24 | 3.43 | 30% (+/-) | Yes |
| Total Capitation Payments | N/A | \$2,428,648 | N/A | \$2,398,378 | N/A | \$2,309,368 | N/A | -1.25 | -3.71 | 30% (+/-) | Yes |
| # Enrollees with HMO/HIO Payments but No Enrollment in HMO/HIO or PACE | 0 | 526 | No | 529 | No | 382 | No | 0.57 | -27.80 | 30% (+/-) | Yes |
| Total HMO/HIO Payments (Among People not Enrolled) | N/A | \$575,298 | N/A | \$584,270 | N/A | \$525,489 | N/A | 1.56 | -10.10 | 30% (+/-) | Yes |
| Avg HMO/HIO Payments (Among People not Enrolled) | N/A | N/A | N/A | \$1,104 | N/A | \$1,376 | N/A | N/A | 24.55 | 30% (+/-) | Yes |
| AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY MAX ELIGIBILITY GROUP | | | | | | | | | | | |
| Aged | N/A | \$12,072 | N/A | \$12,623 | N/A | \$13,447 | N/A | 4.57 | 6.53 | 30% (+/-) | Yes |
| Aged, Cash (MAX ELIG CD = 11) | N/A | \$5,406 | N/A | \$5,682 | N/A | \$6,096 | N/A | 5.12 | 7.29 | 30% (+/-) | Yes |
| Aged, Medically Needy (MAX ELIG CD = 21) | N/A | \$9,660 | N/A | \$10,463 | N/A | \$11,294 | N/A | 8.31 | 7.94 | 30% (+/-) | Yes |
| Aged, Poverty (MAX ELIG CD = 31) | N/A | \$1,655 | N/A | \$1,689 | N/A | \$1,915 | N/A | 2.02 | 13.43 | 30% (+/-) | Yes |
| Other Aged (MAX ELIG CD = 41) | N/A | \$24,691 | N/A | \$25,335 | N/A | \$26,346 | N/A | 2.61 | 3.99 | 30% (+/-) | 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 | 30% (+/-) | N/A |
| Disabled | N/A | \$16,848 | N/A | \$17,888 | N/A | \$18,751 | N/A | 6.17 | 4.83 | 30% (+/-) | Yes |
| Disabled, Cash (MAX ELIG CD = 12) | N/A | \$14,302 | N/A | \$15,022 | N/A | \$15,498 | N/A | 5.04 | 3.17 | 30% (+/-) | Yes |
| Disabled, Medically Needy (MAX ELIG CD = 22) | N/A | \$16,403 | N/A | \$19,015 | N/A | \$20,966 | N/A | 15.92 | 10.26 | 30% (+/-) | Yes |
| Disabled, Poverty (MAX ELIG CD = 32, 3A) | N/A | \$4,071 | N/A | \$4,357 | N/A | \$5,045 | N/A | 7.04 | 15.78 | 30% (+/-) | Yes |
| Other Disabled (MAX ELIG CD = 42) | N/A | \$42,178 | N/A | \$43,916 | N/A | \$45,201 | N/A | 4.12 | 2.93 | 30% (+/-) | Yes |
| 1115 Disabled (MAX ELIG CD = 52) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Child | N/A | \$2,529 | N/A | \$2,807 | N/A | \$2,943 | N/A | 10.99 | 4.83 | 30% (+/-) | Yes |
| AFDC Child, Cash (MAX ELIG CD = 14) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Child, Cash (MAX ELIG CD = 16) | N/A | \$1,262 | N/A | \$1,491 | N/A | \$881 | N/A | 18.12 | -40.90 | 30% (+/-) | No |
| AFDC Child, Medically Needy (MAX ELIG CD = 24) | N/A | \$6,380 | N/A | \$7,254 | N/A | \$17,473 | N/A | 13.70 | 140.90 | 30% (+/-) | No |
| Child Poverty (MAX ELIG CD = 34) | N/A | \$1,454 | N/A | \$1,732 | N/A | \$1,992 | N/A | 19.16 | 14.96 | 30% (+/-) | Yes |
| Other Child (MAX ELIG CD = 44) | N/A | \$3,690 | N/A | \$3,953 | N/A | \$4,255 | N/A | 7.14 | 7.63 | 30% (+/-) | Yes |
| Foster Care Child (MAX ELIG CD = 48) | N/A | \$8,703 | N/A | \$9,416 | N/A | \$9,192 | N/A | 8.19 | -2.37 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| 1115 Child (MAX ELIG CD = 54) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Adult | N/A | \$2,278 | N/A | \$2,366 | N/A | \$2,374 | N/A | 3.87 | 0.34 | 30% (+/-) | Yes |
| AFDC Adult, Cash (MAX ELIG CD = 15) | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| AFDC-U Adult, Cash (MAX ELIG CD = 17) | N/A | \$2,168 | N/A | \$1,997 | N/A | \$1,913 | N/A | -7.90 | -4.22 | 30% (+/-) | Yes |
