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2003-2005 MAX IP VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
All IP Claims										
Total Number of Claims	N/A	49,844	N/A	45,698	N/A	42,610	N/A	-8.32	-6.76	Yes
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	49,844	N/A	45,698	N/A	42,610	N/A	-8.32	-6.76	Yes
% Crossover	5-20	9.75	Yes	9.63	Yes	10.24	Yes	-1.14	6.32	Yes
% Adjusted Claims	N/A	1.37	N/A	6.42	N/A	3.67	N/A	369.60	-42.80	No
% Standard Adjustments	> 1%	94.72	Yes	80.31	Yes	79.68	Yes	-15.20	-0.79	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$5,019	N/A	\$8,392	N/A	\$5,919	N/A	67.21	-29.50	No
Total number of claims with missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	80	N/A	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	44,986	N/A	41,295	N/A	38,245	N/A	-8.20	-7.39	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,441	Yes	\$3,990	Yes	\$4,337	Yes	15.96	8.69	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$824	N/A	\$891	N/A	\$895	N/A	8.17	0.37	Yes
% Claims with TPL	>0 - 10	0.50	Yes	0.08	Yes	0.81	Yes	-84.90	976.30	No
Aver. TPL Paid for claims with TPL	N/A	\$2,168	N/A	\$1,590	N/A	\$3,279	N/A	-26.70	106.30	No
% Claims with UB-92 Accommodation Codes	95-100	99.93	Yes	98.51	Yes	99.28	Yes	-1.42	0.78	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.17	Yes	1.19	Yes	1.20	Yes	1.18	1.25	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.96	Yes	98.46	Yes	99.12	Yes	-1.50	0.67	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.69	Yes	10.85	Yes	11.25	Yes	1.49	3.73	Yes
Average LOS	2-<8	4.17	Yes	4.35	Yes	4.72	Yes	4.42	8.46	Yes
Average Covered Days (> 0 day)	2-<8	4.18	Yes	4.48	Yes	4.85	Yes	7.19	8.31	Yes
% Begin Date = Admit Date	95-100	99.47	Yes	99.38	Yes	99.51	Yes	-0.09	0.13	Yes
% IP Claims (MAX TOS 01)	95-100	97.02	Yes	99.29	Yes	99.99	Yes	2.34	0.71	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	Div by 0	Div by 0	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.17	Yes	4.65	Yes	5.69	Yes	46.68	22.49	No
% Claims with PDX, where length=3	5-30	6.60	Yes	6.12	Yes	5.89	Yes	-7.21	-3.85	Yes
% Claims with PDX, where length=4	15-75	25.15	Yes	27.13	Yes	26.58	Yes	7.89	-2.05	Yes
% Claims with PDX, where length=5	25-70	68.25	Yes	66.74	Yes	67.54	Yes	-2.21	1.19	Yes
% Claims with a procedure code	35-70	56.56	Yes	55.16	Yes	56.12	Yes	-2.48	1.76	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.10	Yes	2.13	Yes	2.17	Yes	1.37	2.11	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	99.80	N/A	99.81	N/A	-0.20	0.01	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	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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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	100.00	Yes	37.97	No	0.00	No	-62.00	-100.00	No
% Claims Maternal Delivery Indicator	N/A	16.11	N/A	13.27	N/A	13.01	N/A	-17.70	-1.96	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	17.37	N/A	14.51	N/A	13.36	N/A	-16.50	-7.92	Yes
Patient Status										
% Home	75-90	89.63	Yes	86.65	Yes	85.53	Yes	-3.32	-1.30	Yes
% Transferred	1-10	8.17	Yes	10.24	No	10.63	No	25.33	3.81	Yes
% Still a Patient	>0 - 2	0.72	Yes	1.36	Yes	1.19	Yes	88.29	-11.90	Yes
% Died	>0 - 3	1.16	Yes	1.04	Yes	1.28	Yes	-10.30	22.82	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	4,858	N/A	4,403	N/A	4,365	N/A	-9.37	-0.86	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$647	N/A	\$1,258	N/A	\$764	N/A	94.55	-39.30	No
% Claims with TPL	N/A	0.25	N/A	63.73	N/A	93.47	N/A	25,700.00	46.67	No
Aver. TPL Paid -claims with TPL	N/A	\$281	N/A	\$4,362	N/A	\$4,014	N/A	1,453.00	-7.98	Yes
% Claims with UB-92 Accommodation Codes	95-100	98.74	Yes	94.55	No	95.05	Yes	-4.25	0.53	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.12	Yes	1.10	Yes	-1.94	-1.79	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.84	Yes	94.69	No	94.80	No	-5.16	0.12	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.37	Yes	11.12	Yes	10.91	Yes	-2.19	-1.86	Yes
Average LOS	2-<8	5.23	Yes	4.89	Yes	5.00	Yes	-6.55	2.17	Yes
% Begin Date = Admit Date	95-100	99.01	Yes	99.18	Yes	96.49	Yes	0.17	-2.71	Yes
% Claims with IP TOS	95-100	99.53	Yes	99.89	Yes	100.00	Yes	0.36	0.11	Yes
% Claims with DX	98-100	100.00	Yes	99.91	Yes	98.90	Yes	-0.09	-1.01	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.74	Yes	5.67	Yes	6.67	Yes	51.79	17.57	No
% Claims with PDX, where length=3	5-30	7.41	Yes	6.71	Yes	7.16	Yes	-9.51	6.74	Yes
% Claims with PDX, where length=4	15-75	35.12	Yes	33.01	Yes	32.92	Yes	-6.01	-0.28	Yes
% Claims with PDX, where length=5	25-70	57.47	Yes	60.29	Yes	59.93	Yes	4.90	-0.60	Yes
% Claims with a procedure code	35-70	35.88	Yes	37.04	Yes	31.16	No	3.24	-15.90	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.99	Yes	2.04	Yes	2.01	Yes	2.59	-1.84	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	99.39	N/A	98.75	N/A	-0.61	-0.64	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	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 Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	99.93	N/A	0.00	-0.07	Yes
% Claims with DRG	>=90	100.00	Yes	33.59	No	0.00	No	-66.40	-100.00	No

2003-2005 MAX LT VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
All LT Claims										
Total Number of Claims	N/A	112,829	N/A	112,045	N/A	112,839	N/A	-0.70	0.71	Yes
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	112,829	N/A	112,045	N/A	112,839	N/A	-0.70	0.71	Yes
% Crossover	5-20	0.47	No	1.74	No	2.30	No	266.50	32.09	No
% Adjusted Claims	> 1%	2.76	Yes	22.47	Yes	11.07	Yes	714.80	-50.70	No
% Standard Adjustments	N/A	95.08	N/A	77.64	N/A	87.14	N/A	-18.30	12.23	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$4,328	N/A	\$3,833	N/A	\$4,215	N/A	-11.40	9.96	Yes
Total number of claims with missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	444	N/A	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim=1 Crossover Claim Indicator=0)										
Total Number of Claims	N/A	112,294	N/A	110,098	N/A	110,249	N/A	-1.96	0.14	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 (claims with >\$0 paid)										
NF (TOS 07)	\$50-\$100	\$121	No	\$131	No	\$142	No	8.43	8.66	Yes
ICF/MR (TOS 05)	N/A	\$281	N/A	\$294	N/A	\$303	N/A	4.70	3.09	Yes
Aged/MH (TOS 02)	N/A	Div by 0	N/A	\$878	N/A	\$845	N/A	Div by 0	-3.78	Yes
IP Psych. < 21 (TOS 04)	N/A	\$365	N/A	\$365	N/A	\$365	N/A	-0.22	0.19	Yes
% NF (TOS 07)	75-99	84.28	Yes	83.23	Yes	83.76	Yes	-1.25	0.64	Yes
% NF claims with NF Covered Days	N/A	99.77	N/A	99.80	N/A	99.97	N/A	0.02	0.17	Yes
Avg days for NF claims with Covered Days	N/A	29	N/A	29	N/A	29	N/A	0.32	-0.58	Yes
% ICF/MR (TOS 05)	>0-20	5.32	Yes	5.44	Yes	5.47	Yes	2.22	0.50	Yes
% ICF/MR claims with ICF/MR Covered Days	N/A	100.00	N/A	99.77	N/A	99.88	N/A	-0.23	0.12	Yes
Avg days for ICF/MR claims with Covered Days	N/A	30	N/A	30	N/A	30	N/A	-0.37	-0.68	Yes
% Aged/MH (TOS 02)	>0-10	0.00	No	0.04	Yes	0.24	Yes	Div by 0	473.10	No
% Aged/MH claims with Aged/MH Covered Days	N/A	Div by 0	N/A	95.65	N/A	98.48	N/A	Div by 0	2.96	Yes
Avg days for Aged/MH claims with Covered Days	N/A	Div by 0	N/A	4	N/A	4	N/A	Div by 0	5.84	Yes
% IP Psych. < 21 (TOS 04)	>0-5	10.40	No	11.29	No	10.53	No	8.58	-6.73	Yes
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	100.00	N/A	97.41	N/A	96.37	N/A	-2.59	-1.06	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	8	N/A	8	N/A	8	N/A	3.23	3.47	Yes
% Claims with Leave Days	1-20	0.79	No	3.34	Yes	5.41	Yes	322.80	61.93	No
% Claims with DX	95-100	10.40	No	64.81	No	100.00	Yes	523.30	54.29	No
% Claims with DX, where length=3	5-30	6.32	Yes	10.04	Yes	9.90	Yes	58.77	-1.38	Yes
% Claims with DX, where length=4	15-75	8.23	No	47.22	Yes	50.29	Yes	473.70	6.50	Yes
% Claims with DX, where length=5	25-70	85.45	No	42.75	Yes	39.82	Yes	-50.00	-6.86	Yes
Patient Status										
% Home	1-5	3.04	Yes	2.27	Yes	2.13	Yes	-25.30	-6.48	Yes
% Still a Patient	8-98	95.18	Yes	95.07	Yes	94.77	Yes	-0.11	-0.32	Yes
% Died	>0-5	1.29	Yes	1.13	Yes	1.16	Yes	-12.50	3.33	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	535	N/A	1,947	N/A	2,590	N/A	263.90	33.03	No
% Claims with> \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	N/A

2003-2005 MAX LT VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$29	N/A	\$918	N/A	\$865	N/A	3,102.00	-5.70	Yes
% NF (TOS 07)	75-99	99.81	No	98.92	Yes	97.57	Yes	-0.89	-1.37	Yes
% ICF/MR (TOS 05)	>0-20	0.00	No	0.05	Yes	0.00	No	Div by 0	-100.00	No
% Aged/MH (TOS 02)	>0-10	0.00	No	0.00	No	0.42	Yes	Div by 0	Div by 0	N/A
% IP Psych. < 21 (TOS 04)	>0-5	0.19	Yes	1.03	Yes	2.01	Yes	449.60	95.45	No
% Claims with DX	95-100	100.00	Yes	98.36	Yes	99.85	Yes	-1.64	1.51	Yes
% Claims with DX, where length=3	5-30	10.47	Yes	11.96	Yes	13.50	Yes	14.24	12.86	Yes
% Claims with DX, where length=4	15-75	45.23	Yes	51.23	Yes	43.58	Yes	13.25	-14.90	Yes
% Claims with DX, where length=5	25-70	44.30	Yes	36.76	Yes	42.92	Yes	-17.00	16.76	No
Patient Status										
% Home	1-5	0.56	No	2.82	Yes	3.90	Yes	403.80	38.05	No
% Still a Patient	8-98	96.45	Yes	87.72	Yes	83.63	Yes	-9.05	-4.67	Yes
% Died	>0-5	0.56	Yes	1.39	Yes	2.08	Yes	147.30	50.35	No

2003-2005 MAX OT VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
All OT Claims										
Total Number of Claims	N/A	11,979,572	N/A	10,500,019	N/A	11,049,497	N/A	-12.40	5.23	Yes
% Encounter Claims (Claim Type=3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22)	N/A	14.10	N/A	8.46	N/A	14.10	N/A	-40.00	66.66	No
Total FFS Claims Excluding Capitation Payments	N/A	10,290,115	N/A	9,611,857	N/A	9,491,858	N/A	-6.59	-1.25	Yes
% Crossover	5-20	14.39	Yes	7.25	Yes	8.57	Yes	-49.60	18.26	No
% Adjusted Claims	> 1%	1.29	Yes	5.19	Yes	2.46	Yes	302.50	-52.50	No
% Standard Adjustments	N/A	70.68	N/A	37.69	N/A	50.50	N/A	-46.70	33.97	No
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$191	N/A	\$145	N/A	\$155	N/A	-24.10	6.84	Yes
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	4.88	N/A	4.44	N/A	9.91	N/A	-9.08	123.50	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	9.22	N/A	4.02	N/A	4.18	N/A	-56.40	4.01	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$99	Yes	\$104	Yes	\$110	Yes	5.84	5.18	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	Yes
Total number of claims with missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	26,559	N/A	N/A	N/A	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims)										
Total Number of Claims	N/A	8,809,860	N/A	8,914,940	N/A	8,677,947	N/A	1.19	-2.66	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	15.74	N/A	13.04	N/A	11.66	N/A	-17.20	-10.60	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	27.56	N/A	10.01	N/A	0.01	N/A	-63.70	-99.90	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	21.27	N/A	7.59	N/A	4.86	N/A	-64.30	-36.00	No
% Other Claims with Span Bills/All Other Claims	N/A	15.09	N/A	13.22	N/A	12.47	N/A	-12.40	-5.68	Yes
% Claims W/ Service Place 11- Office	50-90	42.13	No	36.00	No	32.27	No	-14.50	-10.40	Yes
% Claims W/ Service Place 12 - Home	>0-5	11.08	No	12.47	No	12.73	No	12.49	2.12	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.84	Yes	5.04	No	5.72	No	4.12	13.52	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.05	Yes	0.06	Yes	0.06	Yes	18.46	-0.17	Yes
% Claims W/ Service Place 23 - ER	1-10	4.01	Yes	6.16	Yes	5.50	Yes	53.74	-10.70	Yes
% Claims w/ Service Place 22 - OPD	>0-10	24.19	No	20.44	No	21.43	No	-15.50	4.85	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.13	Yes	0.93	Yes	0.92	Yes	629.60	-0.87	Yes
% Claims with TPL	>0 - 15	0.18	Yes	0.05	Yes	0.24	Yes	-71.70	385.10	No
Aver. TPL Paid -claims with TPL	N/A	\$45	N/A	\$29	N/A	\$68	N/A	-36.20	138.10	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.19	Yes	16.55	Yes	17.05	Yes	-3.72	3.06	Yes
% claims MAX TOS 09: Dental	2-20	8.34	Yes	9.02	Yes	9.22	Yes	8.23	2.11	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	4.50	Yes	1.83	Yes	0.90	Yes	-59.30	-50.60	No
% claims MAX TOS 11: OPD	3-25	5.14	Yes	5.01	Yes	6.30	Yes	-2.54	25.69	No
% claims MAX TOS 12: Clinic	2-25	7.31	Yes	4.81	Yes	4.24	Yes	-34.10	-11.80	Yes
% claims MAX TOS 13: HH	>0-25	0.25	Yes	0.32	Yes	0.38	Yes	30.42	16.95	No
% claims MAX TOS 15: Lab/Xray	4-20	27.19	No	26.03	No	24.75	No	-4.27	-4.92	Yes
% claims MAX TOS 16: Drugs	<3	1.56	Yes	0.59	Yes	0.09	Yes	-62.40	-83.90	No
% claims MAX TOS 19: Other Services	<25	4.00	Yes	6.32	Yes	7.55	Yes	57.79	19.56	No

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STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
% claims MAX TOS 51: DME	>3	2.10	No	2.81	No	2.60	No	33.79	-7.72	Yes
% claims MAX TOS 26: Transportation	>1	4.34	Yes	4.37	Yes	4.53	Yes	0.91	3.48	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.07	N/A	0.02	N/A	0.00	N/A	-67.50	-100.00	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	-100.00	No
% claims MAX TOS 30: PCS	>0	0.57	Yes	1.40	Yes	1.23	Yes	145.70	-12.00	Yes
% claims MAX TOS 31: TCM	>0	0.69	Yes	0.91	Yes	0.63	Yes	32.89	-31.10	No
% claims MAX TOS 33: Rehabilitation	>0	1.79	Yes	5.42	Yes	7.90	Yes	202.20	45.69	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.76	Yes	1.91	Yes	1.69	Yes	8.55	-11.60	Yes
% claims MAX TOS 35: Hospice	>0	0.15	Yes	0.09	Yes	0.05	Yes	-37.40	-45.00	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.13	N/A	0.11	N/A	0.09	N/A	-19.70	-11.80	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.30	N/A	0.39	N/A	0.51	N/A	30.20	31.32	No
% claims MAX TOS 38: Private Nursing	N/A	0.06	N/A	0.08	N/A	0.08	N/A	28.83	6.23	Yes
% claims MAX TOS 39: Religious Non-Med.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% claims MAX TOS 52: Residential Care	N/A	1.07	N/A	1.67	N/A	1.49	N/A	56.61	-10.90	Yes
% claims MAX TOS 53: Psych. Services	>1	10.01	Yes	9.18	Yes	8.72	Yes	-8.25	-5.01	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.50	Yes	0.95	Yes	0.00	Yes	-36.30	-99.70	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	749.90	-76.10	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$76	N/A	\$82	N/A	\$85	N/A	7.04	3.88	Yes
08: Physicians	\$20-90	\$65	Yes	\$67	Yes	\$65	Yes	2.81	-2.83	Yes
09: Dental	\$10-60	\$47	Yes	\$47	Yes	\$49	Yes	0.20	4.21	Yes
10: Other Practioner	\$10-100	\$71	Yes	\$87	Yes	\$49	Yes	21.85	-44.10	No
11: OPD	\$20-100	\$121	No	\$128	No	\$105	No	5.86	-17.70	No
12: Clinic	\$20-100	\$66	Yes	\$83	Yes	\$89	Yes	26.64	7.04	Yes
13: HH	N/A	\$140	N/A	\$112	N/A	\$98	N/A	-19.70	-12.70	Yes
15: Lab/Xray	10-60	\$22	Yes	\$24	Yes	\$25	Yes	8.76	6.20	Yes
16: Drugs	10-60	\$13	Yes	\$14	Yes	\$25	Yes	8.15	78.09	No
19: Other Services	N/A	\$244	N/A	\$181	N/A	\$166	N/A	-25.60	-8.31	Yes
51: DME	N/A	\$87	N/A	\$85	N/A	\$88	N/A	-3.36	4.59	Yes
26: Transportation	N/A	\$63	N/A	\$58	N/A	\$58	N/A	-7.12	-1.27	Yes
30: PCS	N/A	\$157	N/A	\$187	N/A	\$219	N/A	19.03	17.12	No
31: Targeted Case Management	N/A	\$32	N/A	\$40	N/A	\$64	N/A	25.18	60.30	No
33: Rehabilitation	N/A	\$31	N/A	\$123	N/A	\$162	N/A	290.40	31.54	No
34: PT/OT/speech/hear	N/A	\$23	N/A	\$25	N/A	\$28	N/A	11.22	11.12	Yes
35: Hospice	N/A	\$233	N/A	\$514	N/A	\$1,294	N/A	120.80	151.90	No
52: Residential Care	N/A	\$957	N/A	\$594	N/A	\$569	N/A	-37.90	-4.28	Yes
53: Psych. Services	N/A	\$87	N/A	\$80	N/A	\$94	N/A	-8.52	17.28	No
54: Adult Day Care	N/A	\$276	N/A	\$276	N/A	\$60	N/A	0.32	-78.30	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.29	N/A	0.19	N/A	0.08	N/A	-33.50	-56.70	No
% RHC (code 3)	N/A	1.60	N/A	1.30	N/A	1.09	N/A	-18.80	-15.70	No
% FQHC (code 4)	N/A	2.08	N/A	1.86	N/A	1.72	N/A	-10.20	-7.56	Yes
% IHS (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Waiver (code 6,7)	N/A	6.12	N/A	9.09	N/A	9.91	N/A	48.66	8.98	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$39	N/A	\$37	N/A	\$35	N/A	-2.94	-5.54	Yes

