

**Medicaid Analytic Extract  
Claims Anomaly Tables, 2009**

April 30, 2013



**MATHEMATICA**  
Policy Research

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## ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

### State Abbreviations

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AL = Alabama  
AK = Alaska  
AZ = Arizona  
AR = Arkansas  
CA = California  
CO = Colorado  
CT = Connecticut  
DE = Delaware  
DC = District of Columbia  
FL = Florida  
GA = Georgia  
HI = Hawaii  
ID = Idaho  
IL = Illinois  
IN = Indiana  
IA = Iowa  
KS = Kansas  
KY = Kentucky  
LA = Louisiana  
ME = Maine  
MD = Maryland  
MA = Massachusetts  
MI = Michigan  
MN = Minnesota  
MS = Mississippi  
MO = Missouri  
MT = Montana  
NE = Nebraska  
NV = Nevada  
NH = New Hampshire  
NJ = New Jersey

## ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

### State Abbreviations

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NM = New Mexico  
NY = New York  
NC = North Carolina  
ND = North Dakota  
OH = Ohio  
OK = Oklahoma  
OR = Oregon  
PA = Pennsylvania  
RI = Rhode Island  
SC = South Carolina  
SD = South Dakota  
TN = Tennessee  
TX = Texas  
UT = Utah  
VT = Vermont  
VA = Virginia  
WA = Washington  
WV = West Virginia  
WI = Wisconsin  
WY = Wyoming

## ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

### Acronyms

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1115 = Medicaid Research and Demonstration Projects

1915(c) = Medicaid Home and Community-based Services Waivers

AIDS = acquired immunodeficiency syndrome

BHP = behavioral health plan

CHIP = Children's Health Insurance Program

CLTC = community long-term care

CMS-1500 = standard claim form used by a non-institutional provider or supplier

CPT = Current Procedural Terminology code

CY = calendar year

DHHS = Department of Health and Human Services

DME = durable medical equipment

DRG = diagnosis related group

DSH = disproportionate share - hospital

DSYCF = Department of Services for Children, Youth, and their Families

DYFS = Division of Youth and Family Services

DX = diagnosis code

EDB = Medicare Enrollment Database

EMC = Electronic Media Claim

EPSDT = Early Periodic Screening, Diagnosis, and Treatment program

FFS = fee-for-service

FFY = Federal fiscal year

FP = family planning

FQHC = Federally Qualified Health Center

FY = fiscal year

HCBS = home- and community-based services

HCPC = Health Care Common Procedure Code

HCPCS = Health Care Common Procedure Coding System

HIO = health insuring organization

HIPAA = Health Insurance Portability and Accountability Act

HIV = human immunodeficiency virus

HMO = health maintenance organization

## ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

### Acronyms

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ICD-9 = International Statistical Classification of Diseases and Related Health Problems

ICF/DD = intermediate care facility for people with developmental disabilities

ICF/MR = intermediate care facility for the mentally retarded

ICN = internal control number

IHS = Indian Health Service

ILTC = institutional long-term care

IP = inpatient hospital claims file; inpatient

LT = institutionalized long-term care claims file; long-term care

LTC = long-term care

M-CHIP = Medicaid-expansion CHIP

MC = managed care

MCCN = Managed Care Community Networks

MDDDB = Medi-Span Master Drug Database

MFP = Money Follows the Person program

MH = mental hospital

MH/MR = mental hospital for people with mental retardation

MMIS = Medicaid Management Information System

MPAP = Maryland Pharmacy Assistance Program

MPDP = Maryland Pharmacy Discount Program

MR/DD = mentally retarded/developmentally disabled

MSIS = Medicaid Statistical Information System

NDC = National Drug Code

NEMT = non-emergency medical transportation

NF = nursing facility

NPI = national provider identifier

OPD = Outpatient department

OT = other, non-institutional claims file; occupational therapy

PACE = Program of All-Inclusive Care for the Elderly

PAHP = Prepaid Ambulatory Health Plans

PASRR = Pre-admission Screening and Resident Review

## ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

### Acronyms

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PCCM = primary care case management

Pgm = Program

PHP = prepaid health plan

PIHP = prepaid inpatient health plan

PSARR = Pre-admission Screening and Resident Review

PS = Person Summary file

PT/OT = physical therapy/occupation therapy

Q = quarter

QI-1 = qualified individuals <sup>1</sup>

RBF = restricted benefits flag

RHC = Rural Health Clinic

RX = prescription drug claims file

S-CHIP = Separate CHIP

SED = serious emotional disturbance

SLMB = specified low-income Medicare beneficiary

SLMB+ = specified low-income Medicare beneficiary plus full benefits

SNF = skilled nursing facility

TBI = traumatic brain injury

TCM = targeted case management

TOS = type of service

TPL = Third-Party Liability

UB; UB92; UB-04; UB-9 = uniform billing form code

All-State Table 1. All-State Anomaly Notes in MAX 2009

Record Type	Topic	Issue
All	Adjustment	Several states submit separate claims for services provided by long-term care facilities that are not part of the bundled rate.
All	CHIP	Some states included claims for S-CHIP services in the source MSIS files. All claims for people enrolled only in S-CHIP are excluded from MAX. S-CHIP claims are included in MAX for people with any months of Medicaid enrollment. M-CHIP claims are included as they are for services paid for by Medicaid.
All	Crossover Claims	A claim is flagged as a non-crossover if the Medicare coinsurance and Medicare deductible fields are 8-filled, otherwise it is flagged as a crossover.
All	Crossover Claims	Crossover claims are missing many key data elements that are present on non-crossover claims. Procedure and service codes, UB-04 revenue codes, quantity, and place of service are often not reported.
All	Crossover Claims	The percentage of claims that are crossovers varies by state and over time due to changes in state reimbursement methodologies for Medicare-covered services.
All	Crossover Claims	The Medicaid payment amount on crossover claims is dependent on the state's reimbursement methodology for Medicare-covered services, which varies by state. The decision was made not to contact all states to obtain their Medicare reimbursement methodologies so the quality of crossover reimbursement data in MAX has not been assessed.
All	Crossover Claims	There is a difference between the definition of EDB duals and crossover claims. An EDB dual is identified by the Medicare dual code (Annual) on the PS file. An EDB dual can have crossover and non-crossover claims. A crossover claim is a claim that was paid in part by Medicare. The claim should not used to define an EDB dual.
All	Encounter Records	The quality and completeness of encounter records varies by state and year. For more information, see the issue briefs describing the usability of encounter data on the CMS website.
All	Medicaid Payment Amount	FFS claims with \$0 Medicaid payment amount are excluded.
All	MSIS ID	States are supposed to submit all records in the MSIS files using a unique, permanent MSIS ID across record types and years. For a variety of reasons, this does not always happen. Cross-reference files are requested from such states and the files for most states can be corrected. However, some people will still have different MSIS IDs in the claims and eligibility files and therefore their claims and eligibility data are not linked.
All	MSIS ID	In some states, claims for care of the infant are filed under the mother's MSIS ID for the first few months of life.
All	Section 1915(c) waivers	Program type indicates certain special circumstances under which a claim was paid, including special Federal matching rates or coverage type. Values 6 and 7 identify services covered under home- and community-based care waivers (Section 1915(c) waivers). The states did not always differentiate between values 6 and 7 so users should sum services with these values.



All-State Table 1. All-State Anomaly Notes in MAX 2009

Record Type	Topic	Issue
All	Service Tracking Claims	Expenditures submitted by the states as service tracking claims (lump sum payments to providers for more than one person and multiple services) are not included in MAX as they cannot be linked to specific beneficiaries. For the most part, these expenditures are for DSH payments, cost settlements, but they can also include adjustments, payments for waiver services, and capitation claims.
All	TPL	Third-party liability is not reported on individual claims in some states depending on its TPL collection process. Some states are 'pay and chase' states, sometimes TPL collection is included in managed care contracts, and sometimes it is not collected on an individual claim basis.
All	Type of Claim	Changes within states in the level and type of managed care has an impact on the distribution and number of FFS claims. These changes are often most noticeable in reported FFS service use and expenditures by TOS. States with a high percentage of their enrollees in comprehensive managed care often show an unusual distribution of service use because non-managed care enrollees often have quite different characteristics.
All	Type of Service	As described in more detail in the data element dictionary, several MAX TOS -- lab/x-ray (MAX TOS = 15), durable medical equipment/supplies (MAX TOS = 51), residential care (MAX TOS = 52), psychiatric services (MAX TOS = 53), and adult day care (MAX TOS = 54) -- differ from MSIS TOS categories that were reported by states. The original MSIS TOS is also available on each claim.
All	Type of Service	Claims submitted in the MSIS RX file without a valid NDC code are moved to the MAX OT file.
IP	Length of Stay	All claims for contiguous hospital days through the date of discharge are included in a stay record. Claims for new hospital stays that begin on the date of discharge from a previous stay are used to create a new stay record, even if the claims are for the same facility. This is because a person can be re-admitted to the same facility on the day of discharge. Some states submitted claims for additional payments for a hospital stay with the begin and ending dates of service the same as the discharge date. If these are submitted as original and not adjustment claims, there is no foolproof way to determine if they are an additional payment for the old stay or a new stay.
LT	Covered Days	The states use a variety of time periods for billing long-term care services ranging from weekly to monthly and sometimes reflecting the actual time period with covered days. This means that the number of covered days per claim varies between and within states. Some states erroneously report days on claims for supplemental services as well as the bundled rate claim. Also, days paid for by the patient as Patient Liability may be included on the claim. The level of institutionalization can be reported more easily by using months of institutional long term care, rather than days.
LT	Crossover Claims	Only a small number of crossover claims in the long-term care file are expected because once a person transitions from a Medicare skilled nursing facility to Medicaid, Medicare no longer is the first payer of services.
LT	TPL / Patient Liability	Patient liability and third party liability are only reported on one bill during the month and are not usually reported on bills for less than a month.

All-State Table 1. All-State Anomaly Notes in MAX 2009

Record Type	Topic	Issue
OT	Procedure Codes	The OT file contains fields for both a procedure code and a UB-92 revenue code as often outpatient hospital and home health claims are billed on a UB-92 form. Some claims have either a procedure code or UB-92 code, and a few states provide both.
OT	Type of Service	Other services (MAX TOS = 19) is a catch-all 'other' category, where states report a wide range of services. Many of these services are recoded to more specific MAX TOS codes. However, a substantial number of claims (including many waiver services) are still reported to other services (MAX TOS = 19) in many states.
OT	Type of Service	Claims with procedure codes for lab or x-ray services are coded with the type of service of lab/x-ray (MAX TOS = 15), even if they were reported into MSIS with another type of service such as physician or clinic.
OT	Type of Service	There were many state system changes to accommodate the implementation of HIPAA. In some states, these changes have had a noticeable impact on the MAX files (and source MSIS files). One of the biggest changes is the switch to using national service codes for most claims instead of a mix of national and state-defined codes. This impacted the reporting of MAX TOS in some cases, as the national codes are not always as specific as the local codes.
OT	Type of Service	Procedure code T2020 (day habilitation) was added to the list of procedure codes that are categorized as type of service of adult day care (MAX TOS = 54).
OT	Type of Service	Injectibles and other drugs dispensed as a bundled service are reported for the provider administering the service (e.g. physician-administered inoculations) and are reported in the OT file. In earlier years of MAX, these records were recoded to TOS = 16.

PS Table 1. Total Persons, Total Expenditures, Percent with Claims, and Medicaid Paid For Persons Missing Medicaid Eligibility Among All Person Summary (PS) Records in MAX 2009

State	Total Number of PS Records	Total Medicaid Expenditures	% With No Claims <sup>a</sup>	% With FFS Only Claims	% With No FFS Claims	% With FFS and Other Claims	Medicaid Paid for Persons with No Reported Enrollment <sup>b</sup>
Alabama	975,001	\$ 3,605,228,534	10.1	17.1	8.1	64.72	\$ 10,583,431
Alaska	133,037	\$ 1,109,443,337	13.4	86.2	0.0	0.39	\$ 7,847,947
Arizona	1,846,157	\$ 8,920,779,655	10.9	1.4	82.6	5.04	\$ 43,296,525
Arkansas	778,940	\$ 3,670,924,566	7.9	10.4	7.5	74.29	\$ 33,175,005
California	11,608,484	\$ 34,184,868,639	14.6	22.7	25.8	36.93	\$ 204,215,452
Colorado	728,719	\$ 3,214,522,565	12.1	2.9	17.8	67.12	\$ 12,612,603
Connecticut	598,844	\$ 4,827,207,435	6.2 <sup>c</sup>	22.8 <sup>c</sup>	11.5 <sup>c</sup>	59.53	\$ 125,522 <sup>d</sup>
Delaware	213,081	\$ 1,278,146,595	8.1	3.8	15.5	72.63	\$ 3,221,997
District of Columbia	180,898	\$ 1,766,021,468	3.1	3.7	57.0	36.12	\$ 8,077,952
Florida	3,559,611	\$ 13,634,602,244	13.2	16.8	25.1 <sup>e</sup>	44.89 <sup>e</sup>	\$ 68,100,649
Georgia	2,080,641	\$ 6,865,671,479	16.2	5.0	46.4	32.49	\$ 56,334,310
Hawaii	283,797	\$ 1,170,600,874	2.8	1.0 <sup>f</sup>	51.4	44.72 <sup>g</sup>	\$ 4,378,603
Idaho <sup>h</sup>	256,432	\$ 1,321,988,437	7.8	4.9	12.9	74.38	\$ 3,763,179 <sup>d</sup>
Illinois	2,946,406	\$ 10,741,818,129	11.9	19.7	6.9	61.44	\$ 7,025,283
Indiana	1,215,609	\$ 5,636,422,491	6.9	14.2	32.9	46.01	\$ 48,740,292 <sup>d</sup>
Iowa	545,646	\$ 2,942,494,285	12.8	12.6	7.3	67.32	\$ 6,925,208
Kansas	381,634	\$ 2,313,176,867	3.6	6.3	28.0	62.15	\$ 10,056,675
Kentucky	959,195	\$ 4,931,321,580	6.2	4.2	20.9	68.72	\$ 4,024,146
Louisiana	1,283,056	\$ 5,483,901,849	9.2	23.9	5.2	61.78	\$ 36,127,756
Maine <sup>i</sup>	373,784	\$ 210,372,040	41.3	58.7	0.0	0.00	\$ 994,684
Maryland	996,018	\$ 6,266,807,784	9.8 <sup>j</sup>	13.1	38.2 <sup>k</sup>	38.92 <sup>k</sup>	\$ 4,489,152
Massachusetts	1,743,293	\$ 9,978,938,238	16.4 <sup>l</sup>	16.2	25.0 <sup>m</sup>	42.34	\$ 12,558,486 <sup>d</sup>
Michigan	2,221,260	\$ 8,068,196,142	7.4	6.0 <sup>f</sup>	35.8 <sup>m</sup>	50.79	\$ 22,030,749 <sup>d</sup>
Minnesota	898,695	\$ 7,096,651,895	9.1	22.9	41.1	26.84	\$ 2,306,767 <sup>d</sup>
Mississippi	750,166	\$ 3,336,028,501	14.0	85.7	0.0	0.26	\$ 5,453,063 <sup>d</sup>
Missouri	1,141,924	\$ 5,854,257,252	7.0	22.0	22.7	48.33	\$ 15,002,646 <sup>d</sup>

PS Table 1. Total Persons, Total Expenditures, Percent with Claims, and Medicaid Paid For Persons Missing Medicaid Eligibility Among All Person Summary (PS) Records in MAX 2009

State	Total Number of PS Records	Total Medicaid Expenditures	% With No Claims <sup>a</sup>	% With FFS Only Claims	% With No FFS Claims	% With FFS and Other Claims	Medicaid Paid for Persons with No Reported Enrollment <sup>b</sup>
Montana	142,182	\$ 717,397,074	21.9	24.1	5.2	48.78	\$ 271,634
Nebraska	277,432	\$ 1,554,386,405	7.9	51.7	3.2	37.22	\$ 1,472,888
Nevada	314,480	\$ 1,214,534,161	7.8	6.6	41.4	44.18	\$ 12,451,631 <sup>d</sup>
New Hampshire	168,549	\$ 1,013,052,047	15.7	84.3	0.0	0.00	\$ 187,814 <sup>d</sup>
New Jersey	1,378,957	\$ 8,227,143,891	16.4	3.0 <sup>n</sup>	47.4	33.15 <sup>n</sup>	\$ 59,237,873 <sup>d</sup>
New Mexico	623,729	\$ 2,478,748,541	8.3	10.8	62.5	18.40	\$ 1,218,356
New York	5,393,617	\$ 45,424,445,404	14.7	20.9	12.6	51.82	\$ 116,184,984
North Carolina	2,007,898	\$ 9,738,236,383	13.3	18.0	4.9	63.75	\$ 3,356,193
North Dakota	84,796	\$ 616,299,731	10.6	37.0	6.4	45.96	\$ 843,426 <sup>d</sup>
Ohio	2,367,035	\$ 13,581,718,511	6.0	18.3	47.6	28.12	\$ 50,878,003
Oklahoma	871,110	\$ 3,607,349,748	8.1	5.6	8.3	77.99	\$ 3,735,626
Oregon	629,915	\$ 2,917,286,389	15.5	3.6	42.1	38.76	\$ 3,689,517 <sup>d</sup>
Pennsylvania	2,339,642	\$ 15,243,043,334	5.3	6.6	54.2	33.88	\$ 29,614,169
Rhode Island	228,085	\$ 1,516,711,991	10.5 <sup>o</sup>	24.4	33.6	31.50	\$ 38,770
South Carolina	960,478	\$ 3,899,982,239	5.8	4.2	16.1 <sup>p</sup>	73.85	\$ 1,085,381
South Dakota	141,690	\$ 720,798,341	10.6	43.6	4.9	40.97	\$ 500
Tennessee <sup>q</sup>	1,544,155	\$ 8,926,707,716 <sup>r</sup>	4.2	0.6	26.9	68.34	\$ 25,926,703
Texas	4,754,472	\$ 19,691,875,747	9.4	17.3	9.7	63.61	\$ 38,682,120
Utah	395,114	\$ 1,534,633,980 <sup>r</sup>	13.5	7.0	16.7	62.75	\$ 11,652,413
Vermont	190,276	\$ 982,545,395	10.9	23.3	6.4	59.42	\$ 687,727
Virginia	1,075,013	\$ 5,596,726,428	13.6	19.9	24.6	41.89	\$ 8,920,342 <sup>d</sup>
Washington	1,330,788	\$ 5,161,303,984	10.0	29.0	14.6	46.44	\$ 51,366,349
West Virginia	420,455	\$ 2,281,009,704	7.9	36.2	6.9	48.98	\$ 3,724,993 <sup>d</sup>
Wisconsin <sup>s</sup>	1,265,205	\$ 5,465,227,731	9.7	26.7	14.7	48.85	\$ 6,027,830
Wyoming	84,138	\$ 563,608,985	15.8	84.2	0.0	0.00	\$ 2,633,328 <sup>d</sup>

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

<sup>a</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Excludes S-CHIP only enrollees.

<sup>c</sup> The percentage of enrollees with no claims, FFS only claims, and no FFS claims decreased more than 30 percent in CT in 2009. Capitation claims increased after the reinstatement of managed care in September 2008.

<sup>d</sup> Total Medicaid paid for persons with no reported enrollment increased more than 30 percent in CT, ID, IN, MA, MI, MN, MS, MO, NV, NH, NJ, ND, OR, VA, WV, and WY in 2009.

<sup>e</sup> The percentage of encounter claims reported in MSIS in FL increased more than 30 percent in 2009. The percent with no FFS claims and the percent with FFS and other claims increased as a result.

<sup>f</sup> The percentage of enrollees with FFS only claims decreased more than 30 percent in HI and MI in 2009.

<sup>g</sup> The percentage of enrollees with FFS and other claims increased more than 30 percent in HI in 2009.

<sup>h</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>i</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>j</sup> The majority of adults with eligibility but no claims in MD in 2009 were enrolled in the 1115 waiver under MD's Primary Adult Care (PAC) or Family Planning Only programs.

<sup>k</sup> The percentage of enrollees with no FFS claims increased more than 30 percent and the percentage of enrollees with FFS and other claims decreased more than 30 percent in MD in 2009. For MAX 2009, an error that had previously caused some capitation claims to be stored as FFS claims was corrected.

<sup>l</sup> The percentage of enrollees with no claims decreased more than 30 percent in MA in 2009.

<sup>m</sup> The percentage of enrollees with no FFS claims increased more than 30 percent in MA and MI in 2009.

<sup>n</sup> The percentage of enrollees with FFS only claims decreased more than 30 percent and the percentage of enrollees with FFS and other claims increased by more than 30 percent in NJ in 2009. This is due to the introduction of a new capitated transportation managed care plan in NJ in July 2009.

<sup>o</sup> The percentage of enrollees with no claims increased more than 30 percent in RI in 2009.

<sup>p</sup> The percentage of enrollees with no FFS claims increased more than 30 percent in SC in 2009.

<sup>q</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>r</sup> Total Medicaid expenditures increased more than 30 percent in TN and UT in 2009.

<sup>s</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 2. Total Persons, Total Expenditures, and Percent with Zero Expenditures Among Medicaid Enrollees in MAX 2009

State	Total Number of Enrollees	Total Medicaid Expenditures	Percent with Zero Expenditures by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Alabama	964,816	\$ 3,594,645,103	37.4	9.9	0.8	23.6
Alaska	132,427	\$ 1,101,595,390	9.0	7.7	14.7	14.7
Arizona	1,766,007	\$ 8,877,483,130	26.3	5.7	3.7	12.3
Arkansas	764,104	\$ 3,637,749,561	22.9	8.7	1.4	23.6
California	11,301,602	\$ 33,980,653,187	4.9	1.5	7.8	27.5 <sup>b</sup>
Colorado	648,112	\$ 3,201,909,962	12.1	6.2	0.7	2.7
Connecticut	598,789	\$ 4,827,081,913	22.5	8.0	2.9 <sup>c</sup>	4.2 <sup>c</sup>
Delaware	210,545	\$ 1,274,924,598	30.2	11.9	2.4	9.5
District of Columbia	178,682	\$ 1,757,943,516	9.5	2.6	2.6	3.7
Florida	3,497,044	\$ 13,566,501,595	39.7	16.1	6.6	13.9
Georgia	1,829,537	\$ 6,809,337,169	30.3	11.1	1.8	3.5
Hawaii	273,728	\$ 1,166,222,271	9.3 <sup>d</sup>	4.8	1.8	4.1
Idaho <sup>e</sup>	243,619	\$ 1,318,225,258	20.0	7.4	1.2	2.1
Illinois	2,824,611	\$ 10,734,792,846	21.0	10.1	5.7	10.0
Indiana	1,183,129	\$ 5,587,682,199	22.1	10.8	2.9	5.2
Iowa	541,992	\$ 2,935,569,077	15.4	3.2	4.4	31.9
Kansas	375,673	\$ 2,303,120,192	18.2	9.1	0.1	0.4
Kentucky	935,003	\$ 4,927,297,434	19.7	7.4	0.3	0.5
Louisiana	1,269,278	\$ 5,447,774,093	30.2	11.1	2.5	16.9
Maine <sup>f</sup>	368,141	\$ 209,377,356	76.1	37.1	37.0	27.4
Maryland	994,375	\$ 6,262,318,632	22.1	10.6	5.6	31.0 <sup>g</sup>
Massachusetts	1,675,147	\$ 9,966,379,752	20.9	5.2	6.8	19.9 <sup>h</sup>
Michigan	2,181,472	\$ 8,046,165,393	16.2	6.7	4.6	14.7 <sup>h</sup>

PS Table 2. Total Persons, Total Expenditures, and Percent with Zero Expenditures Among Medicaid Enrollees in MAX 2009

State	Total Number of Enrollees	Total Medicaid Expenditures	Percent with Zero Expenditures by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Minnesota	892,904	\$ 7,094,345,128	29.8	6.6	5.1	8.0
Mississippi	748,817	\$ 3,330,575,438	27.2	14.5	10.4	16.9 <sup>h</sup>
Missouri	1,110,374	\$ 5,839,254,606	5.4	1.5	4.7	11.1
Montana	122,597	\$ 717,125,440	22.0 <sup>i</sup>	9.9	8.0	7.6
Nebraska	277,150	\$ 1,552,913,517	13.9	7.1	6.2	11.9
Nevada	310,489	\$ 1,202,082,530	26.5	13.1	4.6	6.1
New Hampshire	161,712	\$ 1,012,864,233	20.1	13.0	10.0	15.3
New Jersey	1,212,120	\$ 8,167,906,018	17.5	6.3 <sup>j</sup>	4.0	6.2
New Mexico	622,772	\$ 2,477,530,185	54.8 <sup>i</sup>	25.0 <sup>k</sup>	3.5	13.6
New York	5,385,162	\$ 45,308,260,420	25.9	8.3	12.2	17.0
North Carolina	1,880,923	\$ 9,734,880,190	22.8	11.0	1.7	12.9
North Dakota	80,921	\$ 615,456,305	17.2	8.4	4.6	7.0
Ohio	2,359,504	\$ 13,530,840,508	17.0	7.4	4.6	4.9
Oklahoma	868,699	\$ 3,603,614,122	16.9	8.5	2.1	23.9
Oregon	579,298	\$ 2,913,596,872	22.8	9.7	4.1	12.4
Pennsylvania	2,329,827	\$ 15,213,429,165	16.9	4.4	1.4	9.3
Rhode Island	225,683	\$ 1,516,673,221	33.5 <sup>i</sup>	17.9 <sup>k</sup>	4.6	6.6
South Carolina	949,349	\$ 3,898,896,858	14.9	6.0	0.7	10.1
South Dakota	139,769	\$ 720,797,841	23.7 <sup>d</sup>	13.2 <sup>j</sup>	7.1	8.2
Tennessee <sup>l</sup>	1,532,453	\$ 8,900,781,013 <sup>m</sup>	40.4	5.2	0.0	0.1
Texas	4,659,909	\$ 19,653,193,627	35.2	17.8	3.4	12.1
Utah	336,145	\$ 1,522,981,567 <sup>m</sup>	8.8	4.3	0.7	6.4
Vermont	187,782	\$ 981,857,668	11.5 <sup>i</sup>	4.8	4.1	16.1
Virginia	1,015,348	\$ 5,587,806,086	21.9	11.5	7.2	7.9

PS Table 2. Total Persons, Total Expenditures, and Percent with Zero Expenditures Among Medicaid Enrollees in MAX 2009

State	Total Number of Enrollees	Total Medicaid Expenditures	Percent with Zero Expenditures by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Washington	1,281,092	\$ 5,109,937,635	16.9	11.4	5.2	14.4
West Virginia	418,880	\$ 2,277,284,711	25.9	12.0	2.9	5.1
Wisconsin <sup>n</sup>	1,237,066	\$ 5,459,199,901	15.6	7.0	4.4	10.2
Wyoming	83,541	\$ 560,975,657	21.3	14.6	15.2	17.8

Notes: Excludes people with missing Medicaid eligibility information and people enrolled only in S-CHIP.

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

<sup>a</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> A large percentage of adults in CA had no Medicaid expenditures in 2009. The vast majority were persons who qualified only for restricted benefits groups RBF2 (alien benefits only) or RBF6 (family planning benefits only).

<sup>c</sup> The percentage of children and adults with no Medicaid expenditures decreased more than 30 percent in CT in 2009. Capitation claims increased after the reinstatement of managed care in September 2008.

<sup>d</sup> The percentage of aged enrollees with no Medicaid expenditures decreased more than 30 percent in HI and SD in 2009.

<sup>e</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>g</sup> The majority of adults with eligibility but no claims in MD in 2009 were enrolled in the 1115 waiver under MD's Primary Adult Care (PAC) or Family Planning Only programs.

<sup>h</sup> The percentage of adult enrollees with no Medicaid expenditures decreased more than 30 percent in MA, MI, and MS in 2009.

<sup>i</sup> The percentage of aged enrollees with no Medicaid expenditures increased more than 30 percent in MT, NM, RI, and VT in 2009.

<sup>j</sup> The percentage of disabled enrollees with no Medicaid expenditures decreased more than 30 percent in NJ and SD in 2009.

<sup>k</sup> The percentage of disabled enrollees with no Medicaid expenditures increased more than 30 percent in NM and RI in 2009.

<sup>l</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>m</sup> Total Medicaid expenditures increased more than 30 percent in TN and UT in 2009.

<sup>n</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.



PS Table 3. Average Medicaid Paid by Select Subgroups Among Medicaid Enrollees in MAX 2009

State	All Enrollees <sup>a</sup>	EDB Dual Enrollee	EDB Dual Enrollee with Full Benefits <sup>b</sup>	EDB Dual Enrollee with Restricted Benefits <sup>c, d</sup>	Enrolled Only in Family Planning (RBF=6)	Enrolled Only as Alien (RBF=2)	Enrolled Only as EDB Dual with Medicare Cost-Sharing (RBF=3)
Alabama	\$ 3,726	\$ 6,178	\$ 12,526	\$ 358	\$ 365	\$ 806 <sup>e</sup>	\$ 301
Alaska	\$ 8,319	\$ 19,885	\$ 20,314	\$ 185 <sup>f</sup>	\$ 0	\$ 20,752	\$ 9
Arizona	\$ 5,027	\$ 9,242	\$ 11,690	\$ 522	\$ 119 <sup>g</sup>	\$ 3,617	\$ 209 <sup>h</sup>
Arkansas	\$ 4,761	\$ 11,468	\$ 17,551	\$ 2,693	\$ 236	\$ 2,878	\$ 2,553
California	\$ 3,007	\$ 9,325	\$ 9,521	\$ 725	\$ 223	\$ 1,237	\$ 20 <sup>i</sup>
Colorado	\$ 4,940	\$ 13,991	\$ 18,501	\$ 362	\$ 0	\$ 4,269	\$ 227
Connecticut	\$ 8,061	\$ 22,077	\$ 29,969	\$ 609	\$ 0	\$ 0	\$ 242
Delaware	\$ 6,055	\$ 13,359	\$ 26,797	\$ 913	\$ 52 <sup>g</sup>	\$ 1,007	\$ 560
District of Columbia	\$ 9,838	\$ 26,044	\$ 30,491	\$ 7,468	\$ 0	\$ 10,580	\$ 5,944
Florida	\$ 3,879	\$ 6,796	\$ 11,587	\$ 545	\$ 58 <sup>j</sup>	\$ 6,636	\$ 320
Georgia	\$ 3,722	\$ 6,265	\$ 11,115	\$ 402	\$ 0	\$ 4,422	\$ 291
Hawaii	\$ 4,261	\$ 11,662	\$ 12,963	\$ 347	\$ 0	\$ 5,707	\$ 38 <sup>h</sup>
Idaho <sup>k</sup>	\$ 5,411	\$ 12,680	\$ 17,693	\$ 594	\$ 0	\$ 0	\$ 353
Illinois	\$ 3,800	\$ 9,943	\$ 11,171	\$ 721	\$ 132	\$ 13,335	\$ 504
Indiana	\$ 4,723	\$ 13,591	\$ 20,189	\$ 1,622 <sup>f</sup>	\$ 0	\$ 0	\$ 583
Iowa	\$ 5,416	\$ 15,141	\$ 18,004	\$ 800	\$ 275	\$ 4,473	\$ 476
Kansas	\$ 6,131	\$ 13,612	\$ 18,297	\$ 497	\$ 0	\$ 3,890	\$ 234
Kentucky	\$ 5,270	\$ 7,279	\$ 11,738	\$ 546	\$ 0	\$ 4,896	\$ 403
Louisiana	\$ 4,292	\$ 8,728	\$ 14,579	\$ 493	\$ 178	\$ 8,390	\$ 352
Maine <sup>l</sup>	\$ 569	\$ 123	\$ 215	\$ 14	\$ 0	\$ 31	\$ 4
Maryland	\$ 6,298	\$ 15,539	\$ 22,329	\$ 1,138	\$ 80	\$ 7,389	\$ 945
Massachusetts	\$ 5,950	\$ 14,837	\$ 16,025	\$ 337 <sup>f</sup>	\$ 0	\$ 1,152 <sup>e</sup>	\$ 21 <sup>i</sup>

PS Table 3. Average Medicaid Paid by Select Subgroups Among Medicaid Enrollees in MAX 2009

State	All Enrollees <sup>a</sup>	EDB Dual Enrollee	EDB Dual Enrollee with Full Benefits <sup>b</sup>	EDB Dual Enrollee with Restricted Benefits <sup>c, d</sup>	Enrolled Only in Family Planning (RBF=6)	Enrolled Only as Alien (RBF=2)	Enrolled Only as EDB Dual with Medicare Cost-Sharing (RBF=3)
Michigan	\$ 3,688	\$ 8,906	\$ 10,013	\$ 510 <sup>f</sup>	\$ 130	\$ 578 <sup>m</sup>	\$ 131 <sup>i</sup>
Minnesota	\$ 7,945	\$ 19,674	\$ 21,469	\$ 463	\$ 300	\$ 4,482 <sup>m</sup>	\$ 105
Mississippi	\$ 4,448	\$ 7,642	\$ 13,363	\$ 801	\$ 156	\$ 2,802	\$ 574
Missouri	\$ 5,259	\$ 11,003	\$ 12,159	\$ 1,064	\$ 97	\$ 0	\$ 357
Montana	\$ 5,849	\$ 11,191	\$ 15,650	\$ 1,070 <sup>f</sup>	\$ 0	\$ 0	\$ 673 <sup>h</sup>
Nebraska	\$ 5,603	\$ 14,222	\$ 15,767	\$ 289	\$ 0	\$ 14,057 <sup>n</sup>	\$ 6
Nevada	\$ 3,872	\$ 7,105	\$ 12,990	\$ 421	\$ 0	\$ 3,614	\$ 277
New Hampshire	\$ 6,263	\$ 14,700	\$ 20,699	\$ 955	\$ 0	\$ 0	\$ 245
New Jersey	\$ 6,739	\$ 17,303	\$ 19,923	\$ 48	\$ 0	\$ 3,706	\$ 3 <sup>i</sup>
New Mexico <sup>o</sup>	\$ 3,978	\$ 4,310 <sup>p</sup>	\$ 6,736 <sup>q</sup>	\$ 602	\$ 120	\$ 3,745	\$ 477 <sup>i</sup>
New York	\$ 8,414	\$ 24,447	\$ 27,624	\$ 704	\$ 175	\$ 8,803	\$ 62
North Carolina	\$ 5,176	\$ 9,374	\$ 11,675	\$ 370	\$ 113	\$ 3,194	\$ 4
North Dakota	\$ 7,606	\$ 21,283	\$ 27,143	\$ 552	\$ 0	\$ 1,839	\$ 314
Ohio	\$ 5,735	\$ 15,505	\$ 21,686	\$ 1,025	\$ 0	\$ 0	\$ 591
Oklahoma	\$ 4,148	\$ 9,631	\$ 11,567	\$ 156	\$ 202	\$ 2,752	\$ 1 <sup>i</sup>
Oregon	\$ 5,030	\$ 9,214	\$ 13,444	\$ 421	\$ 0	\$ 1,167	\$ 156 <sup>h</sup>
Pennsylvania	\$ 6,530	\$ 12,270	\$ 14,444	\$ 223	\$ 128 <sup>g</sup>	\$ 5,657	\$ 23
Rhode Island	\$ 6,720	\$ 15,972	\$ 18,420	\$ 232	\$ 127	\$ 21,966 <sup>m</sup>	\$ 37
South Carolina	\$ 4,107	\$ 7,670	\$ 8,707	\$ 71	\$ 132	\$ 6,038	\$ 0
South Dakota	\$ 5,157	\$ 12,246	\$ 18,103	\$ 841	\$ 0	\$ 6,357 <sup>m</sup>	\$ 649
Tennessee <sup>f</sup>	\$ 5,808 <sup>s</sup>	\$ 7,610	\$ 11,166	\$ 756 <sup>f</sup>	\$ 0	\$ 3,087	\$ 36
Texas	\$ 4,218	\$ 8,207	\$ 12,587	\$ 1,086	\$ 201	\$ 3,255	\$ 31 <sup>i</sup>

PS Table 3. Average Medicaid Paid by Select Subgroups Among Medicaid Enrollees in MAX 2009

State	All Enrollees <sup>a</sup>	EDB Dual Enrollee	EDB Dual Enrollee with Full Benefits <sup>b</sup>	EDB Dual Enrollee with Restricted Benefits <sup>c, d</sup>	Enrolled Only in Family Planning (RBF=6)	Enrolled Only as Alien (RBF=2)	Enrolled Only as EDB Dual with Medicare Cost-Sharing (RBF=3)
Utah	\$ 4,531	\$ 12,132	\$ 13,251	\$ 588	\$ 0	\$ 5,061	\$ 60
Vermont	\$ 5,229	\$ 9,375	\$ 15,353	\$ 555	\$ 0	\$ 0	\$ 31 <sup>i</sup>
Virginia	\$ 5,503	\$ 9,799	\$ 14,075	\$ 507	\$ 130 <sup>g</sup>	\$ 4,865	\$ 307
Washington	\$ 3,989	\$ 10,081	\$ 13,065	\$ 488	\$ 930 <sup>g</sup>	\$ 19,830	\$ 169
West Virginia	\$ 5,437	\$ 9,406	\$ 15,260	\$ 400	\$ 0	\$ 7,914 <sup>m</sup>	\$ 187 <sup>i</sup>
Wisconsin <sup>t</sup>	\$ 4,413	\$ 10,933	\$ 16,613	\$ 751 <sup>u</sup>	\$ 490 <sup>g</sup>	\$ 6,968	\$ 484 <sup>h</sup>
Wyoming	\$ 6,715	\$ 21,155	\$ 29,693	\$ 3,444	\$ 143	\$ 2,079	\$ 3,239

Notes: Excludes people with missing Medicaid eligibility information and people enrolled only in S-CHIP.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> EDB duals with full benefits have EDB DUAL = 50, 52, 54, 58.

<sup>c</sup> EDB duals with restricted benefits have EDB DUAL = 51, 53, 55, 56, 57.

<sup>d</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>e</sup> Average Medicaid paid for enrollees with only alien benefits decreased more than 30 percent in AL and MA in 2009.

<sup>f</sup> Average Medicaid paid for EDB dual enrollees with restricted benefits increased more than 30 percent in AK, IN, MA, MI, MT, and TN in 2009.

<sup>g</sup> Average Medicaid paid for enrollees with only family planning benefits increased more than 30 percent in AZ, DE, PA, VA, WA, and WI in 2009.

<sup>h</sup> Average Medicaid paid for EDB dual enrollees with only Medicare cost-sharing increased more than 30 percent in AZ, HI, MT, OR, and WI in 2009.

<sup>i</sup> Average Medicaid paid for EDB dual enrollees with only Medicare cost-sharing decreased more than 30 percent in CA, MA, MI, NJ, NM, OK, TX, VT, and WV in 2009.

<sup>j</sup> Average Medicaid paid for enrollees with only family planning benefits decreased more than 30 percent in FL in 2009.

<sup>k</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>l</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>m</sup> Average Medicaid paid for enrollees with only alien benefits increased more than 30 percent in MI, MN, RI, SD, and WV in 2009.

<sup>n</sup> Reporting in NE of those enrolled with only alien benefits is incomplete in 2009.

<sup>o</sup> NM did not report SLMB-only and QI-1 (dual codes 53 and 56) prior to March 2009. SLMB+ is not reported prior to June 2009; and full reporting to these codes did not start until October 2009.

<sup>p</sup> Average Medicaid paid for EDB dual enrollees decreased more than 30 percent in NM in 2009.

<sup>q</sup> Average Medicaid paid for EDB dual enrollees with full benefits decreased more than 30 percent in NM in 2009.

<sup>r</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>s</sup> Average Medicaid paid for all enrollees increased more than 30 percent in TN in 2009.

<sup>t</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>u</sup> Average Medicaid paid for EDB dual enrollees with restricted benefits decreased more than 30 percent in WI in 2009.