| AFDC Adult, Medically Needy (MAX ELIG CD = 25) | N/A | \$2,867 | N/A | \$3,184 | N/A | \$2,303 | N/A | 11.06 | -27.70 | 30% (+/-) | Yes |
| Adult, Poverty (MAX ELIG CD = 35) | N/A | \$1,868 | N/A | \$2,092 | N/A | \$2,168 | N/A | 12.00 | 3.65 | 30% (+/-) | Yes |
| Other Adult (MAX ELIG CD = 45) | N/A | \$2,530 | N/A | \$2,580 | N/A | \$2,551 | N/A | 1.98 | -1.13 | 30% (+/-) | Yes |
| 1115 Adult (MAX ELIG CD = 55) | N/A | Div by 0 | N/A | \$2,633 | N/A | \$2,888 | N/A | Div by 0 | 9.70 | 30% (+/-) | Yes |
| FFS EXPENDITURES AND USERS BY MAX TYPE OF SERVICE | | | | | | | | | | | |
| IP: Total Medicaid Paid (MAX TOS = 01) | N/A | \$304,514,663 | N/A | \$334,952,173 | N/A | \$358,147,695 | N/A | 10.00 | 6.93 | 30% (+/-) | Yes |
| IP: Number of Users | N/A | 90,078 | N/A | 93,008 | N/A | 94,664 | N/A | 3.25 | 1.78 | 30% (+/-) | Yes |
| IP: Avg Medicaid Paid per User | N/A | \$3,381 | N/A | \$3,601 | N/A | \$3,783 | N/A | 6.53 | 5.06 | 30% (+/-) | Yes |
| IP: Avg Medicaid Covered Days Per User | N/A | 2 | N/A | 2 | N/A | 2 | N/A | -0.61 | 2.18 | 30% (+/-) | Yes |
| MH Aged: Total Medicaid Paid (MAX TOS = 02) | N/A | \$20,737,902 | N/A | \$21,097,370 | N/A | \$20,550,611 | N/A | 1.73 | -2.59 | 30% (+/-) | Yes |
| MH Aged: Number of Users | N/A | 763 | N/A | 784 | N/A | 729 | N/A | 2.75 | -7.02 | 30% (+/-) | Yes |
| MH Aged: Avg Medicaid Paid per User | N/A | \$27,179 | N/A | \$26,910 | N/A | \$28,190 | N/A | -0.99 | 4.76 | 30% (+/-) | Yes |
| IP Psych, Age < 21: Total Medicaid Paid (MAX TOS = 04) | N/A | \$2,864,728 | N/A | \$2,063,891 | N/A | \$2,158,977 | N/A | -28.00 | 4.61 | 30% (+/-) | Yes |
| IP Psych, Age < 21: Number of Users | N/A | 449 | N/A | 383 | N/A | 391 | N/A | -14.70 | 2.09 | 30% (+/-) | Yes |
| IP Psych, Age < 21: Avg Medicaid Paid per User | N/A | \$6,380 | N/A | \$5,389 | N/A | \$5,522 | N/A | -15.50 | 2.47 | 30% (+/-) | Yes |
| ICF/MR: Total Medicaid Paid (MAX TOS = 05) | N/A | \$241,437,710 | N/A | \$262,809,105 | N/A | \$268,305,350 | N/A | 8.85 | 2.09 | 30% (+/-) | Yes |
| ICF/MR: Number of Users | N/A | 1,852 | N/A | 1,783 | N/A | 1,736 | N/A | -3.73 | -2.64 | 30% (+/-) | Yes |
| ICF/MR: Avg Medicaid Paid per User | N/A | \$130,366 | N/A | \$147,397 | N/A | \$154,554 | N/A | 13.06 | 4.86 | 30% (+/-) | Yes |
| NF: Total Medicaid Paid (MAX TOS = 07) | N/A | \$720,059,833 | N/A | \$761,485,562 | N/A | \$790,652,070 | N/A | 5.75 | 3.83 | 30% (+/-) | Yes |
| NF: Number of Users | N/A | 25,275 | N/A | 25,475 | N/A | 25,679 | N/A | 0.79 | 0.80 | 30% (+/-) | Yes |
| NF:Avg Medicaid Paid per User | N/A | \$28,489 | N/A | \$29,891 | N/A | \$30,790 | N/A | 4.92 | 3.01 | 30% (+/-) | Yes |
| Physician: Total Medicaid Paid (MAX TOS = 08) | N/A | \$99,942,281 | N/A | \$107,380,513 | N/A | \$114,296,200 | N/A | 7.44 | 6.44 | 30% (+/-) | Yes |
| Physician: Number of Users | N/A | 203,493 | N/A | 208,252 | N/A | 216,630 | N/A | 2.34 | 4.02 | 30% (+/-) | Yes |
| Physician: Avg Medicaid Paid per User | N/A | \$491 | N/A | \$516 | N/A | \$528 | N/A | 4.99 | 2.32 | 30% (+/-) | Yes |
| Dental: Total Medicaid Paid (MAX TOS = 09) | N/A | \$12,750,345 | N/A | \$20,142,960 | N/A | \$24,447,367 | N/A | 57.98 | 21.37 | 30% (+/-) | Yes |
| Dental: Number of Users | N/A | 33,026 | N/A | 45,929 | N/A | 53,482 | N/A | 39.07 | 16.44 | 30% (+/-) | Yes |