2003-2005 MAX OT VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
RHC (code 3)	N/A	\$74	N/A	\$80	N/A	\$79	N/A	6.86	-1.14	Yes
FQHC (code 4)	N/A	\$85	N/A	\$88	N/A	\$92	N/A	3.86	4.56	Yes
IHS (code 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
Waiver (code 6, 7)	N/A	\$362	N/A	\$281	N/A	\$275	N/A	-22.40	-2.23	Yes
% Claims with DX	> 60	87.33	Yes	89.00	Yes	90.76	Yes	1.91	1.97	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.98	Yes	99.97	Yes	-0.02	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	14.99	N/A	30.02	N/A	39.66	N/A	100.20	32.13	No
% Claims with DX, where length=3	5-25	7.77	Yes	7.97	Yes	7.48	Yes	2.46	-6.04	Yes
% Claims with DX, where length=4	40-70	50.75	Yes	48.57	Yes	48.08	Yes	-4.30	-1.02	Yes
% Claims with DX, where length=5	20-55	41.47	Yes	43.46	Yes	44.44	Yes	4.79	2.25	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	99.97	Yes	99.94	Yes	-0.03	-0.03	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	51.33	N/A	51.28	N/A	54.26	N/A	-0.09	5.81	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	48.67	N/A	48.40	N/A	45.61	N/A	-0.54	-5.77	Yes
% Other National Code Indicator (codes 2-5, 7- 9)/Claims with Service Codes	N/A	0.01	N/A	0.11	N/A	0.13	N/A	1,566.00	12.52	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnn or Cnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with TOS 08 with Physician Specialty	N/A	100.00	N/A	99.98	N/A	99.99	N/A	-0.02	0.01	Yes
PERCENT OF CLAIMS BY CLTC CODE										
CLTC 00: not a CLTC claim	N/A	N/A	N/A	N/A	N/A	80.53	N/A	N/A	N/A	N/A
CLTC Non-Waiver Claims (11-20)	N/A	N/A	N/A	N/A	N/A	9.57	N/A	N/A	N/A	N/A
CLTC 11: Non-Waiver Personal Care	N/A	N/A	N/A	N/A	N/A	1.23	N/A	N/A	N/A	N/A
CLTC 12: Non-Waiver PDN	N/A	N/A	N/A	N/A	N/A	0.08	N/A	N/A	N/A	N/A
CLTC 13: Non-Waiver Adult Day	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 14: Non-Waiver HH	N/A	N/A	N/A	N/A	N/A	0.37	N/A	N/A	N/A	N/A
CLTC 15: Non-Waiver Residential Care	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 16: Non-Waiver Rehab	N/A	N/A	N/A	N/A	N/A	1.56	N/A	N/A	N/A	N/A
CLTC 17: Non-Waiver TCM	N/A	N/A	N/A	N/A	N/A	0.14	N/A	N/A	N/A	N/A
CLTC 18: Non-Waiver Transportation	N/A	N/A	N/A	N/A	N/A	4.06	N/A	N/A	N/A	N/A
CLTC 19: Non-Waiver Hospice	N/A	N/A	N/A	N/A	N/A	0.05	N/A	N/A	N/A	N/A
CLTC 20: Non-Waiver DME	N/A	N/A	N/A	N/A	N/A	2.07	N/A	N/A	N/A	N/A
CLTC Waiver Claims (30-40)	N/A	N/A	N/A	N/A	N/A	9.91	N/A	N/A	N/A	N/A
CLTC 30: Other Waiver	N/A	N/A	N/A	N/A	N/A	3.25	N/A	N/A	N/A	N/A
CLTC 31: Waiver Personal Care	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 32: Waiver PDN	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 33: Waiver Adult Day	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 34: Waiver HH	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A

2003-2005 MAX OT VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
CLTC 35: Waiver Residential Care	N/A	N/A	N/A	N/A	N/A	1.49	N/A	N/A	N/A	N/A
CLTC 36: Waiver Rehab	N/A	N/A	N/A	N/A	N/A	5.17	N/A	N/A	N/A	N/A
CLTC 37: Waiver TCM	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 38: Waiver Transportation	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 39: Waiver Hospice	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
CLTC 40: Waiver DME	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,480,255	N/A	696,917	N/A	813,911	N/A	-52.90	16.79	No
% 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	7.53	N/A	5.05	N/A	5.93	N/A	-32.90	17.41	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	27.72	N/A	11.73	N/A	0.00	N/A	-57.70	-100.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.64	N/A	0.70	N/A	0.00	N/A	9.28	-100.00	No
% Other Claims with Span Bills/All Other Claims	N/A	3.85	N/A	3.33	N/A	6.96	N/A	-13.60	109.50	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	40.82	N/A	17.42	N/A	13.72	N/A	-57.30	-21.20	No
% claims MAX TOS 10: Other Practioner	N/A	3.14	N/A	2.08	N/A	1.16	N/A	-33.80	-44.20	No
% claims MAX TOS 11: OPD	N/A	15.57	N/A	20.87	N/A	14.88	N/A	34.07	-28.70	No
% claims MAX TOS 12: Clinic	N/A	5.24	N/A	11.86	N/A	10.58	N/A	126.40	-10.80	Yes
% claims MAX TOS 13: HH	N/A	1.25	N/A	1.16	N/A	0.00	N/A	-6.90	-99.90	No
% claims MAX TOS 15: Lab/Xray	N/A	11.94	N/A	16.50	N/A	19.66	N/A	38.20	19.19	No
% claims MAX TOS 19: Other Services	N/A	0.04	N/A	1.82	N/A	7.11	N/A	4,327.00	291.60	No
% claims MAX TOS 51: DME	N/A	9.77	N/A	15.38	N/A	18.25	N/A	57.45	18.69	No
% claims MAX TOS 26: Transportation	N/A	7.79	N/A	6.21	N/A	5.48	N/A	-20.20	-11.80	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.20	N/A	Div by 0	35,178.00	No
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	Div by 0	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.05	N/A	0.10	N/A	1.15	N/A	90.46	1,022.00	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.02	N/A	0.58	N/A	0.55	N/A	-43.00	-5.47	Yes
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	141.30	No
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.00	N/A	0.44	N/A	Div by 0	Div by 0	N/A
% claims MAX TOS 53: Psych. Services	N/A	2.85	N/A	4.36	N/A	4.76	N/A	52.85	9.09	Yes
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Average Amount Paid	N/A	\$28	N/A	\$31	N/A	\$24	N/A	10.87	-23.00	No
% Claims with DX	N/A	92.17	N/A	96.98	N/A	99.95	N/A	5.22	3.06	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.91	Yes	99.93	Yes	-0.09	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	18.13	N/A	50.13	N/A	57.60	N/A	176.50	14.90	Yes
% Claims with DX, where length=3	5-25	13.51	Yes	17.34	Yes	16.46	Yes	28.32	-5.05	Yes
% Claims with DX, where length=4	40-70	42.88	Yes	38.61	No	38.00	No	-9.96	-1.58	Yes
% Claims with DX, where length=5	20-55	43.61	Yes	44.05	Yes	45.54	Yes	1.02	3.38	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	10.41	N/A	53.58	N/A	100.00	N/A	414.80	86.64	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	93.92	No	95.32	No	99.12	Yes	1.50	3.99	Yes

2003-2005 MAX OT VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	71.28	N/A	55.11	N/A	48.96	N/A	-22.70	-11.20	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	28.66	N/A	44.14	N/A	50.57	N/A	54.04	14.55	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.05	N/A	0.75	N/A	0.47	N/A	1,334.00	-36.70	No