PS Table 4. Medicaid Long-Term Care Enrollment and Expenditures by Select Subgroups in MAX 2009

State	Institutional Long-Term Care (ILTC) <sup>a</sup>			Community Long-Term Care (CLTC) <sup>b</sup>			Section 1915(c) Waiver Enrollees				
	# Enrollees with Any ILTC Claims	% Enrollees with Any ILTC Claims	Average Medicaid Paid per ILTC Enrollee	# Enrollees with Any CLTC Claims	% Enrollees with Any CLTC Claims	Average Medicaid Paid per CLTC Enrollee	% Section 1915(c) Waiver Enrollees with No Waiver Claims <sup>c</sup>	% Section 1915(c) Waiver Enrollees not Enrolled in HMO/HIO/PACE with No Waiver Claims <sup>c</sup>	% Section 1915(c) Claim Recipients with No Waiver Enrollment <sup>c</sup>	Average Medicaid Amount Paid per 1915(c) Enrollee	Average Waiver Paid (Pgm Type=6,7) per 1915(c) Waiver Enrollee
Alabama	27,365	2.8	\$ 39,967	122,986 <sup>d</sup>	12.7	\$ 8,865	1.5	1.4	1.1	\$ 31,276	\$ 24,608
Alaska	2,165	1.6	\$ 87,333	7,144	5.4	\$ 50,565	3.6	3.6	17.4	\$ 65,590	\$ 38,904
Arizona	1,296	0.1	\$ 52,954	241	0.0	\$ 98,932	0.0 <sup>e</sup>	0.0 <sup>e</sup>	0.0 <sup>e</sup>	\$ 0 <sup>e</sup>	\$ 0 <sup>e</sup>
Arkansas	25,618	3.4	\$ 40,332	22,670	3.0	\$ 29,635	23.6 <sup>f</sup>	23.6 <sup>f</sup>	0.2	\$ 31,036	\$ 13,036
California	126,189	1.1	\$ 49,159	605,595	5.4	\$ 21,763	6.4	4.8	2.2	\$ 36,659	\$ 19,611
Colorado	14,791	2.3	\$ 45,873	39,147	6.0	\$ 29,931	3.5	3.2	8.9	\$ 30,047	\$ 18,062
Connecticut	31,093	5.2	\$ 60,568	35,357	5.9	\$ 41,296	3.6	3.3	1.0	\$ 46,734	\$ 35,369
Delaware	4,092	1.9	\$ 62,314	4,207	2.0	\$ 40,591	4.0	3.8	0.4	\$ 48,910	\$ 38,083
District of Columbia	4,184	2.3	\$ 103,457	7,739	4.3	\$ 66,280	10.9	10.8	23.3 <sup>g</sup>	\$ 72,468	\$ 44,995
Florida	70,242	2.0	\$ 48,313	101,465 <sup>d</sup>	2.9	\$ 21,613	27.7 <sup>h</sup>	27.1	4.8	\$ 23,279	\$ 13,640
Georgia	37,695	2.1	\$ 35,509	31,314	1.7	\$ 31,127	8.7	8.1	0.0	\$ 28,795	\$ 19,478
Hawaii	3,537	1.3	\$ 60,019	4,774	1.7	\$ 43,311	14.0 <sup>h</sup>	0.3	39.4 <sup>g</sup>	\$ 44,466	\$ 30,059
Idaho <sup>i</sup>	6,334	2.6	\$ 53,792	17,073	7.0	\$ 27,264	8.8	8.8	0.1	\$ 27,274	\$ 13,525
Illinois	89,416	3.2	\$ 38,305	104,286	3.7	\$ 27,811	28.3	28.3	7.7	\$ 21,836	\$ 10,350
Indiana	40,526	3.4	\$ 41,723	27,932	2.4	\$ 41,492	2.0	1.9	5.6	\$ 41,544	\$ 27,646
Iowa	20,799	3.8	\$ 45,211	54,261	10.0	\$ 21,153	3.2	3.1	3.4	\$ 25,685	\$ 15,000
Kansas	15,853	4.2	\$ 35,618	29,176	7.8	\$ 31,152	20.2	18.4	7.8	\$ 28,077	\$ 17,857
Kentucky	31,164	3.3	\$ 40,723	23,387 <sup>i</sup>	2.5	\$ 31,530	8.9	8.6	1.6	\$ 29,100	\$ 19,183
Louisiana	43,976	3.5	\$ 36,604	47,959	3.8	\$ 29,317	2.3	2.3	44.9	\$ 43,262	\$ 31,106
Maine <sup>k</sup>	0	0.0	\$ 0	0	0.0	\$ 0	100.0	100.0	0.0	\$ 1,373	\$ 0
Maryland	25,380	2.6	\$ 57,584	40,428	4.1	\$ 38,183	22.6	17.2	1.7	\$ 46,483	\$ 31,086
Massachusetts	51,948	3.1	\$ 49,663	60,056	3.6	\$ 39,245	0.0 <sup>l</sup>	0.0 <sup>l</sup>	100.0 <sup>l</sup>	\$ 0 <sup>l</sup>	\$ 0 <sup>l</sup>
Michigan	42,326	1.9	\$ 40,523	86,783	4.0	\$ 14,542	13.7 <sup>h</sup>	12.7 <sup>m</sup>	44.4 <sup>g</sup>	\$ 15,064	\$ 7,711
Minnesota	29,274	3.3	\$ 45,771	76,056	8.5	\$ 39,586	33.2	0.4	0.7	\$ 44,646	\$ 26,514

PS Table 4. Medicaid Long-Term Care Enrollment and Expenditures by Select Subgroups in MAX 2009

State	Institutional Long-Term Care (ILTC) <sup>a</sup>			Community Long-Term Care (CLTC) <sup>b</sup>			Section 1915(c) Waiver Enrollees				
	# Enrollees with Any ILTC Claims	% Enrollees with Any ILTC Claims	Average Medicaid Paid per ILTC Enrollee	# Enrollees with Any CLTC Claims	% Enrollees with Any CLTC Claims	Average Medicaid Paid per CLTC Enrollee	% Section 1915(c) Waiver Enrollees with No Waiver Claims <sup>c</sup>	% Section 1915(c) Waiver Enrollees not Enrolled in HMO/HIO/PACE with No Waiver Claims <sup>c</sup>	% Section 1915(c) Claim Recipients with No Waiver Enrollment <sup>c</sup>	Average Medicaid Amount Paid per 1915(c) Enrollee	Average Waiver Paid (Pgm Type=6,7) per 1915(c) Waiver Enrollee
Mississippi	24,668	3.3	\$ 47,854	19,501	2.6	\$ 20,263	2.1	2.1	0.0	\$ 16,692	\$ 9,491
Missouri	38,317	3.5	\$ 34,012	69,554	6.3	\$ 25,270	73.3	73.0	7.2	\$ 28,261	\$ 14,460
Montana	5,381	4.4	\$ 40,514	6,686	5.5	\$ 22,527	50.5 <sup>n</sup>	50.5 <sup>n</sup>	45.4 <sup>n</sup>	\$ 20,300	\$ 7,564
Nebraska	12,709	4.6	\$ 39,858	16,235	5.9	\$ 28,205	4.3	4.2	0.2	\$ 33,186	\$ 23,891
Nevada	5,709	1.8	\$ 51,090	9,214	3.0	\$ 27,715	1.5	1.5	1.9	\$ 29,916	\$ 18,374
New Hampshire	7,359	4.6	\$ 34,980	11,043	6.8	\$ 35,892	5.6	5.6	0.2	\$ 40,615	\$ 29,166
New Jersey	45,684	3.8	\$ 65,279	63,605	5.2	\$ 29,300	4.4	4.0	0.3	\$ 41,344	\$ 32,087
New Mexico <sup>o</sup>	2,173 <sup>p</sup>	0.3	\$ 22,500 <sup>q</sup>	14,211 <sup>j</sup>	2.3	\$ 28,582	0.6	0.5	44.0 <sup>r</sup>	\$ 59,253	\$ 53,916
New York	151,841	2.8	\$ 81,743	259,773	4.8	\$ 56,819	33.8	32.0	0.4	\$ 74,349	\$ 50,698
North Carolina	47,032	2.5	\$ 44,454	116,576	6.2	\$ 23,948	2.5	2.5	3.8	\$ 41,814	\$ 31,596
North Dakota	5,412	6.7	\$ 52,802	7,718	9.5	\$ 21,458	3.9	3.9	30.0 <sup>s</sup>	\$ 29,678	\$ 23,845
Ohio	89,328	3.8	\$ 47,542	111,309	4.7	\$ 32,150	6.1	5.7	9.2	\$ 35,135	\$ 22,096
Oklahoma	25,943	3.0	\$ 34,839	36,662	4.2	\$ 25,295	4.3	4.3	0.2	\$ 24,792	\$ 15,860
Oregon	9,884	1.7	\$ 45,578	33,427	5.8	\$ 21,320	25.1	9.0	1.2 <sup>r</sup>	\$ 18,068	\$ 10,426
Pennsylvania	86,810	3.7	\$ 45,069	70,617	3.0	\$ 31,479 <sup>t</sup>	16.6	8.0	0.2	\$ 29,030 <sup>u</sup>	\$ 21,379 <sup>v</sup>
Rhode Island	9,723	4.3	\$ 61,032	7,897	3.5	\$ 37,542	61.5	58.7	27.0 <sup>g</sup>	\$ 50,021	\$ 5,563
South Carolina	18,847	2.0	\$ 40,456	30,146	3.2	\$ 26,808	10.7 <sup>h</sup>	8.5	0.2	\$ 25,411	\$ 8,440
South Dakota	6,579	4.7	\$ 36,976	5,713	4.1	\$ 29,589	47.2 <sup>f</sup>	47.2 <sup>f</sup>	0.4	\$ 30,202	\$ 20,377
Tennessee <sup>w</sup>	32,710	2.1	\$ 40,266	16,286	1.1	\$ 57,353	9.0	1.3	1.6	\$ 55,205	\$ 44,957
Texas	107,437	2.3	\$ 35,145	158,283	3.4	\$ 24,077	5.2	4.2	45.0	\$ 33,900	\$ 21,001
Utah	5,829	1.7	\$ 50,259	6,678	2.0	\$ 44,741	16.7	13.8	0.1	\$ 38,908 <sup>u</sup>	\$ 25,721
Vermont	3,726	2.0	\$ 39,101	10,807	5.8	\$ 35,273	0.0 <sup>x</sup>	0.0 <sup>x</sup>	100.0 <sup>x</sup>	\$ 0 <sup>x</sup>	\$ 0 <sup>x</sup>
Virginia	28,886	2.8	\$ 45,999	49,348	4.9	\$ 35,319	1.5	1.4	38.6 <sup>y</sup>	\$ 34,867	\$ 29,291
Washington	20,228	1.6	\$ 34,961	69,879	5.5	\$ 27,548	0.0 <sup>z</sup>	0.0 <sup>z</sup>	100.0 <sup>z</sup>	\$ 0 <sup>z</sup>	\$ 0 <sup>z</sup>

PS Table 4. Medicaid Long-Term Care Enrollment and Expenditures by Select Subgroups in MAX 2009

State	Institutional Long-Term Care (ILTC) <sup>a</sup>			Community Long-Term Care (CLTC) <sup>b</sup>			Section 1915(c) Waiver Enrollees				
	# Enrollees with Any ILTC Claims	% Enrollees with Any ILTC Claims	Average Medicaid Paid per ILTC Enrollee	# Enrollees with Any CLTC Claims	% Enrollees with Any CLTC Claims	Average Medicaid Paid per CLTC Enrollee	% Section 1915(c) Waiver Enrollees with No Waiver Claims <sup>c</sup>	% Section 1915(c) Waiver Enrollees not Enrolled in HMO/HIO/PACE with No Waiver Claims <sup>c</sup>	% Section 1915(c) Claim Recipients with No Waiver Enrollment <sup>c</sup>	Average Medicaid Amount Paid per 1915(c) Enrollee	Average Waiver Paid (Pgm Type=6,7) per 1915(c) Waiver Enrollee
West Virginia	13,754	3.3	\$ 47,792	18,127	4.3	\$ 31,911	4.6	4.5	3.5	\$ 38,150	\$ 29,869
Wisconsin <sup>aa</sup>	32,748	2.6	\$ 37,080	14,014	1.1	\$ 30,634	50.9 <sup>bb</sup>	49.9	2.5	\$ 24,229	\$ 14,299
Wyoming	3,095	3.7	\$ 47,479	4,548	5.4	\$ 40,254	3.3	3.3	0.3	\$ 38,765	\$ 26,236

Notes: Excludes people with missing Medicaid eligibility information and people enrolled only in S-CHIP.

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

<sup>a</sup> ILTC includes people with claims for NF, ICF/MR, mental hospitals for the aged, and inpatient psychiatric facilities for individuals under age 21 (MAX TOS = 02, 04, 05, 07).

<sup>b</sup> CLTC includes people with Section 1915(c) waiver services (Program Type = 6, 7) and non-waiver personal care, private duty nursing, adult day care, home health, and residential care services (MAX TOS = 13, 30, 38, 52, 54).

<sup>c</sup> Values greater than 10 percent are above the expected level and are considered anomalous.

<sup>d</sup> Number of enrollees with any CLTC claims increased more than 30 percent in AL and FL in 2009.

<sup>e</sup> AZ had no Section 1915(c) waiver enrollees in 2009.

<sup>f</sup> There are very few waiver claims for beneficiaries enrolled in waiver Type G or I in AR and SD in 2009.

<sup>g</sup> The percentage of Section 1915(c) claim (Program Type = 6,7) recipients with no waiver enrollment increased more than 30 percent in DC, HI, MI, and RI in 2009.

<sup>h</sup> The percentage of Section 1915(c) waiver enrollees with no waiver claims increased more than 30 percent in FL, HI, MI, and SC in 2009.

<sup>i</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>j</sup> Number of enrollees with any CLTC claims decreased more than 30 percent in KY and NM in 2009.

<sup>k</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>l</sup> MA implemented a new MMIS in 2009. Though waiver claims continued to appear, the transition caused all waiver enrollment reporting to cease.

<sup>m</sup> The percentage of Section 1915(c) waiver enrollees not enrolled in HMO/HIO/PACE with no waiver claims increased more than 30 percent in MI in 2009.

<sup>n</sup> MT reported that claims for enrollees in waivers 0208, 0371, and 0667 were not mapped to Program Type 6 or 7.

<sup>o</sup> NM ended one of its 1915(c) waivers (Waiver Type = G) in June 2009.

<sup>p</sup> Number of enrollees with ILTC claims decreased more than 30 percent in NM in 2009.

<sup>q</sup> Average amount paid per ILTC enrollee decreased more than 30 percent in NM in 2009.

<sup>r</sup> The percentage of Section 1915(c) claim (Program Type = 6,7) recipients with no waiver enrollment decreased more than 30 percent in NM and OR in 2009.

<sup>s</sup> ND reports all home health services as Section 1915(c) waiver claims, even for enrollees who are not enrolled in a 1915(c) waiver. Home health is a required state plan benefit.

<sup>t</sup> Average Medicaid paid per CLTC enrollee increased more than 30 percent in PA in 2009.

<sup>u</sup> Average Medicaid paid per 1915(c) enrollee increased more than 30 percent in PA and UT in 2009.

<sup>v</sup> Average waiver paid (Program Type = 6,7) per 1915(c) enrollee increased more than 30 percent in PA in 2009.

<sup>w</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>x</sup> VT offers Home and Community Based Services (HCBS) to its enrollees. Unlike other states that offer HCBS under section 1915(c), however, VT provides the services under section 1115 demonstration authority.

<sup>y</sup> Non-waiver claims for people not enrolled in Section 1915(c) waivers were erroneously identified as Section 1915(c) claims (Program Type = 6,7) in VA in 2009.

<sup>z</sup> WA reports having 1915(c) waiver programs (Waiver Type = G, L), but does not report enrollment for these waivers.

<sup>aa</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>bb</sup> Due to incomplete 1915(c) waiver claim reporting and a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created so the percent of waiver enrollees with no claims naturally decreased more than 30 percent from 2008 to 2009.

PS Table 5. Section 1915(c) Waiver Expenditures (Program Type = 6, 7) Among 1915(c) Waiver Enrollees (Waiver Type = G, H, I, J, K) in MAX 2009

State	Waiver for Aged and Disabled (WVR TYPE = G)		Waiver for Aged (WVR TYPE = H)		Waiver for Physically Disabled (WVR TYPE = I)		Waiver for People with Brain Injuries (WVR TYPE = J)		Waiver for People with HIV/AIDS (WVR TYPE = K)	
	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee
Alabama	\$ 90,907,885	\$ 10,485	\$ 0	\$ 0	\$ 6,264,067	\$ 11,452	\$ 0	\$ 0	\$ 273,708	\$ 5,367
Alaska	\$ 0	\$ 0	\$ 38,291,831	\$ 24,328	\$ 27,010,415	\$ 22,603	\$ 0	\$ 0	\$ 0	\$ 0
Arizona	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Arkansas	\$ 123,098 <sup>a</sup>	\$ 193	\$ 56,479,705	\$ 7,510	\$ 209 <sup>b</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
California	\$ 18,663,902 <sup>c</sup>	\$ 16,386	\$ 42,345,301	\$ 3,528	\$ 59,191,598 <sup>b</sup>	\$ 32,452	\$ 0	\$ 0	\$ 11,717,478	\$ 4,642
Colorado	\$ 189,583,118	\$ 9,332	\$ 0	\$ 0	\$ 1,839,304	\$ 1,352	\$ 11,826,386	\$ 45,486	\$ 585,954	\$ 8,878
Connecticut	\$ 0	\$ 0	\$ 127,012,028	\$ 10,271	\$ 18,474,580	\$ 20,169	\$ 32,605,436	\$ 78,003	\$ 0	\$ 0
Delaware	\$ 17,907,365	\$ 13,701	\$ 0	\$ 0	\$ 0	\$ 0	\$ 923,093	\$ 27,973	\$ 3,227,601	\$ 4,350
District of Columbia	\$ 66,632,289 <sup>c</sup>	\$ 23,176	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Florida	\$ 133,260,956 <sup>d</sup>	\$ 8,352	\$ 15,360,987 <sup>e</sup>	\$ 719	\$ 30,152	\$ 6,030	\$ 5,429,752 <sup>f</sup>	\$ 15,830 <sup>f</sup>	\$ 4,591,796 <sup>g</sup>	\$ 811 <sup>h</sup>
Georgia	\$ 113,444,420 <sup>a</sup>	\$ 9,872	\$ 0	\$ 0	\$ 35,202,766	\$ 37,731	\$ 0	\$ 0	\$ 0	\$ 0
Hawaii	\$ 879,813 <sup>i</sup>	\$ 1,818 <sup>i</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 613 <sup>i</sup>	\$ 613 <sup>i</sup>
Idaho <sup>j</sup>	\$ 90,656,835	\$ 9,587	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Illinois	\$ 98,062,673	\$ 14,316	\$ 229,879,760 <sup>k</sup>	\$ 4,649	\$ 256,945,984 <sup>l</sup>	\$ 7,255 <sup>m</sup>	\$ 71,715,994	\$ 11,749	\$ 16,012,543	\$ 9,652
Indiana	\$ 107,289,546	\$ 9,593	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,293,383	\$ 28,815	\$ 0	\$ 0
Iowa	\$ 0	\$ 0	\$ 75,390,235	\$ 5,986	\$ 26,436,710	\$ 6,749	\$ 21,399,744	\$ 17,052	\$ 518,409	\$ 9,600
Kansas	\$ 0	\$ 0	\$ 75,825,608	\$ 9,433	\$ 146,722,222	\$ 17,199	\$ 11,510,869 <sup>n</sup>	\$ 24,701	\$ 0	\$ 0
Kentucky	\$ 73,968,637	\$ 5,799	\$ 0	\$ 0	\$ 0	\$ 0	\$ 18,159,016 <sup>n</sup>	\$ 64,854	\$ 0	\$ 0
Louisiana	\$ 65,671,121	\$ 12,034	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maine <sup>o</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 83,256,309	\$ 10,955	\$ 0	\$ 0	\$ 0 <sup>p</sup>	\$ 0 <sup>p</sup>	\$ 3,048,233	\$ 89,654	\$ 0	\$ 0
Massachusetts <sup>q</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Michigan	\$ 75,386,191	\$ 6,870	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Minnesota	\$ 0	\$ 0	\$ 35,607,487 <sup>r</sup>	\$ 1,561 <sup>s</sup>	\$ 409,570,457	\$ 22,935	\$ 95,909,416	\$ 61,917	\$ 0	\$ 0
Mississippi	\$ 103,746,259	\$ 7,518	\$ 0	\$ 0	\$ 0	\$ 0	\$ 17,597,052	\$ 23,033	\$ 0	\$ 0



PS Table 5. Section 1915(c) Waiver Expenditures (Program Type = 6, 7) Among 1915(c) Waiver Enrollees (Waiver Type = G, H, I, J, K) in MAX 2009

	Waiver for Aged and Disabled (WVR TYPE = G)		Waiver for Aged (WVR TYPE = H)		Waiver for Physically Disabled (WVR TYPE = I)		Waiver for People with Brain Injuries (WVR TYPE = J)		Waiver for People with HIV/AIDS (WVR TYPE = K)	
State	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee
Missouri	\$ 604,876 <sup>t</sup>	\$ 31	\$ 0	\$ 0	\$ 252,574 <sup>u</sup>	\$ 446	\$ 0	\$ 0	\$ 2,168,510	\$ 17,922
Montana	\$ 33,733,479	\$ 14,699	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Nebraska	\$ 61,535,437	\$ 10,813	\$ 0	\$ 0	\$ 0	\$ 0	\$ 685,358	\$ 29,798	\$ 0	\$ 0
Nevada	\$ 0	\$ 0	\$ 7,653,901	\$ 3,689	\$ 3,179,692	\$ 4,968	\$ 0	\$ 0	\$ 0	\$ 0
New Hampshire	\$ 54,500,974	\$ 14,798	\$ 0	\$ 0	\$ 0	\$ 0	\$ 14,420,751	\$ 81,015	\$ 0	\$ 0
New Jersey	\$ 158,965,488	\$ 13,211	\$ 0	\$ 0	\$ 12,482,098	\$ 42,169	\$ 26,851,963	\$ 76,284	\$ 3,082,073	\$ 9,092
New Mexico	\$ 27,921,963 <sup>v</sup>	\$ 14,704 <sup>v</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 313,299	\$ 34,811
New York	\$ 3,868,254 <sup>c</sup>	\$ 145 <sup>w</sup>	\$ 0	\$ 0	\$ 5,787 <sup>x</sup>	\$ 13 <sup>y</sup>	\$ 108,445,340	\$ 35,175	\$ 0	\$ 0
North Carolina	\$ 259,779,163	\$ 18,682	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
North Dakota	\$ 7,709,132	\$ 18,757	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Ohio	\$ 390,042,832	\$ 10,953	\$ 0	\$ 0	\$ 187,605,896	\$ 21,686	\$ 0	\$ 0	\$ 0	\$ 0
Oklahoma	\$ 206,535,050	\$ 8,346	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Oregon	\$ 319,600,170	\$ 11,505	\$ 0	\$ 0	\$ 114,350	\$ 1,012	\$ 0	\$ 0	\$ 0	\$ 0
Pennsylvania	\$ 292,821,805	\$ 12,293	\$ 0	\$ 0	\$ 264,063,970	\$ 20,235	\$ 42,014,446	\$ 53,590	\$ 0	\$ 0
Rhode Island	\$ 27,437,783	\$ 11,616	\$ 6,077,289	\$ 11,642	\$ 0 <sup>z</sup>	\$ 0 <sup>z</sup>	\$ 0	\$ 0	\$ 0	\$ 0
South Carolina	\$ 136,310,576	\$ 9,298	\$ 0	\$ 0	\$ 0	\$ 0	\$ 23,361,095	\$ 33,089	\$ 4,268,274	\$ 3,784
South Dakota	\$ 4,181 <sup>aa</sup>	\$ 4 <sup>aa</sup>	\$ 0	\$ 0	\$ 3,835 <sup>aa</sup>	\$ 31 <sup>aa</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Tennessee <sup>bb</sup>	\$ 96,664,725 <sup>c</sup>	\$ 15,083 <sup>w</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Texas	\$ 558,510,287	\$ 13,521	\$ 0	\$ 0	\$ 7,066,180	\$ 43,618	\$ 0	\$ 0	\$ 0	\$ 0
Utah	\$ 24,195 <sup>t</sup>	\$ 28 <sup>dd</sup>	\$ 3,694,848	\$ 6,868 <sup>ee</sup>	\$ 1,961,225	\$ 17,204 <sup>m</sup>	\$ 2,634,617	\$ 27,444 <sup>ff</sup>	\$ 0	\$ 0
Vermont	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Virginia	\$ 290,350,979	\$ 14,353	\$ 601,652 <sup>gg</sup>	\$ 13,992	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,003,271 <sup>hh</sup>	\$ 15,925
Washington	\$ 0 <sup>ii</sup>	\$ 0 <sup>ii</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
West Virginia	\$ 87,802,661	\$ 13,397	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

PS Table 5. Section 1915(c) Waiver Expenditures (Program Type = 6, 7) Among 1915(c) Waiver Enrollees (Waiver Type = G, H, I, J, K) in MAX 2009

State	Waiver for Aged and Disabled (WVR TYPE = G)		Waiver for Aged (WVR TYPE = H)		Waiver for Physically Disabled (WVR TYPE = I)		Waiver for People with Brain Injuries (WVR TYPE = J)		Waiver for People with HIV/AIDS (WVR TYPE = K)	
	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee
Wisconsin <sup>jj, kk</sup>	\$ 67,587,369 <sup>t</sup>	\$ 8,935	\$ 0	\$ 0	\$ 0 <sup>ll</sup>	\$ 0	\$ 8,061,092	\$ 39,515	\$ 0	\$ 0
Wyoming	\$ 15,170,481	\$ 7,685	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,160,403	\$ 32,085	\$ 0	\$ 0

Notes: Excludes people with missing Medicaid eligibility information and people enrolled only in S-CHIP. Uses the most recent 1915(c) waiver enrollment.

Notes: Total waiver expenditures were validated using CMS-64 data from Eiken, Steve, Brian Burwell, Lisa Gold, and Kate Sredl. "Medicaid HCBS Waiver Expenditures FY 2004 Through FY 2009." Available at [<http://www.hcbs.org/moreInfo.php/doc/3326>]. Accessed February 24, 2012.

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

<sup>a</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for aged and disabled (Waiver Type = G) in AR and GA in 2009.

<sup>b</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for the physically disabled (Waiver Type = I) in AR and CA in 2009.

<sup>c</sup> Total waiver amount paid for people enrolled in the waiver for aged and disabled (Waiver Type = G) increased more than 30 percent in CA, DC, NY, and TN in 2009.

<sup>d</sup> Total waiver expenditures were substantially higher in MAX compared to those reported in the CMS-64 for the waiver for the aged and disabled (Waiver ID = 10 and 13; Waiver Type = G) in FL in 2009.

<sup>e</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for the aged (Waiver ID = 11 and 12, Waiver Type = H) in FL in 2009.

<sup>f</sup> The total and the average waiver amount paid for people enrolled in waiver for people with brain injuries (Waiver Type = J) increased more than 30 percent in FL in 2009.

<sup>g</sup> Total waiver amount paid for the waiver for people with HIV/AIDS (Waiver Type = K) increased more than 30 percent in FL in 2009.

<sup>h</sup> Average waiver amount paid per 1915(c) enrollee in the waiver for people with HIV/AIDS (Waiver Type = K) decreased more than 30 percent in FL in 2009.

<sup>i</sup> During 2009, HI ended four of its 1915(c) waivers — G (H3, H4), K (H5), and N (H6) — and transitioned these enrollees and their same services into its 1115 waiver.

<sup>j</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>k</sup> Total waiver expenditures were substantially higher in MAX compared to those reported in the CMS-64 for the waiver for the aged (Waiver Type = H) in IL in 2009.

<sup>l</sup> Total waiver expenditures were substantially higher in MAX compared to those reported in the CMS-64 for the waiver for physically disabled (Waiver Type = I) in IL in 2009.

<sup>m</sup> Average waiver amount paid per 1915(c) waiver enrollee in the waiver for physically disabled (Waiver Type = I) increased more than 30 percent in IL and UT in 2009.

<sup>n</sup> Total waiver amount paid for people enrolled in the waiver for people with brain injuries (Waiver Type = J) increased more than 30 percent in KS and KY in 2009.

<sup>o</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>p</sup> No waiver expenditures were reported for the waiver for physically disabled (Waiver Type = I) in MD in 2009 although other sources report expenditures for this waiver in MD.

<sup>q</sup> MA implemented a new MMIS in 2009. Although waiver claims continued to appear, the transition caused all waiver enrollment reporting to cease.

<sup>r</sup> Total waiver amount paid for people enrolled in the waiver for aged (Waiver Type = H) decreased more than 30 percent in MN in 2009.

<sup>s</sup> Average waiver amount paid per 1915(c) enrollee in the waiver for aged (Waiver Type = H) decreased more than 30 percent in MN in 2009.

<sup>t</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for aged and disabled (Waiver Type = G) in MO, UT, and WI in 2009.

<sup>u</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for physically disabled (Waiver Type = I) in MO in 2009.

<sup>v</sup> NM ended its 1915(c) waiver (Waiver Type = G) in June 2009.

<sup>w</sup> Average waiver amount paid per 1915(c) enrollee in the waiver for aged and disabled (Waiver Type = G) increased more than 30 percent in NY and TN in 2009.

<sup>x</sup> Total waiver amount paid for people enrolled in the waiver for physically disabled (Waiver Type = I) decreased more than 30 percent in NY in 2009.

<sup>y</sup> Average waiver amount paid per 1915(c) waiver enrollee in the waiver for physically disabled (Waiver Type = I) decreased more than 30 percent in NY in 2009.

<sup>z</sup> Although RI reported enrollment in the waiver for physically disabled (Waiver Type = I) in 2009, no expenditures for this waiver were reported.

<sup>aa</sup> Almost no expenditures were reported for people in SD's Elderly waiver for aged and disabled (Waiver ID = 01, Waiver Type = G) and Assistive Daily Living Services waiver for physically disabled (Waiver ID 04, Waiver Type = I) in 2009.

- <sup>bb</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.
- <sup>cc</sup> Total waiver amount paid for people enrolled in the waiver for aged and disabled (Waiver Type = G) decreased more than 30 percent in UT in 2009.
- <sup>dd</sup> Average waiver amount paid per 1915(c) enrollee in the waiver for aged and disabled (Waiver Type = G) decreased more than 30 percent in UT in 2009.
- <sup>ee</sup> Average waiver amount paid per 1915(c) enrollee in the waiver for aged (Waiver Type = H) increased more than 30 percent in UT in 2009.
- <sup>ff</sup> The average waiver amount paid for people enrolled in waiver for people with brain injuries (Waiver Type = J) increased more than 30 percent in UT in 2009.
- <sup>gg</sup> The waiver for the aged (Waiver Type = H) was effective in VA in FFY 2009, but the CMS-64 reports indicated no expenditures.
- <sup>hh</sup> Total waiver expenditures were substantially higher in MAX compared to those reported in the CMS-64 for the waiver for people with HIV/AIDS (Waiver Type = K) in VA in 2009.
- <sup>ii</sup> WA reports having 1915(c) waiver programs (Waiver Type = G, L), but does not report enrollment for these waivers.
- <sup>jj</sup> Due to incomplete 1915(c) waiver claim reporting and a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created.
- <sup>kk</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.
- <sup>ll</sup> WI did not report any 1915(c) waiver expenditures for 1915(c) waiver enrollees in the waiver for the physically disabled (Waiver Type = I) in 2009.

PS Table 6. Section 1915(c) Waiver Expenditures (Program Type = 6, 7) Among 1915(c) Waiver Enrollees (Waiver Type = L, M, N, P, O) in MAX 2009

	Waiver for Mentally Retarded/Developmentally Disabled (WVR TYPE = L)		Waiver for Mental Illness/Serious Emotional Disturbance (WVR TYPE = M)		Waiver for Technology Dependent/Medically Fragile (WVR TYPE = N)		Waiver for Autism/Autism Spectrum Disorder (WVR TYPE = P)		Unspecified 1915(c) Waiver (WVR TYPE = O)	
State	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee
Alabama	\$ 269,367,308	\$ 47,803	\$ 0	\$ 0	\$ 0 <sup>a</sup>	\$ 0 <sup>a</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Alaska	\$ 93,725,611	\$ 69,581	\$ 0	\$ 0	\$ 10,592,808	\$ 43,413	\$ 0	\$ 0	\$ 0	\$ 0
Arizona	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Arkansas	\$ 134,898,962	\$ 34,117	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
California	\$ 1,871,028,809	\$ 22,104	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Colorado	\$ 368,362,016	\$ 44,818	\$ 23,409,142	\$ 8,887	\$ 93,911	\$ 968	\$ 1,224,021	\$ 12,619	\$ 0	\$ 0
Connecticut	\$ 626,675,678 <sup>b</sup>	\$ 69,376	\$ 29,463	\$ 1,403	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Delaware	\$ 90,324,007	\$ 103,940	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
District of Columbia	\$ 126,263,121	\$ 89,485	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Florida	\$ 839,997,854 <sup>b</sup>	\$ 28,103	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Georgia	\$ 342,175,069	\$ 29,450	\$ 0	\$ 0	\$ 17,483 <sup>c</sup>	\$ 15 <sup>c</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Hawaii	\$ 92,271,371	\$ 35,299	\$ 0	\$ 0	\$ 0 <sup>d</sup>	\$ 0 <sup>d</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Idaho <sup>e</sup>	\$ 72,815,111	\$ 27,676	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Illinois	\$ 538,900,099 <sup>f</sup>	\$ 31,758	\$ 0	\$ 0	\$ 0 <sup>g</sup>	\$ 0 <sup>g</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Indiana	\$ 504,761,631	\$ 44,940	\$ 0	\$ 0	\$ 0	\$ 0	\$ 18,187,799	\$ 46,997	\$ 0	\$ 0
Iowa	\$ 311,021,769	\$ 27,857	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Kansas	\$ 300,013,337	\$ 35,538	\$ 21,196 <sup>h</sup>	\$ 4 <sup>h</sup>	\$ 25,250,451 <sup>i</sup>	\$ 56,615 <sup>i</sup>	\$ 688,219 <sup>j</sup>	\$ 13,764 <sup>j</sup>	\$ 0	\$ 0
Kentucky	\$ 249,615,229	\$ 50,063	\$ 0	\$ 0	\$ 5,121,416	\$ 83,958	\$ 0	\$ 0	\$ 0	\$ 0
Louisiana	\$ 408,196,762	\$ 41,751	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maine <sup>k</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 570,049,570	\$ 47,127	\$ 0	\$ 0	\$ 1,203,000	\$ 5,729	\$ 4,270,244 <sup>l</sup>	\$ 4,734 <sup>l</sup>	\$ 0	\$ 0
Massachusetts <sup>n</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Michigan	\$ 13,542,572	\$ 26,817	\$ 20,994	\$ 375	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Minnesota	\$ 979,120,436	\$ 64,752	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

PS Table 6. Section 1915(c) Waiver Expenditures (Program Type = 6, 7) Among 1915(c) Waiver Enrollees (Waiver Type = L, M, N, P, O) in MAX 2009

	Waiver for Mentally Retarded/Developmentally Disabled (WVR TYPE = L)	Waiver for Mental Illness/Serious Emotional Disturbance (WVR TYPE = M)	Waiver for Technology Dependent/Medically Fragile (WVR TYPE = N)	Waiver for Autism/Autism Spectrum Disorder (WVR TYPE = P)	Unspecified 1915(c) Waiver (WVR TYPE = O)					
State	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee
Mississippi	\$ 35,537,146	\$ 18,085	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Missouri	\$ 424,530,304	\$ 46,749	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Montana	\$ 49,728 <sup>b</sup>	\$ 22 <sup>o</sup>	\$ 2,311,422 <sup>p</sup>	\$ 15,107 <sup>q</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Nebraska	\$ 169,907,881	\$ 42,456	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Nevada	\$ 70,252,762	\$ 41,374	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
New Hampshire	\$ 170,064,748	\$ 39,249	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
New Jersey	\$ 558,208,515	\$ 52,399	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
New Mexico	\$ 291,873,324	\$ 75,070	\$ 0	\$ 0	\$ 1,556,018	\$ 9,153	\$ 0	\$ 0	\$ 0	\$ 0
New York	\$ 5,215,749,519	\$ 71,915	\$ 59,667,767 <sup>p</sup>	\$ 16,922	\$ 454,190 <sup>i</sup>	\$ 12,275 <sup>i</sup>	\$ 0	\$ 0	\$ 0	\$ 0
North Carolina	\$ 492,368,367	\$ 48,144	\$ 0	\$ 0	\$ 37,631,546	\$ 43,555	\$ 0	\$ 0	\$ 0	\$ 0
North Dakota	\$ 95,485,026	\$ 24,383	\$ 0	\$ 0	\$ 102,104	\$ 20,421	\$ 0	\$ 0	\$ 0	\$ 0
Ohio	\$ 953,358,435	\$ 38,090	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Oklahoma	\$ 273,348,357	\$ 49,601	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Oregon	\$ 97,237,938 <sup>b</sup>	\$ 8,102	\$ 0	\$ 0	\$ 47,686 <sup>r</sup>	\$ 472 <sup>t</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Pennsylvania	\$ 913,415,892 <sup>u</sup>	\$ 27,254 <sup>u</sup>	\$ 0	\$ 0	\$ 13,486,771	\$ 141,966	\$ 27,301	\$ 255	\$ 0	\$ 0
Rhode Island	\$ 3,803,975	\$ 1,012	\$ 289	\$ 12	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
South Carolina	\$ 38,134,332 <sup>b</sup>	\$ 4,898	\$ 0	\$ 0	\$ 1,236,969	\$ 8,032 <sup>t</sup>	\$ 6,782,140 <sup>m</sup>	\$ 14,712 <sup>m</sup>	\$ 0	\$ 0
South Dakota	\$ 91,810,537	\$ 28,646	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Tennessee <sup>v</sup>	\$ 573,281,841	\$ 67,501	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Texas	\$ 810,448,883	\$ 36,022	\$ 0	\$ 0	\$ 77,106,769 <sup>i</sup>	\$ 14,752 <sup>i</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Utah	\$ 151,501,176	\$ 33,878	\$ 0	\$ 0	\$ 38,955 <sup>i</sup>	\$ 307 <sup>i</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Vermont	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Virginia	\$ 540,178,875	\$ 59,721	\$ 0	\$ 0	\$ 40,354,535	\$ 99,151	\$ 0	\$ 0	\$ 0	\$ 0
Washington	\$ 0 <sup>w</sup>	\$ 0 <sup>w</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

PS Table 6. Section 1915(c) Waiver Expenditures (Program Type = 6, 7) Among 1915(c) Waiver Enrollees (Waiver Type = L, M, N, P, O) in MAX 2009

State	Waiver for Mentally Retarded/Developmentally Disabled (WVR TYPE = L)		Waiver for Mental Illness/Serious Emotional Disturbance (WVR TYPE = M)		Waiver for Technology Dependent/Medically Fragile (WVR TYPE = N)		Waiver for Autism/Autism Spectrum Disorder (WVR TYPE = P)		Unspecified 1915(c) Waiver (WVR TYPE = O)	
	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee	Total Waiver Amount Paid	Average Waiver Paid per 1915(c) Waiver Enrollee
West Virginia	\$ 238,580,636	\$ 54,558	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Wisconsin <sup>x,y</sup>	\$ 209,207,588 <sup>z</sup>	\$ 19,335	\$ 0 <sup>aa</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Wyoming	\$ 93,151,528	\$ 43,754	\$ 193,445	\$ 2,545 <sup>a</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Notes: Excludes people with missing Medicaid eligibility information and people enrolled only in S-CHIP. Uses the most recent 1915(c) waiver enrollment.

Notes: Total waiver expenditures were validated using information from Eiken, Steve, Brian Burwell, Lisa Gold, and Kate Sredl. "Medicaid HCBS Waiver Expenditures FY 2004 Through FY 2009." Available at [http://www.hcbs.org/moreInfo.php/doc/3326]. Accessed February 24, 2012.

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

<sup>a</sup> AL did not report any 1915(c) waiver expenditures for 1915(c) waiver enrollees in the waiver for the waiver for medically fragile children (Waiver Type = N) in 2009.

<sup>b</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for mentally retarded/developmentally disabled (Waiver Type = L) in CT, FL, MT, OR, and SC in 2009.

<sup>c</sup> GA reported very few waiver expenditures for their waiver for technology dependent/medically fragile (Waiver ID = PP, Waiver Type = N) in 2009.

<sup>d</sup> During 2009, HI ended four of its 1915(c) waivers — G (H3, H4), K (H5), and N (H6) — and transitioned these enrollees and their same services into its 1115 waiver.

<sup>e</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>f</sup> Total waiver expenditures were substantially higher in MAX compared to those reported in the CMS-64 for the waiver for mentally retarded/developmentally disabled (Waiver Type = L) in IL in 2009.

<sup>g</sup> IL did not report any 1915(c) waiver expenditures for 1915(c) waiver enrollees in the waiver for technology dependent/medically fragile (Waiver Type = N) in 2009.

<sup>h</sup> KS reported very few waiver expenditures for their waiver for people with serious emotional disturbance (Waiver ID = SE, Waiver Type = M) in 2009.

<sup>i</sup> Total waiver amount paid and average waiver amount paid for people enrolled in the waiver for technology dependent/medically fragile (Waiver Type = N) increased more than 30 percent in KS, NY, TX, and UT in 2009.

<sup>j</sup> Total waiver amount paid and average waiver amount paid per 1915(c) waiver enrollee in the waiver for autism spectrum disorder (Waiver Type = P) increased more than 30 percent in KS in 2009.

<sup>k</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>l</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for autism spectrum disorder (Waiver Type = P) in MD in 2009.

<sup>m</sup> Total and average waiver amount paid for the waiver for autism spectrum disorder (Waiver Type = P) increased more than 30 percent in MD and SC in 2009.

<sup>n</sup> MA implemented a new MMIS in 2009. Although waiver claims continued to appear, the transition caused all waiver enrollment reporting to cease.

<sup>o</sup> Average amount paid for people enrolled in the waiver for mentally retarded/developmentally disabled (Waiver Type = L) decreased more than 30 percent in MT in 2009.

<sup>p</sup> Total waiver amount paid for people enrolled in the waiver for mental illness/serious emotional disturbance (Waiver Type = M) increased more than 30 percent in MT and NY in 2009.

<sup>q</sup> Average amount paid for people enrolled in the waiver for mental illness/serious emotional disturbance (Waiver Type = M) increased more than 30 percent in MT and WY in 2009.

<sup>r</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for medically fragile children (Waiver Type = N) in OR and UT in 2009.

<sup>s</sup> Total waiver amount paid for people enrolled in the waiver for technology dependent/medically fragile (Waiver Type = N) decreased more than 30 percent in OR in 2009.

<sup>t</sup> Average waiver paid per 1915(c) waiver enrollee in the waiver for technology dependent/medically fragile (Waiver Type = N) decreased more than 30 percent in OR and SC in 2009.

<sup>u</sup> Total and average waiver amount paid for people enrolled in the waiver for mentally retarded/developmentally disabled (Waiver Type = L) increased more than 30 percent in PA in 2009. This was the result of a change in billing for Pennsylvania Consolidated Waiver claims. Billing shifted from the county MH/MR programs to the state on July 1, 2009.

<sup>v</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>w</sup> WA reports having 1915(c) waiver programs (Waiver Type = G, L), but does not report enrollment for these waivers.

<sup>x</sup> Due to incomplete 1915(c) waiver claim reporting and a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created.

<sup>y</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>z</sup> Total waiver expenditures were substantially lower in MAX compared to those reported in the CMS-64 for the waiver for mentally retarded/developmentally disabled (Waiver Type = L) in WI in 2009.

<sup>aa</sup> WI did not report any 1915(c) waiver expenditures for 1915(c) waiver enrollees in the waiver for mental illness/serious emotional disturbance (Waiver Type = M) in 2009.

PS Table 7. Number of Persons, Total Expenditures, and Average Medicaid Paid Among Medicaid Enrollees Eligible for Full Benefits in MAX 2009

State	Total Full Benefit Medicaid Enrollees	Total Medicaid Expenditures	Average Medicaid Paid per Enrollee by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Alabama	780,196	\$ 3,533,459,676	\$ 21,013	\$ 8,202	\$ 2,206	\$ 2,924
Alaska	132,110	\$ 1,101,239,953	\$ 22,602	\$ 24,983	\$ 4,301	\$ 5,872
Arizona	1,595,082	\$ 8,380,269,938	\$ 13,161	\$ 16,826	\$ 2,536	\$ 5,054
Arkansas	642,419	\$ 3,484,187,268	\$ 18,287	\$ 13,366	\$ 2,254	\$ 2,774
California	7,674,978	\$ 32,165,577,003	\$ 8,640	\$ 13,491	\$ 1,489	\$ 1,865
Colorado	622,281	\$ 3,149,247,260	\$ 16,674	\$ 16,007	\$ 1,783	\$ 2,592
Connecticut	572,326	\$ 4,820,736,866	\$ 29,149	\$ 28,352	\$ 3,034 <sup>b</sup>	\$ 3,765 <sup>c</sup>
Delaware	186,501	\$ 1,259,064,673	\$ 28,354	\$ 22,973	\$ 2,828	\$ 5,131
District of Columbia	172,743	\$ 1,714,868,803	\$ 33,001	\$ 25,939	\$ 2,508	\$ 4,076
Florida	3,185,632	\$ 13,345,638,137	\$ 12,614	\$ 11,744	\$ 1,439	\$ 2,568
Georgia	1,692,029	\$ 6,695,857,121	\$ 14,506	\$ 10,219	\$ 1,699	\$ 3,704
Hawaii	270,662	\$ 1,165,511,086	\$ 12,948	\$ 14,229	\$ 1,710	\$ 3,051
Idaho <sup>d</sup>	234,432	\$ 1,314,990,013	\$ 19,706	\$ 19,021	\$ 1,844	\$ 4,440
Illinois	2,762,829	\$ 10,690,281,142	\$ 10,265	\$ 14,375	\$ 1,606	\$ 2,361
Indiana	1,141,036	\$ 5,563,215,843	\$ 18,549	\$ 18,177	\$ 1,707	\$ 2,732
Iowa	500,285	\$ 2,917,386,369	\$ 18,400	\$ 19,717	\$ 1,976	\$ 2,441
Kansas	358,540	\$ 2,290,118,160	\$ 18,080	\$ 16,968	\$ 2,144	\$ 3,632
Kentucky	867,410	\$ 4,895,068,527	\$ 13,949	\$ 10,990	\$ 2,671	\$ 4,255
Louisiana	1,132,609	\$ 5,408,777,216	\$ 14,620	\$ 14,057	\$ 1,741	\$ 3,579
Maine <sup>e</sup>	323,949	\$ 209,214,444	\$ 119	\$ 1,706	\$ 298	\$ 675
Maryland	928,674	\$ 6,141,797,471	\$ 24,243	\$ 21,453	\$ 2,506	\$ 3,842
Massachusetts	1,422,025	\$ 9,595,055,158	\$ 18,469	\$ 15,042	\$ 3,002	\$ 2,829
Michigan	2,073,351	\$ 8,018,939,348	\$ 12,925	\$ 9,946	\$ 1,489	\$ 2,900
Minnesota	836,979	\$ 7,049,015,347	\$ 18,238	\$ 26,810	\$ 3,149	\$ 4,096



PS Table 7. Number of Persons, Total Expenditures, and Average Medicaid Paid Among Medicaid Enrollees Eligible for Full Benefits in MAX 2009

State	Total Full Benefit Medicaid Enrollees	Total Medicaid Expenditures	Average Medicaid Paid per Enrollee by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Mississippi	660,798	\$ 3,286,829,708	\$ 19,212	\$ 9,984	\$ 1,942	\$ 3,840
Missouri	1,083,687	\$ 5,832,969,552	\$ 13,326	\$ 13,084	\$ 2,531	\$ 2,804
Montana	116,645	\$ 713,120,992	\$ 20,270	\$ 13,889	\$ 2,669	\$ 3,884
Nebraska	273,425	\$ 1,552,752,317	\$ 16,610	\$ 17,635	\$ 2,426	\$ 3,098
Nevada	286,070	\$ 1,178,524,137	\$ 12,693	\$ 15,250	\$ 1,962	\$ 2,089
New Hampshire	154,401	\$ 1,011,083,487	\$ 21,582	\$ 17,631	\$ 2,785	\$ 3,191
New Jersey	1,171,597	\$ 8,120,828,872	\$ 20,229	\$ 19,494	\$ 2,089	\$ 3,437
New Mexico	570,678	\$ 2,452,415,142	\$ 2,568 <sup>f</sup>	\$ 12,587	\$ 2,616	\$ 4,767
New York	5,183,282	\$ 44,737,916,993	\$ 25,317	\$ 27,753	\$ 2,432	\$ 4,095
North Carolina	1,758,814	\$ 9,686,064,950	\$ 12,047	\$ 14,848	\$ 2,265	\$ 3,977
North Dakota	77,906	\$ 614,499,475	\$ 26,147	\$ 24,488	\$ 2,539	\$ 3,391
Ohio	2,278,769	\$ 13,483,385,036	\$ 23,030	\$ 17,995	\$ 1,804	\$ 3,365
Oklahoma	794,038	\$ 3,578,925,693	\$ 11,711	\$ 12,898	\$ 2,062	\$ 3,561
Oregon	518,771	\$ 2,873,206,313	\$ 15,090	\$ 14,848	\$ 2,041	\$ 4,618
Pennsylvania	2,201,754	\$ 15,173,486,667	\$ 17,036	\$ 12,890	\$ 2,736	\$ 4,280
Rhode Island	219,615	\$ 1,510,235,456	\$ 17,375	\$ 16,487	\$ 2,615	\$ 3,043
South Carolina	880,112	\$ 3,868,893,875	\$ 9,946	\$ 10,948	\$ 1,905	\$ 3,444
South Dakota	132,659	\$ 715,328,951	\$ 19,310	\$ 18,107	\$ 2,201	\$ 3,702
Tennessee <sup>g</sup>	1,458,747	\$ 8,886,172,329 <sup>h</sup>	\$ 15,451	\$ 11,784 <sup>i</sup>	\$ 3,033 <sup>b</sup>	\$ 5,946 <sup>c</sup>
Texas	4,240,564	\$ 19,311,481,080	\$ 11,413	\$ 13,853	\$ 2,259	\$ 3,155 <sup>j</sup>
Utah	328,858	\$ 1,495,800,050 <sup>h</sup>	\$ 10,880	\$ 18,382 <sup>i</sup>	\$ 2,098	\$ 2,414
Vermont	166,288	\$ 973,979,897	\$ 17,462	\$ 16,583	\$ 3,150	\$ 3,318
Virginia	949,636	\$ 5,532,121,770	\$ 13,574	\$ 16,536	\$ 2,516	\$ 3,856
Washington	1,162,976	\$ 4,996,862,689	\$ 13,656	\$ 12,577	\$ 1,453	\$ 3,443

PS Table 7. Number of Persons, Total Expenditures, and Average Medicaid Paid Among Medicaid Enrollees Eligible for Full Benefits in MAX 2009

State	Total Full Benefit Medicaid Enrollees	Total Medicaid Expenditures	Average Medicaid Paid per Enrollee by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
West Virginia	388,572	\$ 2,271,510,828	\$ 20,188	\$ 11,372	\$ 2,188	\$ 2,933
Wisconsin <sup>k</sup>	1,077,815	\$ 5,283,861,821	\$ 22,594	\$ 13,991	\$ 1,519	\$ 2,675
Wyoming	79,019	\$ 547,721,658	\$ 29,571	\$ 24,130	\$ 2,746	\$ 5,110

Notes: Excludes people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Average Medicaid paid per full-benefit child enrollee increased more than 30 percent in CT and TN in 2009.