| Dental: Avg Medicaid Paid per User | N/A | \$386 | N/A | \$439 | N/A | \$457 | N/A | 13.60 | 4.23 | 30% (+/-) | Yes |
| Other Practitioner: Total Medicaid Paid (MAX TOS = 10) | N/A | \$2,047,152 | N/A | \$2,332,998 | N/A | \$2,583,455 | N/A | 13.96 | 10.74 | 30% (+/-) | Yes |
| Other Practitioner: Number of Users | N/A | 20,055 | N/A | 21,447 | N/A | 23,623 | N/A | 6.94 | 10.15 | 30% (+/-) | Yes |
| Other Practitioner: Avg Medicaid Paid per User | N/A | \$102 | N/A | \$109 | N/A | \$109 | N/A | 6.57 | 0.54 | 30% (+/-) | Yes |
| Outpatient: Total Medicaid Paid (MAX TOS = 11) | N/A | \$11,121,044 | N/A | \$63,927,587 | N/A | \$58,996,058 | N/A | 474.80 | -7.71 | 30% (+/-) | Yes |
| Outpatient: Number of Users | N/A | 7,963 | N/A | 68,697 | N/A | 65,481 | N/A | 762.70 | -4.68 | 30% (+/-) | Yes |
| Outpatient: Avg Medicaid Paid per User | N/A | \$1,397 | N/A | \$931 | N/A | \$901 | N/A | -33.40 | -3.18 | 30% (+/-) | Yes |
| Clinic: Total Medicaid Paid (MAX TOS = 12) | N/A | \$44,052,190 | N/A | \$26,636,968 | N/A | \$26,625,384 | N/A | -39.50 | -0.04 | 30% (+/-) | Yes |
| Clinic: Number of Users | N/A | 40,947 | N/A | 38,150 | N/A | 42,435 | N/A | -6.83 | 11.23 | 30% (+/-) | Yes |
| Clinic: Avg Medicaid Paid per User | N/A | \$1,076 | N/A | \$698 | N/A | \$627 | N/A | -35.10 | -10.10 | 30% (+/-) | Yes |
| Home Health: Total Medicaid Paid (MAX TOS = 13) | N/A | \$4,575,273 | N/A | \$5,226,986 | N/A | \$6,108,733 | N/A | 14.24 | 16.87 | 30% (+/-) | Yes |
| Home Health: Number of Users | N/A | 2,555 | N/A | 2,738 | N/A | 3,029 | N/A | 7.16 | 10.63 | 30% (+/-) | Yes |
| Home Health: Avg Medicaid Paid per User | N/A | \$1,791 | N/A | \$1,909 | N/A | \$2,017 | N/A | 6.61 | 5.64 | 30% (+/-) | Yes |
| Lab/Xray: Total Medicaid Paid (MAX TOS = 15) | N/A | \$80,346,121 | N/A | \$26,566,272 | N/A | \$39,721,829 | N/A | -66.90 | 49.52 | 30% (+/-) | No |
| Lab/Xray: Number of Users | N/A | 109,270 | N/A | 104,393 | N/A | 115,197 | N/A | -4.46 | 10.35 | 30% (+/-) | Yes |
| Lab/Xray:Avg Medicaid Paid per User | N/A | \$735 | N/A | \$254 | N/A | \$345 | N/A | -65.40 | 35.50 | 30% (+/-) | No |
| Drugs: Total Medicaid Paid (MAX TOS = 16) | N/A | \$196,413,257 | N/A | \$205,681,776 | N/A | \$205,328,463 | N/A | 4.72 | -0.17 | 30% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Drugs: Number of Users | N/A | 174,484 | N/A | 177,738 | N/A | 177,388 | N/A | 1.87 | -0.20 | 30% (+/-) | Yes |
| Drugs: Avg Medicaid Paid per User | N/A | \$1,126 | N/A | \$1,157 | N/A | \$1,158 | N/A | 2.80 | 0.03 | 30% (+/-) | Yes |
| Other Services: Total Medicaid Paid (MAX TOS = 19) | N/A | \$507,640,598 | N/A | \$570,049,685 | N/A | \$615,145,279 | N/A | 12.29 | 7.91 | 30% (+/-) | Yes |
| Other Services: Number of Users | N/A | 33,413 | N/A | 36,298 | N/A | 38,702 | N/A | 8.63 | 6.62 | 30% (+/-) | Yes |
| Other Services: Avg Medicaid Paid per User | N/A | \$15,193 | N/A | \$15,705 | N/A | \$15,894 | N/A | 3.37 | 1.21 | 30% (+/-) | Yes |
| Transportation: Total Medicaid Paid (MAX TOS = 26) | N/A | \$2,455,446 | N/A | \$2,829,703 | N/A | \$3,238,229 | N/A | 15.24 | 14.44 | 30% (+/-) | Yes |
| Transportation: Number of Users | N/A | 9,252 | N/A | 10,170 | N/A | 11,362 | N/A | 9.92 | 11.72 | 30% (+/-) | Yes |
| Transportation: Avg Medicaid Paid per User | N/A | \$265 | N/A | \$278 | N/A | \$285 | N/A | 4.84 | 2.43 | 30% (+/-) | Yes |