2003-2005 MAX RX VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Change Within Expected Range
All RX Claims										
Total Number of Claims	N/A	7,048,158	N/A	7,244,317	N/A	8,144,965	N/A	2.78	12.43	Yes
% Encounter Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Supplemental Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
Total FFS Claims	N/A	7,048,158	N/A	7,244,317	N/A	8,144,965	N/A	2.78	12.43	Yes
% Adjusted Claims	N/A	5.97	N/A	6.64	N/A	8.88	N/A	11.22	33.72	No
% Standard Adjustments	> 1%	37.96	Yes	39.67	Yes	34.81	Yes	4.51	-12.20	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$61	N/A	\$68	N/A	\$72	N/A	11.20	6.44	Yes
Total number of claims with missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	25,282	N/A	N/A	N/A	N/A
FFS Claims (Type of Claim=1)										
Total Number of Claims	N/A	7,048,158	N/A	7,244,317	N/A	8,144,965	N/A	2.78	12.43	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$15-\$60	\$52	Yes	\$56	Yes	\$59	Yes	7.80	5.96	Yes
% Claims with TPL	>0 - 15	2.39	Yes	2.45	Yes	2.37	Yes	2.61	-3.35	Yes
Aver. TPL Paid for claims with TPL	N/A	\$49	N/A	\$54	N/A	\$58	N/A	9.77	8.60	Yes
% Family Planning Claims (program type=2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A
% Drug Claims (TOS 16)	95-99	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
% DME Claims (TOS 51)	>0 - 6	0.00	Yes	0.00	Yes	0.00	No	16.75	-100.00	No
% Drug Claims with Quantity	>98	99.99	Yes	99.99	Yes	99.17	Yes	0.00	-0.82	Yes
% Drug Claims with Days Supply	>98	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with HICL	98-100	99.98	Yes	99.98	Yes	99.98	Yes	0.00	0.00	Yes
% Claims with Medispan	98-100	99.37	Yes	99.61	Yes	99.71	Yes	0.24	0.10	Yes
% Claims with AHFS	98-100	99.98	Yes	99.98	Yes	99.98	Yes	0.00	0.00	Yes
% Claims with Generic (GTC)	98-100	99.98	Yes	99.98	Yes	99.98	Yes	0.00	0.00	Yes
% Claims with GC3	98-100	99.98	Yes	99.98	Yes	99.98	Yes	0.00	0.00	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	76.53	N/A	74.32	N/A	71.91	N/A	-2.88	-3.24	Yes
% Products (codes 4-6)	N/A	23.33	N/A	25.54	N/A	27.90	N/A	9.47	9.24	Yes
% HRI (code 7)	N/A	0.00	N/A	0.01	N/A	0.01	N/A	35.48	26.66	No
% Claims with Smart Key	98-100	99.98	Yes	99.98	Yes	99.98	Yes	0.00	0.00	Yes
% OTC-Drug Class	N/A	2.99	N/A	4.19	N/A	4.57	N/A	39.90	9.01	Yes
% Prescription-Drug Class	N/A	96.99	N/A	95.79	N/A	95.41	N/A	-1.23	-0.40	Yes
% Multiple Source (Code Y)	N/A	53.80	N/A	55.29	N/A	58.46	N/A	2.78	5.72	Yes
% Single Source (Code N)	N/A	41.14	N/A	37.25	N/A	36.55	N/A	-9.46	-1.87	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
All Records											
Total Number of Records	N/A	388,420	N/A	396,039	N/A	393,616	N/A	1.96	-0.61	10% (+/-)	Yes
Total Medicaid Amount Paid	N/A	\$1,710,536,880	N/A	\$1,811,181,724	N/A	\$1,997,160,362	N/A	5.88	10.27	15% (+/-)	Yes
% with no services (Code 0)	N/A	6.56	N/A	7.40	N/A	6.82	N/A	12.77	-7.90	N/A	N/A
% with FFS only claims (Code 1)	N/A	41.29	N/A	45.89	N/A	40.05	N/A	11.15	-12.70	N/A	N/A
% with only cap claims (Code 2)	N/A	5.29	N/A	5.04	N/A	6.57	N/A	-4.85	30.46	N/A	N/A
% with only encounter claims (Code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS and cap claims (Code 4)	N/A	46.85	N/A	41.67	N/A	46.56	N/A	-11.10	11.75	N/A	N/A
% with cap and encounter claims only (Code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS and encounter claims only (Code 6)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% with FFS, cap and encounter records (Code 7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
# with claims and missing Medicaid eligibility (excludes S-SCHIP only)	N/A	19,381	N/A	15,105	N/A	10,505	N/A	-22.10	-30.50	N/A	N/A
% with claims and missing Medicaid eligibility (excludes S-SCHIP only)	<2%	4.99	No	3.81	No	2.67	No	-23.60	-30.00	N/A	N/A
# with FFS claims and missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	4,547	N/A	N/A	N/A	N/A	N/A
% with FFS claims and missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	1.16	N/A	N/A	N/A	N/A	N/A
Expenditures for people missing Medicaid eligibility (excludes S-SCHIP only enrollees)	N/A	\$36,521,353	N/A	\$17,269,772	N/A	\$4,919,610	N/A	-52.70	-71.50	N/A	N/A
Expenditures for people with FFS claims and missing Medicaid eligibility (excludes S-SCHIP only)	N/A	N/A	N/A	N/A	N/A	\$4,861,534	N/A	N/A	N/A	N/A	N/A
S-SCHIP ENROLLMENT											
# with ONLY S-SCHIP enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
% with ONLY S-SCHIP enrollment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY S-SCHIP enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
% with ANY S-SCHIP enrollment	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
Total PYE ANY S-SCHIP enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Total Medicaid Enrollees (excludes people with missing Medicaid eligibility information or S-SCHIP only)											
Total Medicaid Enrollees	N/A	369,039	N/A	380,934	N/A	383,111	N/A	3.22	0.57	10% (+/-)	Yes
Total Medicaid PYE (Person Years of Enrollment)	N/A	295,419	N/A	300,630	N/A	306,341	N/A	1.76	1.90	10% (+/-)	Yes
# with any M-SCHIP enrollment (Medicaid enrollees)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Total PYE any M-SCHIP	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
Eligibility Demographics											
% Records with Valid SSN Format	>=95%	100.00	Yes	99.92	Yes	99.94	Yes	-0.08	0.02	10% (+/-)	Yes
% Records whose MSIS SSN passed High Group Test (Code 1)	>95%	N/A	No	N/A	No	99.90	No	N/A	N/A	10% (+/-)	No
% Records whose MSIS SSN failed High Group Test due to invalid AAA (Code 2)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A	N/A
% Records whose MSIS SSN failed High Group Test due to GG = 00 (Code 3)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A	N/A
% Records whose MSIS SSN failed High Group Test due to SSSS = 0000 (Code 4)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A	N/A
% Records whose MSIS SSN failed High Group Test due to GG not yet issued (Code 5)	N/A	N/A	N/A	N/A	N/A	0.04	N/A	N/A	N/A	N/A	N/A
% Records whose MSIS SSN failed High Group Test due to RR with invalid DOB (Code 6)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	N/A	N/A
#SSNs with duplicate records	0	55	No	605	No	129	No	1,000.00	-78.70	N/A	N/A
% with External SSN from EDB (Code 1)	N/A	N/A	N/A	N/A	N/A	19.56	N/A	N/A	N/A	10% (+/-)	No
% with External SSN from state-provided cross-reference file Code 2)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	10% (+/-)	No
% with County Code	>=98%	96.07	No	95.40	No	95.91	No	-0.69	0.54	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.97	Yes	99.97	Yes	99.95	Yes	-0.01	-0.02	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	1.60	Yes	1.40	Yes	1.43	Yes	-12.50	1.81	10% (+/-)	Yes
% White	N/A	94.49	N/A	94.56	N/A	94.59	N/A	.0745	0.03	10% (+/-)	Yes
% Black	N/A	5.29	N/A	5.30	N/A	5.31	N/A	.2919	0.03	10% (+/-)	Yes
% Native American/Alaskan Native	N/A	0.04	N/A	0.03	N/A	0.03	N/A	-27.5	-10.60	10% (+/-)	No
% Asian	N/A	0.15	N/A	0.10	N/A	0.07	N/A	-34.8	-23.30	N/A	N/A
% Native Hawaiian or other Pacific Islander	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% More than one race	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% Unknown race	<5%	0.00	Yes	0.00	Yes	0.00	Yes	-91.9	596.00	N/A	N/A
% Hispanic/Latino (included with race categories prior to 2005)	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-84.6	-46.50	10% (+/-)	No
% of Hispanic/Latino with unknown race	N/A	N/A	N/A	N/A	N/A	100.00	N/A	N/A	N/A	N/A	N/A
% Age 0	2-8%	2.96	Yes	3.14	Yes	3.07	Yes	6.02	-2.07	10% (+/-)	Yes
% Age 0-20 Years	49-74%	54.16	Yes	54.08	Yes	53.96	Yes	-0.15	-0.22	10% (+/-)	Yes
% Age > 64 Years	5-18%	9.13	Yes	8.90	Yes	8.83	Yes	-2.56	-0.79	10% (+/-)	Yes
% with century of birth '18', '19', '20'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% with Gender Code 'M' or 'F'	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A	N/A
% Enrollees with 12 months enrollment	40-65%	57.35	Yes	55.54	Yes	56.98	Yes	-3.14	2.59	10% (+/-)	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
EDB Dual Eligibles											
Total EDB Duals (Duals confirmed by EDB)	N/A	60,926	N/A	62,667	N/A	63,943	N/A	2.86	2.04	10% (+/-)	Yes
Total EDB Dual PYE	N/A	53,307	N/A	54,290	N/A	56,108	N/A	1.84	3.35	15% (+/-)	Yes
% Age > 64 Years who are EDB Duals	>=90%	97.58	Yes	97.86	Yes	97.77	Yes	0.29	-0.10	10% (+/-)	Yes
% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	>=90%	96.73	Yes	98.00	Yes	98.10	Yes	1.31	0.10	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	30-55%	31.87	Yes	30.69	Yes	31.41	Yes	-3.70	2.36	10% (+/-)	Yes
% EDB Only (50)	<5%	2.89	Yes	1.04	Yes	0.12	Yes	-63.90	-88.80	N/A	N/A
% EDB QMB Only (51)	N/A	19.69	N/A	21.05	N/A	22.77	N/A	6.89	8.19	N/A	N/A
% EDB QMB Plus (52)	N/A	0.00	N/A	0.00	N/A	8.03	N/A	Div by 0	Div by 0	N/A	N/A
% EDB SLMB Only (53)	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 SLMB Plus (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 (55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB QI-1 (56)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	N/A	N/A
% EDB QI-2 (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 (58)	N/A	77.42	N/A	77.91	N/A	69.08	N/A	0.63	-11.30	N/A	N/A
% EDB dual type unknown (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 (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
Total Non-EDB Duals (Duals rptd in MSIS, not found in EDB)	N/A	765	N/A	1,383	N/A	1,004	N/A	80.78	-27.40	10% (+/-)	No
% Non-EDB Duals Without Valid SSN	N/A	0.00	N/A	1.95	N/A	0.10	N/A	Div by 0	-94.90	10% (+/-)	No
% Non-EDB Duals who are Children/Adults	N/A	4.18	N/A	9.62	N/A	13.45	N/A	129.90	39.82	10% (+/-)	No
% EDB Duals with Spanish Language	N/A	0.02	N/A	0.02	N/A	0.02	N/A	16.67	14.34	15% (+/-)	Yes
% EDB Duals with EDB Date of Death During Year	6-10%	7.99	Yes	7.23	Yes	7.03	Yes	-9.51	-2.88	15% (+/-)	Yes
% EDB Duals with Medicaid Reported HIC	N/A	97.04	N/A	98.87	N/A	99.76	N/A	1.88	0.91	15% (+/-)	Yes
% EDB Duals with Medicaid reported HIC = Medicare HIC	N/A	90.27	N/A	97.49	N/A	98.68	N/A	8.00	1.22	15% (+/-)	Yes
TOTAL EDB DUAL ENROLLEES IN JUNE	N/A	56,851	N/A	58,505	N/A	60,120	N/A	2.91	2.76	10% (+/-)	Yes
June Medicare Type											
June % with Part A Medicare	N/A	1.47	N/A	1.36	N/A	1.78	N/A	-7.59	31.06	15% (+/-)	No
June % with Part B Medicare	N/A	0.43	N/A	0.53	N/A	0.20	N/A	23.75	-63.20	15% (+/-)	No
June % Part A/B Medicare	N/A	98.10	N/A	98.11	N/A	98.02	N/A	0.01	-0.09	15% (+/-)	Yes
Original Reason for Medicare Entitlement											
% Aged (Code 0)	N/A	42.43	N/A	41.23	N/A	39.98	N/A	-2.83	-3.05	15% (+/-)	Yes
% Disabled (Code 1)	N/A	56.39	N/A	57.65	N/A	58.91	N/A	2.23	2.19	15% (+/-)	Yes
% ESRD (Code 2)	N/A	0.52	N/A	0.52	N/A	0.43	N/A	-0.63	-16.60	15% (+/-)	No
% Disabled with ESRD (Code 3)	N/A	0.65	N/A	0.60	N/A	0.68	N/A	-8.63	13.16	15% (+/-)	Yes
Other Eligibility Characteristics (All Enrollees)											
% MAX Aged Groups (11,21,31,41,51) >64 Years	>=99%	98.82	No	100.00	Yes	100.00	Yes	1.19	0.00	10% (+/-)	Yes
% MAX Disabled Groups (12,22,32,42,52) >64 Years	N/A	3.79	N/A	2.80	N/A	2.76	N/A	-26.30	-1.45	10% (+/-)	Yes
% MAX Child Grps (14,16, 24, 34, 44, 48, 54) <21 Years	>=98%	99.98	Yes	99.98	Yes	99.96	Yes	0.00	-0.01	10% (+/-)	Yes
% MAX Adult Groups (15,17,25,35,45,55) >20 Years	>=80%	88.61	Yes	91.87	Yes	92.16	Yes	3.67	0.31	10% (+/-)	Yes
% MAX 1115 expansion enrollees (MASBOE=51,52,54,55) with 1115 waiver enrollment (Waiver Type=1,5,6,A,F)	100%	N/A	N/A	N/A	N/A	Div by 0	Yes	N/A	N/A	N/A	N/A
% MAX 1115 waiver enrollees (Waiver Type=1,5,6,A,F) in MAX 1115 expansion group (MASBOE=51,52,54,55)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	N/A	N/A
MAX Aged Total											
11: Aged, Cash	N/A	30,348	N/A	30,980	N/A	30,896	N/A	2.08	-0.27	10% (+/-)	Yes
21: Aged, MN	N/A	13,755	N/A	13,287	N/A	13,075	N/A	-3.40	-1.60	10% (+/-)	Yes
31: Aged, Poverty	N/A	749	N/A	993	N/A	982	N/A	32.58	-1.11	10% (+/-)	Yes
41: Other Aged	N/A	6,649	N/A	6,908	N/A	7,371	N/A	3.90	6.70	10% (+/-)	Yes
51: 1115 Aged	N/A	9,195	N/A	9,792	N/A	9,468	N/A	6.49	-3.31	10% (+/-)	Yes
MAX Disabled Total											
12: Disabled, Cash	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
22: Disabled, MN	N/A	97,271	N/A	103,272	N/A	104,969	N/A	6.17	1.64	10% (+/-)	Yes
32: Disabled, Poverty	N/A	79,578	N/A	78,621	N/A	77,148	N/A	-1.20	-1.87	10% (+/-)	Yes
42: Other Disabled	N/A	3,654	N/A	9,180	N/A	11,605	N/A	151.20	26.42	10% (+/-)	No
52: 1115 Disabled	N/A	5,829	N/A	7,258	N/A	7,550	N/A	24.52	4.02	10% (+/-)	Yes
MAX Child Total	N/A	8,210	N/A	8,213	N/A	8,666	N/A	0.04	5.52	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
	N/A	180,662	N/A	187,297	N/A	188,290	N/A	3.67	0.53	10% (+/-)	Yes
	N/A	127	N/A	254	N/A	250	N/A	100.00	-1.57	10% (+/-)	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
16: AFDC-U Child, Cash	N/A	56	N/A	77	N/A	65	N/A	37.50	-15.60	10% (+/-)	No
24: AFDC Child, MN	N/A	31	N/A	963	N/A	912	N/A	3,006.00	-5.30	10% (+/-)	Yes
34: Child Poverty	N/A	173,368	N/A	34,256	N/A	8,810	N/A	-80.20	-74.30	10% (+/-)	No
44: Other Child	N/A	671	N/A	144,832	N/A	171,080	N/A	21,485.00	18.12	10% (+/-)	No
48: Foster Care Child	N/A	6,409	N/A	6,915	N/A	7,173	N/A	7.90	3.73	10% (+/-)	Yes
54: 1115 Child	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Adult Total	N/A	60,758	N/A	59,385	N/A	58,956	N/A	-2.26	-0.72	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	17,213	N/A	15,891	N/A	15,646	N/A	-7.68	-1.54	10% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	9,389	N/A	7,034	N/A	5,584	N/A	-25.10	-20.60	10% (+/-)	No
25: AFDC Adult, MN	N/A	2,419	N/A	9,831	N/A	13,570	N/A	306.40	38.03	10% (+/-)	No
35: Adult, Poverty	N/A	16,260	N/A	5,271	N/A	3,026	N/A	-67.60	-42.60	10% (+/-)	No
45: Other Adult	N/A	15,477	N/A	21,358	N/A	21,130	N/A	38.00	-1.07	10% (+/-)	Yes
55: 1115 Adult	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Long-Term Care Enrollees											
INSTITUTIONAL STATUS											
# enrollees with any ILTC claims (includes NF, ICF/MR, Aged Mental Hospital, IP Psych. < 21 years)	N/A	13,234	N/A	13,330	N/A	13,512	N/A	0.73	1.37	N/A	N/A
% enrollees with any ILTC claims	N/A	3.59	N/A	3.50	N/A	3.53	N/A	-2.42	0.79	N/A	N/A
% AGED enrollees with any ILTC claims	N/A	30.77	N/A	29.85	N/A	29.89	N/A	-2.99	0.15	N/A	N/A
% DISABLED enrollees with any ILTC claims	N/A	2.60	N/A	2.60	N/A	2.69	N/A	-0.04	3.63	N/A	N/A
% CHILD enrollees with any ILTC claims	N/A	0.74	N/A	0.72	N/A	0.72	N/A	-1.80	-0.16	N/A	N/A
% ADULT enrollees with any ILTC claims	N/A	0.06	N/A	0.08	N/A	0.16	N/A	23.30	97.17	N/A	N/A
COMMUNITY LONG-TERM CARE STATUS											
# enrollees with any CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	14,747	N/A	N/A	N/A	15% (+/-)	No
% enrollees with any CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	3.85	N/A	N/A	N/A	15% (+/-)	No
% AGED enrollees with any CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	10.12	N/A	N/A	N/A	15% (+/-)	No
% DISABLED enrollees with any CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	10.50	N/A	N/A	N/A	15% (+/-)	No
% CHILD enrollees with any CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	0.24	N/A	N/A	N/A	15% (+/-)	No
% ADULT enrollees with any CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	0.23	N/A	N/A	N/A	15% (+/-)	No
# enrollees with ILTC claims and CLTC claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	935	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) Waiver Enrollment - Most Recent											
# ever enrolled in any Section 1915(c) waiver	N/A	N/A	N/A	N/A	N/A	6,795	N/A	N/A	N/A	15% (+/-)	No
% enrolled in any Section 1915(c) waiver	N/A	N/A	N/A	N/A	N/A	1.77	N/A	N/A	N/A	15% (+/-)	No
% AGED enrollees in Section 1915(c) waiver	N/A	N/A	N/A	N/A	N/A	2.81	N/A	N/A	N/A	15% (+/-)	No
% DISABLED enrollees in Section 1915(c) waiver	N/A	N/A	N/A	N/A	N/A	5.60	N/A	N/A	N/A	15% (+/-)	No
% CHILD enrollees in Section 1915(c) waiver	N/A	N/A	N/A	N/A	N/A	0.03	N/A	N/A	N/A	15% (+/-)	No
% ADULT enrollees in Section 1915(c) waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for Aged and Disabled (Code G)	N/A	N/A	N/A	N/A	N/A	3,059	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for Aged (Code H)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for Physically Disabled (Code I)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for People with Brain Injuries (Code J)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for People with HIV/AIDS (Code K)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for MR/DD (Code L)	N/A	N/A	N/A	N/A	N/A	3,736	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for People with MI/SED (Code M)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver for Technologically Dependent/Medically Fragile (Code N)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with Section 1915(c) waiver enrollment for unspecified or unknown populations (Code O)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
% of Section 1915(c) waiver enrollees with no waiver claim (Program Type 6 or 7)	<10%	N/A	No	N/A	No	3.72	Yes	N/A	N/A	15% (+/-)	No
% of Section 1915(c) claim (Program Type 6 or 7) recipients with no waiver enrollment	<10%	N/A	No	N/A	No	24.26	Yes	N/A	N/A	15% (+/-)	No
% of Section 1915(c) waiver enrollees with any HMO/HIO enrollment	N/A	N/A	N/A	N/A	N/A	0.50	N/A	N/A	N/A	15% (+/-)	No
Other Waiver Enrollment (Enrolled Any Time During the Year)											
# with any 1115 waiver (Codes 1,5,6,A,F)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
% AGED enrollees with any 1115 waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% DISABLED enrollees with any 1115 waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% CHILD enrollees with any 1115 waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% ADULT enrollees with any 1115 waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% with any HMO/HIO enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
# with any 1915(b) waiver (Code Z)	N/A	N/A	N/A	N/A	N/A	208,137	N/A	N/A	N/A	15% (+/-)	No

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
% AGED enrollees with any 1915(b) waiver	N/A	N/A	N/A	N/A	N/A	0.50	N/A	N/A	N/A	15% (+/-)	No
% DISABLED enrollees with any 1915(b) waiver	N/A	N/A	N/A	N/A	N/A	9.29	N/A	N/A	N/A	15% (+/-)	No
% CHILD enrollees with any 1915(b) waiver	N/A	N/A	N/A	N/A	N/A	85.04	N/A	N/A	N/A	15% (+/-)	No
% ADULT enrollees with any 1915(b) waiver	N/A	N/A	N/A	N/A	N/A	64.61	N/A	N/A	N/A	15% (+/-)	No
% with any HMO/HIO enrollment	N/A	N/A	N/A	N/A	N/A	86.98	N/A	N/A	N/A	15% (+/-)	No
# with any combined 1915(b)(c) waiver (Code 4)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
% AGED enrollees with any combined 1915(b)(c) waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% DISABLED enrollees with any combined 1915(b)(c) waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% CHILD enrollees with any combined 1915(b)(c) waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% ADULT enrollees with any combined 1915(b)(c) waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% with any HMO/HIO enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
# with 1115 HIFA waiver (Code 5)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with 1115 Pharmacy waiver coverage (Code 6)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
% AGED enrollees with Pharmacy waiver coverage	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% DISABLED enrollees with any Pharmacy waiver coverage	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% CHILD enrollees with any Pharmacy waiver coverage	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% ADULT enrollees with any combined 1915(b)(c) waiver	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
% with any HMO/HIO enrollment	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
# with other type of waiver (Code 7)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with unknown type of waiver (Code 9)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with 1115 disaster-related waiver (Code A)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
# with 1115 Family Planning Only waiver (Code F)	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	15% (+/-)	No
Enrollees with Restricted Benefits											
<i>Family Planning enrollees with Restricted Benefits (Code 6)</i>											
# with ONLY Family Planning Only enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY Family Planning Only enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# PYE ANY FP Only	N/A	Div by 0	N/A	Div by 0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Aliens with Restricted Benefits (Code 2)</i>											
# Aliens with ONLY restricted benefits	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# Aliens with ANY restricted benefits	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# PYE Aliens with ANY restricted benefits	N/A	Div by 0	N/A	Div by 0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - Code 3)</i>											
# EDB Duals with ONLY restricted benefits enrollment	N/A	11,115	N/A	12,350	N/A	13,419	N/A	11.11	8.66	N/A	N/A
# EDB Duals with ANY restricted benefits enrollment	N/A	12,485	N/A	13,802	N/A	15,179	N/A	10.55	9.98	N/A	N/A
# PYE EDB Duals with ANY restricted benefits	N/A	9,898	N/A	10,896	N/A	12,030	N/A	10.08	10.41	N/A	N/A
% EDB Duals with ONLY restricted benefits enrollment	N/A	N/A	N/A	N/A	N/A	20.99	N/A	N/A	N/A	15% (+/-)	No
<i>Prescription Drug Enrollees (Codes X, Y, or Z)</i>											
# with ONLY Prescription Drug enrollment (may also have a month or more of Code 3)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# with ANY Prescription Drug enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
# PYE ANY Prescription Drug enrollment	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
<i>Dual Prescription Drug Enrollees</i>											
# with ONLY prescription drugs who are also EDB duals	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	N/A	N/A
June Eligibility Profile											
TOTAL ENROLLEES IN JUNE	N/A	294,271	N/A	299,181	N/A	305,585	N/A	1.67	2.14	15% (+/-)	Yes
June % Full Scope Benefits (Code 1)	>80%	96.65	Yes	96.38	Yes	96.08	Yes	-0.28	-0.31	15% (+/-)	Yes
June % Restricted Benefits Alien (Code 2)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Dual (Code 3)	<5%	3.35	Yes	3.62	Yes	3.92	Yes	8.01	8.17	15% (+/-)	Yes
June % Restricted Benefits Pregnant (Code 4)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Other (Code 5)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Family Planning (Code 6)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Unknown Benefits (Code 9)	0%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	15% (+/-)	N/A
June % Restricted Benefits Pharm Plus Non-Dual Enrollee (Code X)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
June % Restricted Benefits Pharm Plus Dual Receiving Medicare Cost Sharing (Code Y)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
June % Restricted Benefits Pharm Plus Dual Not Receiving Medicare Cost Sharing (Code Z)	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
June % Private Health Insurance (Codes 2-4)	2-12%	7.81	Yes	7.54	Yes	7.55	Yes	-3.39	0.02	15% (+/-)	Yes

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
June Total Enrollees with TANF Flag (Code 2)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with M-SCHIP (Code 2) - Child (<19 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with M-SCHIP (Code 2) - Adult (>18 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3) - Child (<19 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
June # with S-SCHIP Flag (Code 3) - Adult (>18 Years)	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Medicaid Expenditures											
Total Medicaid Amt Paid	N/A	\$1,674,015,527	N/A	\$1,793,911,952	N/A	\$1,992,240,752	N/A	7.16	11.06	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	\$4,536	N/A	\$4,709	N/A	\$5,200	N/A	3.82	10.42	15% (+/-)	Yes
25th Percentile	N/A	\$363	N/A	\$342	N/A	\$525	N/A	-5.79	53.51	15% (+/-)	No
50th Percentile (Median)	N/A	\$1,098	N/A	\$982	N/A	\$1,293	N/A	-10.60	31.67	15% (+/-)	No
75th Percentile	N/A	\$3,355	N/A	\$3,268	N/A	\$3,646	N/A	-2.59	11.57	15% (+/-)	Yes
95th Percentile	N/A	\$21,549	N/A	\$22,733	N/A	\$24,377	N/A	5.49	7.23	15% (+/-)	Yes
99th Percentile	N/A	\$55,398	N/A	\$59,897	N/A	\$64,916	N/A	8.12	8.38	15% (+/-)	Yes
AVG MEDICAID AMT PD/ENROLLEE BY MAX ELIGIBILITY GROUP											
MAX Aged	N/A	\$13,163	N/A	\$13,748	N/A	\$14,875	N/A	4.44	8.20	15% (+/-)	Yes
MAX Disabled	N/A	\$8,795	N/A	\$9,337	N/A	\$9,998	N/A	6.17	7.08	10% (+/-)	Yes
MAX Child	N/A	\$1,562	N/A	\$1,507	N/A	\$1,839	N/A	-3.50	22.02	10% (+/-)	No
MAX Adult	N/A	\$2,253	N/A	\$2,045	N/A	\$2,322	N/A	-9.24	13.57	10% (+/-)	No
AVG MEDICAID AMT PD/EDB DUAL ENROLLEE											
All EDB Dual Enrollees	N/A	\$11,334	N/A	\$11,661	N/A	\$12,361	N/A	2.89	6.00	15% (+/-)	Yes
MAX Aged	N/A	\$13,285	N/A	\$13,789	N/A	\$14,863	N/A	3.79	7.79	10% (+/-)	Yes
MAX Disabled	N/A	\$9,629	N/A	\$9,786	N/A	\$10,220	N/A	1.62	4.44	10% (+/-)	Yes
AVG MEDICAID AMT PD/LONG-TERM CARE ENROLLEE											
Enrollees with ILTC claims	N/A	N/A	N/A	N/A	N/A	\$42,440	N/A	N/A	N/A	15% (+/-)	No
Enrollees with CLTC claims (excluding CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$31,679	N/A	N/A	N/A	15% (+/-)	No
Enrollees with ILTC and CLTC claims (excluding CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$46,151	N/A	N/A	N/A	15% (+/-)	No
AVG MEDICAID AMT PD PER ENROLLEE IN 1915(c) WAIVER - MOST RECENT											
All Section 1915(c) enrollees	N/A	N/A	N/A	N/A	N/A	\$42,073	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Aged and Disabled (Code G)	N/A	N/A	N/A	N/A	N/A	\$24,080	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Aged (Code H)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Physically Disabled (Code I)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for People with Brain Injuries (Code J)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for People with HIV/AIDS (Code K)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for MR/DD (Code L)	N/A	N/A	N/A	N/A	N/A	\$56,805	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for People with MI/SED (Code M)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Technologically Dependent/Medically Fragile (Code N)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for none of the above (Code O)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
AVG 1915(c) WAIVER AMT PD (PROGRAM TYPES 6/7) PER ENROLLEE IN ANY 1915(c) WAIVER - MOST RECENT											
All Section 1915(c) enrollees	N/A	N/A	N/A	N/A	N/A	\$31,815	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Aged and Disabled (Code G)	N/A	N/A	N/A	N/A	N/A	\$13,114	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Aged (Code H)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Physically Disabled (Code I)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for People with Brain Injuries (Code J)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for People with HIV/AIDS (Code K)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for MR/DD (Code L)	N/A	N/A	N/A	N/A	N/A	\$47,127	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for People with MI/SED (Code M)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for Technologically Dependent/Medically Fragile (Code N)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
Section 1915(c) waiver for none of the above (Code O)	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
EXPENDITURES FOR RESTRICTED BENEFIT ENROLLEES											
Expenditures for Family Planning enrollees with Restricted Benefits											
Expenditures for ONLY FP Only enrollees	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
Average Medicaid Paid for ONLY FP Only enrollees	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
Expenditures for Aliens with Restricted Benefits											
Expend for Aliens with restricted benefits ONLY enrollment	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
Avg Medicaid Paid for Alien enrollees with restricted benefits ONLY	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
Expenditures for EDB Duals with Restricted Benefits (Medicare Cost Sharing Only - Code 3)											