<sup>c</sup> Average Medicaid paid per full-benefit adult enrollee increased more than 30 percent in CT and TN in 2009.

<sup>d</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>e</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>f</sup> Average Medicaid paid per aged enrollee decreased more than 30 percent in NM in 2009.

<sup>g</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>h</sup> Total Medicaid expenditures for full-benefit enrollees increased more than 30 percent in TN and UT in 2009.

<sup>i</sup> Average Medicaid paid per full-benefit disabled enrollee increased more than 30 percent in TN and UT in 2009.

<sup>j</sup> Average Medicaid paid per full-benefit adult enrollees increased more than 30 percent in TX in 2009 due to a shift of family planning enrollees into a restricted benefit grouping that entitles them only for family planning services.

<sup>k</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 8. Capitation Payments Among People Enrolled in Managed Care Any Time in MAX 2009

State	% Medicaid Enrollees in Managed Care in the Year	HMO/HIO or PACE			PHP			PCCM		
		Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment
Alabama	86.4	\$ 1,961,760 <sup>a</sup>	1.0	\$ 15 <sup>b</sup>	\$ 552,532,163	1.0	\$ 88	\$ 11,076,702 <sup>c</sup>	0.7	\$ 2 <sup>d</sup>
Alaska	0.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Arizona	91.4	\$ 6,229,102,372	1.2	\$ 497	\$ 1,183,814,900	1.4	\$ 90	\$ 0	0.0	\$ 0
Arkansas	89.8	\$ 849,684	1.0	\$ 3,319	\$ 31,048,729 <sup>e</sup>	1.0 <sup>f</sup>	\$ 6 <sup>e</sup>	\$ 12,702,246	1.0	\$ 3
California	98.1	\$ 5,920,706,644	0.9	\$ 138	\$ 555,578,900	0.8	\$ 8	\$ 0	0.0	\$ 0
Colorado	97.9	\$ 177,597,210	1.0	\$ 338	\$ 217,356,441	1.0	\$ 40	\$ 0	0.0	\$ 0
Connecticut <sup>g</sup>	74.3 <sup>h</sup>	\$ 781,099,380 <sup>a</sup>	1.0	\$ 192	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Delaware	100.0	\$ 534,830,401	1.0	\$ 377	\$ 10,401,212	1.0	\$ 6	\$ 0	0.0	\$ 0
District of Columbia	96.6	\$ 326,953,231	0.9	\$ 273	\$ 15,686,303 <sup>i</sup>	0.9	\$ 31 <sup>j</sup>	\$ 0	0.0	\$ 0
Florida <sup>k</sup>	71.6	\$ 2,481,215,534	2.7	\$ 221	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Georgia	100.0	\$ 2,361,069,504	1.0	\$ 231	\$ 76,179,129	0.9	\$ 5	\$ 35,279,587	1.0	\$ 24 <sup>l</sup>
Hawaii	97.5	\$ 896,742,834 <sup>a</sup>	1.0	\$ 357 <sup>m</sup>	\$ 5,298,134 <sup>n</sup>	0.5	\$ 149	\$ 0	0.0	\$ 0
Idaho <sup>o</sup>	94.9	\$ 0	0.0	\$ 0	\$ 30,868,528	1.1	\$ 20	\$ 7,271,468	1.0	\$ 4
Illinois	74.2	\$ 180,423,734	1.0	\$ 109	\$ 58,488,338	1.0	\$ 106	\$ 42,644,127	1.0	\$ 2
Indiana	84.1	\$ 1,354,922,333	1.0	\$ 174	\$ 0	0.0	\$ 0	\$ 33,740,006 <sup>c</sup>	1.1	\$ 44 <sup>d</sup>
Iowa	83.0	\$ 2,160,170 <sup>p</sup>	1.0	\$ 407 <sup>m</sup>	\$ 122,008,373	1.0	\$ 31	\$ 3,466,124	0.9	\$ 2
Kansas	96.2	\$ 347,088,054	1.0	\$ 225	\$ 190,300,393	1.7	\$ 61	\$ 360,122	0.7	\$ 1
Kentucky	98.8	\$ 719,939,461	1.0	\$ 393	\$ 57,717,786	1.0	\$ 7	\$ 14,683,944	0.9	\$ 4
Louisiana	75.9	\$ 4,876,669 <sup>a</sup>	1.0	\$ 3,338	\$ 0	0.0	\$ 0	\$ 25,437,273	1.0	\$ 3
Maine <sup>q</sup>	66.9	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Maryland	85.0	\$ 2,120,871,033 <sup>r</sup>	0.9 <sup>r</sup>	\$ 284 <sup>r</sup>	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Massachusetts	71.3	\$ 2,252,489,826	1.0	\$ 427	\$ 391,462,807	1.0	\$ 96	\$ 0 <sup>s</sup>	0.0 <sup>s</sup>	\$ 0 <sup>s</sup>
Michigan	97.9	\$ 3,573,972,555	1.0	\$ 262	\$ 894,733,112 <sup>t</sup>	0.4 <sup>f</sup>	\$ 47 <sup>j</sup>	\$ 56	0.0	\$ 0
Minnesota	72.8	\$ 2,456,652,070	1.0	\$ 478	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0

PS Table 8. Capitation Payments Among People Enrolled in Managed Care Any Time in MAX 2009

State	HMO/HIO or PACE				PHP			PCCM		
	% Medicaid Enrollees in Managed Care in the Year	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment
Mississippi <sup>u</sup>	100.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Missouri	49.1	\$ 1,079,162,916	1.1	\$ 221	\$ 238,984 <sup>v</sup>	0.0	\$ 0	\$ 0	0.0	\$ 0
Montana	70.2	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 1,835,829 <sup>c</sup>	0.9	\$ 3
Nebraska	88.0	\$ 83,954,932	0.9	\$ 191	\$ 0	0.0	\$ 0	\$ 894,666	0.9	\$ 2
Nevada	94.3	\$ 192,019,629	1.0	\$ 148	\$ 8,661,548	1.0	\$ 4	\$ 0	0.0	\$ 0
New Hampshire	0.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
New Jersey	97.4	\$ 2,036,897,581	1.0	\$ 232	\$ 30,225,218	0.4	\$ 6	\$ 0	0.0	\$ 0
New Mexico	84.7	\$ 1,485,482,171	1.0	\$ 355	\$ 231,510,087	0.9	\$ 56	\$ 0	0.0	\$ 0
New York	71.8	\$ 8,987,174,396	0.9	\$ 259	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
North Carolina	83.2	\$ 2,066,079	1.0	\$ 3,243	\$ 116,995,182	0.3 <sup>w</sup>	\$ 40 <sup>w</sup>	\$ 79,204,518	1.9 <sup>x</sup>	\$ 7
North Dakota	70.6	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 657,414	0.7 <sup>y</sup>	\$ 1
Ohio	79.5	\$ 4,600,868,165	0.9	\$ 275	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Oklahoma	93.1	\$ 232,120	0.3	\$ 712	\$ 26,889,928 <sup>z</sup>	1.0 <sup>z</sup>	\$ 4 <sup>z</sup>	\$ 22,768,819 <sup>z</sup>	0.9 <sup>z</sup>	\$ 5 <sup>z</sup>
Oregon	97.8	\$ 1,098,757,975	1.0	\$ 302	\$ 315,964,348	2.0	\$ 70	\$ 251,850	0.7	\$ 4
Pennsylvania	93.5	\$ 5,591,979,325	1.0	\$ 413	\$ 2,548,173,526	1.2	\$ 126	\$ 18,341,758	1.0	\$ 5
Rhode Island	66.9	\$ 376,108,142	0.9	\$ 276	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
South Carolina	100.0	\$ 801,106,340 <sup>a</sup>	0.9	\$ 210	\$ 57,570,773	1.0	\$ 7	\$ 9,736,010 <sup>c</sup>	0.9	\$ 9
South Dakota	78.5	\$ 0	0.0	\$ 0	\$ 0 <sup>n</sup>	0.0 <sup>aa</sup>	\$ 0 <sup>bb</sup>	\$ 1,632,405	0.6 <sup>cc</sup>	\$ 2
Tennessee <sup>dd</sup>	99.9	\$ 5,317,525,483 <sup>a</sup>	1.1	\$ 383 <sup>ee</sup>	\$ 492,989,403	0.1	\$ 34	\$ 0	0.0	\$ 0
Texas	81.4	\$ 4,369,481,225	1.0	\$ 252	\$ 55,489,881	1.0	\$ 13	\$ 47,085,950 <sup>ff</sup>	1.0 <sup>ff</sup>	\$ 5 <sup>ff</sup>
Utah	90.6	\$ 5,248,026	0.0	\$ 28	\$ 295,253,644 <sup>i</sup>	3.3	\$ 119 <sup>j</sup>	\$ 0	0.0	\$ 0
Vermont	75.6	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 5,553,785	1.0	\$ 5
Virginia	74.1	\$ 1,686,648,286	1.1	\$ 299	\$ 0	0.0	\$ 0	\$ 1,133,381	0.6	\$ 2
Washington	100.0	\$ 1,125,386,898	1.2 <sup>gg</sup>	\$ 166	\$ 0 <sup>hh</sup>	0.0 <sup>hh</sup>	\$ 0 <sup>hh</sup>	\$ 1,479,058 <sup>ii</sup>	0.6	\$ 7 <sup>d</sup>

PS Table 8. Capitation Payments Among People Enrolled in Managed Care Any Time in MAX 2009

State	HMO/HIO or PACE				PHP			PCCM		
	% Medicaid Enrollees in Managed Care in the Year	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment	Total Capitation Payments	Ratio of Capitation Claims to Person-Month Enrollment	Average Capitation Payment per Person-Month Enrollment
West Virginia	60.7	\$ 264,963,880	1.0	\$ 143	\$ 0	0.0	\$ 0	\$ 511,524	1.0	\$ 3
Wisconsin <sup>j</sup>	73.4	\$ 1,199,489,425	1.1	\$ 191	\$ 864,116,300 <sup>i</sup>	0.6	\$ 1,442 <sup>kk</sup>	\$ 0	0.0	\$ 0
Wyoming	0.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0

Notes: Each person can be enrolled in up to four managed care plans in each month. In this table, we classified expenditures and enrollment in this way: (1) HMO/HIO or PACE capitation payments are based on TOS = 20 claims, and HMO enrollment is the number of months enrolled in HMO/HIO or PACE in the year. (2) PHP capitation payments are based on TOS = 21 claims, and PHP enrollment is the number of months enrolled in PHP in the year. (3) PCCM capitation payments are based on TOS = 22 claims, and PCCM enrollment is the number of months enrolled in PCCM in the year. This table excludes people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, EDB duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage. Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

<sup>a</sup> Total HMO/HIO or PACE capitation payments increased more than 30 percent in AL, CT, HI, LA, SC, and TN in 2009.

<sup>b</sup> In 2008 and 2009, AL reported capitation payments for Medicare Advantage managed care with a type of service of HMO/HIO or PACE capitation. The monthly capitation payment for this type of HMO is a much lower amount than for Medicaid HMO capitation.

<sup>c</sup> Total PCCM capitation payments increased more than 30 percent in AL, IN, MT, and SC in 2009.

<sup>d</sup> Average PCCM capitation payment per person-month of enrollment increased more than 30 percent in AL, IN, and WA in 2009.

<sup>e</sup> Total and average PHP capitation payments per person-month of enrollment increased more than 30 percent in AR in 2009. AR previously reported transportation capitation as FFS claims but corrected the error in 2009.

<sup>f</sup> The ratio of PHP capitation claims to person-months of enrollment increased more than 30 percent in AR and MI in 2009.

<sup>g</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>h</sup> The percentage of Medicaid enrollees in managed care increased more than 30 percent in CT in 2009.

<sup>i</sup> Total PHP capitation payments increased more than 30 percent in DC, UT, and WI in 2009.

<sup>j</sup> Average PHP capitation payment per person-month of enrollment increased more than 30 percent in DC, MI, and UT in 2009.

<sup>k</sup> In 2009, FL reported PHP and PCCM capitation payments as HMO/HIO or PACE capitation (TOS = 20). This resulted in overstated HMO/HIO or PACE capitation payments and overstated average HMO/HIO or PACE capitation payment per person-month enrolled. It also resulted in a higher than normal ratio of capitation claims to person-month of enrollment in HMO/HIO or PACE and zero reporting in PHP and PCCM. This could not be easily corrected in MAX.

<sup>l</sup> GA reported payments to their Preadmission Screening and Resident Review contractor as PCCM capitation claims. The capitation rate for these payments is higher than the average PCCM capitation payment in GA.

<sup>m</sup> Average HMO/HIO or PACE capitation payment per person-month of enrollment increased more than 30 percent in HI and IA in 2009.

<sup>n</sup> Total PHP capitation payments decreased more than 30 percent in HI and SD in 2009.

<sup>o</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>p</sup> Total HMO/HIO or PACE capitation payments decreased more than 30 percent in IA in 2009, because IA terminated all Medicaid HMO coverage in February 2009.

<sup>q</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>r</sup> Total HMO/HIO or PACE capitation payments, the ratio of capitation claims to person-months of enrollment, and the average capitation payment per person-month of enrollment increased more than 30 percent in MD in 2009. For MAX 2009, an error that had previously caused some capitation claims to be stored as FFS claims was corrected.

<sup>s</sup> MA does not report capitation payments for PCCM enrollments because payment is made through an enhanced rate that is added to the amount paid for certain preventative care services.

<sup>t</sup> Total PHP capitation payments increased more than 30 percent in MI in 2009.

<sup>u</sup> MS's transportation program (Logisticare) is reported as other managed care in MAX and as PAHP in other CMS data. Payment data for the Logisticare program is not reported in MAX.

<sup>v</sup> MO did not report enrollment for NEMT managed care plans in the MSIS enrollment files in 2009. Additionally, MO erroneously reported capitation payments for one PACE plan as PHP capitation (TOS = 21) in 2009. These errors resulted in PHP capitation payments with no enrollment in PHP.

<sup>w</sup> The ratio and average amount of PHP capitation claims per person-month of enrollment are artificially low in NC in 2009. Beginning in November 2009, NC began reporting enrollees to MedSolutions, a new ambulatory prepaid health plan. The plan provides prior approval on a selected number of high tech imaging services and had over 1,000,000 enrollees in its first month of operation. Premiums for MedSolutions were handled through NC's DHHS controller's office and outside the MMIS. The MMIS was not updated to reflect any MedSolutions Managed Care enrollment prior to FY2010 Q2.

<sup>x</sup> In 2009 in NC there were two payments for each PCCM enrollment, one to the primary care provider and one to their network. This payment issue does not affect the total expenditures for PCCM capitation. Also, the PCCM rate for enrollees who are aged, blind, and/or disabled was higher than the standard PCCM rate.

<sup>y</sup> According to the ND General Information for Providers Manual, RHCs, IHSs, and FQHCs can participate in the PCCM program but do not receive a monthly case management fee due to the clinic encounter fee paid to these facilities.

<sup>z</sup> In 2009, OK changed reporting of their SoonerCare enrollees to PCCM instead of PHP to more accurately reflect the program's capitation and FFS features. As a result, total capitation payments, the ratio of capitation payments to enrollment, and the average capitation payment per month for PHP decreased more than 30 percent and the same measures for PCCM increased more than 30 percent in 2009.

<sup>aa</sup> SD's dental PHP arrangement ended in 2007 but SD continued to report dental PHP capitation claims. Those capitation claims were removed from MAX 2009 data.

<sup>bb</sup> Average PHP capitation payment per person-month of enrollment decreased more than 30 percent in SD in 2009.

<sup>cc</sup> SD reports about 30,000 more PCCM enrollments than capitation payments every month because the PCCM payment for RHCs, IHSs, and FQHCs is bundled into other contractual payments.

<sup>dd</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>ee</sup> Average HMO/HIO or PACE capitation payment per person-month of enrollment increased more than 30 percent in TN in 2009.

<sup>ff</sup> Total and average PCCM capitation payment, and ratio of capitation claims per person-month of enrollment increased more than 30 percent in TX in 2009. The increase in the ratio improves the state's reporting in MAX 2009 from a depressed value in 2008.

<sup>gg</sup> The ratio of HMO/HIO capitation claims to person-months of enrollment increased more than 30 percent in WA in 2009.

<sup>hh</sup> WA reports all Medicaid enrollees as enrolled in a behavioral health organization PHP, but reports no capitation payments for these enrollees.

<sup>ii</sup> Total PCCM capitation payments decreased more than 30 percent in WA in 2009.

<sup>jj</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>kk</sup> The average capitation for WI's is higher than the average paid for other states' PHP plans because WI's PHP plans are long-term care plans serving people with elevated level of care needs.

PS Table 9. Comparison of Managed Care Enrollment and Capitation Payments in MAX 2009

State	HMO/HIO or PACE				PHP	PCCM
	% Enrollees with Capitation Payments <sup>a</sup>	Enrollees with Capitation Payments but Not Enrolled in Managed Care <sup>b</sup>	Total Capitation Payments Among Persons Not Enrolled in Managed Care	Average Capitation Payment Among Persons Not Enrolled in Managed Care	% Enrollees with Capitation Payments <sup>a</sup>	% Enrollees with Capitation Payments <sup>a</sup>
Alabama	100.0	175	\$ 3,900	\$ 22	100.0	76.1
Alaska	0.0	0	\$ 0	\$ 0	0.0	0.0
Arizona	100.0	80,051 <sup>c</sup>	\$ 1,931,727,856	\$ 24,131	94.6	0.0
Arkansas	91.4	0	\$ 0	\$ 0	97.5	97.1
California	97.9	3,404 <sup>e</sup>	\$ 5,278,734	\$ 1,551	94.5	0.0
Colorado	100.0	593	\$ 262,044	\$ 442	100.0	0.0
Connecticut <sup>f</sup>	100.0	284 <sup>c</sup>	\$ 171,014 <sup>g</sup>	\$ 602 <sup>h</sup>	0.0	0.0
Delaware	99.9	47	\$ 44,427	\$ 945	98.5	0.0
District of Columbia	99.1	494 <sup>c</sup>	\$ 1,532,723 <sup>g</sup>	\$ 3,103 <sup>h</sup>	98.2	0.0
Florida <sup>i</sup>	98.9	977,654	\$ 595,191,314 <sup>g</sup>	\$ 609 <sup>h</sup>	0.0	0.0
Georgia	99.8	257	\$ 269,462	\$ 1,048 <sup>h</sup>	94.9	99.7
Hawaii	99.1	362	\$ 165,797	\$ 458	64.0	0.0
Idaho <sup>j</sup>	0.0	0	\$ 0	\$ 0	100.0	99.8
Illinois	99.1	370	\$ 4,953,146 <sup>k</sup>	\$ 13,387 <sup>k</sup>	98.7	97.9
Indiana	98.2	99	\$ 48,263	\$ 488	0.0	97.4
Iowa	95.2	0	\$ 0	\$ 0	97.4	89.6
Kansas	100.0	11	\$ 1,114	\$ 557	98.1	68.9
Kentucky	98.8	447	\$ 1,367,819	\$ 3,060	99.6	98.5
Louisiana	98.9	0	\$ 0	\$ 0	0.0	99.6
Maine <sup>l</sup>	0.0	0	\$ 0	\$ 0	0.0	0.0
Maryland	92.1	628 <sup>m</sup>	\$ 1,079,296 <sup>g</sup>	\$ 1,719	0.0	0.0
Massachusetts	96.2	23,765 <sup>c</sup>	\$ 116,757,916 <sup>g</sup>	\$ 4,913 <sup>h</sup>	99.2	0.0 <sup>n</sup>
Michigan	98.2	6,636 <sup>o</sup>	\$ 4,113,704 <sup>g</sup>	\$ 620 <sup>h</sup>	85.7 <sup>p</sup>	0.0
Minnesota	99.9	161	\$ 228,947	\$ 1,422	0.0	0.0

PS Table 9. Comparison of Managed Care Enrollment and Capitation Payments in MAX 2009

State	HMO/HIO or PACE				PHP	PCCM
	% Enrollees with Capitation Payments <sup>a</sup>	Enrollees with Capitation Payments but Not Enrolled in Managed Care <sup>b</sup>	Total Capitation Payments Among Persons Not Enrolled in Managed Care	Average Capitation Payment Among Persons Not Enrolled in Managed Care	% Enrollees with Capitation Payments <sup>a</sup>	% Enrollees with Capitation Payments <sup>a</sup>
Mississippi	0.0	0	\$ 0	\$ 0	0.0	0.0
Missouri	99.4	524	\$ 343,340	\$ 655	0.0 <sup>q</sup>	0.0
Montana	0.0	0	\$ 0	\$ 0	0.0	93.7
Nebraska	98.5	617 <sup>c</sup>	\$ 427,805 <sup>g</sup>	\$ 693 <sup>h</sup>	0.0	98.3
Nevada	99.8	251	\$ 133,332	\$ 531	99.3	0.0
New Hampshire	0.0	0	\$ 0	\$ 0	0.0	0.0
New Jersey	98.5	457	\$ 686,550	\$ 1,502	48.5	0.0
New Mexico <sup>r</sup>	99.8	61	\$ 59,732	\$ 979 <sup>s</sup>	91.7	0.0
New York	91.5	96,495 <sup>t</sup>	\$ 1,144,406,601	\$ 11,860	0.0	0.0
North Carolina	100.0	0	\$ 0	\$ 0	9.0 <sup>u</sup>	99.9
North Dakota	0.0	0	\$ 0	\$ 0	0.0	80.5 <sup>v</sup>
Ohio	98.8	1,169 <sup>w</sup>	\$ 23,824,799 <sup>w</sup>	\$ 20,380 <sup>w</sup>	0.0	0.0
Oklahoma	84.6	0	\$ 0	\$ 0	100.0	91.6
Oregon	97.9	2,132 <sup>c</sup>	\$ 1,078,717 <sup>g</sup>	\$ 506 <sup>h</sup>	99.7	65.2
Pennsylvania	99.7	74	\$ 232,292	\$ 3,139 <sup>s</sup>	99.8	99.6
Rhode Island	98.3	70	\$ 67,364	\$ 962 <sup>h</sup>	0.0	0.0
South Carolina	98.1	5,076 <sup>x</sup>	\$ 3,573,059 <sup>g</sup>	\$ 704 <sup>h</sup>	98.0	98.1
South Dakota	0.0	0	\$ 0	\$ 0	0.0	60.0 <sup>y</sup>
Tennessee <sup>z</sup>	100.0	1,183	\$ 577,671	\$ 488	13.9 <sup>u</sup>	0.0
Texas	96.0	2,487 <sup>c</sup>	\$ 4,217,574	\$ 1,696	99.9	100.0
Utah	0.0	808 <sup>c</sup>	\$ 5,240,059 <sup>g</sup>	\$ 6,485 <sup>h</sup>	99.8	0.0
Vermont	0.0	0	\$ 0	\$ 0	0.0	99.3
Virginia	95.0	382	\$ 525,489	\$ 1,376	0.0	61.5
Washington	99.1	7,237	\$ 8,249,181	\$ 1,140 <sup>h</sup>	0.0 <sup>aa</sup>	24.5 <sup>bb</sup>



PS Table 9. Comparison of Managed Care Enrollment and Capitation Payments in MAX 2009

State	HMO/HIO or PACE				PHP	PCCM
	% Enrollees with Capitation Payments <sup>a</sup>	Enrollees with Capitation Payments but Not Enrolled in Managed Care <sup>b</sup>	Total Capitation Payments Among Persons Not Enrolled in Managed Care	Average Capitation Payment Among Persons Not Enrolled in Managed Care	% Enrollees with Capitation Payments <sup>a</sup>	% Enrollees with Capitation Payments <sup>a</sup>
West Virginia	99.0	94 <sup>c</sup>	\$ 39,760 <sup>g</sup>	\$ 423	0.0	99.5
Wisconsin <sup>cc</sup>	100.0	38,182	\$ 161,279,563	\$ 4,224	93.2 <sup>p</sup>	0.0
Wyoming	0.0	0	\$ 0	\$ 0	0.0	0.0

Notes: Each person can be enrolled in up to four managed care plans in each month. In this table, we classified expenditures and enrollment in this way: (1) HMO/HIO or PACE capitation payments are based on TOS = 20 claims, and HMO enrollment is the number of months enrolled in HMO/HIO or PACE in the year. (2) PHP capitation payments are based on TOS = 21 claims, and PHP enrollment is the number of months enrolled in PHP in the year. (3) PCCM capitation payments are based on TOS = 22 claims, and PCCM enrollment is the number of months enrolled in PCCM in the year. This table excludes people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, EDB duals with restricted benefits only, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage. Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

<sup>a</sup> Values less than 90 percent are below the expected level and are considered anomalous. Zero values are not considered anomalous because they could represent states with no managed care populations or no specific managed care plan.

<sup>b</sup> In states where more than 5,000 enrollees had HMO/HIO or PACE capitation payments but no reported enrollment in an HMO/HIO or PACE, the HMO/HIO or PACE enrollment data may be unreliable.

<sup>c</sup> Number of enrollees with HMO/HIO or PACE capitation payments who were not enrolled in HMO/HIO or PACE increased more than 30 percent in AZ, CT, DC, MA, NE, OR, TX, UT, and WV in 2009.

<sup>d</sup> AZ reported claims as HMO/HIO or PACE (TOS = 20) in 2009 for 51,555 people who were enrolled in long-term care managed care plans because those plans provide comprehensive services including long-term care services, and for 6,173 enrolled in a behavioral health plan, and for 5,112 enrolled in plan type of other.

<sup>e</sup> CA reported claims as HMO/HIO or PACE (TOS=20) in 2009 for 3,098 people who were enrolled in dental managed care plans and for 3,404 people who were in plan type other.

<sup>f</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>g</sup> Total HMO/HIO or PACE capitation payments among persons not enrolled in HMO/HIO or PACE increased more than 30 percent in CT, DC, FL, MD, MA, MI, NE, OR, SC, UT, and WV in 2009.

<sup>h</sup> Average HMO/HIO or PACE capitation payment among persons not enrolled in HMO/HIO or PACE increased more than 30 percent in CT, DC, FL, GA, MA, MI, NE, OR, RI, SC, UT, and WA in 2009.

<sup>i</sup> In 2009, FL reported PHP and PCCM capitation payments as HMO/HIO or PACE (MSIS TOS = 20). This resulted in overstated HMO/HIO or PACE capitation payments and overstated average HMO/HIO or PACE capitation payment per person-month enrolled. It also resulted in a higher than normal ratio of capitation claims to person-month of enrollment in HMO/HIO or PACE and zero reporting in PHP and PCCM. This could not easily be corrected in MAX.

<sup>j</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>k</sup> Total capitation payments and average capitation payments among persons not enrolled in an HMO/HIO or PACE increased more than 30 percent in IL in 2009. Starting in January 2009, a correction to IL's managed care reporting caused a shift of enrollees from Plan Type 06 (PACE) to Plan Type 08 (other) while the payments were classified as HMO/HIO or PACE capitation claims.

<sup>l</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>m</sup> Number of enrollees with capitation payments who were not enrolled in HMO/HIO or PACE and the total capitation payments among persons not enrolled in HMO/HIO or PACE increased more than 30 percent in MD in 2009. For MAX 2009, an error that had previously caused some capitation claims to be stored as FFS claims was corrected.

<sup>n</sup> MA does not report capitation payments for PCCM enrollees because payment is made through an enhanced rate that is added to the amount paid for certain preventative care services.

<sup>o</sup> MI waits until the end of the calendar year to reconcile capitation payments with enrollment, which may result in over-reporting of capitation payments. In 2009, MI reported PHP capitation payments as HMO/HIO or PACE (MSIS TOS = 20) for 7,430 enrollees. MI also reported capitation payments for 6,636 enrollees never enrolled in managed care. This could not easily be corrected in MAX.

<sup>p</sup> The percentage of PHP enrollees with PHP capitation payments increased more than 30 percent in MI and WI in 2009.

<sup>q</sup> MO did not report enrollment for NEMT managed care plans in the MSIS enrollment files in 2009. Additionally, MO erroneously reported capitation payments for one PACE plan as PHP capitation (TOS = 21) in 2009.

These errors resulted in PHP capitation payments with no enrollment in PHP.

<sup>r</sup> NM placed all long term care and Medicaid/Medicare duals into a LTC managed care program called Coordination of Long Term Care Services (CoLTS) during a phased implementation from July 2008 through February 2009.

<sup>s</sup> Average HMO/HIO or PACE capitation payment among persons not enrolled in managed care decreased more than 30 percent in NM and PA in 2009.

<sup>t</sup> NY reported capitation payments to HMO/HIO or PACE (TOS = 20) for 96,495 enrollees with no enrollment in HMO/HIO in 2009. This could not be easily corrected in MAX.

<sup>u</sup> The percentage of PHP enrollees with PHP capitation payments decreased more than 30 percent in NC and TN in 2009.

<sup>v</sup> According to the ND General Information for Providers Manual, RHCs, IHSs, and FQHCs can participate in the PCCM program but do not receive a monthly case management fee due to the clinic encounter fee paid to these facilities.

<sup>w</sup> Number of enrollees with capitation payments who were not enrolled in HMO/HIO or PACE, their total capitation payments, and their average capitation payments increased more than 30 percent in OH in 2009. PACE capitation payments had previously been identified as FFS claims. This was corrected in 2009. OH did not report PACE enrollments in 2009.

<sup>x</sup> SC reported capitation claims to HMO/HIO or PACE (TOS = 20) for 5,076 individuals who were enrolled in plan type other and 1,417 enrolled in PCCM, but not enrolled in a comprehensive managed care plan.

<sup>y</sup> SD does not report PCCM capitation payments for PCCM primary care providers at RHCs, IHSs, and FQHCs because it is included in their facility payments.

<sup>z</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to less than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>aa</sup> WA reports all Medicaid enrollees as enrolled in a behavioral health organization PHP, but reports no capitation payments for these enrollees.

<sup>bb</sup> The percentage of PCCM enrollees with PCCM capitation payments decreased more than 30 percent in WA in 2009.

<sup>cc</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 10. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Total Non-Dual FFS Enrollees	% Non-Dual FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per Non-Dual FFS Enrollee <sup>a</sup>	Average FFS Medicaid Paid per Non-Dual Enrollee by Basis of Eligibility <sup>a</sup>				Average FFS Medicaid Paid per Non-Dual Enrollee by Type of Service <sup>a</sup>				Percent of Non-Dual Enrollees with Claims by Type of Service			
				Aged	Disabled	Child	Adult	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04,05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04,05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services
Alabama	679,150	91.4	\$ 2,565	\$ 13,476 <sup>c</sup>	\$ 7,367	\$ 1,363	\$ 2,419	\$ 26	\$ 211	\$ 680	\$ 1,649	0.7	0.7	74.9	90.2
Alaska	117,944	85.9	\$ 6,899	\$ 25,430	\$ 29,822	\$ 4,295	\$ 5,856	\$ 1,302	\$ 604	\$ 637	\$ 4,355	11.5	1.2	52.6	84.7
Arizona	156,935	41.3	\$ 3,875	\$ 4,534 <sup>c</sup>	\$ 6,589	\$ 3,622	\$ 3,030	\$ 540	\$ 71	\$ 27	\$ 3,238	6.6	0.3	4.0	41.1
Arkansas	566,769	90.8	\$ 3,757	\$ 10,990 <sup>c</sup>	\$ 12,353	\$ 2,180	\$ 2,710	\$ 665	\$ 441	\$ 562	\$ 2,089	11.4	1.3	72.9	89.6
California	2,152,123	72.8	\$ 5,172	\$ 7,731	\$ 17,018	\$ 1,139	\$ 2,453	\$ 1,211	\$ 461	\$ 1,010	\$ 2,490	8.4	0.9	47.7	70.8
Colorado	487,531	80.7	\$ 3,209	\$ 8,623	\$ 15,925	\$ 1,525	\$ 2,409	\$ 539	\$ 110	\$ 588	\$ 1,973	6.8	0.3	51.7	79.2
Connecticut <sup>d</sup>	64,127 <sup>e</sup>	73.0	\$ 15,628 <sup>f</sup>	\$ 18,569	\$ 26,226	\$ 4,106 <sup>g</sup>	\$ 3,174 <sup>h</sup>	\$ 2,923 <sup>i</sup>	\$ 2,819 <sup>j</sup>	\$ 3,026 <sup>k</sup>	\$ 6,861 <sup>l</sup>	19.2 <sup>m</sup>	4.1	55.4	70.3 <sup>n</sup>
Delaware	14,954	78.3	\$ 9,883	\$ 19,645	\$ 49,387	\$ 1,972	\$ 4,505	\$ 1,726	\$ 2,326 <sup>j</sup>	\$ 1,114	\$ 4,717	10.1	2.9	57.8	76.3
District of Columbia	33,314	77.6	\$ 20,732	\$ 26,604	\$ 25,784	\$ 6,094 <sup>o</sup>	\$ 5,359	\$ 6,940	\$ 3,057	\$ 2,400	\$ 8,335	21.3	3.8	61.1	75.6
Florida	1,362,543	77.0	\$ 3,926	\$ 7,667	\$ 15,412	\$ 1,499	\$ 2,699	\$ 1,235	\$ 266	\$ 650	\$ 1,776	12.9	0.5	52.8	75.4
Georgia	282,336	77.4	\$ 7,621	\$ 10,678 <sup>c</sup>	\$ 11,367	\$ 2,224	\$ 753	\$ 2,094	\$ 588	\$ 1,517	\$ 3,422	13.0	1.6	57.6	75.9
Hawaii	6,234 <sup>e</sup>	27.2 <sup>p</sup>	\$ 850 <sup>q</sup>	\$ 2,313 <sup>r</sup>	\$ 4,004 <sup>s</sup>	\$ 732	\$ 774	\$ 561 <sup>t</sup>	\$ 6 <sup>u</sup>	\$ 54 <sup>v</sup>	\$ 229 <sup>w</sup>	4.7 <sup>x</sup>	0.4	4.2 <sup>y</sup>	26.2 <sup>z</sup>
Idaho <sup>aa</sup>	209,995	83.7	\$ 4,080	\$ 18,635	\$ 21,287	\$ 1,651	\$ 4,274	\$ 974	\$ 296	\$ 544	\$ 2,266	9.7	1.0	61.4	80.9
Illinois	2,243,447	84.9	\$ 3,055	\$ 8,543	\$ 17,125	\$ 1,584	\$ 2,254	\$ 922	\$ 313	\$ 538	\$ 1,282	8.0	1.1	66.3	82.7
Indiana	135,388	73.8	\$ 10,852	\$ 13,211	\$ 22,435	\$ 2,551 <sup>g</sup>	\$ 988 <sup>h</sup>	\$ 1,936	\$ 1,604	\$ 1,912	\$ 5,400	15.8	3.6	54.9	72.4
Iowa	424,793	78.8	\$ 3,662	\$ 9,395	\$ 20,962	\$ 1,811	\$ 2,276	\$ 619	\$ 432	\$ 545	\$ 2,066	10.0	0.7	60.9	76.9
Kansas	96,467	78.9	\$ 7,863	\$ 14,130	\$ 15,488	\$ 2,484	\$ 1,266	\$ 1,803	\$ 608 <sup>i</sup>	\$ 1,397	\$ 4,055	13.1	2.1	59.0	75.6
Kentucky	576,781	92.2	\$ 4,687	\$ 18,501	\$ 11,567	\$ 2,418	\$ 4,133	\$ 908	\$ 319	\$ 807	\$ 2,653	12.9	1.2	78.8	91.1
Louisiana	1,020,910	90.7	\$ 3,713	\$ 17,308	\$ 14,042	\$ 1,712	\$ 3,561	\$ 851	\$ 360	\$ 820	\$ 1,681	10.8	1.4	74.7	89.4
Maine <sup>bb</sup>	266,848	69.4	\$ 739	\$ 1,057	\$ 3,004	\$ 298	\$ 679	\$ 0	\$ 0	\$ 739	\$ 0	0.0	0.0	69.4	0.0
Maryland	64,125	46.3	\$ 13,927	\$ 16,749	\$ 36,097	\$ 5,887	\$ 1,276	\$ 4,794	\$ 3,300	\$ 1,088	\$ 4,745	15.5	5.3	27.1	43.8
Massachusetts	597,581	71.6	\$ 4,454	\$ 7,954 <sup>r</sup>	\$ 15,653	\$ 1,928	\$ 2,000	\$ 755	\$ 504	\$ 703	\$ 2,491	6.5	1.0	54.9	68.3
Michigan	308,564	59.2	\$ 2,612	\$ 3,806	\$ 13,305	\$ 1,077	\$ 861 <sup>cc</sup>	\$ 875	\$ 314	\$ 476	\$ 947	7.8 <sup>x</sup>	0.8	37.6	52.9
Minnesota	146,375	75.7	\$ 12,281	\$ 3,074 <sup>r</sup>	\$ 28,103	\$ 2,938	\$ 1,978	\$ 1,634	\$ 615	\$ 1,329	\$ 8,703	11.0	1.9	54.6	73.1
Mississippi	573,017	89.9	\$ 3,749	\$ 17,355 <sup>c</sup>	\$ 10,857	\$ 1,942	\$ 3,827	\$ 1,006	\$ 422	\$ 564	\$ 1,757	11.4	1.0	75.4	88.5

PS Table 10. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Total Non-Dual FFS Enrollees	% Non-Dual FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per Non-Dual FFS Enrollee <sup>a</sup>	Average FFS Medicaid Paid per Non-Dual Enrollee by Basis of Eligibility <sup>a</sup>				Average FFS Medicaid Paid per Non-Dual Enrollee by Type of Service <sup>a</sup>				Percent of Non-Dual Enrollees with Claims by Type of Service			
				Aged	Disabled	Child	Adult	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04,05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04,05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services
Missouri	385,443	86.5	\$ 6,157	\$ 15,884	\$ 14,806	\$ 2,288	\$ 2,740	\$ 1,210	\$ 355	\$ 1,486	\$ 3,106	16.6	1.1	72.8	85.1
Montana	99,829	85.0	\$ 4,615	\$ 9,717	\$ 15,920	\$ 2,615	\$ 3,820	\$ 863	\$ 300	\$ 637	\$ 2,816	13.2	0.8	55.1	83.8
Nebraska	183,128	89.4	\$ 4,191	\$ 21,050	\$ 22,219	\$ 2,439	\$ 2,925	\$ 851	\$ 432	\$ 635	\$ 2,273	9.8	1.2	71.0	88.0
Nevada	85,927	72.9	\$ 6,949	\$ 15,914	\$ 16,033	\$ 3,715	\$ 1,849	\$ 1,139	\$ 844	\$ 1,016	\$ 3,949	10.7	2.1	51.0	71.2
New Hampshire	130,601	89.2	\$ 4,261	\$ 12,986	\$ 17,814	\$ 2,782	\$ 3,150	\$ 429	\$ 168	\$ 635	\$ 3,028	9.3	0.6	65.3	87.4
New Jersey	102,932	59.0	\$ 11,459	\$ 20,060 <sup>c</sup>	\$ 30,205	\$ 2,941	\$ 1,125	\$ 2,052	\$ 4,170	\$ 1,608	\$ 3,629	14.0	5.2	34.2	54.5
New Mexico	88,772	75.9	\$ 2,647	\$ 2,804 <sup>r</sup>	\$ 8,160 <sup>s</sup>	\$ 1,658	\$ 2,723	\$ 699	\$ 119 <sup>u</sup>	\$ 73 <sup>v</sup>	\$ 1,756	10.4	0.2	29.7	75.2
New York	862,997	64.4	\$ 12,319	\$ 21,418	\$ 43,323	\$ 2,833	\$ 5,041	\$ 3,011	\$ 3,037	\$ 1,341	\$ 4,930	13.2	2.7	43.7	61.5
North Carolina	1,494,453	90.9	\$ 4,369	\$ 5,645	\$ 17,393	\$ 2,192	\$ 3,899	\$ 695	\$ 222	\$ 718	\$ 2,734	12.6	0.5	69.6	89.9
North Dakota	65,154	87.2	\$ 4,288	\$ 20,633 <sup>c</sup>	\$ 22,402	\$ 2,522	\$ 3,358	\$ 851	\$ 568	\$ 477	\$ 2,392	12.4	0.7	64.6	85.7
Ohio	238,105	67.9	\$ 11,389	\$ 28,292	\$ 26,367	\$ 2,050	\$ 887	\$ 2,245	\$ 2,428	\$ 1,433	\$ 5,284	11.3	5.2	47.5	65.6
Oklahoma	695,464	88.0	\$ 3,476	\$ 13,173	\$ 13,809	\$ 2,017	\$ 3,528	\$ 826	\$ 293	\$ 513	\$ 1,844	12.6	1.1	68.0	86.1
Oregon	62,845	72.5	\$ 4,905	\$ 13,414 <sup>c</sup>	\$ 16,360	\$ 1,306	\$ 3,227	\$ 1,294	\$ 314	\$ 795	\$ 2,501	9.9	1.0	52.3	68.0
Pennsylvania	475,906	80.9	\$ 3,369	\$ 12,699	\$ 9,677	\$ 1,090	\$ 2,090	\$ 649	\$ 569	\$ 786	\$ 1,365	9.5	1.4	63.4	77.5
Rhode Island	35,581	61.8	\$ 8,399 <sup>q</sup>	\$ 2,718 <sup>r</sup>	\$ 14,796	\$ 906 <sup>o</sup>	\$ 435	\$ 1,427 <sup>t</sup>	\$ 1,936	\$ 751 <sup>v</sup>	\$ 4,285	5.5 <sup>x</sup>	2.3	38.5 <sup>y</sup>	56.6
South Carolina	268,584	86.4	\$ 4,708	\$ 7,074	\$ 17,210	\$ 2,109	\$ 3,474	\$ 1,292	\$ 369 <sup>j</sup>	\$ 739	\$ 2,308	13.0	0.7	67.5	85.1
South Dakota	118,471	86.8	\$ 3,881	\$ 13,712 <sup>c</sup>	\$ 19,149	\$ 2,185	\$ 3,672	\$ 965	\$ 465	\$ 422	\$ 2,029	12.0	1.1	58.0	84.8
Tennessee <sup>dd</sup>	65,479 <sup>ee</sup>	78.5	\$ 6,083 <sup>f</sup>	\$ 1,623 <sup>r</sup>	\$ 7,352	\$ 3,285 <sup>g</sup>	\$ 2,905	\$ 775 <sup>i</sup>	\$ 100	\$ 1,489 <sup>k</sup>	\$ 3,720 <sup>l</sup>	5.4	0.5	67.2	73.5
Texas	1,659,380	85.0	\$ 4,172	\$ 13,319 <sup>c</sup>	\$ 15,102	\$ 1,856	\$ 2,989 <sup>ff</sup>	\$ 836	\$ 357	\$ 628	\$ 2,351	14.7	0.9	66.4	81.3
Utah	245,985	81.7	\$ 3,281	\$ 6,198	\$ 18,226	\$ 1,874	\$ 2,236	\$ 831	\$ 265	\$ 490	\$ 1,694	10.2	0.5	60.9	74.5
Vermont	144,155	86.8	\$ 4,468	\$ 11,996	\$ 21,103	\$ 3,105	\$ 3,245	\$ 579	\$ 33	\$ 796	\$ 3,061	5.9	0.1	67.5	84.4
Virginia	194,663	78.5	\$ 7,161	\$ 19,193	\$ 24,857	\$ 2,939	\$ 2,362	\$ 1,361	\$ 1,003	\$ 962	\$ 3,835	12.3	1.8	57.8	76.1
Washington	266,864	77.9	\$ 6,588	\$ 11,735	\$ 13,724	\$ 1,161	\$ 1,918	\$ 1,597	\$ 223	\$ 1,187	\$ 3,581	8.4	1.2	60.1	74.2

PS Table 10. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Total Non-Dual FFS Enrollees	% Non-Dual FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per Non-Dual FFS Enrollee <sup>a</sup>	Average FFS Medicaid Paid per Non-Dual Enrollee by Basis of Eligibility <sup>a</sup>				Average FFS Medicaid Paid per Non-Dual Enrollee by Type of Service <sup>a</sup>				Percent of Non-Dual Enrollees with Claims by Type of Service			
				Aged	Disabled	Child	Adult	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04,05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04,05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services
West Virginia	117,787	88.2	\$ 8,540	\$ 21,903	\$ 11,591	\$ 3,591	\$ 2,065	\$ 1,302	\$ 876	\$ 2,040	\$ 4,322	12.7	2.3	78.2	86.3
Wisconsin <sup>99</sup>	217,616	74.0	\$ 5,695	\$ 7,737	\$ 11,605	\$ 2,590	\$ 1,626	\$ 1,447	\$ 472	\$ 1,195	\$ 2,581	7.9	1.6	57.4	67.7
Wyoming	71,706	85.4	\$ 4,634	\$ 16,281	\$ 20,992	\$ 2,746	\$ 5,092	\$ 1,020	\$ 447	\$ 506	\$ 2,661	12.6	1.1	61.8	83.9

Notes: Excludes EDB duals (EDB Dual = 50-59), people ever enrolled in HMO/HIO or PACE, people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Values below two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Average FFS Medicaid paid per non-dual FFS aged enrollee increased more than 30 percent in AL, AZ, AR, GA, MS, NJ, ND, OR, SD, and TX in 2009.