| Personal Care Services: Total Medicaid Paid (MAX TOS = 30) | N/A | \$145,661,896 | N/A | \$157,444,105 | N/A | \$180,194,201 | N/A | 8.09 | 14.45 | 30% (+/-) | Yes |
| Personal Care Services: Number of Users | N/A | 12,036 | N/A | 12,492 | N/A | 13,086 | N/A | 3.79 | 4.76 | 30% (+/-) | Yes |
| Personal Care Services: Avg Medicaid Paid per User | N/A | \$12,102 | N/A | \$12,604 | N/A | \$13,770 | N/A | 4.14 | 9.26 | 30% (+/-) | Yes |
| Targeted Case Management: Total Medicaid Paid (MAX TOS = 31) | N/A | \$2,575,542 | N/A | \$3,259,161 | N/A | \$3,826,313 | N/A | 26.54 | 17.40 | 30% (+/-) | Yes |
| Targeted Case Management: Number of Users | N/A | 5,839 | N/A | 7,045 | N/A | 9,079 | N/A | 20.65 | 28.87 | 30% (+/-) | Yes |
| Targeted Case Management: Avg Medicaid Paid per User | N/A | \$441 | N/A | \$463 | N/A | \$421 | N/A | 4.88 | -8.90 | 30% (+/-) | Yes |
| Rehabilitation Services: Total Medicaid Paid (MAX TOS = 33) | N/A | \$265,046 | N/A | \$4,666,099 | N/A | \$4,496,731 | N/A | 1,660.00 | -3.63 | 30% (+/-) | Yes |
| Rehabilitation Services: Number of Users | N/A | 309 | N/A | 2,596 | N/A | 2,838 | N/A | 740.10 | 9.32 | 30% (+/-) | Yes |
| Rehabilitation Services: Avg Medicaid Paid per User | N/A | \$858 | N/A | \$1,797 | N/A | \$1,584 | N/A | 109.50 | -11.80 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Total Medicaid Paid (MAX TOS = 34) | N/A | \$141,311 | N/A | \$133,900 | N/A | \$121,627 | N/A | -5.24 | -9.17 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Number of Users | N/A | 2,164 | N/A | 2,026 | N/A | 1,780 | N/A | -6.38 | -12.10 | 30% (+/-) | Yes |
| PT/OT/Speech/Hearing: Avg Medicaid Paid per User | N/A | \$65 | N/A | \$66 | N/A | \$68 | N/A | 1.21 | 3.39 | 30% (+/-) | Yes |
| Hospice: Total Medicaid Paid (MAX TOS = 35) | N/A | \$21,640,061 | N/A | \$29,082,828 | N/A | \$33,159,570 | N/A | 34.39 | 14.02 | 30% (+/-) | Yes |
| Hospice: Number of Users | N/A | 1,993 | N/A | 2,604 | N/A | 2,838 | N/A | 30.66 | 8.99 | 30% (+/-) | Yes |
| Hospice: Avg Medicaid Paid per User | N/A | \$10,858 | N/A | \$11,169 | N/A | \$11,684 | N/A | 2.86 | 4.62 | 30% (+/-) | Yes |
| Nurse Practitioner: Total Medicaid Paid (MAX TOS = 37) | N/A | N/A | N/A | \$1,571,629 | N/A | \$1,877,862 | N/A | N/A | 19.49 | 30% (+/-) | Yes |
| Nurse Practitioner: Number of Users | N/A | N/A | N/A | 12,105 | N/A | 14,285 | N/A | N/A | 18.01 | 30% (+/-) | Yes |
| Nurse Practitioner: Avg Medicaid Paid per User | N/A | N/A | N/A | \$130 | N/A | \$131 | N/A | N/A | 1.25 | 30% (+/-) | Yes |
| Private Duty Nursing: Total Medicaid Paid (MAX TOS = 38) | N/A | N/A | N/A | \$35,050,536 | N/A | \$42,049,331 | N/A | N/A | 19.97 | 30% (+/-) | Yes |
| Private Duty Nursing: Number of Users | N/A | N/A | N/A | 569 | N/A | 647 | N/A | N/A | 13.71 | 30% (+/-) | Yes |
| Private Duty Nursing: Avg Medicaid Paid per User | N/A | N/A | N/A | \$61,600 | N/A | \$64,991 | N/A | N/A | 5.51 | 30% (+/-) | Yes |
| Durable Medical Equipment: Total Medicaid Paid (MAX TOS = 51) | N/A | \$47,511,495 | N/A | \$52,359,915 | N/A | \$63,538,556 | N/A | 10.20 | 21.35 | 30% (+/-) | Yes |
| Durable Medical Equipment: Number of Users | N/A | 40,101 | N/A | 43,341 | N/A | 51,989 | N/A | 8.08 | 19.95 | 30% (+/-) | Yes |
| Durable Medical Equipment: Avg Medicaid Paid per User | N/A | \$1,185 | N/A | \$1,208 | N/A | \$1,222 | N/A | 1.97 | 1.16 | 30% (+/-) | Yes |