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Expenditures for EDB Duals with only restricted benefits enrollment	N/A	\$7,241,243	N/A	\$5,220,578	N/A	\$4,028,818	N/A	-27.90	-22.80	N/A	N/A
Avg Medicaid Paid for EDB Duals with only restricted benefit enrollment	N/A	\$651	N/A	\$423	N/A	\$300	N/A	-35.10	-29.00	N/A	N/A
Prescription Drug Enrollees											
Expenditures for Prescription Drug ONLY enrollees (may also have a month or more of Code 3)	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	N/A	N/A
Avg Medicaid Paid for Prescription Drug ONLY enrollees	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
Dual Prescription Drug Enrollees											
Expenditures for Prescription Drug ONLY enrollees who are also EDB duals	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
MEDICAID ENROLLEES - EXCLUDING SELECT RESTRICTED BENEFIT GROUPS (excludes people with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: S-SCHIP 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	357,924	N/A	368,584	N/A	369,692	N/A	2.98	0.30	10% (+/-)	Yes
MAX Aged Total	N/A	24,369	N/A	24,473	N/A	23,935	N/A	0.43	-2.20	10% (+/-)	Yes
MAX Disabled Total	N/A	92,135	N/A	97,429	N/A	98,511	N/A	5.75	1.11	10% (+/-)	Yes
MAX Child Total	N/A	180,662	N/A	187,297	N/A	188,290	N/A	3.67	0.53	10% (+/-)	Yes
MAX Adult Total	N/A	60,758	N/A	59,385	N/A	58,956	N/A	-2.26	-0.72	10% (+/-)	Yes
Total Medicaid PYE (Person Years of Enrollment)	N/A	286,070	N/A	290,334	N/A	294,997	N/A	1.49	1.61	10% (+/-)	Yes
Total EDB Duals	N/A	49,811	N/A	50,317	N/A	50,524	N/A	1.02	0.41	10% (+/-)	Yes
MAX Aged	N/A	23,377	N/A	23,852	N/A	23,347	N/A	2.03	-2.12	10% (+/-)	Yes
MAX Disabled	N/A	25,860	N/A	25,848	N/A	26,514	N/A	-0.05	2.58	10% (+/-)	Yes
Total Medicaid Amount Paid											
Total Medicaid Amt Paid	N/A	\$1,666,774,284	N/A	\$1,788,691,374	N/A	\$1,988,211,934	N/A	7.32	11.15	15% (+/-)	Yes
Average Medicaid Amt Paid per Enrollee	N/A	\$4,657	N/A	\$4,853	N/A	\$5,378	N/A	4.21	10.82	15% (+/-)	Yes
AVG MEDICAID AMT PD/ENROLLEE BY MAX ELIGIBILITY GROUP											
MAX Aged	N/A	\$16,243	N/A	\$17,296	N/A	\$19,115	N/A	6.49	10.52	15% (+/-)	Yes
MAX Disabled	N/A	\$9,246	N/A	\$9,870	N/A	\$10,633	N/A	6.75	7.73	10% (+/-)	Yes
MAX Child	N/A	\$1,562	N/A	\$1,507	N/A	\$1,839	N/A	-3.50	22.02	10% (+/-)	No
MAX Adult	N/A	\$2,253	N/A	\$2,045	N/A	\$2,322	N/A	-9.24	13.57	10% (+/-)	No
AVG MEDICAID AMT PD/EDB DUAL ENROLLEE											
All EDB Dual Enrollees	N/A	\$13,717	N/A	\$14,420	N/A	\$15,565	N/A	5.12	7.94	15% (+/-)	Yes
MAX Aged	N/A	\$16,527	N/A	\$17,441	N/A	\$19,207	N/A	5.53	10.13	10% (+/-)	No
MAX Disabled	N/A	\$11,403	N/A	\$11,897	N/A	\$12,635	N/A	4.33	6.21	10% (+/-)	Yes
MANAGED CARE PLAN INFORMATION (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs, excludes people with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) ---- NOTE: FP Only, duals with restricted benefits, and Aliens with restricted benefits were NOT excluded prior to 2003. Prescription drug only enrollees were NOT excluded prior to 2003.											
% Total Enrollees in MC Anytime During Year	N/A	53.12	N/A	52.09	N/A	56.31	N/A	-1.93	8.09	25% (+)	Yes
Total MC Enrollees	N/A	190,127	N/A	192,007	N/A	208,165	N/A	0.99	8.42	25% (+)	Yes
Aged	N/A	180	N/A	191	N/A	156	N/A	6.11	-18.30	25% (+)	Yes
Disabled	N/A	9,769	N/A	11,482	N/A	9,758	N/A	17.54	-15.00	25% (+)	Yes
Child	N/A	140,122	N/A	144,567	N/A	160,152	N/A	3.17	10.78	25% (+)	Yes
Adult	N/A	40,056	N/A	35,767	N/A	38,099	N/A	-10.70	6.52	25% (+)	Yes
% of MC Enrollees in HMO/HIO (Dups)	N/A	40.60	N/A	65.91	N/A	86.98	N/A	62.33	31.97	25% (+)	No
% of MC Enrollees in Dental (Dups)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in BHO (Dups)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in Prenatal (Dups)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in LTC (Dups)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in PACE (Dups)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% of MC Enrollees in PCCM (Dups)	N/A	64.15	N/A	49.56	N/A	17.05	N/A	-22.80	-65.60	25% (+)	No
% of MC Enrollees in Other MC (Dups)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals ever enrolled in HMO/HIOs	<20%	0.25	Yes	0.40	Yes	0.79	Yes	58.24	95.26	25% (+)	No
% EDB Duals in PHP only or PHP/PCCM only	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
% EDB Duals in PCCM only	N/A	2.10	N/A	1.89	N/A	1.35	N/A	-9.72	-28.80	25% (+)	No
% Section 1915(c) waiver enrollees ever enrolled in HMO/HIOs	N/A	N/A	N/A	N/A	N/A	0.50	N/A	N/A	N/A	25% (+)	No
% Section 1915(c) waiver enrollees in PHP only or PHP/PCCM only	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	25% (+)	No
% Section 1915(c) waiver enrollees in PCCM only	N/A	N/A	N/A	N/A	N/A	2.42	N/A	N/A	N/A	25% (+)	No
TOTAL ENROLLEES IN JUNE	N/A	284,956	N/A	288,968	N/A	294,227	N/A	1.41	1.82	25% (+)	Yes
June % HMO/HIO only (Code 1)	N/A	16.58	N/A	31.52	N/A	41.72	N/A	90.07	32.37	25% (+)	No

2003-2005 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
June % Dental Plan only (Code 2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % BHO only (Code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % PCCM only (Code 4)	N/A	31.98	N/A	17.20	N/A	6.12	N/A	-46.20	-64.40	25% (+)	No
June % Other MC only (Code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Dental (Code 6)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & BHO (Code 7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Other MC (Code 8)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % HMO/HIO & Dental & BHO (Code 9)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & PCCM (Code 10)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % BHO & PCCM (Code 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other MC & PCCM (Code 12)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & BHO & PCCM (Code 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Dental & BHO (Code 14)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % Other Combinations (Code 15)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	25% (+)	N/A
June % FFS Only (Code 16)	N/A	51.44	N/A	51.28	N/A	52.16	N/A	-0.31	1.72	25% (+)	Yes
June % MC Status Unknown (Code 99)	<5%	0.00	Yes	0.00	Yes	0.00	Yes	Div by 0	Div by 0	25% (+)	N/A
CAPITATION CLAIMS											
Total Cap Payments	N/A	\$53,956,093	N/A	\$44,128,016	N/A	\$121,006,053	N/A	-18.20	174.20	15% (+/-)	No
HMO/HIO	N/A	\$50,872,828	N/A	\$42,910,064	N/A	\$119,710,404	N/A	-15.70	179.00	15% (+/-)	No
PHP	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	N/A	\$3,083,265	N/A	\$1,217,952	N/A	\$1,295,649	N/A	-60.50	6.38	15% (+/-)	Yes
Ratio of Cap Claims to PME (person mo. enroll.) in MC	-9-2	0.96	Yes	0.52	No	0.95	Yes	-46.10	81.97	15% (+/-)	No
HMO/HIO	-9-2	0.97	Yes	0.44	No	0.79	No	-54.40	80.13	15% (+/-)	No
PHP	-9-2	Div by 0	No	Div by 0	No	Div by 0	No	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	-9-2	0.96	Yes	0.65	No	1.84	Yes	-32.70	183.40	15% (+/-)	No
Average Cap Payment for PME in MC	N/A	\$33	N/A	\$27	N/A	\$75	N/A	-18.00	179.10	15% (+/-)	No
HMO/HIO	N/A	\$88	N/A	\$42	N/A	\$87	N/A	-51.90	105.50	15% (+/-)	No
PHP	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
PCCM	N/A	\$3	N/A	\$2	N/A	\$6	N/A	-32.70	183.40	15% (+/-)	No
Persons enrolled in PHP only or PHP/PCCM only											
Total Cap Payments	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Total Medicaid Amt Paid	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Count of Enrollees	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Persons enrolled in PCCM only											
Total Cap Payments	N/A	\$2,929,343	N/A	\$920,822	N/A	\$1,053,151	N/A	-68.60	14.37	15% (+/-)	Yes
Count of Enrollees	N/A	112,931	N/A	65,459	N/A	27,100	N/A	-42.00	-58.60	15% (+/-)	No
Persons ever enrolled in HMO/HIOs during year											
Count of Enrollees	N/A	77,196	N/A	126,548	N/A	181,065	N/A	63.93	43.08	15% (+/-)	No
Aged	N/A	4	N/A	1	N/A	3	N/A	-75.00	200.00	25% (+)	No
Disabled	N/A	1,133	N/A	3,248	N/A	4,105	N/A	186.70	26.39	25% (+)	No
Child	N/A	57,968	N/A	99,095	N/A	141,728	N/A	70.95	43.02	25% (+)	No
Adult	N/A	18,091	N/A	24,204	N/A	35,229	N/A	33.79	45.55	25% (+)	No
Total Ever Enrolled in HMO/HIO PYE	N/A	48,165	N/A	84,508	N/A	114,697	N/A	75.46	35.72	25% (+)	No
Total Cap Payments	N/A	\$51,026,750	N/A	\$43,207,194	N/A	\$119,952,902	N/A	-15.30	177.60	15% (+/-)	No
Average Cap Payments	N/A	\$661	N/A	\$341	N/A	\$662	N/A	-48.30	94.03	15% (+/-)	No
Aged	N/A	\$509	N/A	\$1,122	N/A	\$345	N/A	120.40	-69.30	15% (+/-)	No
Disabled	N/A	\$626	N/A	\$402	N/A	\$688	N/A	-35.80	71.26	15% (+/-)	No
Child	N/A	\$614	N/A	\$309	N/A	\$643	N/A	-49.60	108.20	15% (+/-)	No
Adult	N/A	\$815	N/A	\$466	N/A	\$736	N/A	-42.80	58.03	15% (+/-)	No
Total FFS Payments	N/A	\$76,484,711	N/A	\$145,587,356	N/A	\$232,960,711	N/A	90.35	60.01	15% (+/-)	No
Average FFS Payments per enrollee	N/A	\$990.79	N/A	\$1,150	N/A	\$1,287	N/A	16.12	11.84	15% (+/-)	Yes
Aged	N/A	\$1,676.50	N/A	\$0	N/A	\$10,439	N/A	-100.00	Div by 0	15% (+/-)	N/A
Disabled	N/A	\$6,226.48	N/A	\$5,497	N/A	\$6,334	N/A	-11.70	15.22	15% (+/-)	No
Child	N/A	\$826.58	N/A	\$958	N/A	\$1,027	N/A	15.91	7.16	15% (+/-)	Yes
Adult	N/A	\$1,188.89	N/A	\$1,355	N/A	\$1,743	N/A	13.96	28.68	15% (+/-)	No
Total FFS Payments by Type of Service											
IP	N/A	\$6,270,562	N/A	\$10,686,450	N/A	\$24,085,762	N/A	70.42	125.40	15% (+/-)	No