<sup>d</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>e</sup> Total non-dual FFS enrollees decreased more than 30 percent in CT and HI in 2009. The fluctuation in non-dual FFS enrollees and recipients between 2007 and 2009 in CT is accurate. There were no active managed care contracts for most of 2008.

<sup>f</sup> Average FFS Medicaid paid per non-dual FFS enrollee increased more than 30 percent in CT and TN in 2009.

<sup>g</sup> Average FFS Medicaid paid per non-dual FFS child enrollee increased more than 30 percent in CT, IN and TN in 2009.

<sup>h</sup> Average FFS Medicaid paid per non-dual FFS adult enrollee increased more than 30 percent in CT and IN in 2009.

<sup>i</sup> Average FFS Medicaid paid per non-dual FFS enrollee for inpatient hospital services increased more than 30 percent in CT and TN in 2009.

<sup>j</sup> Average FFS Medicaid paid per non-dual FFS enrollee for ILTC services increased more than 30 percent in CT, DE, KS and SC in 2009.

<sup>k</sup> Average FFS Medicaid paid per non-dual FFS enrollee for prescription drug services increased more than 30 percent in CT and TN in 2009.

<sup>l</sup> Average FFS Medicaid paid per non-dual FFS enrollee for all other services increased more than 30 percent in CT and TN in 2009.

<sup>m</sup> The percentage of non-dual FFS enrollees with inpatient hospital service claims increased more than 30 percent in CT in 2009.

<sup>n</sup> The percentage of non-dual FFS enrollees with all other services claims increased more than 30 percent in CT in 2009.

<sup>o</sup> Average FFS Medicaid paid per non-dual FFS child enrollee decreased more than 30 percent in DC and RI in 2009.

<sup>p</sup> The percentage of non-dual FFS enrollees with Medicaid service claims decreased more than 30 percent in HI in 2009.

<sup>q</sup> Average FFS Medicaid paid per non-dual FFS enrollee decreased more than 30 percent in HI and RI in 2009.

<sup>r</sup> Average FFS Medicaid paid per non-dual FFS aged enrollee decreased more than 30 percent in HI, MA, MN, NM, RI, and TN in 2009.

<sup>s</sup> Average FFS Medicaid paid per non-dual FFS disabled enrollee decreased more than 30 percent in HI and NM in 2009.

<sup>t</sup> Average FFS Medicaid paid per non-dual FFS enrollee for inpatient hospital services decreased more than 30 percent in HI and RI in 2009.

<sup>u</sup> Average FFS Medicaid paid per non-dual FFS enrollee for ILTC services decreased more than 30 percent in HI and NM in 2009.

<sup>v</sup> Average FFS Medicaid paid per non-dual FFS enrollee for prescription drug services decreased more than 30 percent in HI, NM and RI in 2009.

<sup>w</sup> Average FFS Medicaid paid per non-dual FFS enrollee for all other services decreased more than 30 percent in HI in 2009.

<sup>x</sup> The percentage of non-dual FFS enrollees with inpatient hospital service claims decreased more than 30 percent in HI, MI and RI in 2009.

<sup>y</sup> The percentage of non-dual FFS enrollees with prescription drug claims decreased more than 30 percent in HI and RI in 2009.

<sup>z</sup> The percentage of non-dual FFS enrollees with all other services claims decreased more than 30 percent in HI in 2009.

<sup>aa</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>bb</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>cc</sup> Average FFS Medicaid paid per non-dual FFS adult enrollee decreased more than 30 percent in MI in 2009.

<sup>dd</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>ee</sup> Total non-dual FFS enrollees decreased more than 30 percent in TN in 2009.

<sup>ff</sup> Average FFS Medicaid paid for non-dual FFS adult enrollees increased more than 30 percent in TX in 2009 due to a shift of family planning enrollees into a restricted benefit grouping that entitles them only to family planning services.

<sup>gg</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 11. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Total EDB Dual FFS Enrollees	% EDB Dual FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per EDB Dual Enrollee by Basis of Eligibility <sup>a</sup>			Average FFS Medicaid Paid per EDB Dual Enrollee by Type of Service <sup>a</sup>				Percent of EDB Dual Enrollees with Claims by Type of Service			
			Average FFS Medicaid Paid per EDB Dual FFS Enrollee <sup>a</sup>	Aged	Disabled	Inpatient Hospital Services (MAX TOS=01)	ILTC Services (MAX TOS = 02,04,05,07)	Prescription Drugs (MAX TOS=16)	All Other Services	Inpatient Hospital Services (MAX TOS=01)	ILTC Services (MAX TOS = 02,04,05,07)	Prescription Drugs (MAX TOS=16)	All Other Services
Alabama	88,208	92.5	\$ 12,988	\$ 22,375	\$ 8,503	\$ 303	\$ 8,882	\$ 160	\$ 3,643	21.6	23.4	48.4	88.5
Alaska	14,166	93.2	\$ 20,301	\$ 22,284	\$ 18,752	\$ 293	\$ 4,807	\$ 197	\$ 15,004	12.5	5.2	28.4	92.6
Arizona	40,214	15.7	\$ 3,025	\$ 1,494	\$ 5,727	\$ 105	\$ 542	\$ 3	\$ 2,376	2.9	2.0	1.8	14.2
Arkansas	75,615	93.8	\$ 17,304	\$ 18,528 <sup>c</sup>	\$ 15,765 <sup>c</sup>	\$ 436	\$ 7,439	\$ 149 <sup>d</sup>	\$ 9,279	23.5	23.6	34.3	91.0
California	990,508	86.1	\$ 9,338	\$ 8,924	\$ 9,988	\$ 476	\$ 3,521	\$ 236	\$ 5,105	8.9	10.1	54.5	82.0
Colorado	67,115	86.4	\$ 16,015	\$ 17,300	\$ 14,557	\$ 286	\$ 7,182	\$ 164	\$ 8,383	8.6	19.3	23.9	83.7
Connecticut	83,078	96.5	\$ 29,101	\$ 30,125	\$ 30,626	\$ 578	\$ 17,139	\$ 426	\$ 10,958	19.6	33.1	76.4	91.6
Delaware	11,188	94.8	\$ 28,394	\$ 31,512	\$ 26,890	\$ 532	\$ 16,259	\$ 103	\$ 11,499	19.9	30.4	44.8	90.2
District of Columbia	19,987	88.9	\$ 30,288	\$ 33,642	\$ 27,944	\$ 1,482	\$ 9,748	\$ 281	\$ 18,777	24.0	14.2	37.2	87.3
Florida	352,343	78.1	\$ 10,767	\$ 12,317	\$ 8,712	\$ 378	\$ 7,104	\$ 124	\$ 3,160	19.5	17.5	30.4	72.5
Georgia	159,085	89.8	\$ 10,525	\$ 14,578	\$ 7,627	\$ 490	\$ 6,169	\$ 183	\$ 3,683	15.4	20.8	33.4	85.0
Hawaii	537 <sup>e</sup>	62.4 <sup>f</sup>	\$ 1,036 <sup>g</sup>	\$ 906 <sup>h</sup>	\$ 1,301 <sup>i</sup>	\$ 121	\$ 391 <sup>j</sup>	\$ 157	\$ 367 <sup>k</sup>	6.1	13.8	14.9 <sup>l</sup>	53.4 <sup>m</sup>
Idaho <sup>n</sup>	24,437	92.5	\$ 17,187	\$ 19,639	\$ 14,945	\$ 453	\$ 8,553	\$ 187	\$ 7,993	18.0	17.4	37.0	89.4
Illinois	315,749	87.6	\$ 10,671	\$ 10,423	\$ 11,526	\$ 648	\$ 5,677	\$ 211	\$ 4,135	7.3	20.6	53.2	83.8
Indiana	120,638	89.9	\$ 18,417	\$ 18,844	\$ 17,982	\$ 264	\$ 9,759	\$ 195	\$ 8,199	8.2	29.1	52.3	88.8
Iowa	70,621	95.9	\$ 17,353	\$ 18,648	\$ 16,751	\$ 429	\$ 8,863	\$ 160	\$ 7,901	20.5	25.3	54.3	92.6
Kansas	52,417	89.6	\$ 16,714	\$ 17,925	\$ 15,513	\$ 470	\$ 7,543	\$ 175	\$ 8,526	15.5	26.1	54.6	82.6
Kentucky	97,407	92.1	\$ 12,391	\$ 14,848	\$ 9,407	\$ 432	\$ 8,191	\$ 218	\$ 3,550	10.1	22.2	64.0	89.1
Louisiana	111,519	92.4	\$ 14,237	\$ 14,480	\$ 14,036	\$ 405	\$ 8,200	\$ 233	\$ 5,398	22.9	25.6	40.7	88.7
Maine <sup>o</sup>	57,101	55.8	\$ 212	\$ 85	\$ 270	\$ 0	\$ 0	\$ 212	\$ 0	0.0	0.0	55.8	0.0
Maryland	75,324	91.9	\$ 22,675	\$ 25,515	\$ 21,076	\$ 1,116	\$ 12,065	\$ 106	\$ 9,389	23.2	25.7	35.6	87.5
Massachusetts	231,094	92.4	\$ 15,637	\$ 18,740	\$ 13,054	\$ 254	\$ 7,795	\$ 126	\$ 7,461	11.5	19.3	53.6	89.1
Michigan	238,445	85.4	\$ 7,746	\$ 12,828	\$ 2,646	\$ 98	\$ 5,911	\$ 59	\$ 1,678	2.5	16.1	43.3	79.7
Minnesota	81,033	72.0	\$ 18,438	\$ 5,208	\$ 26,060	\$ 388	\$ 3,005	\$ 172	\$ 14,873	14.9	8.4	42.1	70.6
Mississippi	87,781	93.7	\$ 12,969	\$ 19,245	\$ 8,308	\$ 336	\$ 9,079	\$ 159	\$ 3,395	14.7	21.5	35.4	92.4
Missouri	166,223	93.8	\$ 11,822	\$ 13,051	\$ 10,682	\$ 185	\$ 5,255	\$ 314	\$ 6,069	1.7	20.2	58.4	90.4

PS Table 11. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Total EDB Dual FFS Enrollees	% EDB Dual FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per EDB Dual FFS Enrollee <sup>a</sup>	Average FFS Medicaid Paid per EDB Dual Enrollee by Basis of Eligibility <sup>a</sup>		Average FFS Medicaid Paid per EDB Dual Enrollee by Type of Service <sup>a</sup>				Percent of EDB Dual Enrollees with Claims by Type of Service			
				Aged	Disabled	Inpatient Hospital Services (MAX TOS=01)	ILTC Services (MAX TOS = 02,04,05,07)	Prescription Drugs (MAX TOS=16)	All Other Services	Inpatient Hospital Services (MAX TOS=01)	ILTC Services (MAX TOS = 02,04,05,07)	Prescription Drugs (MAX TOS=16)	All Other Services
Montana	16,781	94.2	\$ 14,884	\$ 20,422	\$ 10,189	\$ 375	\$ 8,825	\$ 141	\$ 5,542	19.4	26.9	35.9	89.6
Nebraska	38,694	96.0	\$ 15,610	\$ 16,463	\$ 14,757	\$ 426	\$ 7,996	\$ 170	\$ 7,019	20.5	26.2	66.0	93.0
Nevada	23,515	92.2	\$ 12,694	\$ 12,557	\$ 13,143	\$ 460	\$ 5,989	\$ 229	\$ 6,017	11.4	15.8	59.5	89.2
New Hampshire	23,800	94.8	\$ 19,101	\$ 22,418	\$ 17,456	\$ 349	\$ 8,442	\$ 259	\$ 10,051	18.0	27.4	56.6	88.3
New Jersey	157,838	91.7	\$ 21,262	\$ 21,707	\$ 20,675	\$ 493	\$ 13,431	\$ 181	\$ 7,156	12.7	24.2	55.5	86.7
New Mexico <sup>P</sup>	37,946	41.1 <sup>f</sup>	\$ 6,322 <sup>g</sup>	\$ 1,920 <sup>h</sup>	\$ 9,267 <sup>i</sup>	\$ 74 <sup>q</sup>	\$ 808 <sup>j</sup>	\$ 15 <sup>d</sup>	\$ 5,426 <sup>k</sup>	2.1 <sup>r</sup>	4.7 <sup>s</sup>	4.9 <sup>l</sup>	39.4 <sup>m</sup>
New York	645,452	89.8	\$ 27,329	\$ 26,130	\$ 29,361	\$ 785	\$ 11,684	\$ 130	\$ 14,730	21.4	18.4	52.5	85.7
North Carolina	264,274	94.6	\$ 11,191	\$ 12,137	\$ 10,090	\$ 183	\$ 5,460	\$ 229	\$ 5,319	6.2	15.1	46.7	93.0
North Dakota	12,706	96.0	\$ 26,316	\$ 26,379	\$ 26,422	\$ 306	\$ 17,562	\$ 134	\$ 8,314	11.7	38.8	32.8	86.7
Ohio	228,506	96.0	\$ 21,077	\$ 23,267	\$ 18,812	\$ 348	\$ 11,975	\$ 143	\$ 8,611	13.8	31.9	56.9	94.2
Oklahoma	98,522	92.5	\$ 11,277	\$ 11,503	\$ 11,081	\$ 545	\$ 5,363	\$ 101	\$ 5,268	24.9	18.9	27.5	89.9
Oregon	27,770	92.1	\$ 15,438	\$ 18,563	\$ 10,132	\$ 244	\$ 7,524	\$ 250	\$ 7,420	7.7	19.8	51.4	87.7
Pennsylvania	323,435	84.1	\$ 13,824	\$ 17,122	\$ 9,808 <sup>t</sup>	\$ 138	\$ 9,977	\$ 122	\$ 3,586 <sup>u</sup>	7.5	23.2	44.5	71.7
Rhode Island	37,083	88.6	\$ 18,545	\$ 19,921	\$ 18,686	\$ 524	\$ 11,811	\$ 99 <sup>d</sup>	\$ 6,112	18.5	23.7	51.1	83.3
South Carolina	129,027	91.5	\$ 8,575	\$ 9,861	\$ 7,327	\$ 466	\$ 4,282	\$ 107	\$ 3,720	17.5	12.8	42.0	88.0
South Dakota	14,188	95.3	\$ 17,897	\$ 19,367	\$ 16,680	\$ 439	\$ 10,323	\$ 126	\$ 7,009	17.4	37.1	35.3	88.6
Tennessee <sup>v</sup>	5,792 <sup>e</sup>	26.5 <sup>f</sup>	\$ 3,602 <sup>g</sup>	\$ 11,195	\$ 2,945 <sup>i</sup>	\$ 82	\$ 1,048 <sup>j</sup>	\$ 147	\$ 2,326	2.8	2.9 <sup>s</sup>	9.2	22.7 <sup>m</sup>
Texas	313,253	84.5	\$ 14,330	\$ 13,505	\$ 16,363	\$ 128	\$ 8,024	\$ 131	\$ 6,047	6.6	26.8	38.5	66.0
Utah	26,535	83.4	\$ 11,032	\$ 11,645	\$ 10,696	\$ 412	\$ 5,803	\$ 213	\$ 4,604	11.2	17.2	42.3	78.4
Vermont	22,043	95.5	\$ 14,691	\$ 17,677	\$ 12,325	\$ 384 <sup>w</sup>	\$ 5,078	\$ 331	\$ 8,898	15.8	15.8	60.0	92.7
Virginia	121,314	93.2	\$ 13,790	\$ 13,280	\$ 14,513	\$ 768	\$ 7,307	\$ 149	\$ 5,566	58.3	20.0	53.4	86.9
Washington	129,448	94.3	\$ 12,516	\$ 13,681	\$ 11,127	\$ 298	\$ 3,295	\$ 303	\$ 8,620	10.0	12.5	79.8	89.9
West Virginia	51,299	93.3	\$ 14,853	\$ 20,150	\$ 10,894	\$ 178	\$ 8,924	\$ 190	\$ 5,560	6.5	19.9	48.5	89.8
Wisconsin <sup>x</sup>	130,410	93.2	\$ 10,374	\$ 15,387	\$ 7,121	\$ 368	\$ 6,681	\$ 192	\$ 3,133 <sup>u</sup>	17.9	21.2	54.4	88.7
Wyoming	7,313	94.8	\$ 29,458	\$ 29,784	\$ 29,408	\$ 435	\$ 11,103	\$ 200	\$ 17,719	20.7	31.0	41.7	89.6

Notes: Excludes non-duals, duals ever enrolled in HMO/HIO or PACE, duals with missing eligibility information, duals with only restricted benefits, duals with only prescription drug enrollment, and duals enrolled only in assistance with



purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Values below two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> AR reported duplicate payments on many crossover claims causing over-reporting of expenditures for dual enrollees.

<sup>d</sup> Average FFS Medicaid paid per EDB dual FFS enrollee for prescription drugs decreased more than 30 percent in AR, NM, and RI in 2009.

<sup>e</sup> Total EDB dual FFS enrollees decreased more than 30 percent in HI and TN in 2009.

<sup>f</sup> The percentage of EDB dual FFS enrollees with Medicaid services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>g</sup> Average FFS Medicaid paid per EDB dual FFS enrollee decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>h</sup> Average FFS Medicaid paid per aged EDB dual FFS enrollee decreased more than 30 percent in HI and NM in 2009.

<sup>i</sup> Average FFS Medicaid paid per disabled EDB dual FFS enrollee decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>j</sup> Average FFS Medicaid paid per EDB dual FFS enrollee for ILTC decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>k</sup> Average FFS Medicaid paid per EDB dual FFS enrollee for all other services decreased more than 30 percent in HI and NM in 2009.

<sup>l</sup> The percentage of EDB dual FFS enrollees with claims for prescription drugs decreased more than 30 percent in HI and NM in 2009.

<sup>m</sup> The percentage of EDB dual FFS enrollees with claims for all other services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>n</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>o</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>p</sup> NM placed all long term care and Medicaid/Medicare dual enrollees into a LTC managed care program called Coordination of Long Term Care Services (CoLTS) during a phased implementation from July 2008 through February 2009.

<sup>q</sup> Average FFS Medicaid paid per EDB dual FFS enrollee for inpatient hospital services decreased more than 30 percent in NM in 2009.

<sup>r</sup> The percentage of EDB dual enrollees with claims for inpatient hospital services decreased more than 30 percent in NM in 2009.

<sup>s</sup> The percentage of EDB dual FFS enrollees with claims for ILTC services decreased more than 30 percent in NM and TN in 2009.

<sup>t</sup> Average FFS Medicaid paid per disabled EDB dual FFS enrollee increased more than 30 percent in PA in 2009.

<sup>u</sup> Average FFS Medicaid paid per EDB dual FFS enrollee for all other services increased more than 30 percent in PA and WI in 2009.

<sup>v</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>w</sup> Average FFS Medicaid paid per EDB dual FFS enrollee for inpatient hospital services increased more than 30 percent in VT in 2009.

<sup>x</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 12. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among All FFS Medicaid Enrollees with Full Benefits in MAX 2009

State	Total FFS Enrollees	% FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per FFS Enrollee <sup>a</sup>	Average FFS Medicaid Paid per Enrollee by Basis of Eligibility <sup>a</sup>				Average FFS Medicaid Paid per Enrollee by Type of Service <sup>a</sup>				Percent of Enrollees with Claims by Type of Service			
				Aged	Disabled	Child	Adult	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04, 05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04, 05,07)	Prescription Drugs (MAX TOS = 16)	All Other Services
Alabama	767,358	91.5	\$ 3,763	\$ 22,234	\$ 7,737	\$ 1,363	\$ 2,424	\$ 58	\$ 1,208	\$ 620	\$ 1,878	3.1	3.3	71.9	90.0
Alaska	132,110	86.7	\$ 8,336	\$ 22,602	\$ 24,983	\$ 4,301	\$ 5,872	\$ 1,194	\$ 1,055	\$ 590	\$ 5,497	11.6	1.6	50.0	85.6
Arizona	197,149	36.1	\$ 3,702	\$ 1,599	\$ 6,287	\$ 3,622	\$ 3,011	\$ 451	\$ 167	\$ 22	\$ 3,062	5.9	0.6	3.6	35.6
Arkansas	642,384	91.2	\$ 5,352	\$ 18,236	\$ 13,284	\$ 2,181	\$ 2,723	\$ 638	\$ 1,265	\$ 513	\$ 2,935	12.8	3.9	68.4	89.8
California	3,142,631	77.0	\$ 6,485	\$ 8,784	\$ 13,750	\$ 1,139	\$ 2,470	\$ 979	\$ 1,426	\$ 766	\$ 3,314	8.5	3.8	49.9	74.3
Colorado	554,646	81.4	\$ 4,758	\$ 16,396	\$ 15,413	\$ 1,527	\$ 2,408	\$ 508	\$ 965	\$ 536	\$ 2,749	7.0	2.6	48.4	79.7
Connecticut <sup>c</sup>	147,205 <sup>d</sup>	86.2	\$ 23,232 <sup>e</sup>	\$ 29,152	\$ 28,460	\$ 4,114 <sup>f</sup>	\$ 3,125 <sup>g</sup>	\$ 1,600 <sup>h</sup>	\$ 10,901 <sup>i</sup>	\$ 1,559 <sup>j</sup>	\$ 9,173 <sup>k</sup>	19.5 <sup>l</sup>	20.5 <sup>m</sup>	67.3	82.3 <sup>n</sup>
Delaware	26,142	85.4	\$ 17,805	\$ 31,199	\$ 33,875	\$ 1,974	\$ 4,343	\$ 1,215	\$ 8,289	\$ 682	\$ 7,619	14.3	14.7	52.2	82.2
District of Columbia	53,301	81.9	\$ 24,315	\$ 32,910	\$ 26,452	\$ 6,094 <sup>o</sup>	\$ 7,408	\$ 4,894	\$ 5,566	\$ 1,605	\$ 12,250	22.3	7.7	52.1	80.0
Florida	1,714,886	77.2	\$ 5,332	\$ 12,051	\$ 12,592	\$ 1,500	\$ 2,699	\$ 1,059	\$ 1,671	\$ 542	\$ 2,060	14.3	4.0	48.2	74.8
Georgia	441,421	81.9	\$ 8,667	\$ 14,384	\$ 10,048	\$ 2,224	\$ 756	\$ 1,516	\$ 2,599	\$ 1,036	\$ 3,516	13.9	8.5	48.8	79.2
Hawaii <sup>p</sup>	6,771 <sup>d</sup>	30.0 <sup>q</sup>	\$ 865 <sup>r</sup>	\$ 1,084 <sup>s</sup>	\$ 2,533 <sup>t</sup>	\$ 732	\$ 775	\$ 526 <sup>u</sup>	\$ 37 <sup>v</sup>	\$ 62 <sup>w</sup>	\$ 240 <sup>x</sup>	4.8	1.5	5.1 <sup>y</sup>	28.4 <sup>z</sup>
Idaho <sup>aa</sup>	234,432	84.6	\$ 5,446	\$ 19,602	\$ 18,949	\$ 1,653	\$ 4,296	\$ 920	\$ 1,157	\$ 507	\$ 2,863	10.6	2.7	58.9	81.8
Illinois	2,559,196	85.3	\$ 3,994	\$ 10,238	\$ 14,350	\$ 1,587	\$ 2,274	\$ 888	\$ 975	\$ 497	\$ 1,634	7.9	3.5	64.7	82.8
Indiana	256,026	81.4	\$ 14,417	\$ 18,591	\$ 20,202	\$ 2,553 <sup>f</sup>	\$ 991 <sup>g</sup>	\$ 1,148	\$ 5,446	\$ 1,103	\$ 6,719 <sup>k</sup>	12.2	15.6	53.7	80.1
Iowa	495,414	81.2	\$ 5,613	\$ 18,385	\$ 18,895	\$ 1,813	\$ 2,275	\$ 592	\$ 1,634	\$ 490	\$ 2,898	11.5	4.2	60.0	79.1
Kansas	148,884	82.6	\$ 10,979	\$ 17,681	\$ 15,498	\$ 2,491	\$ 1,266	\$ 1,333	\$ 3,050	\$ 967	\$ 5,629	13.9	10.6	57.5	78.1
Kentucky	674,188	92.2	\$ 5,800	\$ 14,973	\$ 10,995	\$ 2,418	\$ 4,140	\$ 839	\$ 1,457	\$ 722	\$ 2,783	12.5	4.3	76.6	90.9
Louisiana	1,132,429	90.8	\$ 4,749	\$ 14,589	\$ 14,041	\$ 1,712	\$ 3,564	\$ 807	\$ 1,132	\$ 762	\$ 2,047	12.0	3.8	71.4	89.3
Maine <sup>bb</sup>	323,949	67.0	\$ 646	\$ 119	\$ 1,706	\$ 298	\$ 675	\$ 0	\$ 0	\$ 646	\$ 0	0.0	0.0	67.0	0.0
Maryland	139,449	71.0	\$ 18,652	\$ 24,422	\$ 26,032	\$ 5,937	\$ 1,401	\$ 2,807	\$ 8,034	\$ 557	\$ 7,254	19.6	16.3	31.7	67.4
Massachusetts	828,675	77.4	\$ 7,572	\$ 17,446	\$ 14,260	\$ 1,928	\$ 2,009	\$ 616	\$ 2,537	\$ 542	\$ 3,877	7.9	6.1	54.5	74.1
Michigan	547,009	70.6	\$ 4,850	\$ 12,535	\$ 5,366	\$ 1,079	\$ 938 <sup>cc</sup>	\$ 536	\$ 2,754	\$ 295	\$ 1,266	5.5	7.5	40.1	64.6
Minnesota	227,408	74.4	\$ 14,475	\$ 5,088	\$ 27,121	\$ 2,940	\$ 2,088	\$ 1,190	\$ 1,467	\$ 917	\$ 10,902	12.4	4.2	50.2	72.2
Mississippi	660,798	90.4	\$ 4,974	\$ 19,212	\$ 9,984	\$ 1,942	\$ 3,840	\$ 917	\$ 1,572	\$ 511	\$ 1,974	11.9	3.7	70.1	89.1
Missouri	551,666	88.7	\$ 7,864	\$ 13,207	\$ 13,027	\$ 2,292	\$ 2,754	\$ 901	\$ 1,831	\$ 1,133	\$ 3,999	12.1	6.9	68.5	86.7

PS Table 12. Number of Persons, Percent with Medicaid Services, and Average Medicaid Paid by Basis of Eligibility and by Type of Service Among All FFS Medicaid Enrollees with Full Benefits in MAX 2009

State	Total FFS Enrollees	% FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per FFS Enrollee <sup>a</sup>	Average FFS Medicaid Paid per Enrollee by Basis of Eligibility <sup>a</sup>				Average FFS Medicaid Paid per Enrollee by Type of Service <sup>a</sup>				Percent of Enrollees with Claims by Type of Service			
				Aged	Disabled	Child	Adult	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04, 05, 07)	Prescription Drugs (MAX TOS = 16)	All Other Services	Inpatient Hospital Services (MAX TOS = 01)	ILTC Services (MAX TOS = 02,04, 05,07)	Prescription Drugs (MAX TOS = 16)	All Other Services
Montana	116,610	86.3	\$ 6,093	\$ 20,269	\$ 13,874	\$ 2,650	\$ 3,842	\$ 793	\$ 1,527	\$ 566	\$ 3,208	14.1	4.6	52.4	84.6
Nebraska	221,822	90.6	\$ 6,183	\$ 16,682	\$ 18,013	\$ 2,439	\$ 2,950	\$ 777	\$ 1,751	\$ 554	\$ 3,101	11.6	5.6	70.1	88.9
Nevada	109,442	77.0	\$ 8,183	\$ 12,654	\$ 15,278	\$ 3,716	\$ 1,881	\$ 993	\$ 1,950	\$ 847	\$ 4,394	10.9	5.0	52.9	75.1
New Hampshire	154,401	90.1	\$ 6,548	\$ 21,582	\$ 17,631	\$ 2,785	\$ 3,191	\$ 417	\$ 1,444	\$ 577	\$ 4,111	10.6	4.8	63.9	87.6
New Jersey	260,770	78.8	\$ 17,392	\$ 21,630	\$ 23,722	\$ 2,946	\$ 1,124	\$ 1,108	\$ 9,776	\$ 744	\$ 5,764	13.2	16.7	47.1	74.0
New Mexico	126,718 <sup>dd</sup>	65.5	\$ 3,747 <sup>r</sup>	\$ 1,942 <sup>s</sup>	\$ 8,922 <sup>t</sup>	\$ 1,658	\$ 2,733	\$ 512	\$ 325 <sup>v</sup>	\$ 56 <sup>w</sup>	\$ 2,855 <sup>x</sup>	7.9	1.6	22.2	64.5
New York	1,508,449	75.3	\$ 18,742	\$ 25,930	\$ 34,599	\$ 2,837	\$ 5,069	\$ 2,058	\$ 6,737	\$ 823	\$ 9,123	16.7	9.5	47.5	71.8
North Carolina	1,758,727	91.5	\$ 5,395	\$ 11,996	\$ 14,494	\$ 2,193	\$ 3,936	\$ 618	\$ 1,009	\$ 644	\$ 3,123	11.7	2.7	66.1	90.3
North Dakota	77,860	88.6	\$ 7,883	\$ 26,284	\$ 24,496	\$ 2,527	\$ 3,382	\$ 762	\$ 3,341	\$ 421	\$ 3,358	12.3	6.9	59.5	85.8
Ohio	466,611	81.6	\$ 16,134	\$ 23,534	\$ 22,246	\$ 2,051	\$ 918	\$ 1,316	\$ 7,103	\$ 801	\$ 6,913	12.5	18.2	52.1	79.6
Oklahoma	793,986	88.6	\$ 4,444	\$ 11,566	\$ 12,756	\$ 2,018	\$ 3,538	\$ 791	\$ 922	\$ 462	\$ 2,269	14.2	3.3	63.0	86.6
Oregon	90,615	78.5	\$ 8,133	\$ 18,479	\$ 13,635	\$ 1,306	\$ 3,265	\$ 973	\$ 2,524	\$ 628	\$ 4,009	9.2	6.7	52.0	74.0
Pennsylvania	799,341	82.2	\$ 7,599	\$ 16,960	\$ 9,753	\$ 1,090	\$ 2,101	\$ 442	\$ 4,376	\$ 517	\$ 2,264 <sup>k</sup>	8.7	10.2	55.8	75.2
Rhode Island	72,664	75.5	\$ 13,577	\$ 17,496	\$ 16,687	\$ 906 <sup>o</sup>	\$ 750	\$ 966 <sup>u</sup>	\$ 6,975	\$ 418 <sup>w</sup>	\$ 5,218	12.1	13.2	45.0	70.2
South Carolina	397,611	88.1	\$ 5,963	\$ 9,799	\$ 11,176	\$ 2,110	\$ 3,623	\$ 1,024	\$ 1,639 <sup>i</sup>	\$ 533	\$ 2,766	14.5	4.6	59.2	86.0
South Dakota	132,659	87.8	\$ 5,380	\$ 19,310	\$ 18,103	\$ 2,185	\$ 3,691	\$ 909	\$ 1,520	\$ 390	\$ 2,561	12.6	4.9	55.6	85.2
Tennessee <sup>ee</sup>	71,271 <sup>d</sup>	74.3	\$ 5,881 <sup>e</sup>	\$ 10,580	\$ 6,893	\$ 3,283 <sup>f</sup>	\$ 2,899	\$ 718 <sup>h</sup>	\$ 177 <sup>v</sup>	\$ 1,380 <sup>j</sup>	\$ 3,607 <sup>k</sup>	5.2	0.7	62.5	69.3
Texas	1,972,633	84.9	\$ 5,785	\$ 13,501	\$ 15,428	\$ 1,858	\$ 2,990 <sup>g</sup>	\$ 724	\$ 1,575	\$ 549	\$ 2,938	13.4	5.0	61.9	78.8
Utah	272,520	81.8	\$ 4,036	\$ 11,507	\$ 14,944	\$ 1,874	\$ 2,244	\$ 790	\$ 804	\$ 463	\$ 1,978	10.3	2.1	59.1	74.9
Vermont	166,198	87.9	\$ 5,824	\$ 17,563	\$ 16,561	\$ 3,109	\$ 3,283	\$ 553	\$ 702	\$ 734	\$ 3,835	7.3	2.2	66.5	85.5
Virginia	315,977	84.2	\$ 9,706	\$ 13,447	\$ 18,751	\$ 2,943	\$ 2,374	\$ 1,133	\$ 3,423	\$ 650	\$ 4,499	30.0	8.8	56.1	80.2
Washington	396,312	83.3	\$ 8,524	\$ 13,600	\$ 12,838	\$ 1,163	\$ 1,929	\$ 1,172	\$ 1,226	\$ 898	\$ 5,227	8.9	4.9	66.5	79.3
West Virginia	169,086	89.7	\$ 10,455	\$ 20,188	\$ 11,397	\$ 3,592	\$ 2,075	\$ 961	\$ 3,318	\$ 1,479	\$ 4,698	10.8	7.6	69.2	87.4
Wisconsin <sup>ff</sup>	348,026	81.2	\$ 7,448	\$ 15,184	\$ 9,522	\$ 2,592	\$ 1,648	\$ 1,042	\$ 2,798	\$ 819	\$ 2,788 <sup>k</sup>	11.6	8.9	56.3	75.5
Wyoming	79,019	86.3	\$ 6,932	\$ 29,571	\$ 24,130	\$ 2,746	\$ 5,110	\$ 966	\$ 1,433	\$ 478	\$ 4,055	13.3	3.9	59.9	84.4

Notes: Excludes people ever enrolled in HMO/HIOs or PACE, people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, duals with restricted benefits only, prescription drug only enrollees, and

persons enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Values below two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>d</sup> Total FFS enrollees decreased more than 30 percent in CT, HI, and TN in 2009.

<sup>e</sup> Average FFS Medicaid paid per FFS enrollee increased more than 30 percent in CT and TN in 2009.

<sup>f</sup> Average FFS Medicaid paid per child enrollee increased more than 30 percent in CT, IN, and TN in 2009.

<sup>g</sup> Average FFS Medicaid paid per adult enrollee increased more than 30 percent in CT, IN, and TX in 2009.

<sup>h</sup> Average FFS Medicaid paid for inpatient hospital services increased more than 30 percent in CT and TN in 2009.

<sup>i</sup> Average FFS Medicaid paid for ILTC services increased more than 30 percent in CT and SC in 2009.

<sup>j</sup> Average FFS Medicaid paid for prescription drugs increased more than 30 percent in CT and TN in 2009.

<sup>k</sup> Average FFS Medicaid paid for all other services increased more than 30 percent in CT, IN, PA, TN, and WI in 2009.

<sup>l</sup> The percentage of enrollees with FFS inpatient hospital services increased more than 30 percent in CT in 2009.

<sup>m</sup> The percentage of enrollees with FFS ILTC services increased more than 30 percent in CT in 2009.

<sup>n</sup> The percentage of enrollees with FFS all other services increased more than 30 percent in CT in 2009.

<sup>o</sup> Average FFS Medicaid paid per child enrollee decreased more than 30 percent in DC and RI in 2009.

<sup>p</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.

<sup>q</sup> The percentage of FFS enrollees with Medicaid services decreased more than 30 percent in HI in 2009.

<sup>r</sup> Average FFS Medicaid paid per FFS enrollee decreased more than 30 percent in HI and NM in 2009.

<sup>s</sup> Average FFS Medicaid paid per aged enrollee decreased more than 30 percent in HI and NM in 2009.

<sup>t</sup> Average FFS Medicaid paid per disabled enrollee decreased more than 30 percent in HI and NM in 2009.

<sup>u</sup> Average Medicaid FFS paid for FFS inpatient hospital services decreased more than 30 percent in HI and RI in 2009.

<sup>v</sup> Average Medicaid paid for FFS ILTC services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>w</sup> Average FFS Medicaid paid for prescription drugs decreased more than 30 percent in HI, NM, and RI in 2009.

<sup>x</sup> Average FFS Medicaid paid for all other services decreased more than 30 percent in HI and NM in 2009.

<sup>y</sup> The percentage of FFS enrollees with FFS prescription drug services decreased more than 30 percent in HI in 2009.

<sup>z</sup> The percentage of FFS enrollees with all other FFS services decreased more than 30 percent in HI in 2009.

<sup>aa</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>bb</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>cc</sup> Average FFS Medicaid paid per adult enrollee decreased more than 30 percent in MI in 2009.

<sup>dd</sup> NM placed all long term care and Medicaid/Medicare duals into managed care during a phased implementation between July 2008 through February 2009.