| Residential Care: Total Medicaid Paid (MAX TOS = 52) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Residential Care: Number of Users | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Residential Care: Avg Medicaid Paid per User | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Psych Services: Total Medicaid Paid (MAX TOS = 53) | N/A | \$129,064,750 | N/A | \$159,582,248 | N/A | \$193,482,507 | N/A | 23.65 | 21.24 | 30% (+/-) | Yes |
| Psych Services: Number of Users | N/A | 39,428 | N/A | 42,286 | N/A | 45,938 | N/A | 7.25 | 8.64 | 30% (+/-) | Yes |
| Psych Services: Avg Medicaid Paid per User | N/A | \$3,273 | N/A | \$3,774 | N/A | \$4,212 | N/A | 15.29 | 11.60 | 30% (+/-) | Yes |
| Adult Day Care: Total Medicaid Paid (MAX TOS = 54) | N/A | \$3,745,326 | N/A | \$4,413,099 | N/A | \$4,899,272 | N/A | 17.83 | 11.02 | 30% (+/-) | Yes |
| Adult Day Care: Number of Users | N/A | 614 | N/A | 703 | N/A | 710 | N/A | 14.50 | 1.00 | 30% (+/-) | Yes |
| Adult Day Care: Avg Medicaid Paid per User | N/A | \$6,100 | N/A | \$6,278 | N/A | \$6,900 | N/A | 2.91 | 9.92 | 30% (+/-) | Yes |
| AVERAGE FFS MEDICAID AMOUNT PAID PER FFS ENROLLEE BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| Inpatient Hospital (MAX TOS = 01) | N/A | \$1,015 | N/A | \$1,085 | N/A | \$1,133 | N/A | 6.84 | 4.51 | 30% (+/-) | Yes |
| Aged | N/A | \$699 | N/A | \$744 | N/A | \$760 | N/A | 6.44 | 2.10 | 30% (+/-) | Yes |
| Disabled | N/A | \$2,288 | N/A | \$2,443 | N/A | \$2,639 | N/A | 6.78 | 8.01 | 30% (+/-) | Yes |
| Child | N/A | \$365 | N/A | \$390 | N/A | \$350 | N/A | 6.85 | -10.20 | 30% (+/-) | Yes |
| Adult | N/A | \$692 | N/A | \$703 | N/A | \$685 | N/A | 1.48 | -2.54 | 30% (+/-) | Yes |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| ILTC (MAX TOS = 02,04,05,07) | N/A | \$3,284 | N/A | \$3,392 | N/A | \$3,423 | N/A | 3.28 | 0.94 | 30% (+/-) | Yes |
| Aged | N/A | \$8,534 | N/A | \$8,860 | N/A | \$9,229 | N/A | 3.81 | 4.17 | 30% (+/-) | Yes |
| Disabled | N/A | \$4,409 | N/A | \$4,692 | N/A | \$4,743 | N/A | 6.41 | 1.10 | 30% (+/-) | Yes |
| Child | N/A | \$53 | N/A | \$77 | N/A | \$94 | N/A | 46.18 | 21.45 | 30% (+/-) | Yes |
| Adult | N/A | \$10 | N/A | \$6 | N/A | \$9 | N/A | -37.10 | 47.81 | 30% (+/-) | No |
| Drugs (MAX TOS = 16) | N/A | \$655 | N/A | \$666 | N/A | \$650 | N/A | 1.71 | -2.42 | 30% (+/-) | Yes |
| Aged | N/A | \$175 | N/A | \$163 | N/A | \$160 | N/A | -6.44 | -2.14 | 30% (+/-) | Yes |
| Disabled | N/A | \$1,463 | N/A | \$1,493 | N/A | \$1,429 | N/A | 2.09 | -4.31 | 30% (+/-) | Yes |
| Child | N/A | \$422 | N/A | \$430 | N/A | \$416 | N/A | 1.82 | -3.23 | 30% (+/-) | Yes |
| Adult | N/A | \$413 | N/A | \$407 | N/A | \$424 | N/A | -1.39 | 4.23 | 30% (+/-) | Yes |
| All Other Services | N/A | \$3,838 | N/A | \$4,131 | N/A | \$4,499 | N/A | 7.63 | 8.92 | 30% (+/-) | Yes |
| Aged | N/A | \$2,663 | N/A | \$2,855 | N/A | \$3,297 | N/A | 7.21 | 15.47 | 30% (+/-) | Yes |
| Disabled | N/A | \$8,688 | N/A | \$9,260 | N/A | \$9,940 | N/A | 6.58 | 7.35 | 30% (+/-) | Yes |
| Child | N/A | \$1,689 | N/A | \$1,910 | N/A | \$2,083 | N/A | 13.08 | 9.04 | 30% (+/-) | Yes |
| Adult | N/A | \$1,163 | N/A | \$1,250 | N/A | \$1,256 | N/A | 7.51 | 0.46 | 30% (+/-) | Yes |
| PERCENT OF FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |