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
ILTC	N/A	\$4,758,130	N/A	\$7,539,113	N/A	\$10,279,305	N/A	58.45	36.35	15% (+/-)	No
Drug	N/A	\$23,598,507	N/A	\$47,741,903	N/A	\$78,612,998	N/A	102.30	64.66	15% (+/-)	No
All Other (excluding cap payments)	N/A	\$41,857,512	N/A	\$79,619,890	N/A	\$119,982,646	N/A	90.22	50.69	15% (+/-)	No
Average FFS Payments by Type of Service											
IP	N/A	\$81	N/A	\$84	N/A	\$133	N/A	3.96	57.52	15% (+/-)	No
ILTC	N/A	\$62	N/A	\$60	N/A	\$57	N/A	-3.35	-4.71	15% (+/-)	Yes
Drug	N/A	\$306	N/A	\$377	N/A	\$434	N/A	23.41	15.08	15% (+/-)	No
All Other (excluding cap payments)	N/A	\$542	N/A	\$629	N/A	\$663	N/A	16.03	5.32	15% (+/-)	Yes
FFS INFORMATION FOR NON-DUAL MEDICAID ENROLLEES (excludes EDB Duals, people ever enrolled in HMO/HICs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with restricted benefits only, and prescription drug only enrollees) --- NOTE: S-SCHIP only, FP Only, and Aliens with restricted benefits were NOT excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total Non-Dual FFS Enrollees	N/A	231,044	N/A	191,922	N/A	138,501	N/A	-16.90	-27.80	15% (+/-)	No
Total Non-Dual FFS Recipients	N/A	204,689	N/A	166,731	N/A	118,930	N/A	-18.50	-28.70	15% (+/-)	No
Total Non-Dual FFS PYE	N/A	180,307	N/A	139,894	N/A	102,558	N/A	-22.40	-26.70	15% (+/-)	No
MAX Aged Total	N/A	988	N/A	621	N/A	588	N/A	-37.10	-5.31	10% (+/-)	Yes
11: Aged, Cash	N/A	420	N/A	316	N/A	276	N/A	-24.80	-12.70	10% (+/-)	No
21: Aged, MN	N/A	23	N/A	56	N/A	55	N/A	143.50	-1.79	10% (+/-)	Yes
31: Aged, Poverty	N/A	402	N/A	86	N/A	69	N/A	-78.60	-19.80	10% (+/-)	No
41: Other Aged	N/A	143	N/A	163	N/A	188	N/A	13.99	15.34	10% (+/-)	No
51: 1115 Aged	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Disabled Total	N/A	65,191	N/A	68,431	N/A	68,076	N/A	4.97	-0.52	10% (+/-)	Yes
12: Disabled, Cash	N/A	61,358	N/A	58,985	N/A	56,476	N/A	-3.87	-4.25	10% (+/-)	Yes
22: Disabled, MN	N/A	2,110	N/A	6,978	N/A	9,073	N/A	230.70	30.02	10% (+/-)	No
32: Disabled, Poverty	N/A	34	N/A	620	N/A	237	N/A	1,724.00	-61.80	10% (+/-)	No
42: Other Disabled	N/A	1,689	N/A	1,848	N/A	2,290	N/A	9.41	23.92	10% (+/-)	No
52: 1115 Disabled	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Child Total	N/A	122,687	N/A	88,196	N/A	46,555	N/A	-28.10	-47.20	10% (+/-)	No
14: AFDC Child, Cash	N/A	75	N/A	130	N/A	85	N/A	73.33	-34.60	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	35	N/A	35	N/A	11	N/A	0.00	-68.60	10% (+/-)	No
24: AFDC Child, MN	N/A	30	N/A	415	N/A	208	N/A	1,283.00	-49.90	10% (+/-)	No
34: Child Poverty	N/A	116,043	N/A	17,026	N/A	1,968	N/A	-85.30	-88.40	10% (+/-)	No
44: Other Child	N/A	443	N/A	64,239	N/A	37,910	N/A	14,401.00	-41.00	10% (+/-)	No
48: Foster Care Child	N/A	6,061	N/A	6,351	N/A	6,373	N/A	4.79	0.35	10% (+/-)	Yes
54: 1115 Child	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Adult Total	N/A	42,178	N/A	34,674	N/A	23,282	N/A	-17.80	-32.90	10% (+/-)	No
15: AFDC Adult, Cash	N/A	11,958	N/A	9,032	N/A	5,716	N/A	-24.50	-36.70	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	6,945	N/A	4,338	N/A	2,484	N/A	-37.50	-42.70	10% (+/-)	No
25: AFDC Adult, MN	N/A	2,083	N/A	6,329	N/A	6,331	N/A	203.80	0.03	10% (+/-)	Yes
35: Adult, Poverty	N/A	11,180	N/A	3,222	N/A	1,431	N/A	-71.20	-55.60	10% (+/-)	No
45: Other Adult	N/A	10,012	N/A	11,753	N/A	7,320	N/A	17.39	-37.70	10% (+/-)	No
55: 1115 Adult	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
# Non-Dual FFS Enrollees w/ MSIS Dual Code/No EDB Confirmation	N/A	763	N/A	1,326	N/A	925	N/A	73.79	-30.20	10% (+/-)	No
Total FFS Medicaid Amt Paid	N/A	\$853,373,670	N/A	\$874,451,054	N/A	\$849,931,479	N/A	2.47	-2.80	15% (+/-)	Yes
Average FFS Medicaid Amt Paid per Non-Dual FFS Enrollee	N/A	\$3,694	N/A	\$4,556	N/A	\$6,137	N/A	23.36	34.69	15% (+/-)	No
Avg FFS Medicaid Amt Paid per Non-Dual FFS Recipient (User of any service)	N/A	\$4,169	N/A	\$5,245	N/A	\$7,146	N/A	25.80	36.26	15% (+/-)	No
AVG FFS MEDICAID AMT PD/NON-DUAL FFS ENROLLEE BY MAX ELIG GRP											
All Aged	N/A	\$9,576	N/A	\$11,721	N/A	\$15,469	N/A	22.39	31.98	15% (+/-)	No
11: Aged, Cash	N/A	\$8,868	N/A	\$6,890	N/A	\$6,892	N/A	-26.80	6.19	15% (+/-)	Yes
21: Aged, MN	N/A	\$6,958	N/A	\$17,192	N/A	\$11,647	N/A	147.10	-32.30	15% (+/-)	No
31: Aged, Poverty	N/A	\$3,887	N/A	\$288	N/A	\$978	N/A	-92.60	239.50	15% (+/-)	No
41: Other Aged	N/A	\$28,072	N/A	\$26,012	N/A	\$34,496	N/A	-7.34	32.61	15% (+/-)	No
51: 1115 Aged	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Disabled	N/A	\$8,425	N/A	\$9,288	N/A	\$10,058	N/A	10.24	8.29	15% (+/-)	Yes
12: Disabled, Cash	N/A	\$8,068	N/A	\$8,958	N/A	\$9,841	N/A	11.04	9.86	15% (+/-)	Yes
22: Disabled, MN	N/A	\$9,472	N/A	\$8,648	N/A	\$8,777	N/A	-8.71	1.50	15% (+/-)	Yes
32: Disabled, Poverty	N/A	\$336	N/A	\$8,723	N/A	\$10,571	N/A	2,499.00	21.18	15% (+/-)	No
42: Other Disabled	N/A	\$20,271	N/A	\$22,431	N/A	\$20,425	N/A	10.66	-8.95	15% (+/-)	Yes
52: 1115 Disabled	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
All Child	N/A	\$1,599	N/A	\$1,769	N/A	\$2,327	N/A	10.60	31.53	15% (+/-)	No
14: AFDC Child, Cash	N/A	\$1,925	N/A	\$3,354	N/A	\$3,597	N/A	74.28	7.23	15% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	\$1,425	N/A	\$2,629	N/A	\$1,321	N/A	84.43	-49.70	15% (+/-)	No
24: AFDC Child, MN	N/A	\$730	N/A	\$1,645	N/A	\$2,929	N/A	125.40	78.08	15% (+/-)	No
34: Child, Poverty	N/A	\$1,199	N/A	\$585	N/A	\$1,097	N/A	-51.30	87.57	15% (+/-)	No
44: Other Child	N/A	\$2,746	N/A	\$1,372	N/A	\$1,303	N/A	-50.00	-5.05	15% (+/-)	Yes
48: Foster Care Child	N/A	\$9,177	N/A	\$8,928	N/A	\$8,761	N/A	-2.72	-1.86	15% (+/-)	Yes
54: 1115 Child	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Adult	N/A	\$2,334	N/A	\$2,179	N/A	\$2,054	N/A	-6.61	-5.78	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	\$2,516	N/A	\$2,214	N/A	\$1,991	N/A	-12.00	-10.10	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	\$1,644	N/A	\$1,310	N/A	\$1,061	N/A	-20.30	-19.00	15% (+/-)	No
25: AFDC Adult, MN	N/A	\$3,487	N/A	\$2,794	N/A	\$2,339	N/A	-19.90	-16.30	15% (+/-)	No
35: Adult, Poverty	N/A	\$2,066	N/A	\$1,458	N/A	\$1,485	N/A	-29.40	1.87	15% (+/-)	Yes
45: Other Adult	N/A	\$2,654	N/A	\$2,341	N/A	\$2,304	N/A	-11.80	-1.58	15% (+/-)	Yes
55: 1115 Adult	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	\$127,285,945	N/A	\$142,232,495	N/A	\$134,484,713	N/A	11.74	-5.45	15% (+/-)	Yes
IP: Number of Users	N/A	22,760	N/A	21,799	N/A	17,913	N/A	-4.22	-17.80	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	\$5,593	N/A	\$6,525	N/A	\$7,508	N/A	16.67	15.06	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	8	N/A	8.63	11.52	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	\$0	N/A	\$141,081	N/A	\$719,647	N/A	Div by 0	410.10	15% (+/-)	No
MH Aged: Number of Users	N/A	0	N/A	31	N/A	146	N/A	Div by 0	371.00	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	Div by 0	N/A	\$4,551	N/A	\$4,929	N/A	Div by 0	8.31	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	\$27,966,876	N/A	\$28,209,629	N/A	\$23,942,093	N/A	0.87	-15.10	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,353	N/A	1,238	N/A	1,002	N/A	-8.50	-19.10	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	\$20,670	N/A	\$22,786	N/A	\$23,894	N/A	10.24	4.86	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	\$16,915,533	N/A	\$17,496,144	N/A	\$18,051,865	N/A	3.43	3.18	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	182	N/A	179	N/A	180	N/A	-1.65	0.56	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	\$92,942	N/A	\$97,744	N/A	\$100,288	N/A	5.17	2.60	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	\$25,647,973	N/A	\$27,174,820	N/A	\$30,813,249	N/A	5.95	13.39	15% (+/-)	Yes
NF Number of Users	N/A	921	N/A	993	N/A	1,008	N/A	7.82	1.51	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	\$27,848	N/A	\$27,366	N/A	\$30,569	N/A	-1.73	11.70	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	\$85,304,307	N/A	\$83,472,258	N/A	\$72,854,959	N/A	-2.15	-12.70	15% (+/-)	Yes
Physician: Number of Users	N/A	154,782	N/A	128,738	N/A	94,718	N/A	-16.80	-26.40	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	\$551	N/A	\$648	N/A	\$769	N/A	17.65	18.63	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	\$23,449,657	N/A	\$17,191,102	N/A	\$10,592,129	N/A	-26.70	-38.40	15% (+/-)	No
Dental: Number of Users	N/A	64,233	N/A	46,878	N/A	29,989	N/A	-27.00	-36.00	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	\$365	N/A	\$367	N/A	\$353	N/A	0.45	-3.69	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	\$22,983,238	N/A	\$10,049,476	N/A	\$2,935,434	N/A	-56.30	-70.80	15% (+/-)	No
Other Practitioner: Number of Users	N/A	64,690	N/A	37,949	N/A	19,407	N/A	-41.30	-48.90	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	\$355	N/A	\$265	N/A	\$151	N/A	-25.50	-42.90	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	\$49,056,833	N/A	\$49,190,182	N/A	\$46,032,824	N/A	0.27	-6.42	15% (+/-)	Yes
OPD Number of Users	N/A	103,763	N/A	83,513	N/A	68,949	N/A	-19.50	-17.40	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	\$473	N/A	\$589	N/A	\$668	N/A	24.59	13.35	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	\$35,503,706	N/A	\$26,645,584	N/A	\$21,825,713	N/A	-24.90	-18.10	15% (+/-)	No
Clinic: Number of Users	N/A	115,235	N/A	69,643	N/A	41,490	N/A	-39.60	-40.40	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	\$308	N/A	\$383	N/A	\$526	N/A	24.18	37.49	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	\$2,749,137	N/A	\$2,895,124	N/A	\$2,882,572	N/A	5.31	-0.43	15% (+/-)	Yes
HH: Number of Users	N/A	2,151	N/A	2,351	N/A	1,833	N/A	9.30	-22.00	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	\$1,278	N/A	\$1,231	N/A	\$1,573	N/A	-3.65	27.70	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	\$46,824,263	N/A	\$47,674,263	N/A	\$42,665,108	N/A	1.82	-10.50	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	137,310	N/A	111,437	N/A	84,309	N/A	-18.80	-24.30	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	\$341	N/A	\$428	N/A	\$506	N/A	25.45	18.29	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	\$201,443,660	N/A	\$204,106,195	N/A	\$223,243,485	N/A	1.32	9.38	15% (+/-)	Yes
Drugs: Number of Users	N/A	177,357	N/A	138,043	N/A	103,533	N/A	-22.20	-25.00	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	\$1,136	N/A	\$1,479	N/A	\$2,156	N/A	30.18	45.83	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	\$20,366,367	N/A	\$34,842,698	N/A	\$37,944,741	N/A	71.08	8.90	15% (+/-)	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Other Services: Number of Users	N/A	11,370	N/A	33,312	N/A	23,033	N/A	193.00	-30.90	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	\$1,791	N/A	\$1,046	N/A	\$1,647	N/A	-41.60	57.50	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	\$16,215,136	N/A	\$15,143,371	N/A	\$14,277,846	N/A	-6.61	-5.72	15% (+/-)	Yes
Transportation: Number of Users	N/A	22,006	N/A	20,073	N/A	17,782	N/A	-8.78	-11.40	15% (+/-)	Yes
Transportation: Avg Medicaid Pd per User	N/A	\$737	N/A	\$754	N/A	\$803	N/A	2.38	6.43	15% (+/-)	Yes
PCS: Total Medicaid Paid (TOS 30)	N/A	\$2,705,170	N/A	\$7,760,359	N/A	\$7,931,758	N/A	186.90	2.21	15% (+/-)	Yes
PCS: Number of Users	N/A	1,560	N/A	1,587	N/A	1,404	N/A	1.73	-11.50	15% (+/-)	Yes
PCS: Avg Medicaid Pd per User	N/A	\$1,734	N/A	\$4,890	N/A	\$5,649	N/A	182.00	15.53	15% (+/-)	No
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	\$1,452,174	N/A	\$1,927,107	N/A	\$1,208,265	N/A	32.70	-37.30	15% (+/-)	No
Target Case Management: Number of Users	N/A	4,834	N/A	8,030	N/A	2,633	N/A	66.12	-67.20	15% (+/-)	No
Target Case Management: Avg Medicaid Pd per User	N/A	\$300	N/A	\$240	N/A	\$459	N/A	-20.10	91.21	15% (+/-)	No
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	\$3,537,136	N/A	\$29,755,624	N/A	\$54,006,113	N/A	741.20	81.50	15% (+/-)	No
Rehab Services: Number of Users	N/A	15,113	N/A	15,411	N/A	12,389	N/A	1.97	-19.60	15% (+/-)	No
Rehab Services: Avg Medicaid Pd per User	N/A	\$234	N/A	\$1,931	N/A	\$4,359	N/A	725.00	125.80	15% (+/-)	No
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	\$2,988,138	N/A	\$3,350,602	N/A	\$3,094,523	N/A	12.13	-7.64	15% (+/-)	Yes
PT/OT/Speech/Hear: Number of Users	N/A	12,696	N/A	10,538	N/A	8,088	N/A	-17.00	-23.20	15% (+/-)	No
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	\$235	N/A	\$318	N/A	\$383	N/A	35.09	20.33	15% (+/-)	No
Hospice: Total Medicaid Paid (TOS 35)	N/A	\$1,325,319	N/A	\$1,545,100	N/A	\$1,869,039	N/A	16.58	20.97	15% (+/-)	No
Hospice: Number of Users	N/A	247	N/A	302	N/A	289	N/A	22.27	-4.30	15% (+/-)	Yes
Hospice: Avg Medicaid Pd per User	N/A	\$5,366	N/A	\$5,116	N/A	\$6,467	N/A	-4.65	26.41	15% (+/-)	No
DME: Total Medicaid Paid (TOS 51)	N/A	\$13,108,847	N/A	\$16,789,282	N/A	\$15,809,980	N/A	28.08	-5.83	15% (+/-)	Yes
DME: Number of Users	N/A	30,020	N/A	32,944	N/A	26,956	N/A	9.74	-18.20	15% (+/-)	No
DME: Avg Medicaid Pd per User	N/A	\$437	N/A	\$510	N/A	\$587	N/A	16.71	15.09	15% (+/-)	No
Residential Care: Total Medicaid Paid (TOS 52)	N/A	\$50,751,194	N/A	\$45,639,957	N/A	\$33,360,809	N/A	-10.10	-26.90	15% (+/-)	No
Residential Care: Number of Users	N/A	2,877	N/A	2,810	N/A	1,985	N/A	-2.33	-29.40	15% (+/-)	No
Residential Care: Avg Medicaid Pd per User	N/A	\$17,640	N/A	\$16,242	N/A	\$16,806	N/A	-7.93	3.48	15% (+/-)	Yes
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	\$50,069,702	N/A	\$43,723,408	N/A	\$44,141,662	N/A	-12.70	0.96	15% (+/-)	Yes
Psych. Services: Number of Users	N/A	47,303	N/A	56,621	N/A	41,378	N/A	19.70	-26.90	15% (+/-)	No
Psych. Services: Avg Medicaid Pd per User	N/A	\$1,058	N/A	\$772	N/A	\$1,067	N/A	-27.00	38.15	15% (+/-)	No
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	\$14,645,746	N/A	\$9,490,376	N/A	\$5,963	N/A	-35.20	-99.90	15% (+/-)	No
Adult Day Care: Number of Users	N/A	1,952	N/A	1,943	N/A	1	N/A	-0.46	-99.90	15% (+/-)	No
Adult Day Care: Avg Medicaid Pd per User	N/A	\$7,503	N/A	\$4,884	N/A	\$5,963	N/A	-34.90	22.08	15% (+/-)	No
AVG FFS MEDICAID AMT PD/NON-DUAL FFS ENROLLEE BY MAX TOS											
Inpatient Hospital (TOS 01)	N/A	\$551	N/A	\$741	N/A	\$971	N/A	34.52	31.02	15% (+/-)	No
Aged	N/A	\$931	N/A	\$866	N/A	\$684	N/A	-6.98	-21.10	15% (+/-)	No
Disabled	N/A	\$1,461	N/A	\$1,606	N/A	\$1,672	N/A	9.89	4.12	15% (+/-)	Yes
Child	N/A	\$95	N/A	\$157	N/A	\$177	N/A	65.51	12.33	15% (+/-)	Yes
Adult	N/A	\$461	N/A	\$517	N/A	\$516	N/A	12.16	-0.05	15% (+/-)	Yes
ILTC (TOS=02,04,05,07)	N/A	\$305	N/A	\$380	N/A	\$531	N/A	24.64	39.53	15% (+/-)	No
Aged	N/A	\$5,246	N/A	\$8,232	N/A	\$11,533	N/A	56.92	40.11	15% (+/-)	No
Disabled	N/A	\$630	N/A	\$658	N/A	\$685	N/A	4.38	4.15	15% (+/-)	Yes
Child	N/A	\$197	N/A	\$258	N/A	\$429	N/A	31.15	66.20	15% (+/-)	No
Adult	N/A	\$2	N/A	\$3	N/A	\$4	N/A	47.74	64.22	15% (+/-)	No
Drugs (TOS=16)	N/A	\$872	N/A	\$1,063	N/A	\$1,612	N/A	21.98	51.56	15% (+/-)	No
Aged	N/A	\$1,209	N/A	\$1,349	N/A	\$1,744	N/A	11.61	29.31	15% (+/-)	No
Disabled	N/A	\$2,277	N/A	\$2,444	N/A	\$2,894	N/A	7.34	18.42	15% (+/-)	No
Child	N/A	\$269	N/A	\$261	N/A	\$349	N/A	-2.97	33.83	15% (+/-)	No
Adult	N/A	\$446	N/A	\$376	N/A	\$385	N/A	-15.80	2.49	15% (+/-)	Yes
All Other Services	N/A	\$1,965	N/A	\$2,371	N/A	\$3,023	N/A	20.64	27.48	15% (+/-)	No
Aged	N/A	\$2,190	N/A	\$1,273	N/A	\$1,507	N/A	-41.90	18.34	15% (+/-)	No
Disabled	N/A	\$4,057	N/A	\$4,580	N/A	\$4,807	N/A	12.91	4.95	15% (+/-)	Yes
Child	N/A	\$1,038	N/A	\$1,092	N/A	\$1,371	N/A	5.19	25.54	15% (+/-)	No
Adult	N/A	\$1,425	N/A	\$1,285	N/A	\$1,148	N/A	-9.86	-10.60	15% (+/-)	Yes
% OF NON-DUAL FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TOS											
% Non-Dual FFS Enrollees with IP Claims (TOS=01)	N/A	9.85	N/A	11.36	N/A	12.93	N/A	15.30	13.87	15% (+/-)	Yes
Aged	N/A	13.26	N/A	12.08	N/A	8.16	N/A	-8.91	-32.40	15% (+/-)	No
Disabled	N/A	16.46	N/A	16.55	N/A	16.82	N/A	0.56	1.65	15% (+/-)	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Child	N/A	3.99	N/A	5.30	N/A	5.75	N/A	32.97	8.47	15% (+/-)	Yes
Adult	N/A	16.61	N/A	16.50	N/A	16.04	N/A	-0.67	-2.79	15% (+/-)	Yes
% Non-Dual FFS Enrollees with ILTC Claims (TOS=02,04,05,07)	N/A	1.06	N/A	1.26	N/A	1.67	N/A	19.45	32.57	15% (+/-)	No
Aged	N/A	15.89	N/A	26.41	N/A	30.95	N/A	66.19	17.20	15% (+/-)	No
Disabled	N/A	1.96	N/A	2.09	N/A	2.18	N/A	6.84	4.10	15% (+/-)	Yes
Child	N/A	0.81	N/A	0.91	N/A	1.36	N/A	13.23	48.50	15% (+/-)	No
Adult	N/A	0.05	N/A	0.07	N/A	0.10	N/A	39.02	48.93	15% (+/-)	No
% with ratio of ILTC days/enroll days > 1	N/A	0.08	N/A	1.69	N/A	0.26	N/A	1,966.00	-84.70	15% (+/-)	No
% Non-Dual FFS Enrollees with Drug Claims (TOS=16)	N/A	76.76	N/A	71.93	N/A	74.75	N/A	-6.30	3.93	15% (+/-)	Yes
Aged	N/A	65.38	N/A	50.40	N/A	58.67	N/A	-22.90	16.41	15% (+/-)	No
Disabled	N/A	85.65	N/A	84.77	N/A	85.79	N/A	-1.03	1.21	15% (+/-)	Yes
Child	N/A	72.53	N/A	62.71	N/A	63.31	N/A	-13.50	0.96	15% (+/-)	Yes
Adult	N/A	75.62	N/A	70.42	N/A	65.75	N/A	-6.88	-6.62	15% (+/-)	Yes
% Non-Dual FFS Enrollees with All Other Claims	N/A	86.73	N/A	84.83	N/A	83.60	N/A	-2.19	-1.44	15% (+/-)	Yes
Aged	N/A	73.28	N/A	56.36	N/A	63.27	N/A	-23.10	12.25	15% (+/-)	Yes
Disabled	N/A	90.50	N/A	89.53	N/A	89.83	N/A	-1.08	0.33	15% (+/-)	Yes
Child	N/A	86.20	N/A	83.50	N/A	79.38	N/A	-3.14	-4.93	15% (+/-)	Yes
Adult	N/A	82.72	N/A	79.45	N/A	74.36	N/A	-3.95	-6.41	15% (+/-)	Yes
Avg # IP Days per Non-Dual FFS User	N/A	7	N/A	7	N/A	8	N/A	8.63	11.52	15% (+/-)	Yes
Aged	N/A	9	N/A	10	N/A	10	N/A	9.33	2.26	15% (+/-)	Yes
Disabled	N/A	10	N/A	10	N/A	10	N/A	1.75	2.38	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	4	N/A	23.49	0.24	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	4	N/A	2.29	-2.01	15% (+/-)	Yes
Avg # ILTC Days per Non-Dual FFS User	N/A	130	N/A	131	N/A	137	N/A	1.04	4.62	15% (+/-)	Yes
Aged	N/A	261	N/A	233	N/A	261	N/A	-10.90	12.20	15% (+/-)	Yes
Disabled	N/A	160	N/A	149	N/A	143	N/A	-7.32	-3.85	15% (+/-)	Yes
Child	N/A	72	N/A	83	N/A	94	N/A	15.17	12.19	15% (+/-)	Yes
Adult	N/A	8	N/A	11	N/A	7	N/A	33.64	-29.40	15% (+/-)	No
% Non-Dual FFS Enrollees with Delivery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15% (+/-)	No
FFS EXPENDITURES AND USERS BY MAX PGM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	\$892,314	N/A	\$525,433	N/A	\$140,232	N/A	-41.10	-73.30	15% (+/-)	No
FP: Number of Users	N/A	11,851	N/A	8,107	N/A	2,765	N/A	-31.60	-65.90	15% (+/-)	No
FP: Average Medicaid Pd per User	N/A	\$75	N/A	\$65	N/A	\$51	N/A	-13.90	-21.70	15% (+/-)	No
RHC: Total Medicaid Paid (Program Type 3)	N/A	\$10,262,293	N/A	\$7,579,749	N/A	\$5,517,056	N/A	-26.10	-27.20	15% (+/-)	No
RHC: Number of Users	N/A	39,345	N/A	25,303	N/A	14,716	N/A	-35.70	-41.80	15% (+/-)	No
RHC: Avg Medicaid Pd per User	N/A	\$261	N/A	\$300	N/A	\$375	N/A	14.85	25.15	15% (+/-)	No
FQHC: Total Medicaid Paid (Program Type 4)	N/A	\$14,766,238	N/A	\$12,783,717	N/A	\$10,141,593	N/A	-13.40	-20.70	15% (+/-)	No
FQHC: Number of Users	N/A	50,996	N/A	41,106	N/A	26,067	N/A	-19.40	-36.60	15% (+/-)	No
FQHC: Avg Medicaid Pd per User	N/A	\$290	N/A	\$311	N/A	\$389	N/A	7.40	25.10	15% (+/-)	No
IHS: Total Medicaid Pd (Program Type 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	\$71,433,120	N/A	\$86,900,599	N/A	\$91,133,501	N/A	21.65	4.87	15% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	2,669	N/A	2,706	N/A	2,798	N/A	1.39	3.40	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Pd per User	N/A	\$26,764	N/A	\$32,114	N/A	\$32,571	N/A	19.99	1.42	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Expenditures (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	\$135,467,327	N/A	N/A	N/A	15% (+/-)	No
Number of FFS Non-Dual CLTC Users (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	31,595	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per FFS Non-Dual User (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	\$4,288	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$3,121	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$4,261	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	\$9,548	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	\$1,043	N/A	N/A	N/A	15% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	22.81	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	33.84	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	45.66	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	0.52	N/A	N/A	N/A	15% (+/-)	No