<sup>ee</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>ff</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 13. Number of Users and Average Medicaid Paid by Select MAX Type of Service (01, 02, 04, 05, 07, 08, 09, 10) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Inpatient Hospital (MAX TOS = 01)		MH for the Aged (MAX TOS = 02)		Inpatient Psychiatric Facility Age < 21 (MAX TOS = 04)		ICF/MR (MAX TOS = 05)		Nursing Facility (MAX TOS = 07)		Physician Services (MAX TOS = 08)		Dental Services (MAX TOS = 09)		Other Practitioner Services (MAX TOS = 10)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Alabama	4,738	\$ 3,703	11	\$ 32,048	2,166	\$ 22,714	57	\$ 137,657	2,287	\$ 37,725	517,472	\$ 547	233,764	\$ 326	115,837	\$ 101
Alaska	13,522	\$ 11,358	11	\$ 12,249	1,209	\$ 46,655	11	\$ 175,939	214	\$ 61,930	74,632	\$ 1,015	42,458	\$ 790	16,865	\$ 295
Arizona	10,402	\$ 8,140	0	\$ 0	41	\$ 28,863 <sup>b</sup>	0	\$ 0	377	\$ 26,211	20,749	\$ 825	166 <sup>c</sup>	<b>\$ 1,344</b>	7,198	\$ 203
Arkansas	64,490	\$ 5,846	0	\$ 0	5,218	\$ 27,392	747	\$ 78,437	1,430	\$ 33,890	414,999	\$ 516	217,187	\$ 436	107,409	\$ 119
California	180,425	\$ 14,442	0	\$ 0	275	\$ 7,133	3,223	\$ 76,033	16,242	\$ 45,894	874,064	\$ 612	14,131	\$ 274	159,821	\$ 68
Colorado	33,173	\$ 7,914	11	<b>\$ 190,530</b>	66	\$ 32,912 <sup>b</sup>	51	\$ 145,030	1,151	\$ 37,912	44,963	\$ 309	146,248	\$ 492	12,714	\$ 93
Connecticut <sup>d</sup>	12,328 <sup>e</sup>	\$ 15,204	11	\$ 73,096	35 <sup>f</sup>	\$ 49,717	174	\$ 222,579	2,436	\$ 57,464	30,820 <sup>g</sup>	\$ 988 <sup>h</sup>	13,943 <sup>i</sup>	\$ 552 <sup>j</sup>	9,135 <sup>k</sup>	\$ 126 <sup>l</sup>
Delaware	1,512	\$ 17,066 <sup>m</sup>	124	\$ 4,448	20	\$ 44,191	40	\$ 217,382	253	<b>\$ 97,446</b>	9,615	\$ 973	2,733	\$ 697	4,210	\$ 347
District of Columbia	7,082	<b>\$ 32,648</b>	11	\$ 56,552	131	\$ 19,783	284	\$ 168,188 <sup>n</sup>	856	\$ 59,619	17,890	<b>\$ 1,642 <sup>h</sup></b>	8,197 <sup>c</sup>	<b>\$ 960</b>	3,535	\$ 221 <sup>o</sup>
Florida	175,668	\$ 9,577	13	<b>\$ 153,498</b>	0	\$ 0	980	\$ 120,092	5,924	\$ 41,076	865,948	\$ 713	108,581	\$ 236	23,681 <sup>k</sup>	\$ 150 <sup>o</sup>
Georgia	36,752	\$ 16,088	0	\$ 0	0	\$ 0	896	\$ 64,465	3,550	\$ 30,486	171,576	\$ 893	57,765	\$ 392	57,057	\$ 176
Hawaii <sup>p</sup>	293 <sup>e</sup>	\$ 11,933	0	\$ 0	0	\$ 0	0	\$ 0	27 <sup>q</sup>	<b>\$ 1,474 <sup>r</sup></b>	1,031 <sup>g</sup>	\$ 379 <sup>s</sup>	114 <sup>i</sup>	\$ 281	11 <sup>k</sup>	\$ 25 <sup>l</sup>
Idaho <sup>t</sup>	20,371	\$ 10,041	605	\$ 8,270	789	\$ 9,242	260	\$ 106,052	452	\$ 49,318 <sup>u</sup>	134,335	\$ 509	15,850	\$ 399	49,981	\$ 184
Illinois	178,482	\$ 11,588	884	\$ 25,478	6,332	\$ 16,938	2,744	\$ 76,041	14,242	\$ 25,566	1,431,386	\$ 379	734,709	\$ 215	265,790 <sup>v</sup>	\$ 50
Indiana	21,391	\$ 12,253	11	\$ 50,531	519	\$ 26,702	1,294	\$ 81,455	3,128	\$ 31,127	75,291	\$ 1,057	37,694	\$ 458	8,329	\$ 260
Iowa	42,418	\$ 6,201	11	<b>\$ 233,025</b>	953	\$ 30,020	869	\$ 129,853	1,092	\$ 37,285	259,874	\$ 599	130,754	\$ 343	90,872	\$ 151
Kansas	12,633	\$ 13,765	12	\$ 32,860	969 <sup>w</sup>	\$ 18,184 <sup>b</sup>	146	\$ 117,140	935	\$ 25,166	56,687	\$ 940	21,487	\$ 339	13,522	\$ 85
Kentucky	74,433	\$ 7,037 <sup>m</sup>	11	\$ 5,481	2,631	\$ 13,322	180 <sup>x</sup>	\$ 199,320	4,386	\$ 25,802	408,284	\$ 617	204,856	\$ 380	166,620	\$ 230
Louisiana	110,110	\$ 7,889	4,646	\$ 8,067	4,287	\$ 5,020	2,199	\$ 85,196	3,899	\$ 31,179	749,437	\$ 535	316,907	\$ 444	195,851	\$ 138
Maine <sup>y</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	<b>\$ 0</b>	0	<b>\$ 0</b>	0	<b>\$ 0</b>	0	\$ 0
Maryland	9,956	<b>\$ 30,877</b>	16	\$ 100,860	539	<b>\$ 85,100</b>	42 <sup>z</sup>	\$ 198,803	2,786	\$ 55,911	22,186	<b>\$ 1,353</b>	2,332 <sup>aa</sup>	\$ 345	96 <sup>k</sup>	\$ 54
Massachusetts	39,104	\$ 11,543	275 <sup>bb</sup>	\$ 11,942 <sup>cc</sup>	326 <sup>f</sup>	\$ 58,434 <sup>b</sup>	90	\$ 262,361	5,095	\$ 50,102	314,990	\$ 594	187,768	\$ 604	57,894	\$ 266
Michigan	23,945 <sup>e</sup>	\$ 11,279 <sup>m</sup>	0	\$ 0	145	\$ 25,159 <sup>dd</sup>	13	\$ 201,523	2,255	\$ 40,131	122,173	\$ 519	24,330 <sup>i</sup>	\$ 172	15,927 <sup>k</sup>	\$ 79
Minnesota	16,062	\$ 14,888	0	\$ 0	331	\$ 20,268	689	\$ 63,163	1,828	\$ 21,762	83,395	\$ 951	35,439	\$ 375	32,668	<b>\$ 940</b>
Mississippi	65,424	\$ 8,811	11	\$ 2,816	2,884	\$ 21,012	1,261	\$ 92,997	1,568	\$ 40,899	390,976	\$ 550	192,647	\$ 385	220,306	\$ 139
Missouri	63,881	\$ 7,300	11	\$ 46,650	89	\$ 20,776 <sup>b</sup>	165	\$ 119,306	4,092	\$ 28,093	46,327	\$ 260	34,925	\$ 285	34,734	\$ 75
Montana	13,180	\$ 6,539	11	\$ 54,294	385	\$ 36,103	24	\$ 199,519	433	\$ 25,787	59,896	\$ 712	23,790	\$ 584	16,917	<b>\$ 566</b>
Nebraska	17,886	\$ 8,709	0	\$ 0	1,215	\$ 28,809	109	\$ 101,846	915	\$ 36,076	139,215	\$ 639	77,989	\$ 309	49,556	\$ 124

PS Table 13. Number of Users and Average Medicaid Paid by Select MAX Type of Service (01, 02, 04, 05, 07, 08, 09, 10) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Inpatient Hospital (MAX TOS = 01)		MH for the Aged (MAX TOS = 02)		Inpatient Psychiatric Facility Age < 21 (MAX TOS = 04)		ICF/MR (MAX TOS = 05)		Nursing Facility (MAX TOS = 07)		Physician Services (MAX TOS = 08)		Dental Services (MAX TOS = 09)		Other Practitioner Services (MAX TOS = 10)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Nevada	9,226	\$ 10,611	0	\$ 0	1,013	\$ 35,270	84	\$ 134,894	703	\$ 36,257	46,209	\$ 972	20,610	\$ 551	9,614	\$ 185
New Hampshire	12,090	\$ 4,638	0	\$ 0	334	\$ 11,268	44	\$ 71,570	435	\$ 34,675	93,006	\$ 460	53,996	\$ 395	15,819	\$ 121
New Jersey	14,432	\$ 14,636	29	\$ 114,993	571	\$ 81,138	526	\$ 232,080	4,268	\$ 60,323	35,854	\$ 811	10,663	\$ 527	8,630	\$ 119
New Mexico	9,193	\$ 6,750	11	\$ 2,092	15	\$ 93,022	79	\$ 92,442	134 <sup>q</sup>	\$ 13,640 <sup>r</sup>	32,385	\$ 620	18,272	\$ 514	8,969	\$ 144
New York	114,051	\$ 22,783	297	\$ 59,301	6,169	\$ 46,288	3,053	\$ 440,607	14,362	\$ 67,741	319,210	\$ 454 <sup>h</sup>	151,836	\$ 514	30,813	\$ 61 <sup>o</sup>
North Carolina	189,001	\$ 5,499	0	\$ 0	2,616	\$ 29,790 <sup>b</sup>	1,619	\$ 106,341	2,911	\$ 27,975	1,161,246	\$ 680	568,670	\$ 536	170,905	\$ 135
North Dakota	8,111	\$ 6,838	11	\$ 15,644	25	\$ 18,077	224	\$ 130,790	229	\$ 31,594	43,123	\$ 671	15,706	\$ 440	18,357	\$ 162
Ohio	26,996	\$ 19,797	11	\$ 5,186	625	\$ 4,618	2,252	\$ 102,319	9,470	\$ 36,397	125,501	\$ 728	51,825	\$ 252	35,832	\$ 127
Oklahoma	87,975	\$ 6,529	11	\$ 19,836	4,625	\$ 22,557	520	\$ 68,956	2,219	\$ 28,628	467,590	\$ 657	258,071	\$ 582	68,934 <sup>v</sup>	\$ 115
Oregon	6,215	\$ 13,089	0	\$ 0	92	\$ 17,330 <sup>dd</sup>	11	\$ 146,268	521	\$ 34,019	24,143	\$ 852	989	\$ 295 <sup>j</sup>	8,220	\$ 487
Pennsylvania	45,056	\$ 6,851	1,024	\$ 8,413	674	\$ 13,834	224	\$ 159,615	4,976	\$ 43,605	305,649	\$ 385	130,828	\$ 354	68,305	\$ 65
Rhode Island	1,973 <sup>e</sup>	\$ 25,736	39	\$ 1,138 <sup>cc</sup>	31	\$ 38,723 <sup>dd</sup>	25	\$ 291,786	713	\$ 84,616	9,326 <sup>g</sup>	\$ 426	5,990	\$ 300	3,156 <sup>k</sup>	\$ 77
South Carolina	35,000 <sup>e</sup>	\$ 9,915 <sup>m</sup>	11	\$ 70,006	636	\$ 44,247	465	\$ 98,347	688	\$ 36,199	184,332	\$ 691	94,299	\$ 369	41,338 <sup>k</sup>	\$ 138
South Dakota	14,189	\$ 8,058	11	\$ 138,730	869	\$ 40,079	102	\$ 110,947	300	\$ 29,533	66,948	\$ 558	84	\$ 427	42,930	\$ 139
Tennessee <sup>ee</sup>	3,536 <sup>e</sup>	\$ 14,345 <sup>m</sup>	0	\$ 0	247 <sup>w</sup>	\$ 4,304 <sup>dd</sup>	36 <sup>z</sup>	\$ 139,589	14 <sup>q</sup>	\$ 30,757	43,770 <sup>g</sup>	\$ 948	25,200 <sup>i</sup>	\$ 528	3,420 <sup>k</sup>	\$ 137
Texas	244,182	\$ 5,685	11	\$ 85,693	3,799	\$ 10,460	3,903	\$ 82,836	7,958	\$ 28,790	1,103,437	\$ 596	653,459	\$ 586	291,862	\$ 147
Utah	25,124	\$ 8,136	0	\$ 0	100	\$ 157,056	316	\$ 69,146	733	\$ 37,770	65,888	\$ 333	72,593	\$ 342	13,832	\$ 91
Vermont	8,565	\$ 9,748	11	\$ 2,348	0	\$ 0	11	\$ 212,332	205	\$ 22,095	102,363	\$ 515	46,176	\$ 352	14,226	\$ 297
Virginia	23,954	\$ 11,064	26	\$ 13,974	387	\$ 5,551	493	\$ 155,436	2,753	\$ 42,150	117,680	\$ 703	49,636	\$ 461	18,710	\$ 125
Washington	22,395	\$ 19,026	631 <sup>bb</sup>	\$ 9,010 <sup>ff</sup>	180	\$ 12,010	11	\$ 78,802	2,527	\$ 20,091	162,335	\$ 715	68,606	\$ 311	77,117 <sup>v</sup>	\$ 181
West Virginia	15,011	\$ 10,217	324 <sup>bb</sup>	\$ 8,605	1,015	\$ 35,989	205	\$ 111,572	1,190	\$ 34,437	85,478	\$ 912	26,554	\$ 423	21,332	\$ 175
Wisconsin <sup>99</sup>	17,083	\$ 18,428	11	\$ 11,780	1,499	\$ 15,362	324	\$ 105,403	1,626	\$ 27,954	82,155 <sup>hh</sup>	\$ 415	37,548	\$ 236	28,220	\$ 155
Wyoming	9,019	\$ 8,109	0	\$ 0	652	\$ 39,948	17	\$ 128,140	131	\$ 29,355	48,889	\$ 962	23,571	\$ 498	11,104	\$ 168

Notes: Excludes EDB duals (EDB Dual = 50-59), people ever enrolled in HMO/HIO or PACE, people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Average Medicaid paid per user of inpatient psychiatric facility services for individuals under age 21 increased more than 30 percent in AZ, CO, KS, MA, MO, and NC in 2009.

<sup>c</sup> Number of users of dental services increased more than 30 percent in AZ and DC in 2009.

<sup>d</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>e</sup> Number of users of inpatient hospital services decreased more than 30 percent in CT, HI, MI, RI, SC, and TN in 2009.

<sup>f</sup> Number of users of inpatient psychiatric facility services for individuals under age 21 decreased more than 30 percent in CT and MA in 2009.

<sup>g</sup> Number of users of physician services decreased more than 30 percent in CT, HI, RI, and TN in 2009.

<sup>h</sup> Average Medicaid paid per user of physician services increased more than 30 percent in CT, DC, and NY in 2009.

<sup>i</sup> Number of users of dental services decreased more than 30 percent in CT, HI, MI, and TN in 2009.

<sup>j</sup> Average Medicaid paid per user of dental services increased more than 30 percent in CT and OR in 2009.

<sup>k</sup> Number of users of other practitioner services decreased more than 30 percent in CT, FL, HI, MD, MI, RI, SC, and TN in 2009.

<sup>l</sup> Average Medicaid paid per user of other practitioner services decreased more than 30 percent in CT and HI in 2009.

<sup>m</sup> Average Medicaid paid per user of inpatient hospital services increased more than 30 percent in DE, KY, MI, SC, and TN in 2009.

<sup>n</sup> Average Medicaid paid per user of ICF/MR services increased more than 30 percent in DC in 2009.

<sup>o</sup> Average Medicaid paid per user of other practitioner services increased more than 30 percent in DC, FL, and NY in 2009.

<sup>p</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.

<sup>q</sup> Number of users of nursing facility services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>r</sup> Average Medicaid paid per user of nursing facility services decreased more than 30 percent in HI and NM in 2009.

<sup>s</sup> Average Medicaid paid per user of physician services decreased more than 30 percent in HI in 2009.

<sup>t</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>u</sup> Average Medicaid paid per user of nursing facility services increased more than 30 percent in ID in 2009.

<sup>v</sup> Number of users of other practitioner services increased more than 30 percent in IL, OK, and WA in 2009.

<sup>w</sup> Number of users of inpatient psychiatric facility services for individuals under age 21 increased more than 30 percent in KS and TN in 2009.

<sup>x</sup> Number of users of ICF/MR services increased more than 30 percent in KY in 2009.

<sup>y</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>z</sup> Number of users of ICF/MR services decreased more than 30 percent in MD and TN in 2009.

<sup>aa</sup> Number of users of dental services increased more than 30 percent in MD in 2009. On July 1, 2009, dental benefits were carved out of managed care benefits making them fee-for-service benefits paid by an Administrative Services Only vendor.

<sup>bb</sup> Number of users of mental hospital services for the aged increased more than 30 percent in MA, WA, and WV in 2009.

<sup>cc</sup> Average Medicaid paid per user of mental hospital services for the aged decreased more than 30 percent in MA and RI in 2009.

<sup>dd</sup> Average Medicaid paid per user of inpatient psychiatric facility services for individuals under age 21 decreased more than 30 percent in MI, OR, RI, and TN in 2009.

<sup>ee</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>ff</sup> Average Medicaid paid per user of mental hospital services for the aged increased more than 30 percent in WA in 2009.

<sup>gg</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>hh</sup> Number of users of physician services increased more than 30 percent in WI in 2009.

PS Table 14. Number of Users and Average Medicaid Paid by Select MAX Type of Service (11, 12, 13, 15, 16, 26) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Outpatient Services (MAX TOS = 11)		Clinic Services (MAX TOS = 12)		Home Health Services (MAX TOS = 13)		Lab/X-Ray Services (MAX TOS = 15)		Prescription Drugs (MAX TOS = 16)		Transportation Services (MAX TOS = 26)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Alabama	255,488	\$ 193	207,107	\$ 392	7,954	\$ 2,302	439,532	\$ 238	508,677	\$ 907	30,495	\$ 270
Alaska	37,594	\$ 1,448	31,956	\$ 1,490	302	\$ 3,007	54,282	\$ 665	62,020	\$ 1,212	18,280	\$ 2,565
Arizona	62,441	\$ 6,176	675 <sup>b</sup>	\$ 308 <sup>c</sup>	128	\$ 2,543	15,542	\$ 3,906	6,332	\$ 662 <sup>d</sup>	14,850	\$ 1,580
Arkansas	230,686	\$ 207	326,372	\$ 704	4,032	\$ 1,994	319,755	\$ 286	413,455	\$ 770	27,621 <sup>e</sup>	\$ 954 <sup>f</sup>
California	608,194	\$ 389	710,022	\$ 988	16,825	\$ 9,429	953,860	\$ 320	1,027,058	\$ 2,116	116,453	\$ 925
Colorado	172,419	\$ 616	347,971	\$ 759	6,675	\$ 15,505	233,818	\$ 400	252,266	\$ 1,136	18,292	\$ 331
Connecticut <sup>g</sup>	30,905 <sup>h</sup>	\$ 1,570 <sup>i</sup>	15,754 <sup>j</sup>	\$ 1,400 <sup>c</sup>	6,388	\$ 6,623	35,943 <sup>k</sup>	\$ 1,021 <sup>l</sup>	35,556 <sup>m</sup>	\$ 5,457 <sup>d</sup>	9,957	\$ 765
Delaware	4,653	\$ 1,301	1,448	\$ 1,935 <sup>c</sup>	297	\$ 3,832	7,167	\$ 600	8,642	\$ 1,928	1,071	\$ 731
District of Columbia	16,590	\$ 759	11,146	\$ 1,277 <sup>n</sup>	2,156 <sup>o</sup>	\$ 16,240	18,572	\$ 660	20,340	\$ 3,931	6,406	\$ 700
Florida	497,491	\$ 652	327,616	\$ 492	9,110	\$ 19,027 <sup>p</sup>	753,908	\$ 347	719,401	\$ 1,231	61,742	\$ 354
Georgia	107,802	\$ 702	67,020	\$ 566	5,001	\$ 913	149,997	\$ 739	162,533	\$ 2,635	26,930	\$ 699
Hawaii <sup>q</sup>	430 <sup>h</sup>	\$ 723 <sup>r</sup>	388 <sup>j</sup>	\$ 347 <sup>n</sup>	11 <sup>s</sup>	\$ 2,029 <sup>t</sup>	630 <sup>k</sup>	\$ 138 <sup>u</sup>	262 <sup>m</sup>	\$ 1,281 <sup>v</sup>	129 <sup>e</sup>	\$ 667 <sup>w</sup>
Idaho <sup>x</sup>	64,341	\$ 721	62,678	\$ 623	1,320	\$ 2,117	96,773	\$ 296	129,007	\$ 885	11,604	\$ 1,033
Illinois	747,371	\$ 512	579,457	\$ 442	12,948	\$ 3,437	1,249,743	\$ 234	1,486,847	\$ 811	129,608	\$ 486
Indiana	52,479	\$ 735	52,916	\$ 1,498	4,334	\$ 17,239	70,900	\$ 847	74,334	\$ 3,482	21,721	\$ 839
Iowa	158,389	\$ 753	118,164	\$ 380 <sup>c</sup>	15,717	\$ 2,380	221,307	\$ 437	258,742	\$ 895	11,398	\$ 227
Kansas	30,656	\$ 593	27,084	\$ 312	1,800	\$ 2,817	46,618	\$ 473	56,947	\$ 2,367	9,854	\$ 516
Kentucky	293,481	\$ 679	236,153	\$ 714	6,042	\$ 1,548	366,507	\$ 580	454,275	\$ 1,024	33,317	\$ 543
Louisiana	476,370	\$ 441	182,770	\$ 420	10,867	\$ 3,344	636,451	\$ 370	762,928	\$ 1,098	75,193	\$ 647
Maine <sup>y</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	185,290	\$ 1,064	0	\$ 0
Maryland	14,384	\$ 2,833	2,853	\$ 559	4,595	\$ 4,404	19,417	\$ 1,080	17,396	\$ 4,009	1,665	\$ 219
Massachusetts	222,937	\$ 1,211	66,895	\$ 780	13,435	\$ 8,250	296,836	\$ 515	327,983	\$ 1,281	50,489	\$ 1,100
Michigan	66,077	\$ 592	41,637	\$ 157 <sup>n</sup>	2,672	\$ 742	102,693	\$ 287	116,035	\$ 1,266	13,071	\$ 839 <sup>f</sup>



PS Table 14. Number of Users and Average Medicaid Paid by Select MAX Type of Service (11, 12, 13, 15, 16, 26) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Outpatient Services (MAX TOS = 11)		Clinic Services (MAX TOS = 12)		Home Health Services (MAX TOS = 13)		Lab/X-Ray Services (MAX TOS = 15)		Prescription Drugs (MAX TOS = 16)		Transportation Services (MAX TOS = 26)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Minnesota	49,271	\$ 858	10,014	\$ 1,000	11,976 <sup>o</sup>	\$ 933	64,626	\$ 679	79,941	\$ 2,434	10,783	\$ 1,225
Mississippi	275,967	\$ 683	196,241	\$ 402	3,823	\$ 1,276	356,020	\$ 308	431,872	\$ 749	26,950	\$ 539
Missouri	185,594	\$ 991	309,174	\$ 965 <sup>c</sup>	5,490	\$ 769	256,677	\$ 659	280,673	\$ 2,041	26,233	\$ 487
Montana	39,570	\$ 660	14,299	\$ 550	328	\$ 1,101	44,063	\$ 433	55,043	\$ 1,155	4,246	\$ 780
Nebraska	68,611	\$ 663	34,119	\$ 544	3,853	\$ 3,379	109,953	\$ 427	130,003	\$ 895	10,288	\$ 824
Nevada	22,268	\$ 612	15,027	\$ 1,598	517	\$ 6,056	38,392	\$ 708	43,860	\$ 1,990	5,780	\$ 928
New Hampshire	57,514	\$ 647	34,572	\$ 1,536	2,994	\$ 2,463	69,661	\$ 409	85,227	\$ 973	5,385	\$ 465
New Jersey	28,435	\$ 1,969	17,647	\$ 487	2,128	\$ 5,661	33,490	\$ 979	35,158	\$ 4,709	8,082	\$ 856 <sup>w</sup>
New Mexico	51,571	\$ 1,357	6,038	\$ 537	179	\$ 1,067	22,403	\$ 717	26,335	\$ 247	4,788	\$ 1,072
New York	328,194	\$ 1,370 <sup>i</sup>	157,250	\$ 1,355	30,177 <sup>s</sup>	\$ 8,968 <sup>p</sup>	282,488	\$ 210	377,362	\$ 3,067	69,131	\$ 1,011
North Carolina	652,577	\$ 681	476,688	\$ 220	18,267	\$ 4,834	933,149	\$ 472	1,039,435	\$ 1,032	78,981	\$ 261
North Dakota	24,169	\$ 646	20,300	\$ 301	1,770	\$ 967	34,591	\$ 444	42,122	\$ 738	4,209	\$ 571
Ohio	95,996	\$ 1,196	21,266	\$ 654	11,324	\$ 5,751	101,790	\$ 665	113,166	\$ 3,016	22,068	\$ 698
Oklahoma	306,935	\$ 423	217,382 <sup>b</sup>	\$ 334	6,420	\$ 2,708	375,718	\$ 368	472,940	\$ 755	25,320	\$ 977
Oregon	23,850	\$ 1,452	16,282	\$ 640	321	\$ 2,101	25,253	\$ 719	32,860	\$ 1,520	4,956	\$ 1,105
Pennsylvania	181,049	\$ 345	72,035	\$ 468	9,544	\$ 8,226	240,057	\$ 272	301,863	\$ 1,239	24,491	\$ 417
Rhode Island	7,217 <sup>h</sup>	\$ 1,543	3,419	\$ 626	803	\$ 7,114	6,709 <sup>k</sup>	\$ 627	13,716	\$ 1,947	3,185	\$ 2,273 <sup>f</sup>
South Carolina	107,651	\$ 783	112,133	\$ 523	2,520 <sup>o</sup>	\$ 1,866	145,644	\$ 329	181,163	\$ 1,095	16,115	\$ 396
South Dakota	26,341	\$ 997	44,401	\$ 1,180	452	\$ 531 <sup>t</sup>	58,958	\$ 361	68,747	\$ 726	4,968	\$ 729
Tennessee <sup>z</sup>	20,392 <sup>h</sup>	\$ 1,192 <sup>i</sup>	948 <sup>j</sup>	\$ 191 <sup>n</sup>	2,534 <sup>s</sup>	\$ 35,370 <sup>p</sup>	35,491 <sup>k</sup>	\$ 483	43,997 <sup>m</sup>	\$ 2,216 <sup>d</sup>	3,475 <sup>e</sup>	\$ 281 <sup>w</sup>
Texas	531,170	\$ 432	247,786	\$ 413	19,166	\$ 18,550	1,104,187	\$ 503	1,101,199	\$ 946	151,055	\$ 716
Utah	46,708	\$ 806	132,230	\$ 553	1,140	\$ 8,091	102,539	\$ 721	149,799	\$ 805	7,083	\$ 387
Vermont	49,794	\$ 791	34,305	\$ 503	2,335	\$ 1,877	82,027	\$ 492	97,362	\$ 1,178	10,969	\$ 481

PS Table 14. Number of Users and Average Medicaid Paid by Select MAX Type of Service (11, 12, 13, 15, 16, 26) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Outpatient Services (MAX TOS = 11)		Clinic Services (MAX TOS = 12)		Home Health Services (MAX TOS = 13)		Lab/X-Ray Services (MAX TOS = 15)		Prescription Drugs (MAX TOS = 16)		Transportation Services (MAX TOS = 26)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Virginia	62,392	\$ 893	38,731	\$ 520	2,724	\$ 2,053	98,467	\$ 385 <sup>l</sup>	112,577	\$ 1,663	9,235	\$ 309
Washington	92,565	\$ 1,043	40,132	\$ 675	1,405	\$ 1,066	125,300	\$ 578	160,335	\$ 1,976	14,971 <sup>e</sup>	\$ 372
West Virginia	62,933	\$ 892	40,468	\$ 537	2,348	\$ 1,652	79,437	\$ 738	92,087	\$ 2,609	18,210	\$ 851
Wisconsin <sup>aa</sup>	61,308	\$ 1,628 <sup>bb</sup>	101,965	\$ 578	365 <sup>s</sup>	\$ 6,334	97,014	\$ 1,098 <sup>l</sup>	124,898	\$ 2,083	13,927	\$ 852
Wyoming	27,736	\$ 502	16,338	\$ 1,003	408	\$ 2,812	36,585	\$ 424	44,313	\$ 818	2,424	\$ 1,599

Notes: Excludes EDB duals (EDB Dual = 50-59), people ever enrolled in HMO/HIO or PACE, people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Number of users of clinic services increased more than 30 percent in AZ and OK in 2009.

<sup>c</sup> Average Medicaid paid per user of clinic services increased more than 30 percent in AZ, CT, DE, IA, and MO in 2009.

<sup>d</sup> Average Medicaid paid per user of prescription drug services increased more than 30 percent in AZ, CT, and TN in 2009.

<sup>e</sup> Number of users of transportation services decreased more than 30 percent in AR, HI, TN, and WA in 2009.

<sup>f</sup> Average Medicaid paid per user of transportation services increased more than 30 percent in AR, MI, and RI in 2009.

<sup>g</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>h</sup> Number of users of outpatient services decreased more than 30 percent in CT, HI, RI, and TN in 2009.

<sup>i</sup> Average Medicaid paid per user of outpatient services increased more than 30 percent in CT, NY, and TN in 2009.

<sup>j</sup> Number of users of clinic services decreased more than 30 percent in CT, HI, and TN in 2009.

<sup>k</sup> Number of users of lab/x-ray services decreased more than 30 percent in CT, HI, RI, and TN in 2009.

<sup>l</sup> Average Medicaid paid per user of lab/x-ray services increased more than 30 percent in CT, VA, and WI in 2009.

<sup>m</sup> Number of users of prescription drug services decreased more than 30 percent in CT, HI, and TN in 2009.

<sup>n</sup> Average Medicaid paid per user of clinic services decreased more than 30 percent in DC, HI, MI, and TN in 2009.

<sup>o</sup> Number of users of home health services increased more than 30 percent in DC, MN, and SC in 2009.

<sup>p</sup> Average Medicaid paid per user of home health services increased more than 30 percent in FL, NY, and TN in 2009.

<sup>q</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.

<sup>r</sup> Average Medicaid paid per user of outpatient services decreased more than 30 percent in HI in 2009.

<sup>s</sup> Number of users of home health services decreased more than 30 percent in HI, NY, TN, and WI in 2009.

<sup>t</sup> Average Medicaid paid per user of home health services decreased more than 30 percent in HI and SD in 2009.

<sup>u</sup> Average Medicaid paid per user of lab/x-ray services decreased more than 30 percent in HI in 2009.

<sup>v</sup> Average Medicaid paid per user of prescription drug services decreased more than 30 percent in HI in 2009.

<sup>w</sup> Average Medicaid paid per user of transportation services decreased more than 30 percent in HI, NJ, and TN in 2009. NJ enrolled recipients into a capitated transportation plan in FY2009Q4.

<sup>x</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported

to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>y</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>z</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to less than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>aa</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>bb</sup> Average Medicaid paid per user of outpatient services increased more than 30 percent in WI in 2009. WI reported the claim header paid amount on each line of outpatient hospital claims in their FY2009 OT MSIS file submissions causing inflated total amount paid for outpatient hospital claims.

PS Table 15. Number of Users and Average Medicaid Paid by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Personal Care Services (MAX TOS = 30)		Targeted Case Management (MAX TOS = 31)		Rehabilitation Services (MAX TOS = 33)		Durable Medical Equipment (MAX TOS = 51)		Residential Care Services (MAX TOS = 52)		Psychiatric Services (MAX TOS = 53)		Adult Day Care (MAX TOS = 54)		Other Services <sup>a</sup> (MAX TOS = 19)	
	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>
Alabama	0	\$ 0	29,305	\$ 1,597	5,517	\$ 2,247	156,854	\$ 197	1,252	\$ 72,416	123,624 <sup>c</sup>	\$ 1,050	1,796 <sup>d</sup>	\$ 11,690 <sup>e</sup>	55,136	\$ 2,379
Alaska	1,575	\$ 19,901	2,961	\$ 1,581	89 <sup>f</sup>	\$ 1,236	26,063	\$ 568	593	\$ 49,039	14,171	\$ 6,164	91	\$ 3,275	7,816 <sup>g</sup>	\$ 3,399
Arizona	11	\$ 27	0	\$ 0	119 <sup>f</sup>	\$ 766 <sup>h</sup>	10,823	\$ 1,452	0	\$ 0	1,848	\$ 269 <sup>i</sup>	0	\$ 0	2,247 <sup>g</sup>	\$ 774 <sup>j</sup>
Arkansas	2,704	\$ 5,203	5,734	\$ 359	49	\$ 37,507	137,791	\$ 357	0	\$ 0	89,277	\$ 3,312	360 <sup>d</sup>	\$ 1,453 <sup>k</sup>	15,729	\$ 1,581
California	104,477	\$ 10,411	147,075	\$ 1,496	29,261 <sup>f</sup>	\$ 1,414 <sup>h</sup>	465,408	\$ 327	21,621	\$ 15,436	291,520 <sup>c</sup>	\$ 2,992 <sup>l</sup>	19,021	\$ 9,046	469,304	\$ 722
Colorado	0	\$ 0	133	\$ 230	109	\$ 213	111,277	\$ 612	1,493	\$ 51,047	54,380 <sup>c</sup>	\$ 454	280	\$ 5,569	13,794 <sup>g</sup>	\$ 6,939
Connecticut <sup>m</sup>	715	\$ 21,674	6,009	\$ 1,640	1,797	\$ 26,320	22,422 <sup>n</sup>	\$ 2,433 <sup>o</sup>	915 <sup>p</sup>	\$ 86,830 <sup>q</sup>	14,227 <sup>r</sup>	\$ 1,215	668 <sup>d</sup>	\$ 19,297 <sup>e</sup>	4,212 <sup>s</sup>	\$ 791 <sup>j</sup>
Delaware	0	\$ 0	0	\$ 0	43	\$ 13,073	2,193	\$ 968	656 <sup>t</sup>	\$ 12,582 <sup>u</sup>	2,279	\$ 2,388	56	\$ 27,260	1,413	\$ 14,240
District of Columbia	994	\$ 2,711	0	\$ 0	902 <sup>v</sup>	\$ 934	11,442	\$ 982	457	\$ 109,548	10,509	\$ 4,202	0	\$ 0	5,506	\$ 8,740
Florida	0 <sup>w</sup>	\$ 0 <sup>w</sup>	42,618	\$ 236	1,356	\$ 21,165 <sup>x</sup>	352,412	\$ 487	25,603 <sup>t</sup>	\$ 2,755 <sup>u</sup>	109,936	\$ 883	3,568	\$ 6,238	480,856	\$ 743
Georgia	0	\$ 0	87,241	\$ 967	0	\$ 0	85,745	\$ 781	1,484	\$ 44,584	59,919	\$ 1,406	738	\$ 6,483	24,161	\$ 5,999
Hawaii <sup>y</sup>	0	\$ 0	0	\$ 0	0	\$ 0	20 <sup>n</sup>	\$ 119 <sup>z</sup>	0	\$ 0	96 <sup>r</sup>	\$ 284 <sup>i</sup>	0	\$ 0	395 <sup>s</sup>	\$ 825 <sup>aa</sup>
Idaho <sup>bb</sup>	2,549	\$ 9,999	8,959	\$ 927	7,386	\$ 494	39,329	\$ 338	1,521	\$ 16,874	28,276	\$ 3,796	564 <sup>d</sup>	\$ 1,853	16,965	\$ 2,785
Illinois	11,140	\$ 11,339	725,263	\$ 149	14,239 <sup>v</sup>	\$ 648	420,205	\$ 355	2,752	\$ 40,956	368,225	\$ 634	302 <sup>d</sup>	\$ 4,119	158,166 <sup>g</sup>	\$ 1,142
Indiana	0	\$ 0	1,997	\$ 766	460	\$ 669	42,832	\$ 1,411	2,350	\$ 62,118	36,531	\$ 2,318	2,566 <sup>d</sup>	\$ 4,532 <sup>k</sup>	33,368	\$ 1,401
Iowa	0	\$ 0	6,504	\$ 2,906	2,307	\$ 3,531	110,763	\$ 416	4,665	\$ 16,916	40,744	\$ 2,243	1,620	\$ 6,518	19,662	\$ 5,095 <sup>aa</sup>
Kansas	41 <sup>cc</sup>	\$ 1,480 <sup>dd</sup>	9,683	\$ 1,035	0	\$ 0	21,423	\$ 738	1,365	\$ 36,646	8,985	\$ 3,525	1,811 <sup>d</sup>	\$ 14,348 <sup>e</sup>	14,697	\$ 8,923
Kentucky	0	\$ 0	11,934	\$ 1,316	11	\$ 153	160,728	\$ 500	1,149	\$ 48,260	110,974	\$ 1,200	1,264	\$ 9,280	233,051	\$ 980
Louisiana	5,622	\$ 12,368	12,671	\$ 1,171	5,207	\$ 498	283,350	\$ 221	0	\$ 0	66,090	\$ 928	188	\$ 7,138	544,031	\$ 482
Maine <sup>ee</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	481	\$ 6,373	166	\$ 221	17	\$ 465	7,685 <sup>ff</sup>	\$ 3,696	626	\$ 35,349	5,971	\$ 1,447	756	\$ 14,656	2,671	\$ 4,368
Massachusetts	4,678	\$ 651	11,665	\$ 2,442	11 <sup>f</sup>	\$ 243 <sup>h</sup>	84,991	\$ 523	2,631	\$ 54,692	114,667 <sup>c</sup>	\$ 765	2,119	\$ 9,907 <sup>e</sup>	53,515	\$ 3,479
Michigan	5,072 <sup>gg</sup>	\$ 4,742	2,450	\$ 305	4,347 <sup>v</sup>	\$ 189 <sup>h</sup>	31,459	\$ 973	53 <sup>p</sup>	\$ 1,405	14,909	\$ 701	15	\$ 5,215	10,681 <sup>g</sup>	\$ 1,157
Minnesota	18,465	\$ 20,650	25,157	\$ 2,948	2,991	\$ 3,654 <sup>h</sup>	39,527	\$ 2,985	2,847	\$ 55,783	34,438	\$ 2,568	2,575 <sup>d</sup>	\$ 14,050 <sup>e</sup>	37,632	\$ 2,464
Mississippi	382	\$ 13,005	32,280	\$ 1,245	0	\$ 0	189,457	\$ 282	39	\$ 4,181	67,701	\$ 1,492	252	\$ 12,250	145,592	\$ 412
Missouri	12,165	\$ 7,392	14,037	\$ 1,675	5,299	\$ 501	127,444	\$ 614	2,024	\$ 53,403	66,275	\$ 1,546	696	\$ 10,188	51,173	\$ 1,614
Montana	1,148	\$ 10,188	6,886	\$ 1,482	242	\$ 873 <sup>x</sup>	23,068	\$ 740	35	\$ 26,250	17,253	\$ 3,779	115	\$ 15,025	29,596	\$ 1,383
Nebraska	956	\$ 3,963 <sup>hh</sup>	0	\$ 0	0	\$ 0	66,041	\$ 426	1,494	\$ 25,116	31,744	\$ 1,011	1,168	\$ 15,464	14,612	\$ 1,853
Nevada	1,894	\$ 11,135	10,350 <sup>ii</sup>	\$ 2,361	4,280	\$ 6,632	16,521	\$ 980	590	\$ 42,293	15,284	\$ 4,719	320 <sup>d</sup>	\$ 11,209 <sup>e</sup>	3,081	\$ 2,744 <sup>j</sup>

PS Table 15. Number of Users and Average Medicaid Paid by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) Among FFS Non-Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Personal Care Services (MAX TOS = 30)		Targeted Case Management (MAX TOS = 31)		Rehabilitation Services (MAX TOS = 33)		Durable Medical Equipment (MAX TOS = 51)		Residential Care Services (MAX TOS = 52)		Psychiatric Services (MAX TOS = 53)		Adult Day Care (MAX TOS = 54)		Other Services <sup>a</sup> (MAX TOS = 19)	
	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>
New Hampshire	53	\$ 31,484	0	\$ 0	2,812	\$ 3,304	35,639	\$ 464	273	\$ 16,972	31,068	\$ 2,720	36	\$ 5,023	4,514	\$ 15,983
New Jersey	2,324	\$ 9,523	798	\$ 1,258	4,851	\$ 4,396	15,984	\$ 1,180	565	\$ 48,689	11,115	\$ 4,827	814	\$ 10,675	4,422	\$ 6,764
New Mexico	237 <sup>cc</sup>	\$ 2,485 <sup>dd</sup>	1,048	\$ 697	32 <sup>v</sup>	\$ 9,408	16,352	\$ 376	128	\$ 62,766	2,189	\$ 512	11	\$ 4,312	8,947	\$ 1,021
New York	10,384	\$ 26,446	5,441	\$ 572	29,950	\$ 5,722	91,879	\$ 789 <sup>o</sup>	25,313	\$ 43,035	156,089	\$ 3,042	19,528	\$ 23,444	127,481	\$ 2,047
North Carolina	20,715	\$ 5,996	85,368	\$ 1,014	0	\$ 0	430,240	\$ 417	252 <sup>t</sup>	\$ 35,667 <sup>u</sup>	254,720	\$ 4,232	994 <sup>d</sup>	\$ 34,448 <sup>e</sup>	95,529 <sup>s</sup>	\$ 3,069 <sup>aa</sup>
North Dakota	187	\$ 12,633	2,022	\$ 301 <sup>jj</sup>	8,121	\$ 1,564	17,617	\$ 242	117	\$ 33,798	12,324	\$ 1,856	282	\$ 21,786	4,698	\$ 4,282
Ohio	0	\$ 0	0	\$ 0	13,916	\$ 1,125	52,021	\$ 1,480	1,619	\$ 10,165	54,003	\$ 2,417	4,717	\$ 10,729	30,203	\$ 14,587
Oklahoma	3,989	\$ 4,708	27,313	\$ 1,907 <sup>kk</sup>	0	\$ 0	194,321	\$ 346	2,098	\$ 29,636	107,504	\$ 1,613	185	\$ 5,975	31,258	\$ 1,224
Oregon	667 <sup>cc</sup>	\$ 6,474 <sup>hh</sup>	945 <sup>ll</sup>	\$ 1,158	669	\$ 3,637 <sup>x</sup>	13,767	\$ 723	172	\$ 15,365	6,924	\$ 3,509	0	\$ 0	2,838	\$ 4,198
Pennsylvania	0	\$ 0	13,759	\$ 1,118	3,878	\$ 1,351	59,612	\$ 1,077 <sup>o</sup>	137 <sup>t</sup>	\$ 6,108 <sup>u</sup>	31,028 <sup>c</sup>	\$ 900	92	\$ 7,050	29,134	\$ 3,472 <sup>aa</sup>
Rhode Island	495 <sup>gg</sup>	\$ 4,463	2,212 <sup>ii</sup>	\$ 870 <sup>jj</sup>	1,682 <sup>v</sup>	\$ 9,402	4,877 <sup>n</sup>	\$ 1,082	11	\$ 16,126	6,446	\$ 5,798	518	\$ 13,855	5,275	\$ 8,526
South Carolina	3,804	\$ 11,859	12,380	\$ 1,130	4,451	\$ 1,444	50,508	\$ 681	61	\$ 9,858 <sup>u</sup>	38,242	\$ 1,590	2,294	\$ 29,208	4,374	\$ 875
South Dakota	1,048 <sup>gg</sup>	\$ 3,148	0	\$ 0	439	\$ 1,562	31,109	\$ 463	0 <sup>mm</sup>	\$ 0 <sup>mm</sup>	17,947	\$ 1,912	11	\$ 7,844	1,964	\$ 16,218
Tennessee <sup>nn</sup>	0	\$ 0	0	\$ 0	0 <sup>f</sup>	\$ 0 <sup>h</sup>	15,102 <sup>n</sup>	\$ 1,532 <sup>o</sup>	159 <sup>p</sup>	\$ 82,594	19,505 <sup>r</sup>	\$ 257 <sup>l</sup>	236 <sup>d</sup>	\$ 12,317 <sup>e</sup>	2,386 <sup>s</sup>	\$ 2,591 <sup>aa</sup>
Texas	11,181 <sup>gg</sup>	\$ 4,166 <sup>dd</sup>	58,768	\$ 558	37,986	\$ 5,747	427,731	\$ 632	505	\$ 15,237	173,265	\$ 451	4,619	\$ 4,936	293,376	\$ 2,384
Utah	106 <sup>gg</sup>	\$ 5,539	28	\$ 2,000	282	\$ 1,641 <sup>h</sup>	31,446	\$ 580	1,196	\$ 26,615 <sup>q</sup>	11,503	\$ 5,243	734	\$ 11,127	8,858	\$ 4,822
Vermont	2,283	\$ 8,662	6,160	\$ 1,094	0	\$ 0	17,748	\$ 473	29	\$ 21,968	36,398	\$ 4,272	0	\$ 0	17,789	\$ 3,704
Virginia	2,077	\$ 14,168	3,885	\$ 516	2,758	\$ 1,600	33,837	\$ 1,328	0	\$ 0	34,970	\$ 3,439	82	\$ 7,212	16,480	\$ 16,183
Washington	11,284	\$ 13,347	480 <sup>ll</sup>	\$ 409 <sup>kk</sup>	3,065	\$ 9,157 <sup>x</sup>	71,691	\$ 837	5,942	\$ 29,919	36,855	\$ 909 <sup>i</sup>	868	\$ 9,309	41,425	\$ 2,709
West Virginia	2,315	\$ 6,575	1,300	\$ 487	8,240	\$ 7,080	29,541	\$ 647	2,400	\$ 23,024	38,801	\$ 1,285	0	\$ 0	15,709	\$ 3,139
Wisconsin <sup>oo</sup>	251 <sup>cc</sup>	\$ 13,279	11,445	\$ 1,564	2,110	\$ 760 <sup>h</sup>	51,104	\$ 763 <sup>o</sup>	1,541 <sup>pp</sup>	\$ 12,715 <sup>pp</sup>	37,608	\$ 1,687	652	\$ 11,503	29,389	\$ 2,133 <sup>qq</sup>
Wyoming	0	\$ 0	1,898	\$ 637	3,402	\$ 1,022	12,929	\$ 543	453	\$ 42,815	10,622	\$ 1,457	363 <sup>d</sup>	\$ 16,854 <sup>e</sup>	19,871	\$ 1,109

Notes: Excludes EDB duals (EDB Dual = 50-59), people ever enrolled in HMO/HIO or PACE, people with missing eligibility information, S-CHIP only, FP only, Aliens with only restricted benefits, prescription drug only enrollees, and persons enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Other services only includes MAX TOS = 19. There are infrequently used services that are not included in these tables.

<sup>b</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Number of users of psychiatric services increased more than 30 percent in AL, CA, CO, MA, and PA in 2009.

<sup>d</sup> Number of users of adult day care services increased more than 30 percent in AL, AR, CT, ID, IL, IN, KS, MN, NV, NC, TN, and WY in 2009.

<sup>e</sup> Average Medicaid paid per user of adult day care services increased more than 30 percent in AL, CT, KS, MA, MN, NV, NC, TN, and WY in 2009.

<sup>f</sup> Number of users of rehabilitation services decreased more than 30 percent in AK, AZ, CA, MA, and TN in 2009.

<sup>g</sup> Number of users of other services increased more than 30 percent in AK, AZ, CO, IL, and MI in 2009.