| % FFS Enrollees with IP Claims (MAX TOS = 01) | N/A | 30.03 | N/A | 30.11 | N/A | 29.96 | N/A | 0.29 | -0.52 | 30% (+/-) | Yes |
| Aged | N/A | 53.22 | N/A | 53.78 | N/A | 53.78 | N/A | 1.05 | 0.01 | 30% (+/-) | Yes |
| Disabled | N/A | 44.88 | N/A | 45.27 | N/A | 46.37 | N/A | 0.86 | 2.44 | 30% (+/-) | Yes |
| Child | N/A | 8.71 | N/A | 8.48 | N/A | 8.03 | N/A | -2.56 | -5.39 | 30% (+/-) | Yes |
| Adult | N/A | 15.19 | N/A | 16.26 | N/A | 15.79 | N/A | 7.01 | -2.86 | 30% (+/-) | Yes |
| % FFS Enrollees with ILTC Claims (MAX TOS = 02,04,05,07) | N/A | 9.24 | N/A | 8.99 | N/A | 8.83 | N/A | -2.66 | -1.79 | 30% (+/-) | Yes |
| Aged | N/A | 29.67 | N/A | 29.61 | N/A | 29.82 | N/A | -0.21 | 0.69 | 30% (+/-) | Yes |
| Disabled | N/A | 7.33 | N/A | 7.30 | N/A | 7.52 | N/A | -0.44 | 2.95 | 30% (+/-) | Yes |
| Child | N/A | 0.35 | N/A | 0.31 | N/A | 0.31 | N/A | -11.20 | -0.17 | 30% (+/-) | Yes |
| Adult | N/A | 0.07 | N/A | 0.05 | N/A | 0.05 | N/A | -37.00 | 8.08 | 30% (+/-) | Yes |
| % FFS Enrollees with Drug Claims (MAX TOS = 16) | N/A | 58.17 | N/A | 57.55 | N/A | 56.14 | N/A | -1.06 | -2.45 | 30% (+/-) | Yes |
| Aged | N/A | 55.87 | N/A | 54.99 | N/A | 55.14 | N/A | -1.58 | 0.26 | 30% (+/-) | Yes |
| Disabled | N/A | 62.93 | N/A | 62.51 | N/A | 62.38 | N/A | -0.68 | -0.20 | 30% (+/-) | Yes |
| Child | N/A | 56.89 | N/A | 55.89 | N/A | 52.31 | N/A | -1.76 | -6.39 | 30% (+/-) | Yes |
| Adult | N/A | 54.93 | N/A | 55.89 | N/A | 55.13 | N/A | 1.74 | -1.36 | 30% (+/-) | Yes |
| % FFS Enrollees with All Other Claims | N/A | 78.32 | N/A | 78.82 | N/A | 80.25 | N/A | 0.64 | 1.81 | 30% (+/-) | Yes |
| Aged | N/A | 82.86 | N/A | 82.77 | N/A | 84.19 | N/A | -0.11 | 1.71 | 30% (+/-) | Yes |
| Disabled | N/A | 88.66 | N/A | 88.81 | N/A | 89.67 | N/A | 0.17 | 0.97 | 30% (+/-) | Yes |
| Child | N/A | 70.09 | N/A | 71.18 | N/A | 73.59 | N/A | 1.56 | 3.38 | 30% (+/-) | Yes |
| Adult | N/A | 69.90 | N/A | 71.16 | N/A | 71.25 | N/A | 1.81 | 0.13 | 30% (+/-) | Yes |
| Avg # IP Days per FFS User | N/A | 2 | N/A | 2 | N/A | 2 | N/A | -0.61 | 2.18 | 30% (+/-) | Yes |
| Aged | N/A | 0 | N/A | 0 | N/A | 0 | N/A | -22.40 | -8.53 | 30% (+/-) | Yes |
| Disabled | N/A | 3 | N/A | 3 | N/A | 3 | N/A | -2.48 | 0.80 | 30% (+/-) | Yes |
| Child | N/A | 4 | N/A | 4 | N/A | 4 | N/A | 3.54 | -0.46 | 30% (+/-) | Yes |
| Adult | N/A | 4 | N/A | 4 | N/A | 4 | N/A | -3.54 | 2.59 | 30% (+/-) | Yes |
| Avg # ILTC Days per FFS User | N/A | 245 | N/A | 244 | N/A | 243 | N/A | -0.65 | -0.36 | 30% (+/-) | Yes |
| Aged | N/A | 245 | N/A | 243 | N/A | 244 | N/A | -0.95 | 0.57 | 30% (+/-) | Yes |
| Disabled | N/A | 260 | N/A | 258 | N/A | 249 | N/A | -0.73 | -3.45 | 30% (+/-) | Yes |
| Child | N/A | 29 | N/A | 40 | N/A | 46 | N/A | 38.61 | 14.09 | 30% (+/-) | Yes |
| Adult | N/A | 20 | N/A | 26 | N/A | 36 | N/A | 29.62 | 40.84 | 30% (+/-) | No |
| HIGH-COST FFS ENROLLEES AND EXPENDITURES BY SELECTED MAX TYPE OF SERVICE | | | | | | | | | | | |

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

2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|--|----------------|---------------|-------------------------|---------------|-------------------------|---------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Number of FFS Enrollees with FFS Medicaid Paid > \$1,000,000 | N/A | 0 | N/A | 11 | N/A | 11 | N/A | Div by 0 | 0.00 | N/A | N/A |