2003-2005 MAX PSF VALIDATION TABLE
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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Adult	N/A	N/A	N/A	N/A	N/A	0.30	N/A	N/A	N/A	15% (+/-)	No
Total FFS CLTC Expenditures (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$103,762,368	N/A	N/A	N/A	15% (+/-)	No
Number of Non-Dual CLTC Users (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	5,850	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per Non-Dual User (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$17,737	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$13,372	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$18,339	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	\$9,548	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	\$1,043	N/A	N/A	N/A	15% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	4.22	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	5.44	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	8.09	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	0.52	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	0.30	N/A	N/A	N/A	15% (+/-)	No
Total FFS CLTC Expenditures (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	\$91,133,501	N/A	N/A	N/A	15% (+/-)	No
Number of Non-Dual CLTC Users (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	2,798	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per Non-Dual User (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	\$32,571	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$21,663	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$32,862	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	\$23,927	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
% Non-Dual FFS Enrollees with CLTC Claims (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	2.02	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	2.72	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	3.98	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	0.15	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No
FFS INFORMATION FOR DUAL MEDICAID ENROLLEES (excludes non-EDB duals, duals ever enrolled in HMO/HIOS, duals with only restricted benefits, duals with missing eligibility information, and prescription drug only enrollees)—NOTE: non-EDB duals and duals with restricted benefits were not excluded prior to 2001. Prescription drug only enrollees were NOT excluded prior to 2003.											
Total EDB Dual FFS Enrollees	N/A	49,684	N/A	50,114	N/A	50,126	N/A	0.87	0.02	15% (+/-)	Yes
Number of EDB Dual FFS Recipients	N/A	46,647	N/A	46,825	N/A	46,954	N/A	0.38	0.28	15% (+/-)	Yes
Total EDB Dual FFS PYE	N/A	43,862	N/A	43,831	N/A	44,428	N/A	-0.07	1.36	15% (+/-)	Yes
% EDB Only Dual (Code 50)	N/A	3.46	N/A	1.24	N/A	0.14	N/A	-64.20	-88.90	15% (+/-)	No
% QMB Only (Code 51)	N/A	1.76	N/A	1.64	N/A	2.22	N/A	-7.08	35.41	15% (+/-)	No
% QMB Plus (Code 52)	N/A	0.00	N/A	0.00	N/A	10.22	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% SLMB Only (Code 53)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% SLMB Plus (Code 54)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% QDWI (Code 55)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% QI 1 (Code 56)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% QI 2 (Code 57)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
% Other Type Dual (Code 58)	N/A	94.78	N/A	97.12	N/A	87.42	N/A	2.48	-9.99	15% (+/-)	Yes
% Dual Type Unknown (Code 59)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	Div by 0	Div by 0	15% (+/-)	N/A
MAX Aged EDB Dual FFS Total	N/A	23,377	N/A	23,851	N/A	23,344	N/A	2.03	-2.13	10% (+/-)	Yes
11: Aged, Cash	N/A	13,335	N/A	12,970	N/A	12,797	N/A	-2.74	-1.33	10% (+/-)	Yes
21: Aged, MN	N/A	726	N/A	937	N/A	927	N/A	29.06	-1.07	10% (+/-)	Yes
31: Aged, Poverty	N/A	264	N/A	315	N/A	340	N/A	19.32	7.94	10% (+/-)	Yes
41: Other Aged	N/A	9,052	N/A	9,629	N/A	9,280	N/A	6.37	-3.62	10% (+/-)	Yes
51: 1115 Aged	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Disabled EDB Dual FFS Total	N/A	25,811	N/A	25,750	N/A	26,330	N/A	-0.24	2.25	10% (+/-)	Yes
12: Disabled, Cash	N/A	17,129	N/A	16,672	N/A	17,016	N/A	-2.67	2.06	10% (+/-)	Yes
22: Disabled, MN	N/A	1,533	N/A	1,993	N/A	2,191	N/A	30.01	9.94	10% (+/-)	Yes
32: Disabled, Poverty	N/A	651	N/A	758	N/A	819	N/A	16.44	8.05	10% (+/-)	Yes
42: Other Disabled	N/A	6,498	N/A	6,327	N/A	6,304	N/A	-2.63	-0.36	10% (+/-)	Yes
52: 1115 Disabled	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Total FFS Medicaid Amt Paid	N/A	\$682,661,142	N/A	\$724,473,136	N/A	\$783,922,202	N/A	6.13	8.21	15% (+/-)	Yes
Average FFS Medicaid Amt Paid per FFS Dual	N/A	\$13,740	N/A	\$14,457	N/A	\$15,639	N/A	5.21	8.18	15% (+/-)	Yes

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Average FFS Medicaid Amt Paid per FFS Dual Recipient (User of any service)	N/A	\$14,635	N/A	\$15,472	N/A	\$16,696	N/A	5.72	7.91	15% (+/-)	Yes
AVG FFS MEDICAID AMT PD/FFS DUAL BY MAX ELIGIBILITY GROUP											
All Aged	N/A	\$16,526	N/A	\$17,442	N/A	\$19,208	N/A	5.54	10.13	15% (+/-)	Yes
11: Aged, Cash	N/A	\$7,583	N/A	\$7,277	N/A	\$7,960	N/A	-4.03	9.38	15% (+/-)	Yes
21: Aged, MN	N/A	\$2,765	N/A	\$7,080	N/A	\$7,684	N/A	156.00	8.54	15% (+/-)	Yes
31: Aged, Poverty	N/A	\$4,060	N/A	\$3,805	N/A	\$5,003	N/A	-6.27	31.48	15% (+/-)	No
41: Other Aged	N/A	\$31,169	N/A	\$32,587	N/A	\$36,391	N/A	4.55	11.67	15% (+/-)	Yes
51: 1115 Aged	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Disabled	N/A	\$11,413	N/A	\$11,913	N/A	\$12,676	N/A	4.39	6.40	15% (+/-)	Yes
12: Disabled, Cash	N/A	\$7,049	N/A	\$7,146	N/A	\$7,739	N/A	1.38	8.30	15% (+/-)	Yes
22: Disabled, MN	N/A	\$5,801	N/A	\$6,035	N/A	\$6,569	N/A	4.04	8.85	15% (+/-)	Yes
32: Disabled, Poverty	N/A	\$2,760	N/A	\$4,021	N/A	\$4,725	N/A	45.69	17.50	15% (+/-)	No
42: Other Disabled	N/A	\$25,108	N/A	\$27,273	N/A	\$29,156	N/A	8.62	6.91	15% (+/-)	Yes
52: 1115 Disabled	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	\$9,572,762	N/A	\$12,133,085	N/A	\$9,667,241	N/A	26.75	-20.30	15% (+/-)	No
IP: Number of Users	N/A	4,268	N/A	4,011	N/A	3,812	N/A	-6.02	-4.96	15% (+/-)	Yes
IP: Average Medicaid Pd per User	N/A	\$2,243	N/A	\$3,025	N/A	\$2,536	N/A	34.87	-16.20	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	7	N/A	-3.20	0.22	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	\$0	N/A	\$6,976	N/A	\$75,302	N/A	Div by 0	979.40	15% (+/-)	No
MH Aged: Number of Users	N/A	0	N/A	1	N/A	18	N/A	Div by 0	1,700.00	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	Div by 0	N/A	\$6,976	N/A	\$4,183	N/A	Div by 0	-40.00	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	\$65,142	N/A	\$15,214	N/A	\$129,806	N/A	-76.60	753.20	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	8	N/A	9	N/A	36	N/A	12.50	300.00	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	\$8,143	N/A	\$1,690	N/A	\$3,606	N/A	-79.20	113.30	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	\$33,033,065	N/A	\$34,972,252	N/A	\$35,813,849	N/A	5.87	2.41	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	363	N/A	364	N/A	364	N/A	0.28	0.00	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	\$91,000	N/A	\$96,078	N/A	\$98,390	N/A	5.58	2.41	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	\$301,173,702	N/A	\$319,523,187	N/A	\$346,536,668	N/A	6.09	8.45	15% (+/-)	Yes
NF Number of Users	N/A	10,023	N/A	9,872	N/A	9,842	N/A	-1.51	-0.30	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	\$30,048	N/A	\$32,367	N/A	\$35,210	N/A	7.72	8.79	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	\$9,239,818	N/A	\$7,281,879	N/A	\$6,738,283	N/A	-21.20	-7.47	15% (+/-)	Yes
Physician: Number of Users	N/A	37,516	N/A	32,204	N/A	31,312	N/A	-14.20	-2.77	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	\$246	N/A	\$226	N/A	\$215	N/A	-8.19	-4.83	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	\$738,153	N/A	\$825,835	N/A	\$874,077	N/A	11.88	5.84	15% (+/-)	Yes
Dental: Number of Users	N/A	3,477	N/A	3,607	N/A	3,726	N/A	3.74	3.30	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	\$212	N/A	\$229	N/A	\$235	N/A	7.85	2.46	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	\$643,856	N/A	\$526,430	N/A	\$367,203	N/A	-18.20	-30.20	15% (+/-)	No
Other Practitioner: Number of Users	N/A	13,755	N/A	8,345	N/A	6,557	N/A	-39.30	-21.40	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	\$47	N/A	\$63	N/A	\$56	N/A	34.77	-11.20	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	\$14,765,189	N/A	\$8,979,853	N/A	\$5,169,837	N/A	-39.20	-42.40	15% (+/-)	No
OPD Number of Users	N/A	21,568	N/A	19,880	N/A	20,361	N/A	-7.83	2.42	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	\$685	N/A	\$452	N/A	\$254	N/A	-34.00	-43.80	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	\$8,861,222	N/A	\$7,745,936	N/A	\$7,728,748	N/A	-12.60	-0.22	15% (+/-)	Yes
Clinic: Number of Users	N/A	11,838	N/A	12,541	N/A	13,283	N/A	5.94	5.92	15% (+/-)	Yes
Clinic: Avg Medicaid Pd per User	N/A	\$749	N/A	\$618	N/A	\$582	N/A	-17.50	-5.80	15% (+/-)	Yes
HH: Total Medicaid Paid (TOS 13)	N/A	\$636,111	N/A	\$398,402	N/A	\$209,814	N/A	-37.40	-47.30	15% (+/-)	No
HH: Number of Users	N/A	1,715	N/A	1,433	N/A	145	N/A	-16.40	-89.90	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	\$371	N/A	\$278	N/A	\$1,447	N/A	-25.00	420.50	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	\$3,811,626	N/A	\$3,946,725	N/A	\$4,102,010	N/A	3.54	3.94	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	27,585	N/A	21,652	N/A	23,114	N/A	-21.50	6.75	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	\$138	N/A	\$182	N/A	\$177	N/A	31.92	-2.64	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	\$136,447,609	N/A	\$149,442,125	N/A	\$177,867,200	N/A	9.52	19.02	15% (+/-)	No
Drugs: Number of Users	N/A	44,370	N/A	44,722	N/A	45,034	N/A	0.79	0.70	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	\$3,075	N/A	\$3,342	N/A	\$3,950	N/A	8.66	18.20	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	\$64,943,997	N/A	\$58,133,401	N/A	\$53,367,453	N/A	-10.50	-8.20	15% (+/-)	Yes
Other Services: Number of Users	N/A	6,292	N/A	7,694	N/A	7,502	N/A	22.28	-2.50	15% (+/-)	Yes