<sup>h</sup> Average Medicaid paid per user of rehabilitation services decreased more than 30 percent in AZ, CA, MA, MI, MN, TN, UT, and WI in 2009.

<sup>i</sup> Average Medicaid paid per user of psychiatric services decreased more than 30 percent in AZ, HI, and WA in 2009.

<sup>j</sup> Average Medicaid paid per user of other services decreased more than 30 percent in AZ, CT, and NV in 2009.

<sup>k</sup> Average Medicaid paid per user of adult day care services decreased more than 30 percent in AR and IN in 2009.

<sup>l</sup> Average Medicaid paid per user of psychiatric services increased more than 30 percent in CA and TN in 2009.

<sup>m</sup> All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009.

<sup>n</sup> Number of users of durable medical equipment decreased more than 30 percent in CT, HI, RI, and TN in 2009.

<sup>o</sup> Average Medicaid paid per user of durable medical equipment increased more than 30 percent in CT, NY, PA, TN, and WI in 2009.

<sup>p</sup> Number of users of residential care services decreased more than 30 percent in CT, MI, and TN in 2009.

<sup>q</sup> Average Medicaid paid per user of residential care services increased more than 30 percent in CT and UT in 2009.

<sup>r</sup> Number of users of psychiatric services decreased more than 30 percent in CT, HI, and TN in 2009.

<sup>s</sup> Number of users of other services decreased more than 30 percent in CT, HI, NC, and TN in 2009.

<sup>t</sup> Number of users of residential care services increased more than 30 percent in DE, FL, NC, and PA in 2009.

<sup>u</sup> Average Medicaid paid per user of residential care services decreased more than 30 percent in DE, FL, NC, PA, and SC in 2009.

<sup>v</sup> Number of users of rehabilitation services increased more than 30 percent in DC, IL, MI, NM, and RI in 2009.

<sup>w</sup> FL did not report any expenditures for personal care services in 2009.

<sup>x</sup> Average Medicaid paid per user of rehabilitation services increased more than 30 percent in FL, MT, OR, and WA in 2009.

<sup>y</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.

<sup>z</sup> Average Medicaid paid per user of durable medical equipment services decreased more than 30 percent in HI in 2009.

<sup>aa</sup> Average Medicaid paid per user of other services increased more than 30 percent in HI, IA, NC, PA, and TN in 2009.

<sup>bb</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>cc</sup> Number of users of personal care services decreased more than 30 percent in KS, NM, OR, and WI in 2009.

<sup>dd</sup> Average Medicaid paid per user of personal care services decreased more than 30 percent in KS, NM, and TX in 2009.

<sup>ee</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>ff</sup> Number of users of durable medical equipment increased more than 30 percent in MD in 2009.

<sup>gg</sup> Number of users of personal care services increased more than 30 percent in MI, RI, SD, TX, and UT in 2009.

<sup>hh</sup> Average Medicaid paid per user of personal care services increased more than 30 percent in NE and OR in 2009.

<sup>ii</sup> Number of users of targeted case management increased by more than 30 percent in NV and RI in 2009.

<sup>jj</sup> Average Medicaid paid per user of targeted case management services decreased more than 30 percent in ND and RI in 2009.

<sup>kk</sup> Average Medicaid paid per user of targeted case management services increased more than 30 percent in OK and WA in 2009.

<sup>ll</sup> Number of users of targeted case management decreased by more than 30 percent in OR and WA in 2009.

<sup>mm</sup> Although residential care services were reported under FFS in 2008, no residential care services were reported under FFS in SD in 2009.

<sup>nn</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to less than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>oo</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>pp</sup> Number of users of residential care services and average paid for residential care services increased more than 30 percent in WI in 2009. Due to a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created so the number of 1915(c) waiver claims naturally increased from 2008 to 2009.

<sup>qq</sup> Average Medicaid paid per user of other services increased more than 30 percent in WI in 2009. Due to a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created so the number of 1915(c) waiver claims and average paid for related types of service naturally increased from 2008 to 2009.

PS Table 16. Number of Users and Average Medicaid Paid by Select MAX Type of Service (01, 02, 04, 05, 07, 08, 09, 10) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Inpatient Hospital (MAX TOS = 01)		MH for the Aged (MAX TOS = 02)		Inpatient Psychiatric Facility Age < 21 (MAX TOS = 04)		ICF/MR (MAX TOS = 05)		Nursing Facility (MAX TOS = 07)		Physician Services (MAX TOS = 08)		Dental Services (MAX TOS = 09)		Other Practitioner Services (MAX TOS = 10)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Alabama	19,043	\$ 1,404	207	\$ 41,572	11	\$ 1,068	179	\$ 156,351	20,365	\$ 36,673	64,524	\$ 212	267	\$ 1,422 <sup>b</sup>	20,770	\$ 56
Alaska	1,769	\$ 2,347	11	\$ 23,953	11	\$ 4,887	0	\$ 0	723	\$ 93,965	11,044	\$ 563 <sup>c</sup>	4,031	\$ 974	4,123	\$ 149
Arizona	1,156	\$ 3,637	0	\$ 0	0	\$ 0	0	\$ 0	804	\$ 27,113	4,579	\$ 362	0	\$ 0	2,676 <sup>d</sup>	\$ 57
Arkansas	17,735	\$ 1,859	0	\$ 0	336	\$ 1,688	966	\$ 75,685	16,595	\$ 29,458	56,256	\$ 970	5,643 <sup>e</sup>	\$ 393 <sup>b</sup>	27,229	\$ 138
California	87,671	\$ 5,379	0	\$ 0	0	\$ 0	4,405	\$ 79,308	96,106	\$ 32,653	629,621	\$ 204	11	\$ 109	200,651	\$ 65
Colorado	5,791	\$ 3,317	13	\$ 117,434	0	\$ 0	109	\$ 154,791	12,827	\$ 36,145	7,995	\$ 98	5,929	\$ 286	4,935	\$ 67
Connecticut	16,322	\$ 2,944	87 <sup>f</sup>	\$ 46,034 <sup>g</sup>	974	\$ 229 <sup>h</sup>	960	\$ 258,633	25,575	\$ 45,802	47,234	\$ 161	30,381	\$ 433 <sup>i</sup>	22,815	\$ 48
Delaware	2,232	\$ 2,667	28	\$ 47,814	0	\$ 0	91	\$ 221,690	3,282	\$ 48,872	9,177	\$ 420	11	\$ 1,494	3,527	\$ 52
District of Columbia	4,793	\$ 6,181	110	\$ 37,681 <sup>j</sup>	0	\$ 0	233	\$ 140,439	2,544	\$ 62,097	8,071 <sup>k</sup>	\$ 445	4,692 <sup>e</sup>	\$ 1,066	4,886	\$ 122 <sup>l</sup>
Florida	68,848	\$ 1,935	66	\$ 128,491	0	\$ 0	1,900	\$ 110,813	59,646	\$ 38,295	191,516	\$ 366	20,578	\$ 368	1,526 <sup>m</sup>	\$ 124 <sup>l</sup>
Georgia	24,461	\$ 3,190	0	\$ 0	0	\$ 0	604	\$ 85,685	32,560	\$ 28,550	112,708	\$ 229	11,687	\$ 386	41,676	\$ 44
Hawaii <sup>n</sup>	33 <sup>o</sup>	\$ 1,965 <sup>p</sup>	0	\$ 0	0	\$ 0	0	\$ 0	74 <sup>q</sup>	\$ 2,840 <sup>r</sup>	208 <sup>s</sup>	\$ 319	11 <sup>t</sup>	\$ 253	11 <sup>m</sup>	\$ 38 <sup>u</sup>
Idaho <sup>v</sup>	4,392	\$ 2,521	36	\$ 9,262	11	\$ 6,295	292	\$ 96,567	3,923	\$ 45,994	17,281	\$ 288	6,642	\$ 468	7,937	\$ 104
Illinois	23,117	\$ 8,844	858	\$ 26,644	20	\$ 16,757 <sup>h</sup>	6,140	\$ 70,229	58,260	\$ 22,966	201,035	\$ 193	50,744	\$ 248	70,613	\$ 41
Indiana	9,832	\$ 3,241	95 <sup>w</sup>	\$ 89,200 <sup>j</sup>	11	\$ 37,457	2,860	\$ 71,380	32,217	\$ 29,931	67,975	\$ 226	39,227	\$ 352	12,847	\$ 109
Iowa	14,490	\$ 2,093	14	\$ 218,978	11	\$ 139,065	1,370	\$ 140,528	16,536	\$ 25,983	53,827	\$ 399	24,062	\$ 427	33,250	\$ 83
Kansas	8,101	\$ 3,039	151	\$ 27,263	16	\$ 6,920	405	\$ 113,938	13,116	\$ 26,306	34,048	\$ 333	4,030	\$ 270	6,760	\$ 45
Kentucky	9,872 <sup>x</sup>	\$ 4,262 <sup>p</sup>	294	\$ 4,766 <sup>j</sup>	20	\$ 4,734	427	\$ 189,383 <sup>y</sup>	21,034	\$ 34,014	68,486	\$ 207	14,632	\$ 254	28,331	\$ 55
Louisiana	25,487	\$ 1,774	3,345	\$ 1,684	36	\$ 1,958	3,155	\$ 88,656	23,201	\$ 27,115	88,836	\$ 274	3,608	\$ 729	17,983	\$ 43
Maine <sup>z</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	17,443	\$ 4,819	24	\$ 110,386	11	\$ 108,662	187	\$ 166,030	19,177	\$ 45,608	57,244	\$ 520	186 <sup>aa</sup>	\$ 148	16,542	\$ 52
Massachusetts	26,645	\$ 2,202	2,557 <sup>f</sup>	\$ 4,992 <sup>g</sup>	436 <sup>bb</sup>	\$ 3,620	798	\$ 253,413	41,238	\$ 38,429	150,790	\$ 170	82,301	\$ 569	52,277	\$ 61
Michigan	5,915	\$ 3,952 <sup>cc</sup>	45	\$ 77,895	11	\$ 150,609	35 <sup>dd</sup>	\$ 237,687	38,375	\$ 36,418	140,077	\$ 109	40,019	\$ 191	33,715	\$ 44
Minnesota	12,064	\$ 2,607	11	\$ 15,124	11	\$ 72,409	1,392	\$ 80,431	5,428	\$ 24,159	50,344	\$ 580	28,408	\$ 404	31,130	\$ 223
Mississippi	12,941	\$ 2,277	12	\$ 488	11	\$ 2,208	1,610	\$ 93,313	17,309	\$ 37,363	70,844	\$ 281	8,714	\$ 300	13,324	\$ 59
Missouri	2,780	\$ 11,044	11	\$ 14,783	0	\$ 0	677	\$ 130,610	32,946	\$ 23,827	37,482	\$ 165	5,178	\$ 356	26,908	\$ 96
Montana	3,255	\$ 1,934	44	\$ 69,624	0	\$ 0	36	\$ 214,706	4,452	\$ 30,842	12,261	\$ 372	4,238	\$ 762	6,363	\$ 131
Nebraska	7,944	\$ 2,074	0	\$ 0	71	\$ 10,245	391	\$ 103,150	9,677	\$ 27,729	29,026	\$ 440	15,575	\$ 311	22,343	\$ 220

PS Table 16. Number of Users and Average Medicaid Paid by Select MAX Type of Service (01, 02, 04, 05, 07, 08, 09, 10) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Inpatient Hospital (MAX TOS = 01)		MH for the Aged (MAX TOS = 02)		Inpatient Psychiatric Facility Age < 21 (MAX TOS = 04)		ICF/MR (MAX TOS = 05)		Nursing Facility (MAX TOS = 07)		Physician Services (MAX TOS = 08)		Dental Services (MAX TOS = 09)		Other Practitioner Services (MAX TOS = 10)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Nevada	2,681	\$ 4,033	11	\$ 6,096	11	\$ 6,591	32	\$ 128,457	3,688	\$ 37,059	18,531	\$ 366	4,191	\$ 654	3,493	\$ 94
New Hampshire	4,276	\$ 1,945	0	\$ 0	13	\$ 31,152	0	\$ 0	6,517	\$ 30,768	17,541	\$ 264	1,618	\$ 384	4,839	\$ 70
New Jersey	19,998	\$ 3,892	270	\$ 87,309	12	\$ 66,271	2,228	\$ 228,216	35,810	\$ 44,322	77,564	\$ 101	45,265	\$ 308	15,861	\$ 74
New Mexico <sup>ee</sup>	779 <sup>o</sup>	\$ 3,585	22 <sup>w</sup>	\$ 1,430	11	\$ 77,220	186	\$ 80,686	1,588 <sup>q</sup>	\$ 9,792 <sup>r</sup>	8,911 <sup>s</sup>	\$ 192	2,081 <sup>t</sup>	\$ 442	2,353 <sup>m</sup>	\$ 63
New York	137,877	\$ 3,674	3,261	\$ 27,031	73	\$ 20,772	4,966	\$ 399,832	112,127	\$ 48,753	413,667	\$ 207	144,144	\$ 577	166,419	\$ 33
North Carolina	16,332 <sup>o</sup>	\$ 2,957 <sup>oc</sup>	73	\$ 76,552 <sup>j</sup>	11	\$ 17,458	2,536	\$ 121,356	37,319	\$ 30,263	221,845	\$ 411	81,263	\$ 568	83,935	\$ 69
North Dakota	1,481	\$ 2,629	11	\$ 38,802	0	\$ 0	392	\$ 126,329	4,539	\$ 38,207	7,976	\$ 304	4,042	\$ 407	4,758	\$ 73
Ohio	31,428	\$ 2,529	33	\$ 1,203 <sup>g</sup>	11	\$ 2,533	5,291	\$ 96,971	67,706	\$ 32,837	187,365	\$ 534	75,738	\$ 285	109,765	\$ 94
Oklahoma	24,483	\$ 2,192	162	\$ 2,194	14	\$ 6,157	1,243	\$ 65,070	17,362	\$ 25,747	80,659	\$ 519	8,235	\$ 577	15,187 <sup>d</sup>	\$ 81
Oregon	2,127 <sup>x</sup>	\$ 3,190 <sup>p</sup>	11 <sup>w</sup>	\$ 91,803 <sup>j</sup>	0	\$ 0	14	\$ 186,884	5,464	\$ 37,591	11,152	\$ 189	270	\$ 379	5,738 <sup>d</sup>	\$ 333 <sup>l</sup>
Pennsylvania	24,212	\$ 1,850	470	\$ 73,898	11	\$ 34,763	2,807	\$ 159,740	71,800	\$ 38,214	147,196 <sup>k</sup>	\$ 87	61,152	\$ 446	27,746 <sup>d</sup>	\$ 27 <sup>l</sup>
Rhode Island	6,844	\$ 2,838	77	\$ 2,641	11	\$ 549	17	\$ 206,519	8,747	\$ 49,646	18,105	\$ 93	8,632	\$ 262	7,636	\$ 37
South Carolina	22,536	\$ 2,668	205	\$ 66,460	38 <sup>bb</sup>	\$ 1,110 <sup>ff</sup>	1,054	\$ 89,419	15,233	\$ 29,188	89,174	\$ 212	14,274	\$ 346	21,631	\$ 66
South Dakota	2,470	\$ 2,523	90	\$ 37,436	11	\$ 10,630	88	\$ 123,281	5,100	\$ 25,928	9,803	\$ 398	13	\$ 145	7,711	\$ 153
Tennessee <sup>99</sup>	163 <sup>o</sup>	\$ 2,918	0	\$ 0	11	\$ 2,489	11 <sup>dd</sup>	\$ 70,389 <sup>hh</sup>	162 <sup>q</sup>	\$ 36,506 <sup>ii</sup>	520 <sup>s</sup>	\$ 727 <sup>ll</sup>	209	\$ 770	20 <sup>m</sup>	\$ 122 <sup>u</sup>
Texas	20,626	\$ 1,942	123	\$ 28,536	16	\$ 11,490	7,480	\$ 85,606	76,339	\$ 24,489	24,808	\$ 516	13,618 <sup>e</sup>	\$ 932 <sup>i</sup>	28,205	\$ 46
Utah	2,962	\$ 3,693	11	\$ 65,737	0	\$ 0	503	\$ 68,390	4,058	\$ 29,402	6,442	\$ 404 <sup>c</sup>	5,243 <sup>t</sup>	\$ 361	3,690 <sup>m</sup>	\$ 147
Vermont	3,493	\$ 2,423 <sup>oc</sup>	209	\$ 1,080 <sup>j</sup>	0	\$ 0	11	\$ 199,250	3,274	\$ 33,819	17,000	\$ 349	5,831	\$ 268	3,981	\$ 231
Virginia	70,710	\$ 1,317	703	\$ 28,716	11	\$ 2,652	1,243	\$ 154,204	22,926	\$ 29,426	98,950	\$ 319	3,846 <sup>e</sup>	\$ 401	4,913	\$ 50
Washington	12,992	\$ 2,967	440 <sup>f</sup>	\$ 3,188 <sup>j</sup>	11	\$ 10,626	48	\$ 74,223	15,728	\$ 26,800	76,943	\$ 285 <sup>c</sup>	35,919	\$ 296	34,077	\$ 97
West Virginia	3,309	\$ 2,763 <sup>oc</sup>	183	\$ 1,497	59	\$ 542	351	\$ 114,156	9,631	\$ 43,342	33,578	\$ 192	3,917	\$ 312 <sup>i</sup>	8,016	\$ 63
Wisconsin <sup>kk</sup>	23,304	\$ 2,059	249 <sup>f</sup>	\$ 14,347 <sup>g</sup>	11	\$ 27,107	739	\$ 147,888	26,782	\$ 28,310	49,143	\$ 183	38,356	\$ 237	36,587	\$ 68
Wyoming	1,512	\$ 2,104	25	\$ 1,200	0	\$ 0	69	\$ 117,939	2,174	\$ 33,593	5,435	\$ 436	1,402	\$ 559	2,198	\$ 62

Notes: Excludes non-duals, duals ever enrolled in HMO/HIO or PACE, duals with missing eligibility information, duals with only restricted benefits, duals with only prescription drug enrollment, and duals enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Average Medicaid paid per user of dental services decreased more than 30 percent in AL and AR in 2009.

<sup>c</sup> Average Medicaid paid per user of physician services increased more than 30 percent in AK, UT, and WA in 2009.

<sup>d</sup> Number of users of other practitioner services increased more than 30 percent in AZ, OK, OR, and PA in 2009.

<sup>e</sup> Number of users of dental services increased more than 30 percent in AR, DC, TX, and VA in 2009.

<sup>f</sup> Number of users of mental hospital services for the aged increased more than 30 percent in CT, MA, WA, and WI in 2009.

<sup>g</sup> Average Medicaid paid per user of mental hospital services for the aged decreased more than 30 percent in CT, MA, OH, and WI in 2009.

<sup>h</sup> Average Medicaid paid per user of inpatient psychiatric facility services for individuals under age 21 increased more than 30 percent in CT and IL in 2009.



- <sup>i</sup> Average Medicaid paid per user of dental services increased more than 30 percent in CT, TX, and WV in 2009.
- <sup>j</sup> Average Medicaid paid per user of mental hospital services for the aged increased more than 30 percent in DC, IN, KY, NC, OR, VT, and WA in 2009.
- <sup>k</sup> Number of users of physician services increased more than 30 percent in DC and PA in 2009.
- <sup>l</sup> Average Medicaid paid per user of other practitioner services increased more than 30 percent in DC, FL, OR, and PA in 2009.
- <sup>m</sup> Number of users of other practitioner services decreased more than 30 percent in FL, HI, NM, TN, and UT in 2009.
- <sup>n</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.
- <sup>o</sup> Number of users of inpatient hospital services decreased more than 30 percent in HI, NM, NC, and TN in 2009.
- <sup>p</sup> Average Medicaid paid per user of inpatient hospital services decreased more than 30 percent in HI, KY, and OR in 2009.
- <sup>q</sup> Number of users of nursing facility services decreased more than 30 percent in HI, NM, and TN in 2009.
- <sup>r</sup> Average Medicaid paid per user of nursing facility services decreased more than 30 percent in HI and NM in 2009.
- <sup>s</sup> Number of users of physician services decreased more than 30 percent in HI, NM, and TN in 2009.
- <sup>t</sup> Number of users of dental services decreased more than 30 percent in HI, NM, and UT in 2009.
- <sup>u</sup> Average Medicaid paid per user of other practitioner services decreased more than 30 percent in HI and TN in 2009.
- <sup>v</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
- <sup>w</sup> Number of users of mental hospital services for the aged decreased more than 30 percent in IN, NM, and OR in 2009.
- <sup>x</sup> Number of users of inpatient hospital services increased more than 30 percent in KY and OR in 2009.
- <sup>y</sup> Average Medicaid paid per user of ICF/MR services increased more than 30 percent in KY in 2009.
- <sup>z</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
- <sup>aa</sup> Number of users of dental services increased more than 30 percent in MD in 2009. On July 1, 2009, dental benefits were carved out of managed care benefits making them fee-for-service benefits paid by an Administrative Services Only vendor.
- <sup>bb</sup> Number of users of inpatient psychiatric facility services for individuals under age 21 decreased more than 30 percent in MA and SC in 2009.
- <sup>cc</sup> Average Medicaid paid per user of inpatient hospital services increased more than 30 percent in MI, NC, VT, and WV in 2009.
- <sup>dd</sup> Number of users of ICF/MR services for individuals under age 21 decreased more than 30 percent in MI and TN in 2009.
- <sup>ee</sup> NM placed all long term care and Medicaid/Medicare duals into a LTC managed care program called Coordination of Long Term Care Services (CoLTS) during a phased implementation between July 2008 through February 2009.
- <sup>ff</sup> Average Medicaid paid per user of inpatient psychiatric facility services for individuals under age 21 decreased more than 30 percent in SC in 2009.
- <sup>gg</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.
- <sup>hh</sup> Average Medicaid paid per user of ICF/MR services decreased more than 30 percent in TN in 2009.
- <sup>ii</sup> Average Medicaid paid per user of nursing facility services increased more than 30 percent in TN in 2009.
- <sup>jj</sup> Average Medicaid paid per user of physician services decreased more than 30 percent in TN in 2009.
- <sup>kk</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 17. Number of Users and Average Medicaid Paid by Select MAX Type of Service (11, 12, 13, 15, 16, 26) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Outpatient Services (MAX TOS = 11)		Clinic Services (MAX TOS = 12)		Home Health Services (MAX TOS = 13)		Lab/X-Ray Services (MAX TOS = 15)		Prescription Drugs (MAX TOS = 16)		Transportation Services (MAX TOS = 26)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Alabama	5,233	\$ 235	15,864	\$ 422	6,201	\$ 2,605	51,311	\$ 70	42,688	\$ 330	15,131	\$ 310
Alaska	6,987	\$ 662	5,102	\$ 984	20	\$ 7,913	8,717	\$ 291	4,026	\$ 693	4,852	\$ 2,305
Arizona	5,491	\$ 12,052	180 <sup>b</sup>	\$ 160 <sup>c</sup>	41	\$ 2,329	2,902	\$ 2,407	731	\$ 146	2,724	\$ 2,096
Arkansas	35,483	\$ 2,078 <sup>d</sup>	15,277	\$ 1,455	1,997	\$ 2,886	51,181	\$ 1,574	25,954	\$ 433	2,464 <sup>e</sup>	\$ 1,543 <sup>f</sup>
California	208,984	\$ 211	215,538	\$ 916	1,154	\$ 6,314	94,098	\$ 191	539,731	\$ 433	72,661	\$ 1,812
Colorado	19,920	\$ 210	45,718	\$ 408	4,376	\$ 12,062	30,749	\$ 160	16,062	\$ 685	3,302	\$ 706
Connecticut	38,643	\$ 385	15,080	\$ 782	16,368	\$ 4,883	47,236	\$ 209	63,493	\$ 557	23,931	\$ 391
Delaware	5,674	\$ 430	1,255	\$ 1,664	555	\$ 7,191	6,513	\$ 90	5,017	\$ 230 <sup>g</sup>	2,638	\$ 589 <sup>h</sup>
District of Columbia	2,448	\$ 539	3,760	\$ 623	3,823	\$ 15,750	11,667	\$ 2,239	7,427	\$ 755	2,853 <sup>i</sup>	\$ 356 <sup>f</sup>
Florida	123,780	\$ 522	11,518 <sup>j</sup>	\$ 531 <sup>k</sup>	6,546 <sup>l</sup>	\$ 2,418	113,258	\$ 126	107,162	\$ 409	4,555 <sup>e</sup>	\$ 306 <sup>h</sup>
Georgia	66,632	\$ 192	16,733	\$ 422	1,010	\$ 1,118	98,232	\$ 207	53,060	\$ 547	21,219	\$ 87
Hawaii <sup>m</sup>	51 <sup>n</sup>	\$ 411 <sup>d</sup>	42 <sup>j</sup>	\$ 522 <sup>c</sup>	21 <sup>l</sup>	\$ 796 <sup>o</sup>	113 <sup>p</sup>	\$ 56 <sup>q</sup>	80 <sup>r</sup>	\$ 1,054 <sup>s</sup>	73 <sup>e</sup>	\$ 303 <sup>f</sup>
Idaho <sup>t</sup>	10,969	\$ 598	8,171	\$ 342	202 <sup>l</sup>	\$ 2,818	10,841	\$ 107	9,034	\$ 507	4,968	\$ 1,382
Illinois	71,705	\$ 520	43,645	\$ 334	841	\$ 1,156	168,247	\$ 89	167,900	\$ 397	48,273	\$ 761
Indiana	20,512	\$ 1,000 <sup>d</sup>	58,581	\$ 3,185 <sup>k</sup>	4,383	\$ 15,607	58,968	\$ 497 <sup>u</sup>	63,142	\$ 373	29,295	\$ 644
Iowa	38,446	\$ 605	10,137	\$ 240	19,092	\$ 4,888	45,311	\$ 285	38,378	\$ 294	9,119	\$ 196
Kansas	11,317	\$ 272	11,813	\$ 149	1,700	\$ 4,252	25,758	\$ 132	28,609	\$ 321	4,923	\$ 582
Kentucky	41,842	\$ 392	32,537	\$ 419	3,338	\$ 2,796	63,089	\$ 184	62,333	\$ 341	6,316	\$ 710 <sup>h</sup>
Louisiana	35,452	\$ 365	19,964	\$ 335	579	\$ 1,361	72,120	\$ 171	45,376	\$ 572	31,814	\$ 370
Maine <sup>v</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	31,864	\$ 379	0	\$ 0
Maryland	26,156	\$ 664	4,125	\$ 134	8,100	\$ 15,467	43,307	\$ 257	26,832	\$ 296	13,036	\$ 242
Massachusetts	110,107	\$ 268	22,128	\$ 629	19,907	\$ 10,325	132,057	\$ 131	123,941	\$ 236	43,478	\$ 1,490
Michigan	44,670 <sup>w</sup>	\$ 337	7,979 <sup>b</sup>	\$ 98 <sup>c</sup>	197	\$ 1,109	68,621	\$ 57	103,291	\$ 137	5,863	\$ 158
Minnesota	33,217	\$ 470	6,523	\$ 1,120	14,090	\$ 1,346 <sup>x</sup>	33,146	\$ 259	34,107	\$ 409	13,087	\$ 595

PS Table 17. Number of Users and Average Medicaid Paid by Select MAX Type of Service (11, 12, 13, 15, 16, 26) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Outpatient Services (MAX TOS = 11)		Clinic Services (MAX TOS = 12)		Home Health Services (MAX TOS = 13)		Lab/X-Ray Services (MAX TOS = 15)		Prescription Drugs (MAX TOS = 16)		Transportation Services (MAX TOS = 26)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
Mississippi	51,946	\$ 525	20,164	\$ 281	3,710	\$ 884	57,617	\$ 172	31,096	\$ 449	16,230	\$ 336
Missouri	89,894	\$ 545	139,049	\$ 705	317	\$ 876	71,716	\$ 201	97,095	\$ 537	33,035	\$ 274
Montana	6,972	\$ 468	2,830	\$ 818	87	\$ 1,681	7,798	\$ 225	6,025	\$ 392	866	\$ 343
Nebraska	17,252	\$ 720	8,610	\$ 193	1,004	\$ 10,179	21,117	\$ 256	25,555	\$ 257	5,285	\$ 995
Nevada	3,137	\$ 365	2,888	\$ 864 <sup>c</sup>	57	\$ 9,540	10,467	\$ 281	13,992	\$ 384	1,200 <sup>e</sup>	\$ 242
New Hampshire	5,155	\$ 500 <sup>d</sup>	7,451	\$ 1,782	414	\$ 2,504	3,944	\$ 497	13,465	\$ 458	3,449	\$ 1,016
New Jersey	52,080	\$ 492	28,147 <sup>b</sup>	\$ 438	11,254 <sup>y</sup>	\$ 9,253 <sup>x</sup>	64,814	\$ 217	87,671	\$ 326	46,073	\$ 749 <sup>f</sup>
New Mexico <sup>z</sup>	869 <sup>n</sup>	\$ 1,373 <sup>d</sup>	1,239 <sup>j</sup>	\$ 348	18 <sup>l</sup>	\$ 1,012	5,261 <sup>p</sup>	\$ 136 <sup>u</sup>	1,843 <sup>r</sup>	\$ 303 <sup>s</sup>	1,740 <sup>e</sup>	\$ 653 <sup>f</sup>
New York	277,800	\$ 875	100,484	\$ 1,093	77,368 <sup>l</sup>	\$ 18,718 <sup>x</sup>	296,339	\$ 109	338,684	\$ 249	207,782	\$ 1,306
North Carolina	105,249	\$ 323	53,178	\$ 427 <sup>c</sup>	22,065	\$ 2,215	171,715	\$ 196	123,513	\$ 490	74,094	\$ 271
North Dakota	4,279	\$ 520	3,319	\$ 411	244	\$ 2,536	6,432	\$ 221	4,168	\$ 408	1,681	\$ 262
Ohio	131,028	\$ 623	29,748	\$ 1,247	17,406	\$ 6,989	55,561	\$ 215	129,948	\$ 251	73,953	\$ 597
Oklahoma	41,299	\$ 431	19,829	\$ 414	820	\$ 854	66,008	\$ 256	27,046	\$ 369	21,033	\$ 530
Oregon	8,102	\$ 709	3,554	\$ 386	21	\$ 3,407	10,126	\$ 236	14,281	\$ 486	10,262	\$ 968
Pennsylvania	27,142	\$ 133	26,920 <sup>b</sup>	\$ 338	7,084	\$ 9,684	127,017 <sup>aa</sup>	\$ 51	143,777	\$ 274	7,742 <sup>i</sup>	\$ 860 <sup>h</sup>
Rhode Island	18,802	\$ 185	5,325	\$ 419	2,841	\$ 9,981	2,400	\$ 277	18,948	\$ 193	5,451	\$ 1,764 <sup>h</sup>
South Carolina	50,688	\$ 369	35,584	\$ 783	825 <sup>y</sup>	\$ 1,593 <sup>x</sup>	65,677	\$ 415	54,146	\$ 254	3,513	\$ 180
South Dakota	6,594	\$ 750	4,168	\$ 701 <sup>k</sup>	21	\$ 894	6,409	\$ 108	5,012	\$ 357	3,181	\$ 406
Tennessee <sup>bb</sup>	421 <sup>n</sup>	\$ 464	187 <sup>j</sup>	\$ 399 <sup>k</sup>	151 <sup>l</sup>	\$ 34,815 <sup>x</sup>	496 <sup>p</sup>	\$ 412	530 <sup>r</sup>	\$ 1,603	47 <sup>e</sup>	\$ 228 <sup>f</sup>
Texas	4,641	\$ 721	3,420	\$ 390	585	\$ 5,290	13,785	\$ 639	120,553	\$ 341	24,747	\$ 1,306
Utah	6,009	\$ 375 <sup>d</sup>	13,287	\$ 620	587	\$ 5,732	10,426	\$ 318	11,216	\$ 504	2,666 <sup>e</sup>	\$ 220 <sup>f</sup>
Vermont	13,185	\$ 692	6,048	\$ 260	1,313	\$ 2,168	13,421	\$ 352	13,230	\$ 551	7,086	\$ 1,028
Virginia	3,089	\$ 1,056	3,704	\$ 1,753	305	\$ 1,690	16,730 <sup>aa</sup>	\$ 108	64,811	\$ 280	2,127	\$ 182
Washington	61,158	\$ 546	7,793	\$ 213	169	\$ 963	19,569 <sup>aa</sup>	\$ 291	103,279	\$ 380	7,204	\$ 155 <sup>f</sup>

PS Table 17. Number of Users and Average Medicaid Paid by Select MAX Type of Service (11, 12, 13, 15, 16, 26) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Outpatient Services (MAX TOS = 11)		Clinic Services (MAX TOS = 12)		Home Health Services (MAX TOS = 13)		Lab/X-Ray Services (MAX TOS = 15)		Prescription Drugs (MAX TOS = 16)		Transportation Services (MAX TOS = 26)	
	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>	Number of Users	Average Medicaid Paid per User <sup>a</sup>
West Virginia	20,205	\$ 290	14,079	\$ 308	155	\$ 1,216	24,198	\$ 199	24,901	\$ 392	13,336	\$ 530
Wisconsin <sup>cc</sup>	47,755	\$ 355	81,301	\$ 217	84 <sup>l</sup>	\$ 7,409	74,737	\$ 209 <sup>u</sup>	71,003	\$ 353	18,999	\$ 475
Wyoming	4,237	<b>\$ 6,711</b>	789	\$ 1,210	164 <sup>y</sup>	\$ 4,423	4,454	<b>\$ 2,644</b>	3,048	\$ 480	833	\$ 271

Notes: Excludes non-duals, duals ever enrolled in HMO/HIOs or PACE, duals with missing eligibility information, duals with only restricted benefits, duals with only prescription drug enrollment, and duals enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Number of users of clinic services increased more than 30 percent in AZ, MI, NJ, and PA in 2009.

<sup>c</sup> Average Medicaid paid per user of clinic services decreased more than 30 percent in AZ, HI, MI, NV, and NC in 2009.

<sup>d</sup> Average Medicaid paid per user of outpatient services increased more than 30 percent in AR, HI, IN, NH, NM, and UT in 2009.

<sup>e</sup> Number of users of transportation services decreased more than 30 percent in AR, FL, HI, NV, NM, TN, and UT in 2009.

<sup>f</sup> Average Medicaid paid per user of transportation services decreased more than 30 percent in AR, DC, HI, NJ, NM, TN, UT, and WA in 2009.

<sup>g</sup> Average Medicaid paid per user of prescription drug services decreased more than 30 percent in DE in 2009.

<sup>h</sup> Average Medicaid paid per user of transportation services increased more than 30 percent in DE, FL, KY, PA, and RI in 2009.

<sup>i</sup> Number of users of transportation services increased more than 30 percent in DC and PA in 2009.

<sup>j</sup> Number of users of clinic services decreased more than 30 percent in FL, HI, NM, and TN in 2009.

<sup>k</sup> Average Medicaid paid per user of clinic services increased more than 30 percent in FL, IN, SD, and TN in 2009.

<sup>l</sup> Number of users of home health services decreased more than 30 percent in FL, HI, ID, NM, NY, TN, and WI in 2009.

<sup>m</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.

<sup>n</sup> Number of users of outpatient services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>o</sup> Average Medicaid paid per user of home health services decreased more than 30 percent in HI in 2009.

<sup>p</sup> Number of users of lab/x-ray services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>q</sup> Average Medicaid paid per user of lab/x-ray services decreased more than 30 percent in HI in 2009.

<sup>r</sup> Number of users of prescription drug services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>s</sup> Average Medicaid paid per user of prescription drug services increased more than 30 percent in HI and NM in 2009.

<sup>t</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>u</sup> Average Medicaid paid per user of lab/x-ray services increased more than 30 percent in IN, NM, and WI in 2009.

<sup>v</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>w</sup> Number of users of outpatient services increased more than 30 percent in MI in 2009.

<sup>x</sup> Average Medicaid paid per user of home health services increased more than 30 percent in MN, NJ, NY, SC, and TN in 2009.

<sup>y</sup> Number of users of home health services increased more than 30 percent in NJ, SC, and WY in 2009.

<sup>z</sup> NM placed all long term care and Medicaid/Medicare duals into a LTC managed care program called Coordination of Long Term Care Services (CoLTS) during a phased implementation between July 2008 through

February 2009.

<sup>aa</sup> Number of users of lab/x-ray services increased more than 30 percent in PA, VA, and WA in 2009.

<sup>bb</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>cc</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

PS Table 18. Number of Users and Average Medicaid Paid by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Personal Care Services (MAX TOS = 30)		Targeted Case Management (MAX TOS = 31)		Rehabilitation Services (MAX TOS = 33)		Durable Medical Equipment (MAX TOS = 51)		Residential Care Services (MAX TOS = 52)		Psychiatric Services (MAX TOS = 53)		Adult Day Care (MAX TOS = 54)		Other Services <sup>a</sup> (MAX TOS = 19)	
	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>
Alabama	0	\$ 0	11,454	\$ 2,130	13	\$ 1,497	30,610	\$ 165	1,637	\$ 58,691	14,168	\$ 2,007	2,557 <sup>c</sup>	\$ 11,298 <sup>d</sup>	10,262	\$ 5,103
Alaska	2,953	\$ 22,757	2,853	\$ 2,248	11 <sup>e</sup>	\$ 1,218	7,990	\$ 837	464	\$ 72,514	3,371	\$ 3,679 <sup>f</sup>	351	\$ 5,631	3,055	\$ 16,196
Arizona	0	\$ 0	0	\$ 0	11	\$ 609	1,751	\$ 8,302	0	\$ 0	489	\$ 92	0	\$ 0	167	\$ 636 <sup>g</sup>
Arkansas	10,996	\$ 4,525	7,917	\$ 136	0	\$ 0	37,854	\$ 963	0	\$ 0	17,504	\$ 6,232	698 <sup>c</sup>	\$ 4,951	40,698	\$ 5,494
California	298,659	\$ 9,641	66,235	\$ 1,648	47,731	\$ 2,265	327,021	\$ 359	17,160	\$ 20,988	47,137 <sup>h</sup>	\$ 3,500	48,323	\$ 8,469	192,647	\$ 1,248
Colorado	0	\$ 0	43	\$ 436	11	\$ 97	31,238	\$ 1,132	3,428	\$ 45,315	14,618	\$ 502	1,314	\$ 5,332	22,225	\$ 10,184
Connecticut	12,363	\$ 11,620	10,358	\$ 1,715	4,472	\$ 27,766	48,281	\$ 1,824	3,388	\$ 94,255	17,719	\$ 588	3,753 <sup>c</sup>	\$ 14,278 <sup>d</sup>	13,503	\$ 382
Delaware	0	\$ 0	0	\$ 0	245	\$ 14,161	1,414	\$ 687	221	\$ 68,863	727	\$ 10,505	365 <sup>c</sup>	\$ 22,769 <sup>d</sup>	4,247	\$ 14,377
District of Columbia	1,836	\$ 2,810	0	\$ 0	513 <sup>i</sup>	\$ 1,422 <sup>j</sup>	10,324	\$ 1,813 <sup>k</sup>	392	\$ 115,681	4,689 <sup>h</sup>	\$ 2,665	0	\$ 0	13,743	\$ 13,810
Florida	0	\$ 0	5,762	\$ 1,793	11	\$ 17,508	118,050	\$ 514	1,857	\$ 19,086	32,389	\$ 1,181	8,584	\$ 5,909	85,168	\$ 5,896
Georgia	0	\$ 0	18,930	\$ 5,159 <sup>l</sup>	0	\$ 0	69,081	\$ 230	2,050	\$ 44,765	22,616	\$ 748 <sup>f</sup>	1,783	\$ 6,073	27,436	\$ 7,769
Hawaii <sup>m</sup>	0	\$ 0	0	\$ 0	0	\$ 0	48 <sup>n</sup>	\$ 118 <sup>k</sup>	11 <sup>o</sup>	\$ 2,438 <sup>p</sup>	22 <sup>q</sup>	\$ 194 <sup>r</sup>	0	\$ 0	34 <sup>s</sup>	\$ 240 <sup>g</sup>
Idaho <sup>t</sup>	4,731	\$ 10,348	3,565	\$ 1,230	1,976	\$ 162	7,245	\$ 402	4,044	\$ 12,692	3,953	\$ 8,983	696 <sup>c</sup>	\$ 2,469	7,778	\$ 2,366
Illinois	13,136	\$ 12,841	14,779	\$ 326	138	\$ 850	136,988	\$ 656	6,465	\$ 36,011	49,756	\$ 1,642	2,201	\$ 4,646	74,752	\$ 6,647
Indiana	0	\$ 0	1,712	\$ 254	142	\$ 414 <sup>j</sup>	57,785	\$ 1,411 <sup>u</sup>	4,316	\$ 68,626	15,539	\$ 4,756	4,971 <sup>c</sup>	\$ 4,628 <sup>v</sup>	53,300	\$ 1,987
Iowa	0	\$ 0	6,091	\$ 2,876	206	\$ 488	41,181	\$ 487	11,821	\$ 15,526	23,613	\$ 233	4,010	\$ 6,343	30,621	\$ 4,447
Kansas	167 <sup>w</sup>	\$ 1,127 <sup>x</sup>	18,842	\$ 942	11	\$ 206	11,145	\$ 422	3,487	\$ 34,584	703	\$ 765	4,049 <sup>c</sup>	\$ 14,017 <sup>d</sup>	21,266	\$ 9,009
Kentucky	0	\$ 0	1,407	\$ 1,937	26	\$ 133	37,159	\$ 546	1,677	\$ 54,390	18,643	\$ 996	2,327	\$ 8,151	19,517	\$ 4,814
Louisiana	11,489	\$ 15,930	4,452	\$ 1,651	201	\$ 1,193	41,897	\$ 653	0	\$ 0	20,117	\$ 192	230	\$ 6,684	10,118	\$ 26,118
Maine <sup>y</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	3,458	\$ 7,200	1,207	\$ 266	56	\$ 860	25,599	\$ 1,141	6,565	\$ 39,004	22,609	\$ 2,142	7,903	\$ 13,369	14,056	\$ 1,596
Massachusetts	7,818	\$ 811	18,100	\$ 3,100	362 <sup>e</sup>	\$ 164	96,522	\$ 327	11,416	\$ 47,099	78,622	\$ 1,739	9,243	\$ 8,666	40,385	\$ 9,444
Michigan	46,529	\$ 3,653	35,444	\$ 324	2,228	\$ 66	87,326	\$ 308	2,633	\$ 1,228	26,351	\$ 547 <sup>f</sup>	316	\$ 4,687	23,917	\$ 1,963 <sup>z</sup>
Minnesota	14,265	\$ 24,354	25,450	\$ 2,243	7,650	\$ 3,832 <sup>aa</sup>	30,708	\$ 986	6,911	\$ 60,283	16,252	\$ 3,967	6,513 <sup>c</sup>	\$ 14,135 <sup>d</sup>	19,834	\$ 1,419
Mississippi	204	\$ 11,209	4,255	\$ 1,862	0	\$ 0	41,390	\$ 634	65	\$ 4,691	22,425	\$ 1,213	740	\$ 8,103	27,454	\$ 4,758
Missouri	38,626	\$ 5,960	13,028	\$ 2,194	2,843	\$ 312	29,123	\$ 469	10,290	\$ 30,470	15,211	\$ 3,997	1,206	\$ 9,003	62,598	\$ 2,669
Montana	2,039	\$ 10,641	1,476	\$ 3,083	48 <sup>i</sup>	\$ 314 <sup>j</sup>	7,278	\$ 793	94	\$ 27,210	2,304	\$ 3,118	151	\$ 23,525	7,279	\$ 3,949

PS Table 18. Number of Users and Average Medicaid Paid by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) Among FFS EDB Dual Medicaid Enrollees with Full Benefits in MAX 2009