| Number of FFS Enrollees with FFS Medicaid Paid > \$500,000 | N/A | 11 | N/A | 18 | N/A | 18 | N/A | 63.64 | 0.00 | N/A | N/A |
| Inpatient Hospital (MAX TOS = 01) > \$500,000 | N/A | 11 | N/A | 11 | N/A | 11 | N/A | 60.00 | -37.50 | N/A | N/A |
| ILTC (MAX TOS = 02,04,05,07) > \$200,000 | N/A | 106 | N/A | 252 | N/A | 497 | N/A | 137.70 | 97.22 | N/A | N/A |
| Drugs (MAX TOS = 16) > \$200,000 | N/A | 11 | N/A | 12 | N/A | 11 | N/A | 50.00 | -8.33 | N/A | N/A |
| All Other Services > \$200,000 | N/A | 11 | N/A | 12 | N/A | 23 | N/A | 20.00 | 91.67 | N/A | N/A |
| Maximum FFS Medicaid Paid | N/A | \$937,227 | N/A | \$1,172,570 | N/A | \$1,136,340 | N/A | 25.11 | -3.09 | N/A | N/A |
| Inpatient Hospital (MAX TOS = 01) | N/A | \$773,963 | N/A | \$953,782 | N/A | \$936,355 | N/A | 23.23 | -1.83 | N/A | N/A |
| ILTC (MAX TOS = 02,04,05,07) | N/A | \$273,762 | N/A | \$677,163 | N/A | \$768,449 | N/A | 147.40 | 13.48 | N/A | N/A |
| Drugs (MAX TOS = 16) | N/A | \$819,377 | N/A | \$1,073,549 | N/A | \$1,134,275 | N/A | 31.02 | 5.66 | N/A | N/A |
| All Other Services | N/A | \$228,617 | N/A | \$231,069 | N/A | \$287,205 | N/A | 1.07 | 24.29 | N/A | N/A |
| FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE | | | | | | | | | | | |
| FP: Total Medicaid Paid (PGM TYPE = 2) | N/A | \$1,839,837 | N/A | \$2,125,880 | N/A | \$2,309,763 | N/A | 15.55 | 8.65 | 30% (+/-) | Yes |
| FP: Number of Users | N/A | 8,078 | N/A | 8,809 | N/A | 9,521 | N/A | 9.05 | 8.08 | 30% (+/-) | Yes |
| FP: Avg Medicaid Paid per User | N/A | \$228 | N/A | \$241 | N/A | \$243 | N/A | 5.96 | 0.52 | 30% (+/-) | Yes |
| RHC: Total Medicaid Paid (PGM TYPE = 3) | N/A | \$4,524,318 | N/A | \$4,557,646 | N/A | \$4,932,039 | N/A | 0.74 | 8.22 | 30% (+/-) | Yes |
| RHC: Number of Users | N/A | 16,779 | N/A | 15,075 | N/A | 15,320 | N/A | -10.20 | 1.63 | 30% (+/-) | Yes |
| RHC: Avg Medicaid Paid per User | N/A | \$270 | N/A | \$302 | N/A | \$322 | N/A | 12.12 | 6.48 | 30% (+/-) | Yes |
| FQHC: Total Medicaid Paid (PGM TYPE = 4) | N/A | \$2,570,924 | N/A | \$2,725,252 | N/A | \$3,440,720 | N/A | 6.00 | 26.25 | 30% (+/-) | Yes |
| FQHC: Number of Users | N/A | 10,397 | N/A | 10,921 | N/A | 13,076 | N/A | 5.04 | 19.73 | 30% (+/-) | Yes |
| FQHC: Avg Medicaid Paid per User | N/A | \$247 | N/A | \$250 | N/A | \$263 | N/A | 0.92 | 5.45 | 30% (+/-) | Yes |
| IHS: Total Medicaid Paid (PGM TYPE = 5) | N/A | \$0 | N/A | \$0 | N/A | \$0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| IHS: Number of Users | N/A | 0 | N/A | 0 | N/A | 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| IHS: Avg Medicaid Paid per User | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | N/A | Div by 0 | Div by 0 | 30% (+/-) | N/A |
| Section 1915(c) Waiver: Total Medicaid Paid (PGM TYPE = 6,7) | N/A | \$728,478,936 | N/A | \$805,739,904 | N/A | \$902,044,475 | N/A | 10.61 | 11.95 | 30% (+/-) | Yes |
| Section 1915(c) Waiver: Number of Users | N/A | 36,484 | N/A | 39,335 | N/A | 42,393 | N/A | 7.81 | 7.77 | 30% (+/-) | Yes |
| Section 1915(c) Waiver: Avg Medicaid Paid per User | N/A | \$19,967 | N/A | \$20,484 | N/A | \$21,278 | N/A | 2.59 | 3.88 | 30% (+/-) | Yes |
| FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS | | | | | | | | | | | |
| Total FFS CLTC Medicaid Paid (Excludes CLTC FLAG = 16-20) | N/A | \$731,417,232 | N/A | \$809,344,032 | N/A | \$906,329,530 | N/A | 10.65 | 11.98 | 30% (+/-) | Yes |