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Other Services: Avg Medicaid Pd per User	N/A	\$10,322	N/A	\$7,556	N/A	\$7,114	N/A	-26.80	-5.85	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 26)	N/A	\$9,596,968	N/A	\$7,242,963	N/A	\$7,692,641	N/A	-24.50	6.21	15% (+/-)	Yes
Transportation: Number of Users	N/A	15,503	N/A	13,796	N/A	14,019	N/A	-11.00	1.62	15% (+/-)	Yes
Transportation: Avg Medicaid Pd per User	N/A	\$619	N/A	\$525	N/A	\$549	N/A	-15.20	4.52	15% (+/-)	Yes
PCS: Total Medicaid Paid (TOS 30)	N/A	\$5,138,062	N/A	\$15,417,637	N/A	\$15,610,435	N/A	200.10	1.25	15% (+/-)	Yes
PCS: Number of Users	N/A	3,025	N/A	3,063	N/A	2,840	N/A	1.26	-7.28	15% (+/-)	Yes
PCS: Avg Medicaid Pd per User	N/A	\$1,699	N/A	\$5,034	N/A	\$5,497	N/A	196.30	9.20	15% (+/-)	Yes
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	\$23,499	N/A	\$115,853	N/A	\$19,322	N/A	393.00	-83.30	15% (+/-)	No
Target Case Management: Number of Users	N/A	62	N/A	878	N/A	58	N/A	1,316.00	-93.40	15% (+/-)	No
Target Case Management: Avg Medicaid Pd per User	N/A	\$379	N/A	\$132	N/A	\$333	N/A	-65.20	152.50	15% (+/-)	No
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	\$816,922	N/A	\$28,212,204	N/A	\$55,570,136	N/A	3,353.00	96.97	15% (+/-)	No
Rehab Services: Number of Users	N/A	2,401	N/A	4,005	N/A	3,893	N/A	66.81	-2.80	15% (+/-)	Yes
Rehab Services: Avg Medicaid Pd per User	N/A	\$340	N/A	\$7,044	N/A	\$14,274	N/A	1,970.00	102.60	15% (+/-)	No
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	\$212,609	N/A	\$154,375	N/A	\$113,052	N/A	-27.40	-26.80	15% (+/-)	No
PT/OT/Speech/Hear: Number of Users	N/A	1,090	N/A	825	N/A	882	N/A	-24.30	6.91	15% (+/-)	Yes
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	\$195	N/A	\$187	N/A	\$128	N/A	-4.07	-31.50	15% (+/-)	No
Hospice: Total Medicaid Paid (TOS 35)	N/A	\$1,744,955	N/A	\$2,751,479	N/A	\$4,007,836	N/A	57.68	45.66	15% (+/-)	No
Hospice: Number of Users	N/A	235	N/A	319	N/A	348	N/A	35.74	9.09	15% (+/-)	Yes
Hospice: Avg Medicaid Pd per User	N/A	\$7,425	N/A	\$8,625	N/A	\$11,517	N/A	16.16	33.52	15% (+/-)	No
DME: Total Medicaid Paid (TOS 51)	N/A	\$5,942,301	N/A	\$4,137,833	N/A	\$4,550,157	N/A	-30.40	9.97	15% (+/-)	Yes
DME: Number of Users	N/A	12,587	N/A	14,065	N/A	17,049	N/A	11.74	21.22	15% (+/-)	No
DME: Avg Medicaid Pd per User	N/A	\$472	N/A	\$294	N/A	\$267	N/A	-37.70	-9.28	15% (+/-)	Yes
Residential Care: Total Medicaid Paid (TOS 52)	N/A	\$36,083,470	N/A	\$41,649,835	N/A	\$40,617,371	N/A	15.43	-2.48	15% (+/-)	Yes
Residential Care: Number of Users	N/A	1,275	N/A	1,454	N/A	1,471	N/A	14.04	1.17	15% (+/-)	Yes
Residential Care: Avg Medicaid Pd per User	N/A	\$28,301	N/A	\$28,645	N/A	\$27,612	N/A	1.22	-3.61	15% (+/-)	Yes
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	\$17,447,399	N/A	\$6,150,722	N/A	\$6,638,242	N/A	-64.70	7.93	15% (+/-)	Yes
Psych. Services: Number of Users	N/A	12,831	N/A	8,422	N/A	8,336	N/A	-34.40	-1.02	15% (+/-)	Yes
Psych. Services: Avg Medicaid Pd per User	N/A	\$1,360	N/A	\$730	N/A	\$796	N/A	-46.30	9.04	15% (+/-)	Yes
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	\$21,565,265	N/A	\$13,978,894	N/A	\$8,732	N/A	-35.20	-99.90	15% (+/-)	No
Adult Day Care: Number of Users	N/A	1,439	N/A	1,465	N/A	2	N/A	1.81	-99.90	15% (+/-)	No
Adult Day Care: Avg Medicaid Pd per User	N/A	\$14,986	N/A	\$9,542	N/A	\$4,366	N/A	-36.30	-54.20	15% (+/-)	No
AVG FFS MEDICAID AMT PD/FFS DUAL BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	\$193	N/A	\$242	N/A	\$193	N/A	25.66	-20.30	15% (+/-)	No
Aged	N/A	\$113	N/A	\$171	N/A	\$120	N/A	51.43	-29.40	15% (+/-)	No
Disabled	N/A	\$258	N/A	\$303	N/A	\$251	N/A	17.16	-17.00	15% (+/-)	No
ILTC (TOS=02,04,05,07)	N/A	\$6,728	N/A	\$7,074	N/A	\$7,632	N/A	5.15	7.88	15% (+/-)	Yes
Aged	N/A	\$11,849	N/A	\$12,431	N/A	\$13,735	N/A	4.91	10.49	15% (+/-)	Yes
Disabled	N/A	\$2,219	N/A	\$2,254	N/A	\$2,349	N/A	1.57	4.22	15% (+/-)	Yes
Drugs (TOS=16)	N/A	\$2,746	N/A	\$2,982	N/A	\$3,548	N/A	8.58	18.99	15% (+/-)	No
Aged	N/A	\$2,634	N/A	\$2,899	N/A	\$3,414	N/A	10.04	17.77	15% (+/-)	No
Disabled	N/A	\$2,875	N/A	\$3,091	N/A	\$3,697	N/A	7.49	19.62	15% (+/-)	No
All Other Services	N/A	\$4,073	N/A	\$4,158	N/A	\$4,266	N/A	2.09	2.59	15% (+/-)	Yes
Aged	N/A	\$1,930	N/A	\$1,941	N/A	\$1,938	N/A	0.59	-0.15	15% (+/-)	Yes
Disabled	N/A	\$6,060	N/A	\$6,266	N/A	\$6,379	N/A	3.40	1.80	15% (+/-)	Yes
% OF FFS DUALS WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% FFS Duals with IP Claims (TOS=01)	N/A	8.59	N/A	8.00	N/A	7.60	N/A	-6.83	-4.98	15% (+/-)	Yes
Aged	N/A	8.71	N/A	7.99	N/A	7.75	N/A	-8.25	-3.03	15% (+/-)	Yes
Disabled	N/A	8.40	N/A	7.91	N/A	7.45	N/A	-5.73	-5.90	15% (+/-)	Yes
% FFS Duals with ILTC Claims (TOS=02,04,05,07)	N/A	20.88	N/A	20.42	N/A	20.43	N/A	-2.21	0.03	15% (+/-)	Yes
Aged	N/A	39.23	N/A	38.02	N/A	38.65	N/A	-3.08	1.67	15% (+/-)	Yes
Disabled	N/A	4.66	N/A	4.52	N/A	4.61	N/A	-3.01	1.91	15% (+/-)	Yes
% FFS Duals with Drug Claims (TOS=16)	N/A	89.30	N/A	89.24	N/A	89.84	N/A	-0.07	0.67	15% (+/-)	Yes
Aged	N/A	90.72	N/A	90.79	N/A	91.50	N/A	0.08	0.78	15% (+/-)	Yes
Disabled	N/A	88.07	N/A	87.91	N/A	88.47	N/A	-0.17	0.63	15% (+/-)	Yes
% FFS Duals with All Other Claims	N/A	88.06	N/A	87.08	N/A	87.79	N/A	-1.12	0.81	15% (+/-)	Yes
Aged	N/A	85.44	N/A	84.68	N/A	85.62	N/A	-0.88	1.10	15% (+/-)	Yes
Disabled	N/A	90.51	N/A	89.39	N/A	89.83	N/A	-1.24	0.50	15% (+/-)	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Avg # IP Days per FFS Dual User (TOS 01)	N/A	7	N/A	7	N/A	7	N/A	-3.20	0.22	15% (+/-)	Yes
Aged	N/A	6	N/A	6	N/A	6	N/A	-4.36	-2.91	15% (+/-)	Yes
Disabled	N/A	8	N/A	8	N/A	8	N/A	-1.92	2.17	15% (+/-)	Yes
Avg # ILTC Days per FFS Dual User (TOS 02, 04, 05, 07)	N/A	255	N/A	251	N/A	251	N/A	-1.33	-0.27	15% (+/-)	Yes
Aged	N/A	253	N/A	250	N/A	250	N/A	-1.07	-0.09	15% (+/-)	Yes
Disabled	N/A	269	N/A	260	N/A	256	N/A	-3.15	-1.70	15% (+/-)	Yes
FFS EXPENDITURES AND USERS BY MAX PROGRAM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	\$12,570	N/A	\$6,822	N/A	\$3,880	N/A	-45.70	-43.10	15% (+/-)	No
FP: Number of Users	N/A	211	N/A	141	N/A	67	N/A	-33.20	-52.50	15% (+/-)	No
FP: Average Medicaid Pd per User	N/A	\$60	N/A	\$48	N/A	\$58	N/A	-18.80	19.69	15% (+/-)	No
RHC: Total Medicaid Paid (Program Type 3)	N/A	\$777,624	N/A	\$998,815	N/A	\$829,065	N/A	28.44	-17.00	15% (+/-)	No
RHC: Number of Users	N/A	5,166	N/A	5,553	N/A	5,884	N/A	7.49	5.96	15% (+/-)	Yes
RHC: Avg Medicaid Pd per User	N/A	\$151	N/A	\$180	N/A	\$141	N/A	19.49	-21.70	15% (+/-)	No
FQHC: Total Medicaid Paid (Program Type 4)	N/A	\$717,666	N/A	\$745,857	N/A	\$688,997	N/A	3.93	-7.62	15% (+/-)	Yes
FQHC: Number of Users	N/A	5,179	N/A	5,608	N/A	6,201	N/A	8.28	10.57	15% (+/-)	Yes
FQHC: Avg Medicaid Pd per User	N/A	\$139	N/A	\$133	N/A	\$111	N/A	-4.02	-16.50	15% (+/-)	No
IHS: Total Medicaid Pd (Program Type 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	\$122,682,858	N/A	\$140,666,861	N/A	\$147,943,671	N/A	14.66	5.17	15% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	6,155	N/A	5,817	N/A	5,810	N/A	-3.87	-1.81	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Pd per User	N/A	\$19,932	N/A	\$23,773	N/A	\$25,464	N/A	19.27	7.11	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Expenditures (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	\$181,088,578	N/A	N/A	N/A	15% (+/-)	No
Number of Dual CLTC Users (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	27,237	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per FFS Dual User (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	\$6,649	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$2,803	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$10,047	N/A	N/A	N/A	15% (+/-)	No
% FFS Dual Enrollees with CLTC Claims (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	54.34	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	54.72	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	54.92	N/A	N/A	N/A	15% (+/-)	No
Total FFS CLTC Expenditures (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$163,838,216	N/A	N/A	N/A	15% (+/-)	No
Number of Dual CLTC Users (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	8,491	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per Dual User (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$19,296	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$8,681	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$25,367	N/A	N/A	N/A	15% (+/-)	No
% FFS Dual Enrollees with CLTC Claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	16.94	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	13.21	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	20.52	N/A	N/A	N/A	15% (+/-)	No
Total FFS CLTC Expenditures (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	\$147,943,671	N/A	N/A	N/A	15% (+/-)	No
Number of Dual CLTC Users (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	5,810	N/A	N/A	N/A	15% (+/-)	No
Average CLTC Expenditures per Dual User (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	\$25,464	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$13,083	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$28,669	N/A	N/A	N/A	15% (+/-)	No
% FFS Dual Enrollees with CLTC Claims (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	11.59	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	5.12	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	17.53	N/A	N/A	N/A	15% (+/-)	No
FFS INFORMATION FOR TOTAL MEDICAID ENROLLEES (excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees) --- NOTE: S-SCHIP 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 FFS Enrollees	N/A	280,728	N/A	242,036	N/A	188,627	N/A	-13.80	-22.10	15% (+/-)	No
# FFS Recipients	N/A	251,336	N/A	213,556	N/A	165,884	N/A	-15.00	-22.30	15% (+/-)	No
% FFS Enrollees who are Recipients	65-90%	89.53	Yes	88.23	Yes	87.94	Yes	-1.45	-0.33	15% (+/-)	Yes
% Aged who are Recipients	90-100%	94.10	Yes	93.83	Yes	94.14	Yes	-0.28	0.32	15% (+/-)	Yes
% Disabled who are Recipients	85-100%	92.21	Yes	91.29	Yes	91.67	Yes	-1.00	0.41	15% (+/-)	Yes

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
% Child who are Recipients	80-100%	87.87	Yes	85.50	Yes	81.77	Yes	-2.70	-4.36	15% (+/-)	Yes
% Adults who are Recipients	80-100%	85.97	Yes	83.00	Yes	78.99	No	-3.45	-4.83	15% (+/-)	Yes
Total FFS PYE	N/A	224,169	N/A	183,725	N/A	146,985	N/A	-18.00	-20.00	15% (+/-)	No
MAX Aged Total	N/A	24,365	N/A	24,472	N/A	23,932	N/A	0.44	-2.21	10% (+/-)	Yes
11: Aged, Cash	N/A	13,755	N/A	13,286	N/A	13,073	N/A	-3.41	-1.60	10% (+/-)	Yes
21: Aged, MN	N/A	749	N/A	993	N/A	982	N/A	32.58	-1.11	10% (+/-)	Yes
31: Aged, Poverty	N/A	666	N/A	401	N/A	409	N/A	-39.80	2.00	10% (+/-)	Yes
41: Other Aged	N/A	9,195	N/A	9,792	N/A	9,468	N/A	6.49	-3.31	10% (+/-)	Yes
51: 1115 Aged	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Disabled Total	N/A	91,002	N/A	94,181	N/A	94,406	N/A	3.49	0.24	10% (+/-)	Yes
12: Disabled, Cash	N/A	78,487	N/A	75,657	N/A	73,492	N/A	-3.61	-2.86	10% (+/-)	Yes
22: Disabled, MN	N/A	3,643	N/A	8,971	N/A	11,264	N/A	146.30	25.56	10% (+/-)	No
32: Disabled, Poverty	N/A	685	N/A	1,378	N/A	1,056	N/A	101.20	-23.40	10% (+/-)	No
42: Other Disabled	N/A	8,187	N/A	8,175	N/A	8,594	N/A	-0.15	5.13	10% (+/-)	Yes
52: 1115 Disabled	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Child Total	N/A	122,694	N/A	88,202	N/A	46,562	N/A	-28.10	-47.20	10% (+/-)	No
14: AFDC Child, Cash	N/A	75	N/A	130	N/A	85	N/A	73.33	-34.60	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	35	N/A	35	N/A	11	N/A	0.00	-68.60	10% (+/-)	No
24: AFDC Child, MN	N/A	30	N/A	415	N/A	208	N/A	1,283.00	-49.90	10% (+/-)	No
34: Child Poverty	N/A	116,048	N/A	17,029	N/A	1,969	N/A	-85.30	-88.40	10% (+/-)	No
44: Other Child	N/A	443	N/A	64,239	N/A	37,911	N/A	14,401.00	-41.00	10% (+/-)	No
48: Foster Care Child	N/A	6,063	N/A	6,354	N/A	6,378	N/A	4.80	0.38	10% (+/-)	Yes
54: 1115 Child	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
MAX Adult Total	N/A	42,667	N/A	35,181	N/A	23,727	N/A	-17.50	-32.60	10% (+/-)	No
15: AFDC Adult, Cash	N/A	12,054	N/A	9,102	N/A	5,751	N/A	-24.50	-36.80	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	6,983	N/A	4,365	N/A	2,494	N/A	-37.50	-42.90	10% (+/-)	No
25: AFDC Adult, MN	N/A	2,308	N/A	6,628	N/A	6,650	N/A	187.20	0.33	10% (+/-)	Yes
35: Adult, Poverty	N/A	11,242	N/A	3,253	N/A	1,451	N/A	-71.10	-55.40	10% (+/-)	No
45: Other Adult	N/A	10,080	N/A	11,833	N/A	7,381	N/A	17.39	-37.60	10% (+/-)	No
55: 1115 Adult	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	10% (+/-)	N/A
Total FFS Medicaid Amt Paid	N/A	\$1,536,034,812	N/A	\$1,598,924,190	N/A	\$1,633,853,681	N/A	4.09	2.19	15% (+/-)	Yes
Average FFS Medicaid Amt Paid per FFS Enrollee	N/A	\$5,472	N/A	\$6,606	N/A	\$8,662	N/A	20.73	31.12	15% (+/-)	No
Average FFS Medicaid Amt Paid per FFS Recipient (User of any svc)	N/A	\$6,111	N/A	\$7,487	N/A	\$9,849	N/A	22.51	31.55	15% (+/-)	No
AVG FFS MEDICAID AMT PD/FFS ENROLLEE BY MAX ELIGIBILITY GROUP											
All Aged	N/A	\$16,245	N/A	\$17,296	N/A	\$19,116	N/A	6.48	10.52	15% (+/-)	Yes
11: Aged, Cash	N/A	\$7,622	N/A	\$7,259	N/A	\$7,937	N/A	-4.77	9.35	15% (+/-)	Yes
21: Aged, MN	N/A	\$2,894	N/A	\$7,650	N/A	\$7,906	N/A	164.30	3.35	15% (+/-)	Yes
31: Aged, Poverty	N/A	\$3,956	N/A	\$3,051	N/A	\$4,324	N/A	-22.90	41.73	15% (+/-)	No
41: Other Aged	N/A	\$31,121	N/A	\$32,478	N/A	\$36,354	N/A	4.36	11.93	15% (+/-)	Yes
51: 1115 Aged	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Disabled	N/A	\$9,273	N/A	\$10,006	N/A	\$10,788	N/A	7.91	7.82	15% (+/-)	Yes
12: Disabled, Cash	N/A	\$7,845	N/A	\$8,559	N/A	\$9,355	N/A	9.10	9.30	15% (+/-)	Yes
22: Disabled, MN	N/A	\$7,927	N/A	\$8,067	N/A	\$8,348	N/A	1.76	3.48	15% (+/-)	Yes
32: Disabled, Poverty	N/A	\$2,640	N/A	\$6,137	N/A	\$6,037	N/A	132.50	-1.63	15% (+/-)	Yes
42: Other Disabled	N/A	\$24,110	N/A	\$26,178	N/A	\$26,830	N/A	8.58	2.49	15% (+/-)	Yes
52: 1115 Disabled	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Child	N/A	\$1,600	N/A	\$1,769	N/A	\$2,329	N/A	10.61	31.62	15% (+/-)	No
14: AFDC Child, Cash	N/A	\$1,925	N/A	\$3,354	N/A	\$3,597	N/A	74.28	7.23	15% (+/-)	Yes
16: AFDC-U Child, Cash	N/A	\$1,425	N/A	\$2,629	N/A	\$1,321	N/A	84.43	-49.70	15% (+/-)	No
24: AFDC Child, MN	N/A	\$730	N/A	\$1,645	N/A	\$2,929	N/A	125.40	78.08	15% (+/-)	No
34: Child, Poverty	N/A	\$1,200	N/A	\$585	N/A	\$1,096	N/A	-51.20	87.19	15% (+/-)	No
44: Other Child	N/A	\$2,746	N/A	\$1,372	N/A	\$1,303	N/A	-50.00	-5.05	15% (+/-)	Yes
48: Foster Care Child	N/A	\$9,175	N/A	\$8,930	N/A	\$8,774	N/A	-2.68	-1.74	15% (+/-)	Yes
54: 1115 Child	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
All Adult	N/A	\$2,347	N/A	\$2,195	N/A	\$2,084	N/A	-6.48	-5.03	15% (+/-)	Yes
15: AFDC Adult, Cash	N/A	\$2,528	N/A	\$2,223	N/A	\$2,001	N/A	-12.10	-9.97	15% (+/-)	Yes
17: AFDC-U Adult, Cash	N/A	\$1,646	N/A	\$1,322	N/A	\$1,063	N/A	-19.70	-19.60	15% (+/-)	No

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
25: AFDC Adult, MN	N/A	\$3,515	N/A	\$2,820	N/A	\$2,427	N/A	-19.80	-14.00	15% (+/-)	Yes
35: Adult, Poverty	N/A	\$2,073	N/A	\$1,475	N/A	\$1,478	N/A	-28.80	0.22	15% (+/-)	Yes
45: Other Adult	N/A	\$2,654	N/A	\$2,343	N/A	\$2,305	N/A	-11.70	-1.58	15% (+/-)	Yes
55: 1115 Adult	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
FFS EXPENDITURES AND USERS BY MAX TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	\$136,858,707	N/A	\$154,365,580	N/A	\$144,151,954	N/A	12.79	-6.62	15% (+/-)	Yes
IP: Number of Users	N/A	27,028	N/A	25,810	N/A	21,725	N/A	-4.51	-15.80	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	\$5,064	N/A	\$5,981	N/A	\$6,635	N/A	18.11	10.94	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	7	N/A	7	N/A	8	N/A	6.68	9.51	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	\$0	N/A	\$148,057	N/A	\$794,949	N/A	Div by 0	436.90	15% (+/-)	No
MH Aged: Number of Users	N/A	0	N/A	32	N/A	164	N/A	Div by 0	412.50	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	Div by 0	N/A	\$4,627	N/A	\$4,847	N/A	Div by 0	4.77	15% (+/-)	Yes
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	\$28,032,018	N/A	\$28,224,843	N/A	\$24,071,899	N/A	0.69	-14.70	15% (+/-)	Yes
IP Psych < 21: Number of Users	N/A	1,361	N/A	1,247	N/A	1,038	N/A	-8.38	-16.80	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	\$20,597	N/A	\$22,634	N/A	\$23,191	N/A	9.89	2.46	15% (+/-)	Yes
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	\$49,948,598	N/A	\$52,468,396	N/A	\$53,865,714	N/A	5.05	2.66	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	545	N/A	543	N/A	544	N/A	-0.37	0.18	15% (+/-)	Yes
ICF/MR: Avg Medicaid Pd per User	N/A	\$91,649	N/A	\$96,627	N/A	\$99,018	N/A	5.43	2.47	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	\$326,821,675	N/A	\$346,698,007	N/A	\$377,349,917	N/A	6.08	8.84	15% (+/-)	Yes
NF Number of Users	N/A	10,944	N/A	10,865	N/A	10,850	N/A	-0.72	-0.14	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	\$29,863	N/A	\$31,910	N/A	\$34,779	N/A	6.85	8.99	15% (+/-)	Yes
Physician: Total Medicaid Paid (TOS 08)	N/A	\$94,544,125	N/A	\$90,754,137	N/A	\$79,593,242	N/A	-4.01	-12.30	15% (+/-)	Yes
Physician: Number of Users	N/A	192,298	N/A	160,942	N/A	126,030	N/A	-16.30	-21.70	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	\$492	N/A	\$564	N/A	\$632	N/A	14.69	12.00	15% (+/-)	Yes
Dental: Total Medicaid Paid (TOS 09)	N/A	\$24,187,810	N/A	\$18,016,937	N/A	\$11,466,206	N/A	-25.50	-36.40	15% (+/-)	No
Dental: Number of Users	N/A	67,710	N/A	50,485	N/A	33,715	N/A	-25.40	-33.20	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	\$357	N/A	\$357	N/A	\$340	N/A	-0.10	-4.70	15% (+/-)	Yes
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	\$23,627,094	N/A	\$10,575,906	N/A	\$3,302,637	N/A	-55.20	-68.80	15% (+/-)	No
Other Practitioner: Number of Users	N/A	78,445	N/A	46,294	N/A	25,964	N/A	-41.00	-43.90	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	\$301	N/A	\$228	N/A	\$127	N/A	-24.20	-44.30	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	\$63,822,022	N/A	\$58,170,035	N/A	\$51,202,661	N/A	-8.86	-12.00	15% (+/-)	Yes
OPD Number of Users	N/A	125,331	N/A	103,393	N/A	89,310	N/A	-17.50	-13.60	15% (+/-)	Yes
OPD: Avg Medicaid Pd per User	N/A	\$509	N/A	\$563	N/A	\$573	N/A	10.48	1.90	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	\$44,364,928	N/A	\$34,391,520	N/A	\$29,554,461	N/A	-22.50	-14.10	15% (+/-)	Yes
Clinic: Number of Users	N/A	127,073	N/A	82,184	N/A	54,773	N/A	-35.30	-33.40	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	\$349	N/A	\$418	N/A	\$540	N/A	19.86	28.94	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	\$3,385,248	N/A	\$3,293,526	N/A	\$3,092,386	N/A	-2.71	-6.11	15% (+/-)	Yes
HH: Number of Users	N/A	3,866	N/A	3,784	N/A	1,978	N/A	-2.12	-47.70	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	\$876	N/A	\$870	N/A	\$1,563	N/A	-0.60	79.62	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	\$50,635,889	N/A	\$51,620,988	N/A	\$46,767,118	N/A	1.95	-9.40	15% (+/-)	Yes
Lab/Xray: Number of Users	N/A	164,895	N/A	133,089	N/A	107,423	N/A	-19.30	-19.30	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	\$307	N/A	\$388	N/A	\$435	N/A	26.31	12.24	15% (+/-)	Yes
Drugs: Total Medicaid Paid (TOS 16)	N/A	\$337,891,269	N/A	\$353,548,320	N/A	\$401,110,685	N/A	4.63	13.45	15% (+/-)	Yes
Drugs: Number of Users	N/A	221,727	N/A	182,765	N/A	148,567	N/A	-17.60	-18.70	15% (+/-)	No
Drugs: Avg Medicaid Pd per User	N/A	\$1,524	N/A	\$1,934	N/A	\$2,700	N/A	26.94	39.57	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	\$85,310,364	N/A	\$92,976,099	N/A	\$91,312,194	N/A	8.99	-1.79	15% (+/-)	Yes
Other Services: Number of Users	N/A	17,662	N/A	41,006	N/A	30,535	N/A	132.20	-25.50	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	\$4,830	N/A	\$2,267	N/A	\$2,990	N/A	-53.10	31.89	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 26)	N/A	\$25,812,104	N/A	\$22,386,334	N/A	\$21,970,487	N/A	-13.30	-1.86	15% (+/-)	Yes
Transportation: Number of Users	N/A	37,509	N/A	33,869	N/A	31,801	N/A	-9.70	-6.11	15% (+/-)	Yes
Transportation: Avg Medicaid Pd per User	N/A	\$688	N/A	\$661	N/A	\$691	N/A	-3.95	4.53	15% (+/-)	Yes
PCS: Total Medicaid Paid (TOS 30)	N/A	\$7,843,232	N/A	\$23,177,996	N/A	\$23,542,193	N/A	195.50	1.57	15% (+/-)	Yes
PCS: Number of Users	N/A	4,585	N/A	4,650	N/A	4,244	N/A	1.42	-8.73	15% (+/-)	Yes
PCS: Avg Medicaid Pd per User	N/A	\$1,711	N/A	\$4,985	N/A	\$5,547	N/A	191.40	11.29	15% (+/-)	Yes
Target Case Management: Total Medicaid Pd (TOS 31)	N/A	\$1,475,673	N/A	\$2,042,960	N/A	\$1,227,587	N/A	38.44	-39.90	15% (+/-)	No
Target Case Management: Number of Users	N/A	4,896	N/A	8,908	N/A	2,691	N/A	81.94	-69.80	15% (+/-)	No
Target Case Management: Avg Medicaid Pd per User	N/A	\$301	N/A	\$229	N/A	\$456	N/A	-23.90	98.91	15% (+/-)	No