State	Personal Care Services (MAX TOS = 30)		Targeted Case Management (MAX TOS = 31)		Rehabilitation Services (MAX TOS = 33)		Durable Medical Equipment (MAX TOS = 51)		Residential Care Services (MAX TOS = 52)		Psychiatric Services (MAX TOS = 53)		Adult Day Care (MAX TOS = 54)		Other Services <sup>a</sup> (MAX TOS = 19)	
	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>	Number of Users	Average Medicaid Paid per User <sup>b</sup>
Nebraska	1,274	\$ 6,634 <sup>bb</sup>	0	\$ 0	0	\$ 0	22,444	\$ 799	1,966	\$ 31,918	12,525	\$ 1,505	2,395	\$ 12,003	20,327	\$ 3,009
Nevada	4,608	\$ 10,076	1,981	\$ 3,483	198	\$ 14,617	4,273	\$ 676	772	\$ 36,868	1,472	\$ 2,141	790 <sup>c</sup>	\$ 7,812	8,487	\$ 2,217
New Hampshire	143	\$ 34,219	0	\$ 0	225	\$ 1,676	7,018	\$ 640	587	\$ 11,864	5,643	\$ 6,076	356	\$ 5,031	8,665	\$ 18,168
New Jersey	20,777	\$ 9,501	61 <sup>cc</sup>	\$ 1,472	32	\$ 3,227	55,476	\$ 832	6,742	\$ 39,351	12,673	\$ 6,818	11,560	\$ 11,890	42,342	\$ 2,676
New Mexico <sup>dd</sup>	2,204 <sup>ee</sup>	\$ 4,661 <sup>x</sup>	11	\$ 1,092	11	\$ 14	8,202 <sup>n</sup>	\$ 915	1,550	\$ 59,825	2,785 <sup>q</sup>	\$ 3,196 <sup>f</sup>	11 <sup>ff</sup>	\$ 7,547 <sup>d</sup>	5,095 <sup>s</sup>	\$ 15,196 <sup>g</sup>
New York	71,676	\$ 28,911	11	\$ 478	20,436	\$ 7,389	239,555	\$ 591	28,046	\$ 97,866	184,233	\$ 1,665	44,281	\$ 24,651	233,533	\$ 2,509 <sup>g</sup>
North Carolina	61,055	\$ 6,745	22,791	\$ 2,134	0	\$ 0	79,643	\$ 420	147 <sup>gg</sup>	\$ 30,049 <sup>hh</sup>	25,849	\$ 7,641	1,231 <sup>c</sup>	\$ 29,112 <sup>d</sup>	99,049	\$ 3,293
North Dakota	657	\$ 16,318	1,433	\$ 353 <sup>ii</sup>	1,297	\$ 2,565	4,657	\$ 208	598	\$ 34,417	3,813	\$ 930	852	\$ 21,699	3,348	\$ 9,571
Ohio	0	\$ 0	0	\$ 0	32,610	\$ 709	95,851	\$ 730	13,884	\$ 12,986	35,446	\$ 2,342	13,892	\$ 8,502	100,417	\$ 10,340
Oklahoma	19,676	\$ 4,969	23,113	\$ 2,859	0	\$ 0	31,068	\$ 941	2,309	\$ 52,568	10,988	\$ 2,334	581	\$ 5,102	40,005	\$ 1,783
Oregon	382 <sup>ee</sup>	\$ 1,311 <sup>bb</sup>	11 <sup>cc</sup>	\$ 960 <sup>i</sup>	633	\$ 7,562 <sup>j</sup>	12,930	\$ 685	5,403	\$ 14,697	1,981	\$ 12,108	40	\$ 5,609	7,977	\$ 8,044
Pennsylvania	11	\$ 5,026	21,777	\$ 2,082 <sup>i</sup>	56	\$ 6,465 <sup>j</sup>	71,896 <sup>jj</sup>	\$ 5,379 <sup>u</sup>	798 <sup>gg</sup>	\$ 18,399	4,659 <sup>h</sup>	\$ 921 <sup>f</sup>	2,194	\$ 6,785	46,462	\$ 11,918
Rhode Island	2,006 <sup>w</sup>	\$ 4,420	1,902 <sup>kk</sup>	\$ 471 <sup>ii</sup>	1,986	\$ 1,405 <sup>j</sup>	8,134	\$ 521	0	\$ 0	5,082	\$ 8,833	1,983	\$ 12,562	10,451	\$ 6,334
South Carolina	14,916	\$ 7,954	7,955	\$ 1,379	1,050	\$ 1,664	46,111	\$ 567	113	\$ 11,567 <sup>hh</sup>	21,691	\$ 857	6,328	\$ 27,173	3,803	\$ 256
South Dakota	1,893	\$ 6,462	0	\$ 0	92	\$ 975 <sup>j</sup>	3,539	\$ 353	0	\$ 0	1,647	\$ 2,637	11	\$ 2,419	4,031	\$ 15,505
Tennessee <sup>ll</sup>	0	\$ 0	0	\$ 0	53 <sup>e</sup>	\$ 154	276 <sup>n</sup>	\$ 1,855	43 <sup>o</sup>	\$ 99,682 <sup>hh</sup>	162 <sup>q</sup>	\$ 862	60 <sup>ff</sup>	\$ 14,931 <sup>d</sup>	126 <sup>s</sup>	\$ 7,705 <sup>g</sup>
Texas	6,685 <sup>w</sup>	\$ 517 <sup>x</sup>	6,688 <sup>cc</sup>	\$ 504 <sup>ii</sup>	100	\$ 5,038	85,262	\$ 1,710	155	\$ 20,745	9,266	\$ 1,174	15,095	\$ 5,185	130,496	\$ 10,834
Utah	236	\$ 3,950 <sup>bb</sup>	0	\$ 0	44 <sup>e</sup>	\$ 478	6,746	\$ 699 <sup>u</sup>	1,368	\$ 29,950 <sup>hh</sup>	6,364	\$ 704 <sup>f</sup>	1,017 <sup>c</sup>	\$ 10,588 <sup>d</sup>	2,894	\$ 7,792 <sup>z</sup>
Vermont	130	\$ 3,852	654	\$ 2,075	11	\$ 1,071	6,405	\$ 648	50	\$ 35,719	7,947	\$ 11,086	0	\$ 0	5,014	\$ 12,869
Virginia	11,009	\$ 13,695	5,194	\$ 351	80	\$ 1,058	18,152	\$ 1,024	0	\$ 0	10,968	\$ 6,676	628	\$ 6,860	22,222	\$ 15,681
Washington	15,612 <sup>w</sup>	\$ 12,988	368 <sup>kk</sup>	\$ 461 <sup>i</sup>	904	\$ 94	65,612	\$ 706	32,952	\$ 20,358	14,469 <sup>h</sup>	\$ 1,522 <sup>f</sup>	2,364	\$ 8,230	42,634	\$ 1,494 <sup>g</sup>
West Virginia	3,300	\$ 6,759	49	\$ 393	2,937	\$ 19,986	17,388	\$ 304	1,683	\$ 40,942	9,787	\$ 855	0	\$ 0	8,956	\$ 8,589
Wisconsin <sup>mm</sup>	337 <sup>ee</sup>	\$ 10,983	4,497	\$ 449	1,307	\$ 229	56,260	\$ 395	4,179 <sup>nn</sup>	\$ 17,334 <sup>nn</sup>	26,960	\$ 1,203	1,299	\$ 10,115	36,558	\$ 4,111 <sup>oo</sup>
Wyoming	0	\$ 0	575	\$ 1,178	812	\$ 596	3,745	\$ 1,985	893	\$ 41,818	2,011	\$ 1,440	787 <sup>c</sup>	\$ 14,914 <sup>d</sup>	2,853	\$ 7,918 <sup>z</sup>

Notes: Excludes non-duals, duals ever enrolled in HMO/HIOs or PACE, duals with missing eligibility information, duals with only restricted benefits, duals with only prescription drug enrollment, and duals enrolled only in assistance with purchase of MC coverage.

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

<sup>a</sup> Other services only includes MAX TOS = 19. There are infrequently used services that are not included in these tables.

<sup>b</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Number of users of adult day care services increased more than 30 percent in AL, AR, CT, DE, ID, IN, KS, MN, NV, NC, UT, and WY in 2009.

<sup>d</sup> Average Medicaid paid per user of adult day care services increased more than 30 percent in AL, CT, DE, KS, MN, NM, NC, TN, UT, and WY in 2009.

<sup>e</sup> Number of users of rehabilitation services decreased more than 30 percent in AK, MA, TN, and UT in 2009.

<sup>f</sup> Average Medicaid paid per user of psychiatric services increased more than 30 percent in AK, GA, MI, NM, PA, UT, and WA in 2009.

<sup>g</sup> Average Medicaid paid per user of other services increased more than 30 percent in AZ, HI, NM, NY, TN, and WA in 2009.

<sup>h</sup> Number of users of psychiatric services increased more than 30 percent in CA, DC, PA, and WA in 2009.

<sup>i</sup> Number of users of rehabilitation services increased more than 30 percent in DC and MT in 2009.

<sup>j</sup> Average Medicaid paid per user of rehabilitation services increased more than 30 percent in DC, IN, MT, OR, PA, RI, and SD in 2009.

<sup>k</sup> Average Medicaid paid per user of durable medical equipment decreased more than 30 percent in DC and HI in 2009.

<sup>l</sup> Average Medicaid paid per user of targeted case management services increased more than 30 percent in GA, OR, PA, and WA in 2009.

<sup>m</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled enrollees (including HCBS recipients) into managed care.

<sup>n</sup> Number of users of durable medical equipment decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>o</sup> Number of users of residential care services decreased more than 30 percent in HI and TN in 2009.

<sup>p</sup> Average Medicaid paid per user of residential care services decreased more than 30 percent in HI in 2009.

<sup>q</sup> Number of users of psychiatric services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>r</sup> Average Medicaid paid per user of psychiatric services decreased more than 30 percent in HI in 2009.

<sup>s</sup> Number of users of other services decreased more than 30 percent in HI, NM, and TN in 2009.

<sup>t</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>u</sup> Average Medicaid paid per user of durable medical equipment increased more than 30 percent in IN, PA, and UT in 2009.

<sup>v</sup> Average Medicaid paid per user of adult day care services decreased more than 30 percent in IN in 2009.

<sup>w</sup> Number of users of personal care services increased more than 30 percent in KS, RI, TX, and WA in 2009.

<sup>x</sup> Average Medicaid paid per user of personal care services decreased more than 30 percent in KS, NM, and TX in 2009.

<sup>y</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>z</sup> Average Medicaid paid per user of other services decreased more than 30 percent in MI, UT, and WY in 2009.

<sup>aa</sup> Average Medicaid paid per user of rehabilitation services decreased more than 30 percent in MN in 2009.

<sup>bb</sup> Average Medicaid paid per user of personal care services increased more than 30 percent in NE, OR, and UT in 2009.

<sup>cc</sup> Number of users of targeted case management services decreased more than 30 percent in NJ, OR, and TX in 2009.

<sup>dd</sup> NM placed all long term care and Medicaid/Medicare duals into a LTC managed care program called Coordination of Long Term Care Services (CoLTS) during a phased implementation between July 2008 through February 2009.

<sup>ee</sup> Number of users of personal care services decreased more than 30 percent in NM, OR, and WI in 2009.

<sup>ff</sup> Number of users of adult day care services decreased more than 30 percent in NM and TN in 2009.

<sup>gg</sup> Number of users of residential care services increased more than 30 percent in NC and PA in 2009.

<sup>hh</sup> Average Medicaid paid per user of residential care services increased more than 30 percent in NC, SC, TN, and UT in 2009.

<sup>ii</sup> Average Medicaid paid per user of targeted case management services decreased more than 30 percent in ND, RI, and TX in 2009.

<sup>jj</sup> Number of users of durable medical equipment increased more than 30 percent in PA in 2009.

<sup>kk</sup> Number of users of targeted case management services increased more than 30 percent in RI and WA in 2009.

<sup>ll</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>mm</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>nn</sup> Number of users of residential care services and average paid for residential care services increased more than 30 percent in WI in 2009. Due to a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created so the number of 1915(c) waiver claims naturally increased from 2008 to 2009.

<sup>oo</sup> Average Medicaid paid per user of other services increased more than 30 percent in WI in 2009. Due to a one year lag in reporting of 1915(c) waiver claims from WI, many WI HCBS waiver enrollees are missing HCBS waiver claims in 2009. 1915(c) waiver claims that were adjudicated in 2008 were not reported to MSIS until the MAX file for 2008 had already been created so the number of 1915(c) waiver claims and average paid for related types of service naturally increased from 2008 to 2009.



PS Table 19. Other Reporting Issues Among PS Records in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Alabama					X		In 2009, the number of non-dual users of PT/OT/speech/hearing services decreased more than 30 percent. Over the same period, the number of dual users increased more than 30 percent. The average amount paid for both non-dual and dual users of PT/OT/Speech/Hearing services increased more than 30 percent. The number of non-dual and dual users of private duty nursing increased more than 30 percent. The total amount paid for both non-dual and dual users of private duty nursing also increased more than 30 percent.
Alaska					X		Number of users of nurse practitioner services decreased more than 30 percent. The average Medicaid paid per user of nurse practitioner services increased by more than 30 percent.
Arizona					X		Supplemental (Type of Claim = 5) HMO capitation (MSIS Type of Service = 20) payments represent re-insurance payments for transplant patients in AZ in 2009. They have a higher average amount paid than other HMO capitation claims.
Arkansas				X			Transportation capitation had previously been reported as FFS claims but was corrected in 2009, causing a shift from type of service of transportation to a type of service of PHP capitation. PACE capitation was also previously reported as FFS claims and corrected in 2009. AR reported duplicate payments on many crossover claims causing over-reporting of expenditures for dual eligibles.
California					X		Number of non-dual FFS users of nurse practitioner services decreased more than 30 percent in 2009.
Colorado					X		Average Medicaid paid per user of hospice services increased more than 30 percent. Premium assistance payments for CO are represented in MAX as capitation payments (TOC = 2) with a type of service unknown (TOS = 99). Average Medicaid paid per user of private duty nursing increased more than 30 percent.
Connecticut				X	X		All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009. This caused large shifts from FFS in 2008 to non-FFS expenditures in 2009. Number of users of PT/OT/Speech/Hearing services decreased more than 30 percent in CT in 2009. The number of users of nurse practitioner services increased more than 30 percent in CT in 2009.
Delaware							
District of Columbia					X		DC implemented a new Medicaid Management Information System (MMIS) in January of 2010. There are some differences in type of service mapping between the old and new systems. In particular, DC began reporting dentures to other services (TOS = 19) and ambulatory surgical centers changed from clinic (TOS = 12) to outpatient hospital (TOS = 11). Claims for CY2009 adjudicated in CY2010 will be affected by the change in type of service mapping. Average Medicaid paid per non-dual FFS user of nurse practitioner services increased more than 30 percent. Number of dual users of nurse practitioner services increased more than 30 percent in 2009. Average Medicaid paid per dual FFS user of nurse practitioner services decreased more than 30 percent.

PS Table 19. Other Reporting Issues Among PS Records in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Florida					X		Number of non-dual FFS users and average Medicaid paid per user of PT/OT/speech/hearing and nurse practitioner services decreased more than 30 percent in FL in 2009. Number of dual FFS users of PT/OT/Speech/Hearing and nurse practitioner services decreased more than 30 percent in FL in 2009. Average Medicaid paid per dual FFS user of nurse practitioner services increased more than 30 percent in FL in 2009.
Georgia							
Hawaii							
Idaho					X	X	ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted. The number of users of private duty nursing services increased more than 30 percent for Dual enrollees in ID in 2009.
Illinois					X		Number of non-dual and dual users of nurse practitioner services increased more than 30 percent in 2009. Number of dual users of PT/OT/speech/hearing services increased more than 30 percent in 2009.
Indiana			X				Many of the plan IDs on the PCCM capitation claims do not match the PCCM plan IDs on the enrollment record in IN in 2009. This could not be easily corrected in MAX.
Iowa			X		X	X	Number of users of nurse practitioner services and OT/PT/speech/hearing users increased more than 30 percent. IA outpatient expenditures in total increased by more than 30 percent. Many of the plan IDs on the PCCM capitation claims do not match the PCCM plan IDs on the enrollment record in IA in 2009. This could not be easily corrected in MAX. In IA in 2009, PHP capitation claims with PHP ID 2599993 represent Health Insurance Premium Payments (HIPPP), not Medicaid managed care capitation payments. This applies to less than one percent of all managed care capitation claims. There was no corresponding managed care enrollment.
Kansas					X		Average Medicaid paid per non-dual FFS user of nurse practitioner services decreased more than 30 percent.
Kentucky							
Louisiana					X		Average Medicaid paid per user for hospice increased more than 30 percent.
Maine						X	ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
Maryland					X		MD reported premium payments made to Medicare Advantage plans with unknown type of service (MSIS TOS = 99) and procedure (service) code W2100. The number of dual eligible users of nurse practitioner services decreased more than 30 percent in MD in 2009. The average Medicaid paid per user of nurse practitioner services increased more than 30 percent for both dual and non-dual FFS enrollees in 2009.
Massachusetts					X		Number of dual eligible users of PT/OT/speech/hearing services and nurse practitioner services increased more than 30 percent in 2009. The average paid per dual user of nurse practitioner services decreased more than 30 percent in 2009.

PS Table 19. Other Reporting Issues Among PS Records in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Michigan					X		Number of users of and average Medicaid paid for PT/OT/speech/hearing services for dual enrollees increased more than 30 percent in 2009. The number of non-dual and dual-eligible users of private duty nursing increased more than 30 percent in 2009, while the average Medicaid paid per user decreased more than 30 percent.
Minnesota							
Mississippi							
Missouri					X		Number of users of nurse practitioner services among non-dual enrollees increased more than 30 percent in 2009.
Montana							Number of users of hospice services among non-dual enrollees increased more than 30 percent in 2009.
Nebraska			X				In NE in 2009, if a person is enrolled in both HMO and PCCM programs then the HMO plan ID appears on both their HMO and PCCM capitation payment. If a person is only enrolled in the PCCM program and is otherwise a FFS beneficiary then the plan ID on their PCCM capitation payment is 8-filled.
Nevada							Number of FFS dual eligible users of nurse practitioner services increased more than 30 percent in 2009.
New Hampshire							
New Jersey	X			X			Supplemental (TOC = 5) HMO capitation (MSIS TOS = 20) payments represent additional payments to HMOs for maternity care, EPSDT incentives, and pharmacy blood products in NJ in 2009.
New Mexico				X			NM placed all long term care and Medicaid/Medicare duals into a LTC managed care program called Coordination of Long Term Care Services (CoLTS) during a phased implementation between July 2008 through February 2009. As a result, the number of dual eligible users of PT/OT/speech/hearing, hospice, and nurse practitioner services decreased more than 30 percent. The number of non-dual users of hospice decreased more than 30 percent as well. For both dual and non-dual users of hospice, the average cost decreased more than 30 percent.
New York					X		Number of users and average Medicaid paid per user of PT/OT/speech/hearing services increased more than 30 percent in 2009 among non-duals. Average Medicaid paid per non-dual user of nurse practitioner services increased more than 30 percent in 2009.
North Carolina			X		X		Many of the plan IDs on the PCCM capitation claims do not match the PCCM plan IDs on the enrollment records in 2009. This could not be easily corrected in MAX. Number of users of nurse practitioner services and average Medicaid paid among dual enrollees and non-dual enrollees increased more than 30 percent in 2009.
North Dakota					X		Number of FFS non-dual users of nurse practitioner services increased more than 30 percent in 2009. The average Medicaid paid per non-dual user of hospice decreased more than 30 percent in 2009.

PS Table 19. Other Reporting Issues Among PS Records in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Ohio				X	X		PACE capitation payments had previously been identified as FFS claims. This was corrected in 2009. OH did not report PACE enrollments in 2009. Number of EDB dual enrollees with private duty nursing claims increased more than 30 percent in OH in 2009.
Oklahoma					X		Number of users of PT/OT/speech/hearing services among non-dual and dual enrollees increased more than 30 percent in 2009. Average Medicaid paid per user of PT/OT/Speech/Hearing services among non-dual and dual enrollees decreased more than 30 percent in 2009. Number of users of nurse practitioner services among non-dual enrollees increased more than 30 percent in 2009.
Oregon					X		Number of dual eligible users of PT/OT/speech/hearing services increased more than 30 percent in 2009. Number of dual eligible users of hospice services decreased more than 30 percent in 2009. Average Medicaid paid per dual eligible user of hospice services increased more than 30 percent in 2009.
Pennsylvania					X		Number of users of nurse practitioner services among non-dual enrollees increased more than 30 percent in 2009. Number of users of private duty nursing among non-dual enrollees increased more than 30 percent in 2009. Number of dual users of nurse practitioner and PT/OT/speech/searing services increased more than 30 percent in 2009. Average Medicaid paid per dual user of PT/OT/speech/hearing services decreased more than 30 percent in 2009. Average Medicaid paid per dual user of hospice services increased more than 30 percent in 2009.
Rhode Island							
South Carolina						X	Number of users of nurse practitioner services among non-dual enrollees decreased more than 30 percent in 2009. Number of users of private duty nursing among non-dual enrollees decreased more than 30 percent in 2009. Number of dual eligible users of PT/OT/speech/hearing services increased more than 30 percent in 2009, and average Medicaid paid per dual user of PT/OT/speech/hearing services decreased more than 30 percent in 2009. Number of dual users of nurse practitioner services decreased more than 30 percent in 2009.
South Dakota					X		Number of users of hospice services increased more than 30 percent in 2009. Average Medicaid paid per user of private duty nursing services increased more than 30 percent in 2009.
Tennessee					X		Number of non-dual and dual eligible users of PT/OT/speech/hearing, hospice and nurse practitioner services increased more than 30 percent in 2009. The average Medicaid paid per dual user and per non-dual user of PT/OT/Speech/Hearing and hospice services increased in 2009. The average Medicaid paid per dual user and per non-dual user of nurse practitioner services decreased in 2009.
Texas					X		Number of non-dual and dual eligible users of PT/OT/speech/hearing services increased more than 30 percent in 2009. Number of non-dual and dual users of nurse practitioner services increased more than 30 percent in 2009. Average Medicaid paid per non-dual and dual user of nurse practitioner services decreased more than 30 percent in 2009.
Utah					X		Number of users of and average Medicaid paid for PT/OT/speech/hearing services for dual enrollees decreased more than 30 percent in 2009. Number of dual eligible users of hospice services increased more than 30 percent in 2009.

PS Table 19. Other Reporting Issues Among PS Records in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Vermont					X		Average Medicaid paid per non-dual user of hospice services increased more than 30 percent in 2009. Number of dual user of hospice services increased more than 30 percent in 2009.
Virginia		X		X		X	The number of enrollees in PACE increased more than 30 percent in 2009. In 2009, VA erroneously reported many claims for non-waiver enrollees as Section 1915(c) waiver claims (Pgm Type=6,7). VA also reported some 1915(c) waiver claims for 1915(c) waiver enrollees with Program Type = 0 in error.
Washington							Number of users of hospice services among dual and non-dual enrollees decreased more than 30 percent in 2009. Number of users of nurse practitioner services among dual and non-dual enrollees decreased more than 30 percent in 2009.
West Virginia							
Wisconsin					X	X	Number of users of private duty nursing services and average paid per user of private duty nursing services decreased more than 30 percent for both dual and non-dual enrollees in WI in 2009. The average amount paid per user of PT/OT/speech/hearing services increased more than 30 percent among non-dual enrollees in WI in 2009. The number of users of nurse practitioner services increased more than 30 percent among non-dual enrollees in WI in 2009. When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.
Wyoming						X	Number of non-dual users of PT/OT/speech/hearing services and hospice services increased more than 30 percent in 2009. Average Medicaid paid per dual user of hospice services increased more than 30 percent in 2009. Number of dual users of hospice and PT/OT/speech/hearing services increased more than 30 percent in 2009.

IP Table 1. IP Hospital Stays by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# IP Stays	Type of Claims					% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID <sup>c</sup>	% with Provider Taxonomy <sup>c</sup>
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental				
Alabama	144,309	28.5	3.7	24.8	71.5	0.0	0.1	100.0	0.0	100.0
Alaska	19,067	100.0	89.2	10.8	0.0	0.0	0.7	100.0	100.0	0.0
Arizona	257,452	13.7	13.0	0.7	86.3	0.0	0.1	100.0	0.0	62.7
Arkansas	118,704	100.0	74.7	25.3	0.0	0.0	3.2	96.2	0.0	0.0
California	871,224	77.6	68.4	9.2	22.4	0.0	0.2	100.0	100.0	50.0
Colorado	63,120	98.1	89.3	8.8	1.9	0.0	0.8	98.1	0.0	100.0
Connecticut	244,744 <sup>d</sup>	22.1	13.3	8.8	77.9	0.0	0.0	100.0	0.0	100.0
Delaware	11,310	92.0	54.2	37.8	8.0 <sup>e</sup>	0.0	2.1	92.0	100.0	92.0
District of Columbia	29,998	92.0	67.7	24.3	8.0	0.0	0.6	99.6	0.0	92.9
Florida	518,383	83.3	62.3	21.0	16.7 <sup>f</sup>	0.0	0.2	98.4	0.0	84.2
Georgia	298,213	55.3 <sup>g</sup>	43.2 <sup>h</sup>	12.0	44.7	0.0	0.8	0.0	0.0	100.0
Hawaii	25,154 <sup>d</sup>	18.9 <sup>g</sup>	15.8 <sup>h</sup>	3.1	81.1 <sup>i</sup>	0.0	1.1	98.3	0.0	35.8
Idaho	31,770	100.0	81.2	18.8	0.0	0.0	2.0 <sup>k</sup>	95.8	0.0	83.0
Illinois	359,504	95.1	90.7	4.4	1.0	3.9	0.0	100.0	0.0	99.9
Indiana	142,222	50.3	43.0	7.3	49.7	0.0	2.3	99.2	0.0	97.5
Iowa	80,065	91.9	67.5	24.4	8.1	0.0	1.0	100.0	0.0	7.7
Kansas	61,081	69.1	53.1	15.9	30.9	0.0	0.9	99.8	0.0	92.0
Kentucky	150,984	81.4	72.0	9.4	18.6	0.0	0.1	100.0	0.0	100.0
Louisiana	216,455	100.0	72.4	27.6	0.0	0.0	0.9	100.0	0.0	0.0
Maine <sup>l</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	196,106	48.7	32.9	15.8	51.3	0.0	0.0	42.5	0.0	39.0
Massachusetts	105,188 <sup>m</sup>	100.0	70.9	29.1	0.0	0.0	0.3 <sup>k</sup>	86.7	0.0	86.7
Michigan	129,084	69.9	65.2	4.8	30.1	0.0	1.1	96.8	2.8	39.5
Minnesota	96,755	62.4	45.0	17.4	37.6	0.0	0.1	100.0	0.0	100.0

IP Table 1. IP Hospital Stays by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# IP Stays	Type of Claims						% with NPI = Billing Provider ID <sup>c</sup>	% with NPI <sup>c</sup>	% with Provider Taxonomy <sup>c</sup>
		% FFS	% FFS Non- Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>			
Mississippi	111,675	98.9	82.5	16.4	1.1	0.0	0.3	100.0	0.0	96.6
Missouri	178,823	65.5	65.5	0.0	34.5	0.0	0.2	81.1	0.0	56.6
Montana	21,839	100.0	79.5	20.5	0.0	0.0	0.2	100.0	0.0	93.9
Nebraska	49,816	86.2	66.5	19.6	13.8	0.0	0.2	0.0	0.0	0.0
Nevada	33,320 <sup>d</sup>	100.0	78.1	21.9	0.0	0.0	3.5 <sup>k</sup>	100.0	0.0	87.6
New Hampshire	21,502	100.0	74.2	25.8	0.0	0.0	0.0	57.3	0.0	57.3
New Jersey	157,359	58.0	45.2	12.8	42.0	0.0	0.5	57.8	0.0	88.4
New Mexico	72,349	31.9	29.2	2.6	68.1	0.0	0.2	100.0	0.0	70.2
New York	1,433,972	52.9	40.7	12.2	31.0	16.1	0.5	90.6	0.0	0.0
North Carolina	272,402	100.0	94.2	5.8 <sup>n</sup>	0.0	0.0	0.1 <sup>k</sup>	100.0	0.0	97.4
North Dakota	11,948	100.0	85.0	15.0	0.0	0.0	0.1	99.6	0.0	99.6
Ohio	142,511	100.0	69.3	30.7	0.0	0.0	3.1	98.8	0.0	0.0
Oklahoma	149,398	100.0	79.2	20.8	0.0	0.0	0.2	100.0	0.0	100.0
Oregon	77,373	42.3	38.1	4.2	57.7	0.0	0.0	42.9	0.0	45.3
Pennsylvania	114,015	100.0	86.7	13.3	0.0	0.0	2.7	100.0	0.0	99.7
Rhode Island	68,551	22.9	9.2	13.7	77.1	0.0	0.0	14.9	100.0	14.9
South Carolina	102,226	100.0	74.3	25.7 <sup>o</sup>	0.0	0.0	0.0	99.0	100.0	49.0
South Dakota	21,588	100.0	83.1	16.9	0.0	0.0	0.0	100.0	0.0	88.8
Tennessee	180,579	9.9 <sup>g</sup>	5.9 <sup>h</sup>	4.0	90.1 <sup>i</sup>	0.0	0.3	100.0	0.0	100.0
Texas	730,755	70.1	65.3	4.8	29.9	0.0	0.2	100.0	95.6	98.6
Utah	50,631	77.1	70.9	6.2	22.9	0.0	0.1	97.5	0.0	87.6
Vermont	17,511	100.0	76.9	23.1	0.0	0.0	0.2	100.0	0.0	97.6
Virginia	493,917	88.6	13.0	75.6	11.4	0.0	0.1	100.0	100.0	85.0
Washington	149,661	54.5	44.8	9.6	45.5 <sup>i</sup>	0.0	1.1	56.3	0.0	46.6

IP Table 1. IP Hospital Stays by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# IP Stays	% FFS	Type of Claims				% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID <sup>c</sup>	% with Provider Taxonomy <sup>c</sup>
			% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental				
West Virginia	34,617	100.0	88.7	11.3	0.0	0.0	0.7	100.0	0.0	100.0
Wisconsin <sup>p</sup>	147,989	51.1	30.9	20.2	48.9	0.0	0.0	100.0	100.0	100.0
Wyoming	14,338	100.0	84.3	15.7	0.0	0.0	1.7	100.0	0.0	100.0

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

<sup>a</sup> On crossover claims, Medicare coinsurance and/or Medicare deductible are greater than \$0, indicating that Medicaid paid the amount.

<sup>b</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>d</sup> IP stays increased more than 30 percent in CT, HI, and NV in 2009. This was the first year that CT reported IP encounters.

<sup>e</sup> Encounter claims decreased more than 30 percent in DE in 2009.

<sup>f</sup> FL began reporting encounter claims during the fourth quarter of 2009.

<sup>g</sup> The percentage of FFS claims decreased more than 30 percent in GA, HI, and TN in 2009.

<sup>h</sup> The percentage of FFS non-crossover claims decreased more than 30 percent in GA, HI, and TN in 2009.

<sup>i</sup> Encounter claims increased more than 30 percent in HI, TN, and WA in 2009.

<sup>j</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>k</sup> The number of stays missing eligibility increased more than 30 percent in ID, MA, NV, and NC in 2009.

<sup>l</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>m</sup> IP stays decreased more than 30 percent in MA in 2009.

<sup>n</sup> The percentage of FFS crossover claims decreased more than 30 percent in NC in 2009.

<sup>o</sup> The percentage of FFS crossover claims increased more than 30 percent in SC in 2009.

<sup>p</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.



IP Table 2. IP Hospital Stays: Reporting of Type of Service, Average Medicaid Paid, Average Length of Stay, and Percent with Third-Party Liability, Uniform Billing (UB) Codes, Family Planning, Diagnosis Code, Procedure Code, Diagnosis Related Group, and Maternal Indicator Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Stays	% IP Stays (MAX TOS=01)	Average Medicaid Paid <sup>a</sup>	% with Third Party Liability	% with UB Accommodation Code <sup>b</sup>	% with UB Ancillary Code <sup>b</sup>	Average Length of Stay (in Days) <sup>c</sup>	% Family Planning (Pgm Type = 2)	% with Primary Diagnosis Code	% with Procedure Code <sup>d</sup>	% with Diagnosis Related Group <sup>e</sup>	% with Maternal Delivery Indicator
Alabama	5,393	99.4	\$ 3,539	0.4	99.9	99.8	3.5	0.6	100.0	69.1	0.0 <sup>f</sup>	68.9
Alaska	17,005	98.8	\$ 9,302	3.5	100.0	79.4 <sup>g</sup>	4.0	1.2	100.0	62.4	0.0 <sup>f</sup>	26.9
Arizona	33,589	100.0	\$ 5,318	0.0	99.6	77.7	3.2	0.0	100.0	70.7	0.0	51.0
Arkansas	88,632	99.9	\$ 4,591	1.0	100.0	99.0	3.7	0.0	100.0 <sup>h</sup>	47.3	0.0 <sup>f</sup>	24.6
California	595,743	100.0	\$ 8,162	6.6	98.1	92.7 <sup>i</sup>	5.0	0.1	100.0 <sup>h</sup>	59.5 <sup>j</sup>	0.0 <sup>f</sup>	27.8
Colorado	56,358	98.4	\$ 6,221	3.3	99.7	99.8	4.6	1.7	100.0	72.6	100.0	41.0
Connecticut	32,542	98.9	\$ 8,645	4.4	99.9	99.4	6.8	0.0	100.0	50.3	0.0 <sup>f</sup>	11.0
Delaware	6,128	100.0	\$ 9,222	4.0	100.0	100.0	4.9	0.0	100.0	74.7	0.0 <sup>f</sup>	25.4
District of Columbia	20,298	99.9	\$ 14,676	0.2	98.8	96.9	7.3	0.0	100.0	50.2	99.1	8.7
Florida	322,855	100.0	\$ 7,405	0.0	99.8	53.4 <sup>k</sup>	4.5	0.0	100.0	55.9	0.0	15.0 <sup>l</sup>
Georgia	128,910 <sup>m</sup>	99.7	\$ 7,014 <sup>n</sup>	2.2	100.0	99.9	4.9	0.0	100.0	56.4	99.7	21.6
Hawaii	3,981 <sup>m</sup>	99.6	\$ 8,019	1.5	100.0	98.0	6.2	0.1	100.0	55.8	0.0	4.5
Idaho <sup>o</sup>	25,796	98.5	\$ 8,290	4.3	97.3	98.0	3.5	0.0	100.0	61.7	0.0	38.1
Illinois	326,048	100.0	\$ 7,147	0.5	94.0	93.9	3.9	1.0	100.0	59.7	91.6	17.9
Indiana	61,226	100.0	\$ 6,506	1.5	100.0	91.2	5.6	0.1	100.0	58.7	99.9	14.5
Iowa	54,012	100.0	\$ 5,163	3.0	99.9	99.9	3.8	0.0 <sup>p</sup>	100.0	62.9	99.5	26.6
Kansas	32,458	99.9	\$ 7,448	4.7	100.0	99.2	5.0	0.0	100.0	55.7	99.3	16.3
Kentucky	108,719	98.1	\$ 5,465	1.1	99.9	95.7	4.4	5.0	100.0	47.2	95.6	20.2
Louisiana	156,637	98.3	\$ 5,908	0.6	100.0	99.9	4.7	1.5	100.0	59.0	0.0 <sup>f</sup>	24.5
Maine <sup>q</sup>	0	0.0	\$ 0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	64,462	99.9	\$ 12,096	1.3	99.8	95.6	5.1	0.1	100.0	54.4	0.0 <sup>f</sup>	11.9
Massachusetts	74,598	100.0	\$ 8,035	3.0	99.9	99.6	4.7	0.1 <sup>r</sup>	100.0	60.9	81.7	10.5
Michigan	84,122	100.0	\$ 5,935	0.8	100.0	99.9	4.9	0.1	100.0	67.7	99.2	13.7 <sup>l</sup>
Minnesota	43,497	100.0	\$ 8,573	3.3	100.0	99.6	5.1	0.0	100.0	50.0	100.0	8.7

IP Table 2. IP Hospital Stays: Reporting of Type of Service, Average Medicaid Paid, Average Length of Stay, and Percent with Third-Party Liability, Uniform Billing (UB) Codes, Family Planning, Diagnosis Code, Procedure Code, Diagnosis Related Group, and Maternal Indicator Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Stays	% IP Stays (MAX TOS=01)	Average Medicaid Paid <sup>a</sup>	% with Third Party Liability	% with UB Accommodation Code <sup>b</sup>	% with UB Ancillary Code <sup>b</sup>	Average Length of Stay (in Days) <sup>c</sup>	% Family Planning (Pgm Type = 2)	% with Primary Diagnosis Code	% with Procedure Code <sup>d</sup>	% with Diagnosis Related Group <sup>e</sup>	% with Maternal Delivery Indicator
Mississippi	92,122	100.0	\$ 6,488	0.5	100.0	99.9	4.7	4.8	100.0	58.2	0.0 <sup>f</sup>	28.5
Missouri	117,121	99.2	\$ 4,941	1.1	99.2	98.0	5.3	0.8	100.0	43.2	0.0	12.6
Montana	17,352	97.3	\$ 5,234	1.6	97.2	97.1	3.5	0.7	100.0	59.5	97.1	23.6
Nebraska	33,151	97.9	\$ 5,591	2.6	95.0	99.6	4.3	2.1	100.0	57.7	74.9	6.3
Nevada	26,026	99.0	\$ 5,559	0.6	99.9	99.9	5.1	0.0	100.0	61.6	0.0	25.7
New Hampshire	15,957	97.9	\$ 3,705	0.4	100.0	99.8	4.2	2.2	100.0	65.2	99.4	24.1
New Jersey	71,151	99.5	\$ 6,922	8.6	100.0	99.8	6.5	0.5	100.0	68.2	98.9	18.4
New Mexico	21,143	100.0	\$ 5,484	3.3	100.0	82.4 <sup>g</sup>	4.1	1.1	100.0	60.3	81.3 <sup>s</sup>	27.7
New York	583,334	99.9	\$ 7,126	4.2	0.0	0.0	4.3	0.0	100.0	68.9	41.9	14.2
North Carolina	256,497	99.7	\$ 4,312	0.9	100.0	99.9	4.3	0.3	100.0	64.6	100.0	24.8
North Dakota	10,161	100.0	\$ 5,591	4.8	100.0	96.2	4.2	1.1	100.0	59.5	69.1	22.5
Ohio	98,819	99.6	\$ 9,697	1.5	99.4	99.3	6.0	0.4	99.7	58.1	97.7	10.0
Oklahoma	118,264	98.8	\$ 5,145	1.1	100.0	96.1	4.4	0.0	100.0	59.7	0.0	26.4
Oregon	29,453	100.0	\$ 6,532	1.3	100.0	99.9	4.0	0.0	100.0	52.9	74.0	25.5
Pennsylvania	98,823	99.0	\$ 5,510	15.4 <sup>t</sup>	99.9	98.9	5.1	0.0	100.0	65.2	98.3	17.3
Rhode Island	6,312	99.9	\$ 15,527	1.5 <sup>t</sup>	96.4	72.9 <sup>u</sup>	8.2	0.1	100.0	0.2	0.0	2.0
South Carolina	75,983	99.8	\$ 7,594	3.4	99.8	99.7	5.1	0.2	100.0	70.5	99.8	19.0
South Dakota	17,934	100.0	\$ 6,580	0.9	100.0	91.9 <sup>g</sup>	4.2	0.5	100.0	55.9	79.4	24.4
Tennessee	10,690 <sup>m</sup>	99.5	\$ 7,510 <sup>n</sup>	0.0	99.0	99.3	6.4 <sup>v</sup>	0.4	100.0	66.6	0.0 <sup>f</sup>	32.1
Texas	477,043	98.9	\$ 4,875	0.8	93.0	99.9	4.2	0.0	100.0	69.1	92.6	27.9
Utah	35,883	98.5	\$ 6,923	4.7	99.9	99.9	3.6	1.2	100.0	53.6	100.0	34.2
Vermont	13,469	99.4	\$ 6,550	1.5	100.0	99.7	4.6	0.6	100.0	58.2	99.4	19.6
Virginia	64,337	97.6	\$ 6,779	0.9	100.0	100.0	4.8	0.0	100.0	69.5	100.0	23.1
Washington	67,107	99.5	\$ 9,248	2.1 <sup>w</sup>	100.0	99.8	4.7	0.0	100.0	58.2	65.0 <sup>x</sup>	17.7

IP Table 2. IP Hospital Stays: Reporting of Type of Service, Average Medicaid Paid, Average Length of Stay, and Percent with Third-Party Liability, Uniform Billing (UB) Codes, Family Planning, Diagnosis Code, Procedure Code, Diagnosis Related Group, and Maternal Indicator Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Stays	% IP Stays (MAX TOS=01)	Average Medicaid Paid <sup>a</sup>	% with Third Party Liability	% with UB Accommodation Code <sup>b</sup>	% with UB Ancillary Code <sup>b</sup>	Average Length of Stay (in Days) <sup>c</sup>	% Family Planning (Pgm Type = 2)	% with Primary Diagnosis Code	% with Procedure Code <sup>d</sup>	% with Diagnosis Related Group <sup>e</sup>	% with Maternal Delivery Indicator
West Virginia	30,706	100.0	\$ 5,757	0.6	99.9	99.8	5.6	0.0	100.0	55.9	0.0	6.1
Wisconsin <sup>y</sup>	45,762	99.7	\$ 9,717	2.6	99.5	99.9	5.2	0.0	100.0	56.1	0.0 <sup>z</sup>	11.8
Wyoming	12,082	97.7	\$ 6,496	2.2	99.7	99.7	3.8	2.3	100.0	60.7	0.0 <sup>f</sup>	27.0

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>c</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>d</sup> Values less than 50 percent are below the expected level and are considered anomalous.

<sup>e</sup> A value of zero indicates missing DRG.

<sup>f</sup> DRGs were not reported on IP claims in AL, AK, AR, CA, CT, DE, LA, MD, MS, TN, and WY in 2009 because the state did not use DRGs for inpatient reimbursement.

<sup>g</sup> UB-04 revenue codes were missing on some claims in AK, NM, and SD in 2009 because IP claims billed on the Indian Health Service claim form do not have UB-04 revenue codes.

<sup>h</sup> AR and CA reported a maximum of two diagnosis codes in 2009.

<sup>i</sup> In CA, Short/Doyle (psychiatric) and Los Angeles waiver facilities did not use the UB-04 form and therefore did not have UB-04 revenue codes in 2009.

<sup>j</sup> CA only reported a maximum of two procedures per claim in 2009.

<sup>k</sup> The reporting of UB-04 ancillary codes decreased more than 30 percent in FL in 2009.

<sup>l</sup> The reporting of the maternal delivery indicator decreased more than 30 percent in FL and MI in 2009.

<sup>m</sup> Number of FFS non-crossover stays decreased more than 30 percent in GA, HI, and TN in 2009.

<sup>n</sup> The average Medicaid paid per FFS non-crossover stay increased more than 30 percent in GA and TN in 2009.

<sup>o</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>p</sup> There were no family planning claims in IA in 2009 because they were billed separately on CMS 1500 forms.

<sup>q</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>r</sup> The percentage of FFS non-crossover family planning stays decreased more than 30 percent in MA in 2009.

<sup>s</sup> Almost twenty percent of the IP claims in NM in 2009 did not report DRGs because they were Indian Health Service claims that were reimbursed on a per diem basis.

<sup>t</sup> The percentage of FFS non-crossover stays with third-party liability increased more than 30 percent in PA and RI in 2009.

<sup>u</sup> The reporting of UB-04 ancillary codes increased more than 30 percent in RI in 2009.

<sup>v</sup> Average length of stay for FFS non-crossover stays increased more than 30 percent in TN in 2009.

<sup>w</sup> The percentage of FFS non-crossover stays with third-party liability increased more than 30 percent in WA in 2009.

<sup>x</sup> The percentage of FFS non-crossover stays with diagnosis related group decreased more than 30 percent in WA in 2009.

<sup>y</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>z</sup> After implementing a new MMIS in late 2008 WI began reporting DRG as a non-numeric value causing the value to be set to zero during MSIS processing.