| Number of CLTC Users (Excludes CLTC FLAG = 16-20) | N/A | 37,306 | N/A | 40,073 | N/A | 43,382 | N/A | 7.42 | 8.26 | 30% (+/-) | Yes |
| Avg FFS CLTC Medicaid Paid per User (Excludes CLTC FLAG = 16-20) | N/A | \$19,606 | N/A | \$20,197 | N/A | \$20,892 | N/A | 3.01 | 3.44 | 30% (+/-) | Yes |
| Aged | N/A | \$9,533 | N/A | \$9,785 | N/A | \$10,758 | N/A | 2.65 | 9.95 | 30% (+/-) | Yes |
| Disabled | N/A | \$28,970 | N/A | \$30,041 | N/A | \$30,892 | N/A | 3.70 | 2.83 | 30% (+/-) | Yes |
| Child | N/A | \$18,585 | N/A | \$16,414 | N/A | \$13,546 | N/A | -11.70 | -17.50 | 30% (+/-) | Yes |
| Adult | N/A | \$2,346 | N/A | \$2,783 | N/A | \$2,873 | N/A | 18.64 | 3.23 | 30% (+/-) | Yes |
| % FFS Enrollees with CLTC Claims (Excludes CLTC FLAG = 16-20) | N/A | 12.44 | N/A | 12.98 | N/A | 13.73 | N/A | 4.33 | 5.81 | 30% (+/-) | Yes |
| Aged | N/A | 23.94 | N/A | 25.46 | N/A | 27.19 | N/A | 6.37 | 6.80 | 30% (+/-) | Yes |
| Disabled | N/A | 22.49 | N/A | 23.20 | N/A | 23.95 | N/A | 3.16 | 3.26 | 30% (+/-) | Yes |
| Child | N/A | 0.89 | N/A | 1.26 | N/A | 2.08 | N/A | 40.50 | 65.88 | 30% (+/-) | No |
| Adult | N/A | 1.02 | N/A | 0.89 | N/A | 0.96 | N/A | -13.00 | 8.45 | 30% (+/-) | Yes |
| Total FFS CLTC Medicaid Paid (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | \$728,224,467 | N/A | \$805,436,305 | N/A | \$901,742,787 | N/A | 10.60 | 11.96 | 30% (+/-) | Yes |
| Number of CLTC Users (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | 35,944 | N/A | 38,692 | N/A | 41,817 | N/A | 7.65 | 8.08 | 30% (+/-) | Yes |
| Avg FFS CLTC Medicaid Paid per User (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | \$20,260 | N/A | \$20,817 | N/A | \$21,564 | N/A | 2.75 | 3.59 | 30% (+/-) | Yes |
| Aged | N/A | \$9,560 | N/A | \$9,812 | N/A | \$10,789 | N/A | 2.64 | 9.96 | 30% (+/-) | Yes |
| Disabled | N/A | \$30,338 | N/A | \$31,386 | N/A | \$32,407 | N/A | 3.46 | 3.25 | 30% (+/-) | Yes |

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2007-2009 MAX PSF VALIDATION TABLE
STATE: VA

| Measure | Expected Range | 2007 Value | 2007 Value Within Range | 2008 Value | 2008 Value Within Range | 2009 Value | 2009 Value Within Range | % Change 2007 - 2008 | % Change 2008 - 2009 | Cross Year Expected Range | Cross Year Within Range |
|---|----------------|------------|-------------------------|------------|-------------------------|------------|-------------------------|----------------------|----------------------|---------------------------|-------------------------|
| Child | N/A | \$22,880 | N/A | \$19,012 | N/A | \$14,512 | N/A | -16.90 | -23.70 | 30% (+/-) | Yes |
| Adult | N/A | \$3,811 | N/A | \$4,023 | N/A | \$4,273 | N/A | 5.56 | 6.23 | 30% (+/-) | Yes |
| % FFS Enrollees with CLTC Claims (Section 1915(c) Claims Only - Excludes CLTC FLAG = 11-20) | N/A | 11.98 | N/A | 12.53 | N/A | 13.23 | N/A | 4.56 | 5.64 | 30% (+/-) | Yes |
| Aged | N/A | 23.84 | N/A | 25.37 | N/A | 27.10 | N/A | 6.42 | 6.80 | 30% (+/-) | Yes |
| Disabled | N/A | 21.38 | N/A | 22.09 | N/A | 22.72 | N/A | 3.32 | 2.84 | 30% (+/-) | Yes |
| Child | N/A | 0.71 | N/A | 1.06 | N/A | 1.90 | N/A | 49.86 | 79.16 | 30% (+/-) | No |
| Adult | N/A | 0.50 | N/A | 0.52 | N/A | 0.53 | N/A | 3.86 | 2.04 | 30% (+/-) | Yes |

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