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Rehab Services: Total Medicaid Pd (TOS 33)	N/A	\$4,354,058	N/A	\$57,967,828	N/A	\$109,576,249	N/A	1,231.00	89.03	15% (+/-)	No
Rehab Services: Number of Users	N/A	17,514	N/A	19,416	N/A	16,282	N/A	10.86	-16.10	15% (+/-)	No
Rehab Services: Avg Medicaid Pd per User	N/A	\$249	N/A	\$2,986	N/A	\$6,730	N/A	1,101.00	125.40	15% (+/-)	No
PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	N/A	\$3,200,747	N/A	\$3,504,977	N/A	\$3,207,575	N/A	9.51	-8.49	15% (+/-)	Yes
PT/OT/Speech/Hear: Number of Users	N/A	13,786	N/A	11,363	N/A	8,970	N/A	-17.60	-21.10	15% (+/-)	No
PT/OT/Speech/Hear: Avg Medicaid Pd per User	N/A	\$232	N/A	\$308	N/A	\$358	N/A	32.86	15.93	15% (+/-)	No
Hospice: Total Medicaid Paid (TOS 35)	N/A	\$3,070,274	N/A	\$4,296,579	N/A	\$5,876,875	N/A	39.94	36.78	15% (+/-)	No
Hospice: Number of Users	N/A	482	N/A	621	N/A	637	N/A	28.84	2.58	15% (+/-)	Yes
Hospice: Avg Medicaid Pd per User	N/A	\$6,370	N/A	\$6,919	N/A	\$9,226	N/A	8.62	33.34	15% (+/-)	No
DME: Total Medicaid Paid (TOS 51)	N/A	\$19,051,148	N/A	\$20,927,115	N/A	\$20,360,137	N/A	9.85	-2.71	15% (+/-)	Yes
DME: Number of Users	N/A	42,607	N/A	47,009	N/A	44,005	N/A	10.33	-6.39	15% (+/-)	Yes
DME: Avg Medicaid Pd per User	N/A	\$447	N/A	\$445	N/A	\$463	N/A	-0.44	3.93	15% (+/-)	Yes
Residential Care: Total Medicaid Paid (TOS 52)	N/A	\$86,834,664	N/A	\$87,289,792	N/A	\$73,978,180	N/A	0.52	-15.20	15% (+/-)	No
Residential Care: Number of Users	N/A	4,152	N/A	4,264	N/A	3,456	N/A	2.70	-18.90	15% (+/-)	No
Residential Care: Avg Medicaid Pd per User	N/A	\$20,914	N/A	\$20,471	N/A	\$21,406	N/A	-2.12	4.56	15% (+/-)	Yes
Psych. Services: Total Medicaid Paid (TOS 53)	N/A	\$67,517,101	N/A	\$49,874,130	N/A	\$50,779,904	N/A	-26.10	1.82	15% (+/-)	Yes
Psych. Services: Number of Users	N/A	60,134	N/A	65,043	N/A	49,714	N/A	8.16	-23.60	15% (+/-)	No
Psych. Services: Avg Medicaid Pd per User	N/A	\$1,123	N/A	\$767	N/A	\$1,021	N/A	-31.70	33.21	15% (+/-)	No
Adult Day Care: Total Medicaid Paid (TOS 54)	N/A	\$36,211,011	N/A	\$23,469,270	N/A	\$14,695	N/A	-35.20	-99.90	15% (+/-)	No
Adult Day Care: Number of Users	N/A	3,391	N/A	3,408	N/A	3	N/A	0.50	-99.90	15% (+/-)	No
Adult Day Care: Avg Medicaid Pd per User	N/A	\$10,679	N/A	\$6,887	N/A	\$4,898	N/A	-35.50	-28.90	15% (+/-)	No
AVG FFS MEDICAID AMT PD/FFS ENROLLEE BY SELECTED MAX TOS											
Inpatient Hospital (TOS=01)	N/A	\$488	N/A	\$638	N/A	\$764	N/A	30.82	19.82	15% (+/-)	No
Aged	N/A	\$146	N/A	\$188	N/A	\$134	N/A	29.06	-28.60	15% (+/-)	No
Disabled	N/A	\$1,120	N/A	\$1,250	N/A	\$1,276	N/A	11.56	2.09	15% (+/-)	Yes
Child	N/A	\$95	N/A	\$157	N/A	\$177	N/A	65.51	12.32	15% (+/-)	Yes
Adult	N/A	\$462	N/A	\$517	N/A	\$517	N/A	11.95	-0.04	15% (+/-)	Yes
ILTC (TOS=02,04,05,07)	N/A	\$1,442	N/A	\$1,766	N/A	\$2,418	N/A	22.50	36.88	15% (+/-)	No
Aged	N/A	\$11,582	N/A	\$12,324	N/A	\$13,681	N/A	6.41	11.01	15% (+/-)	Yes
Disabled	N/A	\$1,081	N/A	\$1,094	N/A	\$1,149	N/A	1.24	5.02	15% (+/-)	Yes
Child	N/A	\$197	N/A	\$258	N/A	\$431	N/A	31.14	66.89	15% (+/-)	No
Adult	N/A	\$2	N/A	\$3	N/A	\$4	N/A	47.30	63.50	15% (+/-)	No
Drugs (TOS=16)	N/A	\$1,204	N/A	\$1,461	N/A	\$2,126	N/A	21.36	45.58	15% (+/-)	No
Aged	N/A	\$2,577	N/A	\$2,860	N/A	\$3,373	N/A	10.98	17.96	15% (+/-)	No
Disabled	N/A	\$2,446	N/A	\$2,621	N/A	\$3,118	N/A	7.12	18.97	15% (+/-)	No
Child	N/A	\$269	N/A	\$261	N/A	\$350	N/A	-2.98	33.96	15% (+/-)	No
Adult	N/A	\$456	N/A	\$390	N/A	\$412	N/A	-14.40	5.46	15% (+/-)	Yes
All Other Services	N/A	\$2,339	N/A	\$2,741	N/A	\$3,353	N/A	17.22	22.33	15% (+/-)	No
Aged	N/A	\$1,940	N/A	\$1,924	N/A	\$1,928	N/A	-0.83	0.18	15% (+/-)	Yes
Disabled	N/A	\$4,625	N/A	\$5,041	N/A	\$5,245	N/A	9.00	4.05	15% (+/-)	Yes
Child	N/A	\$1,038	N/A	\$1,093	N/A	\$1,371	N/A	5.22	25.50	15% (+/-)	No
Adult	N/A	\$1,428	N/A	\$1,285	N/A	\$1,152	N/A	-9.97	-10.40	15% (+/-)	Yes
% OF FFS ENROLLEES WITH CLAIMS BY SELECTED MAX TYPE OF SERVICE											
% FFS Enrollees with IP Claims (TOS=01)	N/A	9.63	N/A	10.66	N/A	11.52	N/A	10.76	8.01	15% (+/-)	Yes
Aged	N/A	8.89	N/A	8.09	N/A	7.76	N/A	-8.98	-4.14	15% (+/-)	Yes
Disabled	N/A	14.17	N/A	14.19	N/A	14.21	N/A	0.12	0.13	15% (+/-)	Yes
Child	N/A	3.99	N/A	5.30	N/A	5.75	N/A	32.96	8.47	15% (+/-)	Yes
Adult	N/A	16.57	N/A	16.45	N/A	15.92	N/A	-0.72	-3.26	15% (+/-)	Yes
% FFS Enrollees with ILTC Claims (TOS=02,04,05,07)	N/A	4.57	N/A	5.23	N/A	6.66	N/A	14.54	27.31	15% (+/-)	No
Aged	N/A	38.28	N/A	37.72	N/A	38.46	N/A	-1.45	1.96	15% (+/-)	Yes
Disabled	N/A	2.73	N/A	2.76	N/A	2.86	N/A	1.14	3.61	15% (+/-)	Yes
Child	N/A	0.81	N/A	0.91	N/A	1.36	N/A	13.23	48.95	15% (+/-)	No
Adult	N/A	0.05	N/A	0.07	N/A	0.10	N/A	38.60	48.27	15% (+/-)	No
% FFS Enrollees with Drug Claims (TOS=16)	N/A	78.98	N/A	75.51	N/A	78.76	N/A	-4.40	4.31	15% (+/-)	Yes
Aged	N/A	89.69	N/A	89.77	N/A	90.69	N/A	0.08	1.03	15% (+/-)	Yes
Disabled	N/A	86.33	N/A	85.63	N/A	86.54	N/A	-0.82	1.07	15% (+/-)	Yes
Child	N/A	72.53	N/A	62.71	N/A	63.31	N/A	-13.50	0.95	15% (+/-)	Yes

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Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Adult	N/A	75.75	N/A	70.61	N/A	66.11	N/A	-6.78	-6.37	15% (+/-)	Yes
% FFS Enrollees with All Other Claims	N/A	86.96	N/A	85.30	N/A	84.72	N/A	-1.92	-0.68	15% (+/-)	Yes
Aged	N/A	84.95	N/A	83.97	N/A	85.07	N/A	-1.15	1.31	15% (+/-)	Yes
Disabled	N/A	90.51	N/A	89.49	N/A	89.83	N/A	-1.12	0.38	15% (+/-)	Yes
Child	N/A	86.20	N/A	83.49	N/A	79.38	N/A	-3.14	-4.93	15% (+/-)	Yes
Adult	N/A	82.75	N/A	79.50	N/A	74.49	N/A	-3.92	-6.31	15% (+/-)	Yes
Avg # IP Days per FFS User	N/A	7	N/A	7	N/A	8	N/A	6.68	9.51	15% (+/-)	Yes
Aged	N/A	6	N/A	6	N/A	6	N/A	-4.59	-3.45	15% (+/-)	Yes
Disabled	N/A	9	N/A	10	N/A	10	N/A	1.63	2.51	15% (+/-)	Yes
Child	N/A	4	N/A	4	N/A	4	N/A	23.49	0.24	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	4	N/A	2.06	-1.99	15% (+/-)	Yes
Avg # ILTC Days per FFS User	N/A	231	N/A	228	N/A	230	N/A	-1.12	0.61	15% (+/-)	Yes
Aged	N/A	253	N/A	250	N/A	250	N/A	-1.24	0.13	15% (+/-)	Yes
Disabled	N/A	213	N/A	199	N/A	194	N/A	-6.69	-2.50	15% (+/-)	Yes
Child	N/A	72	N/A	83	N/A	94	N/A	15.17	12.45	15% (+/-)	Yes
Adult	N/A	8	N/A	11	N/A	7	N/A	33.64	-29.40	15% (+/-)	No
FFS EXPENDITURES AND USERS BY MAX PGM TYPE											
FP: Total Medicaid Paid (Program Type 2)	N/A	\$904,884	N/A	\$532,255	N/A	\$144,112	N/A	-41.20	-72.90	15% (+/-)	No
FP: Number of Users	N/A	12,062	N/A	8,248	N/A	2,832	N/A	-31.60	-65.70	15% (+/-)	No
FP: Average Medicaid Pd per User	N/A	\$75	N/A	\$65	N/A	\$51	N/A	-14.00	-21.10	15% (+/-)	No
RHC: Total Medicaid Paid (Program Type 3)	N/A	\$11,039,917	N/A	\$8,578,564	N/A	\$6,346,121	N/A	-22.30	-26.00	15% (+/-)	No
RHC: Number of Users	N/A	44,511	N/A	30,856	N/A	20,600	N/A	-30.70	-33.20	15% (+/-)	No
RHC: Avg Medicaid Pd per User	N/A	\$248	N/A	\$278	N/A	\$308	N/A	12.09	10.81	15% (+/-)	Yes
FQHC: Total Medicaid Paid (Program Type 4)	N/A	\$15,483,904	N/A	\$13,529,574	N/A	\$10,830,590	N/A	-12.60	-19.90	15% (+/-)	No
FQHC: Number of Users	N/A	56,175	N/A	46,714	N/A	32,268	N/A	-16.80	-30.90	15% (+/-)	No
FQHC: Avg Medicaid Pd per User	N/A	\$276	N/A	\$290	N/A	\$336	N/A	5.08	15.89	15% (+/-)	No
IHS: Total Medicaid Pd (Program Type 5)	N/A	\$0	N/A	\$0	N/A	\$0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Number of Users	N/A	0	N/A	0	N/A	0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
IHS: Avg Medicaid Pd per User	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	N/A	Div by 0	Div by 0	15% (+/-)	N/A
Section 1915(c) Waiver: Total Medicaid Paid (Program Types 6 and 7)	N/A	\$194,115,978	N/A	\$227,567,460	N/A	\$239,077,172	N/A	17.23	5.06	15% (+/-)	Yes
Section 1915(c) Waiver: Number of Users	N/A	8,824	N/A	8,623	N/A	8,608	N/A	-2.28	-0.17	15% (+/-)	Yes
Section 1915(c) Waiver: Avg Medicaid Pd per User	N/A	\$21,999	N/A	\$26,391	N/A	\$27,774	N/A	19.97	5.24	15% (+/-)	Yes
FFS COMMUNITY-BASED LONG-TERM CARE EXPENDITURES AND USERS											
Total FFS CLTC Expenditures (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	\$316,555,905	N/A	N/A	N/A	15% (+/-)	No
Number of CLTC Users (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	58,832	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per User (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	\$5,381	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$2,808	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$6,098	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	\$9,548	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	\$1,134	N/A	N/A	N/A	15% (+/-)	No
% FFS Enrollees with CLTC Claims (all codes - overestimate)	N/A	N/A	N/A	N/A	N/A	31.19	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	54.20	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	48.24	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	0.52	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	0.32	N/A	N/A	N/A	15% (+/-)	No
Total FFS CLTC Expenditures (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$267,600,584	N/A	N/A	N/A	15% (+/-)	No
Number of CLTC Users (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	14,341	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per User (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	\$18,660	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$8,729	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$21,820	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	\$9,548	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	\$1,134	N/A	N/A	N/A	15% (+/-)	No
% FFS Enrollees with CLTC Claims (excludes CLTC Codes 16-20)	N/A	N/A	N/A	N/A	N/A	7.60	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	13.02	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	11.55	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	0.52	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	0.32	N/A	N/A	N/A	15% (+/-)	No

2003-2005 MAX PSF VALIDATION TABLE
STATE: WV

Measure	Expected Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	2005 Value	2005 Within Range	% Change 2003 - 2004	% Change 2004 - 2005	Cross Year Expected Range	Cross Year Within Range
Total FFS CLTC Expenditures (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	\$239,077,172	N/A	N/A	N/A	15% (+/-)	No
Number of CLTC Users (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	8,608	N/A	N/A	N/A	15% (+/-)	No
Average FFS CLTC Expenditures per User (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	\$27,774	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	\$13,197	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	\$30,221	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	\$23,927	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	Div by 0	N/A	N/A	N/A	15% (+/-)	No
% FFS Enrollees with CLTC Claims (Section 1915(c) claims only - excludes CLTC Codes 11-20)	N/A	N/A	N/A	N/A	N/A	4.56	N/A	N/A	N/A	15% (+/-)	No
Aged	N/A	N/A	N/A	N/A	N/A	5.06	N/A	N/A	N/A	15% (+/-)	No
Disabled	N/A	N/A	N/A	N/A	N/A	7.76	N/A	N/A	N/A	15% (+/-)	No
Child	N/A	N/A	N/A	N/A	N/A	0.15	N/A	N/A	N/A	15% (+/-)	No
Adult	N/A	N/A	N/A	N/A	N/A	0.00	N/A	N/A	N/A	15% (+/-)	No