IP Table 3. IP Hospital Stays by Patient Status and Percent with Admission Date Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover IP Stays	% with Admission Date <sup>a</sup>	Patient Status			
			% At Home	% Transferred	% Still a Patient	% Deceased
Alabama	5,393	100.0	94.2	2.4	2.6	0.5
Alaska	17,005	100.0	93.3	4.5	0.8	0.5
Arizona	33,589	99.6	95.5	3.1	0.3	0.5
Arkansas	88,632	100.0	89.0	6.0	3.6	0.6
California	595,743	100.0	79.3	8.3	10.1 <sup>b</sup>	1.7
Colorado	56,358	100.0	89.7	8.9	0.0	0.8
Connecticut	32,542	100.0	73.3	21.0	3.2	1.2
Delaware	6,128	100.0	69.1	12.0	0.1	2.0
District of Columbia	20,298	99.9	83.3	13.1	0.2	1.7
Florida	322,855	100.0	89.3	7.4	1.1	1.0
Georgia	128,910 <sup>c</sup>	100.0	89.2	8.8	0.0	1.3
Hawaii	3,981 <sup>c</sup>	100.0	82.7	13.8	1.3	1.7
Idaho <sup>d</sup>	25,796	98.5	89.6	6.8	2.7	0.5
Illinois	326,048	94.0	75.9	12.6	0.0	1.0
Indiana	61,226	100.0	81.8	15.3	0.0	1.3
Iowa	54,012	100.0	83.7	12.2	2.1	0.6
Kansas	32,458	100.0	84.5	12.1	0.3	1.2
Kentucky	108,719	99.9	88.2	9.5	0.1	0.9
Louisiana	156,637	100.0	88.9	7.6	2.6	0.9
Maine <sup>e</sup>	0	0.0	0.0	0.0	0.0	0.0
Maryland	64,462	100.0	81.9	13.3	2.5	1.2
Massachusetts	74,598	100.0	72.0	23.8	1.1	1.0
Michigan	84,122	100.0	83.2	14.1	0.0	1.2

IP Table 3. IP Hospital Stays by Patient Status and Percent with Admission Date Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover IP Stays	% with Admission Date <sup>a</sup>	Patient Status			
			% At Home	% Transferred	% Still a Patient	% Deceased
Minnesota	43,497	100.0	78.5	17.5	0.1	0.9
Mississippi	92,122	100.0	89.6	5.6	2.6	0.7
Missouri	117,121	99.2	82.5	10.8	2.5	1.0
Montana	17,352	97.3	92.1	5.4	0.0	0.8
Nebraska	33,151	100.0	83.9	13.9	0.1	0.6
Nevada	26,026	100.0	91.3	5.2	2.4	1.1
New Hampshire	15,957	100.0	72.3	26.5	0.0	0.9
New Jersey	71,151	100.0	81.5	15.0	0.2	1.2
New Mexico	21,143	100.0	93.5	4.6	0.1	0.7
New York	583,334	100.0	82.1	11.0	4.0	0.9
North Carolina	256,497	100.0	89.3	9.0	0.0	0.8
North Dakota	10,161	100.0	94.3	4.2	0.9	0.7
Ohio	98,819	100.0	69.6	26.2	0.1	1.4
Oklahoma	118,264	100.0	89.4	7.2	0.4	0.9
Oregon	29,453	100.0	90.9	7.0	0.1	0.9
Pennsylvania	98,823	100.0	84.2	13.7	0.0	1.2
Rhode Island	6,312	99.9	70.4	22.9	5.0 <sup>f</sup>	1.2
South Carolina	75,983	100.0	88.3	9.6	0.0 <sup>g</sup>	1.1
South Dakota	17,934	100.0	89.4	9.8	0.1	0.6
Tennessee	10,690 <sup>c</sup>	100.0	92.1	5.8	0.6	0.8
Texas	477,043	100.0	93.2	5.2	0.1	0.9
Utah	35,883	100.0	95.1	4.3	0.0	0.6
Vermont	13,469	99.4	72.5	25.8	0.0	0.7
Virginia	64,337	100.0	89.5	9.0	0.1	1.3

IP Table 3. IP Hospital Stays by Patient Status and Percent with Admission Date Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover IP Stays	% with Admission Date <sup>a</sup>	Patient Status			
			% At Home	% Transferred	% Still a Patient	% Deceased
Washington	67,107	100.0	85.7	11.2	0.1	1.4
West Virginia	30,706	99.9	82.6	12.9	0.7	1.6
Wisconsin <sup>h</sup>	45,762	100.0	86.8	10.5	0.0	1.1
Wyoming	12,082	100.0	91.0	5.5	1.9	0.5

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

<sup>a</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>b</sup> The percentage of claims with a patient status of 'still a patient' was higher than average in CA in 2009 due to the inclusion of the Short/Doyle (psychiatric) and Los Angeles waiver hospitals.

<sup>c</sup> Number of FFS non-crossover stays decreased more than 30 percent in GA, HI, and TN in 2009.

<sup>d</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>e</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>f</sup> The percentage of claims with a patient status of 'still a patient' increased more than 30 percent in RI in 2009.

<sup>g</sup> There were no claims with a patient status of 'still a patient' in SC in 2009 because they did not bill until the patient was discharged.

<sup>h</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

IP Table 4. Other Reporting Issues Among IP Hospital Stays in MAX 2009

State	UB Revenue Code	Program Type	Managed Care	Other	Notes
Alabama					
Alaska					
Arizona					
Arkansas				X	AR reported the wrong data into the service code modifier field on IP claims until August 2010.
California					
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho				X	ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine				X	ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
Maryland					
Massachusetts					
Michigan					
Minnesota					

IP Table 4. Other Reporting Issues Among IP Hospital Stays in MAX 2009

State	UB Revenue Code	Program Type	Managed Care	Other	Notes
Mississippi					
Missouri					
Montana					
Nebraska				X	Average TPL paid for stays with TPL decreased more than 30 percent in NE in 2009.
Nevada					
New Hampshire					
New Jersey				X	Average Medicaid paid for stays for persons missing Medicaid eligibility increased more than 30 percent in 2009.
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee			X		TN converted no-risk managed care plans into risk-based plans. This was a phased process. The claims for risk-based services were submitted as encounters. The non-risk claims were submitted as FFS.
Texas					
Utah					
Vermont				X	Through an 1115 waiver in 2005, VT turned its federal Medicaid reimbursement into a block grant, giving it the flexibility to modify Medicaid coverage to pay for non Medicaid covered services. Although the state considers itself to be a MCO under this waiver, since they pay providers on a FFS basis, services and enrollment are not classified as managed care.
Virginia					
Washington					
West Virginia					
Wisconsin				X	When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.
Wyoming					



LT Table 1. LT Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# LT Claims	Type of Claim					% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID <sup>c</sup>	% with Provider Taxonomy <sup>c</sup>
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental				
Alabama	294,180	100.0	93.5	6.5	0.0	0.0	0.3	100.0	0.0	100.0
Alaska	16,462	100.0	95.7	4.3	0.0	0.0	0.1	100.0	100.0	0.0
Arizona	130,127	9.8	8.7	1.1	90.2	0.0	0.1	100.0	0.0	64.7
Arkansas	780,198	100.0	97.6	2.4	0.0	0.0	0.2	94.2	0.0	0.0
California	3,145,283	91.1	84.6	6.5	8.9	0.0	0.0	100.0	100.0	76.7
Colorado	511,994	100.0	56.0	44.0 <sup>d</sup>	0.0	0.0	0.1	100.0	0.0	100.0
Connecticut	295,920	100.0	84.5	15.4	0.0	0.0	0.0	100.0	0.0	97.7
Delaware	42,147	98.4	87.5	10.9	1.6	0.0	0.3	98.4	100.0	98.4
District of Columbia	45,399	99.6	96.5	3.1	0.4	0.0	0.2	99.7	0.0	75.4
Florida	644,491	100.0	100.0	0.0 <sup>e</sup>	0.0	0.0	0.0	99.7	0.0	64.3
Georgia	1,136,720	99.9	99.7	0.2	0.1	0.0	0.0	0.0	0.0	100.0
Hawaii	7,101 <sup>f</sup>	100.0	63.8	36.2 <sup>g</sup>	0.0	0.0	0.3	88.2	0.0	47.7
Idaho <sup>h</sup>	137,857	100.0	99.7	0.3 <sup>d</sup>	0.0	0.0	0.1 <sup>i</sup>	98.4	0.0	97.4
Illinois	892,300	99.9	99.9	0.0	0.0	0.1	0.0	95.4	0.0	1.6
Indiana	820,373	99.8	99.5	0.3	0.2	0.0	0.3	99.6	0.0	87.6
Iowa	182,507	100.0	99.9	0.1	0.0	0.0	0.2	100.0	0.0	0.1
Kansas	339,699	100.0	99.8	0.2	0.0	0.0	0.0	100.0	0.0	95.3
Kentucky	363,372	100.0	98.9	1.1	0.0	0.0	0.0	100.0	0.0	100.0
Louisiana	366,490	100.0	93.9	6.1	0.0	0.0	0.0	100.0	0.0	0.0
Maine <sup>j</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	215,585	98.6	98.6	0.0	1.4	0.0	0.0	89.8	0.0	88.8
Massachusetts	431,121 <sup>k</sup>	100.0	89.8	10.2 <sup>l</sup>	0.0	0.0	0.1 <sup>i</sup>	84.1	0.0	84.1
Michigan	460,678 <sup>k</sup>	90.4	88.8	1.5	9.6	0.0	0.1 <sup>i</sup>	99.1	1.5	43.7

LT Table 1. LT Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# LT Claims	Type of Claim						% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID <sup>c</sup>	% with Provider Taxonomy <sup>c</sup>
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental					
Minnesota	472,975	99.9	99.8	0.2	0.1	0.0	0.0	100.0	0.0	100.0	
Mississippi	243,763	99.4	88.0	11.3	0.6	0.0	0.0	100.0	0.0	92.1	
Missouri	560,256	100.0	84.7	15.3	0.0	0.0	0.0	100.0	0.0	25.0	
Montana	58,815	100.0	100.0	0.0	0.0	0.0	0.0	100.0	0.0	86.6	
Nebraska	118,903	100.0	96.3	3.7	0.0	0.0	0.0	0.0	0.0	0.0	
Nevada	67,374	100.0	99.1	0.9	0.0	0.0	0.6 <sup>i</sup>	100.0	0.0	21.1	
New Hampshire	89,421	100.0	89.7	10.3	0.0	0.0	0.0	57.1	0.0	57.1	
New Jersey	453,514	100.0	99.4	0.6	0.0	0.0	0.4	73.4	0.0	71.2	
New Mexico	122,123	14.8	14.0	0.8	85.2	0.0	0.0	100.0	0.0	94.9	
New York	10,379,312	52.2 <sup>m</sup>	52.1 <sup>n</sup>	0.0	0.6	47.3 <sup>o</sup>	0.4	99.6	0.0	0.0	
North Carolina	948,056	100.0	94.3	5.7	0.0	0.0	0.0	100.0	0.0	99.1	
North Dakota	47,743	100.0	98.9	1.1	0.0	0.0	0.0	99.3	0.0	98.5	
Ohio	802,179	100.0	91.1	8.9 <sup>l</sup>	0.0	0.0	0.1	100.0	0.0	0.0	
Oklahoma	575,710	100.0	97.5	2.5 <sup>l</sup>	0.0	0.0	0.0	100.0	0.0	100.0	
Oregon	116,487 <sup>k</sup>	72.2	69.3	2.9	27.8	0.0	0.0	88.9	0.0	91.2	
Pennsylvania	714,728	100.0	97.3	2.7	0.0	0.0	0.0	100.0	0.0	99.9	
Rhode Island	87,706	100.0	99.8	0.2	0.0	0.0	0.0	6.1	100.0	6.1	
South Carolina	167,587	100.0	100.0	0.0	0.0	0.0	0.0	5.8	100.0	5.1	
South Dakota	55,743	100.0	96.9	3.1	0.0	0.0	0.0	100.0	0.0	56.4	
Tennessee	337,932	99.1	99.0	0.0	0.9	0.0	0.0	100.0	0.0	100.0	
Texas	3,553,952	99.4	99.4	0.0 <sup>l</sup>	0.6	0.0	0.0	100.0	100.0	0.9	
Utah	120,889	99.8	97.5	2.3 <sup>d</sup>	0.2	0.0	0.0	100.0	0.0	27.8	
Vermont	49,807	100.0	85.3	14.7 <sup>d</sup>	0.0	0.0	0.2	100.0	0.0	98.6	

LT Table 1. LT Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# LT Claims	Type of Claim						% with NPI <sup>c</sup>	% with NPI = Billing Provider ID <sup>c</sup>	% with Provider Taxonomy <sup>c</sup>
		% FFS	% FFS Non- Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>			
Virginia	410,859	99.7	99.3	0.3	0.3	0.0	0.0	100.0	100.0	74.9
Washington	305,988	100.0	99.8	0.1	0.0	0.0	0.2	64.8	0.0	36.7
West Virginia	114,474	100.0	97.0	3.0	0.0	0.0	0.1	100.0	0.0	100.0
Wisconsin <sup>p</sup>	275,347	99.0	95.0	4.0	1.0	0.0	0.0	100.0	100.0	100.0
Wyoming	32,349	100.0	96.9	3.1	0.0	0.0	0.2	100.0	0.0	100.0

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

<sup>a</sup> On crossover claims, Medicare coinsurance and/or Medicare deductible are greater than \$0, indicating that Medicaid paid the amount.

<sup>b</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>d</sup> Number of FFS crossover claims increased more than 30 percent in CO, ID, UT, and VT in 2009.

<sup>e</sup> FL did not report LT FFS crossover claims in 2009.

<sup>f</sup> Number of claims decreased more than 30 percent in HI in 2009.

<sup>g</sup> The percentage of FFS crossover claims increased more than 30 percent in HI in 2009.

<sup>h</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>i</sup> Number of claims missing eligibility increased more than 30 percent in ID, MA, MI, and NV in 2009.

<sup>j</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>k</sup> Number of FFS claims increased more than 30 percent in MA, MI, and OR in 2009.

<sup>l</sup> The percentage of FFS crossover claims decreased more than 30 percent in MA, OH, OK, and TX in 2009.

<sup>m</sup> The percentage of FFS claims decreased more than 30 percent in NY in 2009.

<sup>n</sup> The percentage of FFS non-crossover claims decreased more than 30 percent in NY in 2009.

<sup>o</sup> The percentage of supplemental claims increased more than 30 percent in NY in 2009.

<sup>p</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

LT Table 2. LT Claims: Reporting of Type of Service, Average Medicaid Paid, and Percent with Diagnosis Code, Leave Days, Admission Date and Patient Status Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% Nursing Facility (MAX TOS=07)	Average Nursing Facility Medicaid Paid per Covered Day <sup>a</sup>	% ICF/MR (MAX TOS=05)	Average ICF/MR Medicaid Paid per Covered Day <sup>a</sup>	% MH for the Aged (MAX TOS=02)	Average MH for the Aged Medicaid Paid per Covered Day <sup>a</sup>	% Inpatient Psychiatric Facility Age < 21 (MAX TOS=04)	Average Inpatient Psychiatric Facility Age < 21 Medicaid Paid per Covered Day <sup>a</sup>	% with Primary Diagnosis Code <sup>b</sup>	% with Leave Days <sup>c</sup>	% with Admission Date <sup>d</sup>	% with Patient Status <sup>e</sup>
Alabama	274,992	95.0	\$ 145	1.0	\$ 458	0.4	\$ 362	3.6	\$ 273	100.0	0.3	100.0	99.9
Alaska	15,753	42.2 <sup>f</sup>	\$ 442 <sup>g</sup>	0.6	\$ 531	0.0	\$ 1,112	57.1	\$ 409	100.0	2.1	100.0	100.0
Arizona	11,307	98.3	\$ 165	0.0	\$ 0	0.0	\$ 0	1.7	\$ 354	100.0	3.2	100.0	100.0
Arkansas	761,812	85.5	\$ 126	5.9	\$ 260	0.0	\$ 0	8.6	\$ 368	100.0	0.6	100.0	100.0
California	2,660,321	88.4	\$ 173	11.6	\$ 259	0.0	\$ 0	0.0	\$ 603	100.0	4.2	99.6	100.0
Colorado	286,543	99.3	\$ 154	0.6	\$ 547	0.0	\$ 529	0.1	\$ 755	100.0	0.6	99.9	100.0
Connecticut	250,092	93.3	\$ 196	5.7	\$ 725	0.2	\$ 330	0.8	\$ 947	100.0	2.4	100.0	100.0
Delaware	36,874	93.8	\$ 208	4.8	\$ 621	0.9	\$ 547	0.5	\$ 263	100.0	8.3	100.0	90.8
District of Columbia	43,819	71.5	\$ 233	25.1	\$ 386	1.1	\$ 433	2.2	\$ 668	16.8 <sup>h</sup>	5.8	100.0	90.1
Florida	644,491	94.6	\$ 168	5.3	\$ 328	0.1	\$ 592	0.0	\$ 0	59.5	2.3	99.9	97.0
Georgia	1,133,556	97.9	\$ 117	2.1	\$ 272	0.0	\$ 0	0.0	\$ 0	91.3	0.0	99.9	99.8
Hawaii	4,533 <sup>i</sup>	76.5	\$ 224	23.5 <sup>j</sup>	\$ 306	0.0	\$ 0	0.0	\$ 0	100.0	0.3	100.0	100.0
Idaho <sup>k</sup>	137,425	86.9	\$ 163	11.3	\$ 305	0.7	\$ 907	1.0	\$ 567	100.0	0.7	100.0	100.0
Illinois	891,059	79.7	\$ 96	15.9	\$ 208	2.9	\$ 97	1.5	\$ 742	99.7	0.3	94.0	0.0
Indiana	816,336	84.0	\$ 123	15.6	\$ 220	0.1	\$ 445	0.3	\$ 420	97.7	3.2	100.0	100.0
Iowa	182,400	83.0	\$ 108	13.9	\$ 408	0.1	\$ 899	3.0	\$ 196	89.0	7.5	89.2	100.0
Kansas	339,037	92.6	\$ 113	3.6	\$ 334	1.3	\$ 100	2.6	\$ 131 <sup>l</sup>	96.8	2.9	100.0	100.0
Kentucky	359,394	84.7	\$ 148	9.1	\$ 595	0.0	\$ 585	6.1	\$ 371	100.0	5.6	100.0	100.0
Louisiana	344,243	77.2	\$ 112	17.8	\$ 255	2.2	\$ 617	2.8	\$ 524	87.7	11.3	98.2	100.0
Maine <sup>m</sup>	0	0.0	\$ 0	0.0	\$ 0	0.0	\$ 0	0.0	\$ 0	0.0	0.0	0.0	0.0
Maryland	212,571	93.1	\$ 186	1.0	\$ 666	0.1	\$ 586	5.7	\$ 460	64.9	0.0 <sup>n</sup>	99.8	99.9
Massachusetts	386,942	95.9	\$ 180	3.1	\$ 688 <sup>o</sup>	0.5	\$ 596	0.6	\$ 608	73.2 <sup>h</sup>	5.2	100.0	99.9
Michigan	409,228	99.5	\$ 134	0.1	\$ 1,016 <sup>o</sup>	0.0	\$ 573 <sup>p</sup>	0.4	\$ 706	100.0	0.8	99.9	99.7
Minnesota	471,815	49.8	\$ 136	50.0	\$ 227	0.0	\$ 132	0.2	\$ 882	100.0	2.6	100.0	100.0
Mississippi	214,597	81.0	\$ 153	15.1	\$ 274	0.0	\$ 0	3.8	\$ 379	100.0	15.4	99.8	100.0
Missouri	474,559	97.6	\$ 104	2.2	\$ 422	0.0	\$ 490	0.1	\$ 537	100.0	1.4	0.0	100.0

LT Table 2. LT Claims: Reporting of Type of Service, Average Medicaid Paid, and Percent with Diagnosis Code, Leave Days, Admission Date and Patient Status Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% Nursing Facility (MAX TOS=07)	Average Nursing Facility Medicaid Paid per Covered Day <sup>a</sup>	% ICF/MR (MAX TOS=05)	Average ICF/MR Medicaid Paid per Covered Day <sup>a</sup>	% MH for the Aged (MAX TOS=02)	Average MH for the Aged Medicaid Paid per Covered Day <sup>a</sup>	% Inpatient Psychiatric Facility Age < 21 (MAX TOS=04)	Average Inpatient Psychiatric Facility Age < 21 Medicaid Paid per Covered Day <sup>a</sup>	% with Primary Diagnosis Code <sup>b</sup>	% with Leave Days <sup>c</sup>	% with Admission Date <sup>d</sup>	% with Patient Status <sup>e</sup>
Montana	58,815	90.8	\$ 131	1.2	\$ 691	0.7	\$ 271	7.4	\$ 342	100.0	0.5	100.0	9.8
Nebraska	114,548	72.2	\$ 124	4.2 <sup>q</sup>	\$ 367	0.0	\$ 0	23.6	\$ 234	100.0	4.8	99.7	98.9
Nevada	66,764	90.2	\$ 165	1.9	\$ 414	0.0	\$ 0	7.9	\$ 363	100.0	0.1	100.0	100.0
New Hampshire	80,179	99.0	\$ 128	0.4	\$ 394	0.0	\$ 0	0.6	\$ 710	100.0	0.0	99.8	99.8
New Jersey	450,709	79.2	\$ 187	7.2	\$ 661	0.5	\$ 484	13.2	\$ 497	100.0	6.9	87.5	87.3
New Mexico	17,118	48.4	\$ 141	47.4	\$ 249	0.0	\$ 260	4.2	\$ 315	99.8	0.0	54.2	100.0
New York	5,410,380 <sup>i</sup>	87.6	\$ 198 <sup>r</sup>	11.4 <sup>j</sup>	\$ 1,214 <sup>o</sup>	0.1	\$ 757	0.9	\$ 797 <sup>s</sup>	99.5	2.0	1.0	100.0
North Carolina	894,152	79.2	\$ 133	18.4	\$ 330	0.0	\$ 791	2.3	\$ 475	100.0	1.1	100.0	100.0
North Dakota	47,229	85.0	\$ 154	14.9	\$ 376	0.0	\$ 404	0.1	\$ 574	100.0	6.4	100.0	100.0
Ohio	730,730	87.8	\$ 143	11.8	\$ 287	0.0	\$ 293	0.3	\$ 453	88.2	7.2	0.3	0.3
Oklahoma	561,443	86.4	\$ 111	7.5	\$ 207	0.0	\$ 528	6.2	\$ 362	90.0	2.6	100.0	99.9
Oregon	80,748	94.1	\$ 184	0.3	\$ 973	0.1	\$ 616 <sup>p</sup>	5.6	\$ 679 <sup>s</sup>	99.9	0.0	99.7 <sup>t</sup>	94.4
Pennsylvania	695,597	92.3	\$ 161	6.6	\$ 451	0.7	\$ 593	0.4	\$ 504	100.0	8.0	100.0	100.0
Rhode Island	87,558	98.9	\$ 207	0.6	\$ 771	0.2	\$ 378	0.4 <sup>u</sup>	\$ 622	100.0	0.0	97.5	99.8
South Carolina	167,546	82.3	\$ 122	10.6	\$ 269	1.3	\$ 227	5.8	\$ 313	5.8	0.0 <sup>n</sup>	5.8	5.8
South Dakota	54,007	83.8	\$ 104	3.4	\$ 414	0.6	\$ 363	12.2	\$ 415 <sup>v</sup>	2.6 <sup>w</sup>	1.7 <sup>v</sup>	100.0	100.0
Tennessee	334,607	95.1	\$ 121	4.8	\$ 596	0.0	\$ 0	0.1	\$ 495	100.0	4.2	100.0	100.0
Texas	3,530,879	90.8	\$ 102	8.8	\$ 251	0.0	\$ 260	0.2	\$ 516	98.2	0.0	0.2	0.2
Utah	117,814 <sup>x</sup>	87.5	\$ 143	11.9 <sup>q</sup>	\$ 201	0.0	\$ 410	0.6	\$ 833	100.0	0.4	0.6	0.6
Vermont	42,480	99.2	\$ 155	0.8	\$ 563	0.0	\$ 0	0.0	\$ 0	100.0	0.0	100.0	100.0
Virginia	408,041	94.0	\$ 129	5.3	\$ 460	0.4	\$ 489	0.3	\$ 592	100.0	0.2	100.0	100.0
Washington	305,467	98.9	\$ 143	0.6	\$ 254	0.4	\$ 403	0.1	\$ 0	20.9	0.0	94.0	100.0
West Virginia	111,068	80.4	\$ 180	5.4	\$ 352	0.7	\$ 1,007	13.4	\$ 403	100.0	4.5	100.0	99.7
Wisconsin <sup>y</sup>	261,479	94.3	\$ 117	4.1	\$ 460	0.2	\$ 228	1.5	\$ 659	100.0	2.9	100.0	100.0
Wyoming	31,350	82.4	\$ 130	3.3	\$ 327	0.0	\$ 92	14.3	\$ 300	100.0	1.8	100.0	100.0

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

- <sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.
- <sup>b</sup> Values less than 90 percent are below the expected level and are considered anomalous.
- <sup>c</sup> Leave days vary by state as there are different state Medicaid rules concerning how many leave days are covered and under what circumstances. For these tables, values less than two percent are considered anomalous.
- <sup>d</sup> Values less than 10 percent are below the expected level and are considered anomalous.
- <sup>e</sup> Values less than 10 percent are below the expected level and are considered anomalous.
- <sup>f</sup> Relatively few Medicaid enrollees had NF claims in AK in 2009 because AK has a small elderly population and an active HCBS waiver program. They also had a state-operated Pioneers Home System, not included in Medicaid, that provided services to many people who otherwise might be covered by Medicaid.
- <sup>g</sup> Average Medicaid paid for NF claims in AK in 2009 was consistent with previous years.
- <sup>h</sup> The percentage of FFS non-crossover claims with a primary diagnosis increased more than 30 percent in DC and MA in 2009.
- <sup>i</sup> Number of FFS non-crossover claims decreased more than 30 percent in HI and NY in 2009.
- <sup>j</sup> The percentage of claims for ICF/MR services increased more than 30 percent in HI and NY in 2009.
- <sup>k</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
- <sup>l</sup> Average Medicaid amount paid per covered day for inpatient psychiatric facility for enrollees under age 21 decreased more than 30 percent in KS in 2009.
- <sup>m</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
- <sup>n</sup> MD and SC did not report leave days in 2009 even though the states covered leave days under many situations.
- <sup>o</sup> The average Medicaid amount paid per covered day for ICF/MR services increased more than 30 percent in MA, MI, and NY in 2009.
- <sup>p</sup> Average Medicaid paid per covered day for MH for the aged increased more than 30 percent in MI and OR in 2009.
- <sup>q</sup> The percentage of claims for ICF/MR services decreased more than 30 percent in NE and UT in 2009.
- <sup>r</sup> Average Medicaid amount paid per covered day for nursing facility services increased more than 30 percent in NY in 2009.
- <sup>s</sup> Average Medicaid amount paid per covered day for inpatient psychiatric facility for enrollees under age 21 increased more than 30 percent in NY and OR in 2009.
- <sup>t</sup> The percentage of FFS non-crossover claims with an admission date increased more than 30 percent in OR in 2009.
- <sup>u</sup> The percentage of FFS non-crossover claims for inpatient psychiatric facility services for those under age 21 decreased more than 30 percent in RI in 2009.
- <sup>v</sup> SD did not report covered and leave days on most claims for inpatient psychiatric facility services for enrollees under age 21 in 2009.
- <sup>w</sup> SD reported few diagnosis codes on institutional long term care claims in 2009.
- <sup>x</sup> Number of FFS non-crossover claims increased more than 30 percent in UT in 2009.
- <sup>y</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

LT Table 3. Other Reporting Issues Among LT Claims in MAX 2009

State	Covered Days	Program Type	Managed Care	TPL/Patient Liability	Other	Notes
Alabama						
Alaska						
Arizona						
Arkansas				X		AR did not report patient liability on LT claims.
California						
Colorado						
Connecticut						
Delaware						
District of Columbia						
Florida						
Georgia						
Hawaii						
Idaho					X	ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
Illinois						
Indiana						
Iowa						
Kansas	X					If KS did not pay for all the covered days submitted by the provider on a claim, the covered days field was not corrected, only the payment amount.
Kentucky						
Louisiana						
Maine					X	ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
Maryland						
Massachusetts						
Michigan						
Minnesota						
Mississippi						

LT Table 3. Other Reporting Issues Among LT Claims in MAX 2009

State	Covered Days	Program Type	Managed Care	TPL/Patient Liability	Other	Notes
Missouri						
Montana				X		TPL was combined with patient liability due to a system reporting constraint in MT.
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon				X		Patient liability is included in the TPL amount.
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee			X			TN converted no-risk managed care plans into risk-based plans. This was a phased process. The claims for risk-based services were submitted as encounters. The non-risk claims were submitted as FFS.
Texas						
Utah						
Vermont					X	Through an 1115 waiver in 2005, VT turned its federal Medicaid reimbursement into a block grant, giving it the flexibility to modify Medicaid coverage to pay for non Medicaid covered services. Although the state considers itself to be a MCO under this waiver, since they pay providers on a FFS basis, services and enrollment are not classified as managed care.
Virginia						
Washington						
West Virginia						
Wisconsin					X	When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.
Wyoming						



OT Table 1. OT Service Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# OT Claims	Type of Claim							% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID	% with Provider Taxonomy <sup>c</sup>
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Capitation	% Encounter	% Supplemental					
Alabama	31,661,134	66.7	61.5	5.2	33.3	0.0	0.0	0.3	100.0	0.0	99.9	
Alaska	5,045,397	100.0	92.9	7.1	0.0	0.0	0.0	1.0	99.9	8.7	0.0	
Arizona	81,229,010	3.4	2.9	0.5	41.7	54.9	0.0	0.1	89.2	0.0	36.6	
Arkansas	38,908,691	73.6	63.1	10.5	26.4	0.0	0.0	0.4	56.9	0.0	37.2	
California	276,841,291	47.7	45.4	2.3	33.3	19.0	0.0	1.0	99.0	100.0	13.4	
Colorado	23,102,437	71.4	64.9	6.5	27.0 <sup>d</sup>	1.5	0.0	0.3	83.3	0.0	100.0	
Connecticut	29,172,688 <sup>e</sup>	67.4	62.3	5.1	13.9 <sup>f</sup>	18.7	0.0	0.0	66.4	0.0	37.5	
Delaware	9,905,940	23.8	19.7	4.0	31.1	45.1	0.0	0.1	34.5	29.8	34.4	
District of Columbia	6,658,823	70.6	60.3	10.3	23.7	5.7	0.0	0.6	95.2	1.2	79.1	
Florida	116,232,011 <sup>e</sup>	54.4	51.6	2.8	27.2	18.4 <sup>g</sup>	0.0	0.7	84.0	0.0	54.2	
Georgia	72,532,252	31.3	24.2	7.1	35.9	32.8	0.0	0.3	0.0	0.0	97.7	
Hawaii	9,321,875 <sup>e</sup>	16.6 <sup>h</sup>	12.1 <sup>i</sup>	4.5	27.9	55.5 <sup>g</sup>	0.0	0.1	52.7	0.0	17.5	
Idaho <sup>j</sup>	12,233,065	71.9	66.8	5.1	28.1	0.0	0.0	0.2	74.8	0.0	71.2	
Illinois	94,512,200 <sup>e</sup>	76.3 <sup>k</sup>	72.1	4.2	21.3	1.4	1.0	0.1	70.4	0.0	82.1	
Indiana	41,663,818	53.4	48.3	5.1	20.1	26.5	0.0	0.5	66.7	0.0	40.5	
Iowa	20,984,440	69.5	52.8	16.7	26.9	3.6	0.0	0.1	91.3	0.0	45.0	
Kansas	14,408,711	43.7	38.6	5.2	49.2	7.0 <sup>l</sup>	0.0	0.3 <sup>m</sup>	87.7	0.0	3.3	
Kentucky	44,913,391	55.7	49.7	6.0	30.5	13.9	0.0	0.1	87.4	0.0	86.5	
Louisiana	44,128,759	80.8	73.2	7.6	19.2	0.0	0.0	0.2	96.4	0.0	0.0	
Maine <sup>n</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Maryland	38,189,487 <sup>o</sup>	45.5	39.8	5.7	17.0	37.4 <sup>o</sup>	0.0	0.0	35.2	0.0	9.5	
Massachusetts	53,504,480	79.9	74.0	5.9	20.1	0.0	0.0	0.1 <sup>m</sup>	76.9	0.0	86.9	
Michigan	90,317,534	19.8	18.0	1.8	24.3	55.9	0.0	0.2 <sup>m</sup>	95.1	6.6	66.8	
Minnesota	43,651,255	50.0	43.5	6.5	11.8	38.2	0.0	0.0	100.0	0.0	100.0	
Mississippi	18,809,665	100.0	86.4	13.6	0.0	0.0	0.0	0.1	99.6	0.0	95.2	
Missouri	50,047,754	68.8	56.2	12.5	16.3	14.9	0.0	0.2	89.5	0.0	49.7	

OT Table 1. OT Service Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# OT Claims	% FFS	Type of Claim							% with NPI = Billing Provider ID	% with Provider Taxonomy <sup>c</sup>
			% FFS Non- Crossover	% FFS Crossover <sup>a</sup>	% Capitation	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>		
Montana	4,294,283	85.7	77.8	7.9	14.3	0.0	0.0	0.1	87.0	0.0	77.3
Nebraska	9,526,315	83.1	70.3	12.7	9.0	7.9	0.0	0.0	0.0	0.0	0.0
Nevada	8,087,143	55.9	49.0 <sup>p</sup>	7.0	42.9	1.2 <sup>l</sup>	0.0	0.5 <sup>m</sup>	89.9	0.0	57.7
New Hampshire	7,197,346	100.0	96.2	3.8	0.0	0.0	0.0	0.0	48.2	0.0	48.2
New Jersey	53,210,384	45.3	42.9	2.4	20.8	33.0	0.9 <sup>q</sup>	0.6	93.6	0.0	86.3
New Mexico	25,453,003	16.0	14.4	1.6	31.5	52.5	0.0	0.0	95.6	0.0	67.8
New York	234,834,431	48.3	41.3	7.1	14.2	33.4	4.1	0.0	72.3	0.0	0.0
North Carolina	102,129,471	76.5	69.4	7.0	23.5	0.0	0.0	0.0	98.7	0.0	96.9
North Dakota	2,601,006	87.3	77.2	10.1	12.7	0.0	0.0	0.1	83.4	0.0	83.2
Ohio	81,325,855	81.0	72.6	8.3	19.0	0.0	0.0	0.1	50.1	0.0	0.0
Oklahoma	38,307,196	68.3	60.3	8.0	29.3	2.4	0.0	0.0	78.3	0.0	93.6
Oregon	28,429,288	18.6	17.5	1.1	45.3	36.1	0.0	0.1	71.1	0.0	71.0
Pennsylvania	64,547,536	34.3	32.1	2.2	65.7	0.0	0.0	0.1	82.9	0.0	77.6
Rhode Island	6,361,466	46.9	44.0	2.9	20.2	32.9	0.1	0.0	1.5	71.4	1.5
South Carolina	33,946,265	62.1	56.3	5.8	37.9	0.0	0.0	0.0	0.0	0.0	41.9
South Dakota	2,895,871	81.1	66.9	14.2	18.9 <sup>r</sup>	0.0	0.0	0.0	97.7	0.0	69.9
Tennessee <sup>s</sup>	46,251,662	11.2 <sup>h</sup>	10.8 <sup>i</sup>	0.4	36.0	52.8 <sup>g</sup>	0.0	0.1	99.4	0.0	95.7
Texas	155,664,842	58.1	58.1	0.0	19.4	22.4	0.0	0.2	86.3	66.3	66.9
Utah	14,142,468 <sup>e</sup>	32.9 <sup>h</sup>	31.0 <sup>i</sup>	1.9	59.2 <sup>f</sup>	7.9 <sup>l</sup>	0.0	0.8	89.0	0.0	42.5
Vermont	6,356,231	82.5	75.5	7.0	17.5	0.0	0.0	0.1	85.9	0.0	90.9
Virginia	29,707,944	42.5	37.6	4.8	21.7	35.8	0.0	0.1	100.0	84.6	70.2
Washington	37,312,786	49.6	47.4	2.2	22.5	25.8 <sup>g</sup>	2.1	0.4	51.7	14.4	43.4
West Virginia	12,011,779	83.3	75.2	8.1	16.7	0.0	0.0	0.1	98.2	0.0	98.9
Wisconsin <sup>t</sup>	41,218,744	39.4	35.0	4.4	17.5	43.1 <sup>g</sup>	0.0	0.0	96.0	67.1	98.9
Wyoming	2,352,747	100.0	82.0	18.0	0.0	0.0	0.0	0.2	94.7	0.0	95.3

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

- <sup>a</sup> On crossover claims, Medicare coinsurance and/or Medicare deductible are greater than \$0, indicating that Medicaid paid the amount.
- <sup>b</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.
- <sup>c</sup> Values less than 75 percent are below the expected level and are considered anomalous.
- <sup>d</sup> CO purchased private health insurance for some enrollees in 2009. The premium payments were reported with a type of claim of capitation and a type of service of other services.
- <sup>e</sup> Number of OT claims increased more than 30 percent in CT, FL, HI, IL, and UT in 2009.
- <sup>f</sup> Capitation claims increased more than 30 percent in CT and UT in 2009.
- <sup>g</sup> The percentage of encounter claims increased by more than 30 percent in FL, HI, TN, WA, and WI in 2009.
- <sup>h</sup> The percentage of FFS claims decreased more than 30 percent in HI, TN, and UT in 2009.
- <sup>i</sup> The percentage of FFS non-crossover claims decreased more than 30 percent in HI, TN, and UT in 2009.
- <sup>j</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
- <sup>k</sup> The percentage of FFS claims increased more than 30 percent in IL in 2009.
- <sup>l</sup> The percentage of encounter claims decreased by more than 30 percent in KS, NV, and UT in 2009.
- <sup>m</sup> Number of claims missing eligibility increased more than 30 percent in KS, MA, MI, and NV in 2009.
- <sup>n</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
- <sup>o</sup> Number of encounter claims and all OT claims increased more than 30 percent in MD in 2009.
- <sup>p</sup> The percentage of FFS non-crossover claims increased more than 30 percent in NV in 2009.
- <sup>q</sup> Supplemental (TOC = 5) HMO capitation (TOS = 20) payments represent additional payments to HMOs for maternity care, EPSDT incentives, and pharmacy blood products in NJ in 2009.
- <sup>r</sup> Capitation claims decreased more than 30 percent in SD in 2009.
- <sup>s</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.
- <sup>t</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

OT Table 2. Capitation Claims, Managed Care Enrollment, and Average Capitation Payment by Type of Capitation in MAX 2009

State	# OT Claims	Type of Capitation Payment			HMO/HIO or PACE			PHP			PCCM		
		% HMO/ HIO or PACE	% PHP	% PCCM	# OT Claims	% HMO/ HIO or PACE <sup>a</sup>	Avg HMO/HIO or PACE Capitation Payment	# OT Claims	% PHP Enrollment <sup>a</sup>	Avg PHP Capitation Payment	# OT Claims	% PCCM Enrollment <sup>a</sup>	Avg PCCM Capitation Payment
Alabama	31,661,134	0.9	20.0	12.4	298,810	98.7	15	6,323,336	99.2	88	3,920,491	0.0 <sup>b</sup>	2.8
Alaska	5,045,397	0.0	0.0	0.0	0	0.0	0	0	0.0	0	0	0.0	0.0
Arizona	81,229,010	40.0	52.5	0.0	14,633,311	90.6	412	19,219,553	89.0	66	0	0.0	0.0
Arkansas	38,908,691	0.0	14.2	12.2	246	0.0 <sup>c</sup>	3,454	5,528,574	96.8	6	4,746,733	0.0 <sup>b</sup>	3.0
California	276,841,291	17.3	23.9	0.0	38,774,362	99.9	153	53,541,530	99.4	10	0	0.0	0.0
Colorado	23,102,437	2.4	25.1	0.0	539,637	97.3	330	5,703,297	96.4	39	0	0.0	0.0
Connecticut	29,172,688	17.1 <sup>d</sup>	0.0	0.0	4,058,978	99.9	192	0	0.0	0	0	0.0	0.0
Delaware	9,905,940	26.1	30.6	0.0	1,421,653	99.7	377	1,663,479	97.7	6	0	0.0	0.0
District of Columbia	6,658,823	17.7	7.4	0.0	1,112,515	99.7	296	466,209	95.9	34	0	0.0	0.0
Florida	116,232,011	33.3	0.0	0.0	31,612,479	32.9	90	0	0.0	0	0	0.0	0.0
Georgia	72,532,252	21.2	29.1	3.0	10,340,513	79.4	233	14,194,544	25.7	5	1,482,122	3.3 <sup>b</sup>	23.8 <sup>e</sup>
Hawaii	9,321,875 <sup>f</sup>	62.3 <sup>d</sup>	0.5	0.0	2,582,764	97.7	348 <sup>g</sup>	19,173	96.6	276	0	0.0	0.0
Idaho <sup>h</sup>	12,233,065	0.0	13.2	14.9	0	0.0	0	1,612,346	94.5	19	1,819,967	0.0	4.0
Illinois	94,512,200	1.8	0.6	19.4	1,661,655	99.8	109	548,117	100.0	107	17,923,320	4.8 <sup>i</sup>	2.4
Indiana	41,663,818	24.5	0.0	2.9	7,510,657	99.9	181	0	0.0	0	879,475	22.2 <sup>i</sup>	38.4
Iowa	20,984,440	0.0	19.3	8.6	5,062 <sup>j</sup>	9.8	427	3,899,392	96.8 <sup>k</sup>	31	1,733,062	18.7 <sup>i</sup>	2.0
Kansas	14,408,711	11.6	40.0	1.3	1,557,333	100.0	223	5,355,353	99.3	36	180,071	99.6	2.0
Kentucky	44,913,391	4.5	21.4	9.5	1,751,899	99.3	412	8,278,590	99.3	7	3,661,372	99.2	4.0
Louisiana	44,128,759	0.0	0.0	19.2	1,448	0.0	3,368	0	0.0	0	8,481,966	0.0 <sup>b</sup>	3.0
Maine <sup>l</sup>	0	0.0	0.0	0.0	0	0.0	0	0	0.0	0	0	0.0	0.0
Maryland	38,189,487 <sup>m</sup>	27.2	0.0	0.0	6,498,944	98.4	327	0	0.0	0	0	0.0	0.0
Massachusetts	53,504,480	12.1	8.0	0.0	6,457,058	62.1	420	4,299,117	75.3	91	0	0.0	0.0
Michigan	90,317,534	33.2	21.9 <sup>n</sup>	0.0	13,240,680	99.0	264	8,728,865	92.3	103 <sup>o</sup>	7	0.0	8.0
Minnesota	43,651,255	19.1	0.0	0.0	5,139,915	99.9	478	0	0.0	0	0	0.0	0.0

OT Table 2. Capitation Claims, Managed Care Enrollment, and Average Capitation Payment by Type of Capitation in MAX 2009

State	# OT Claims	Type of Capitation Payment			HMO/HIO or PACE			PHP			PCCM		
		% HMO/ HIO or PACE	% PHP	% PCCM	# OT Claims	% HMO/ HIO or PACE <sup>a</sup>	Avg HMO/HIO or PACE Capitation Payment	# OT Claims	% PHP Enrollment <sup>a</sup>	Avg PHP Capitation Payment	# OT Claims	% PCCM Enrollment <sup>a</sup>	Avg PCCM Capitation Payment
Mississippi	18,809,665	0.0	0.0	0.0	0	0.0	0	0	0.0	0	0	0.0	0.0
Missouri	50,047,754	12.6	6.6	0.0	5,354,594	98.2	202	2,806,800	0.0	10	0	0.0	0.0
Montana	4,294,283	0.0	0.0	14.3	0	0.0	0	0	0.0	0	611,962	0.0 <sup>b</sup>	3.0
Nebraska	9,526,315	4.7	0.0	5.1	410,963	98.8	204	0	0.0	0	447,344	22.8 <sup>p</sup>	2.0
Nevada	8,087,143	16.3	27.1	0.0	1,300,174	99.5	148	2,168,714	97.9	4	0	0.0	0.0
New Hampshire	7,197,346	0.0	0.0	0.0	0	0.0	0	0	0.0	0	0	0.0	0.0
New Jersey	53,210,384	24.8	6.7	0.0	8,725,106	99.1	206	2,349,799	98.1	13	0	0.0	0.0
New Mexico	25,453,003	35.6	30.7	0.0	4,301,845	99.9	345	3,717,515	99.9	62	0	0.0	0.0
New York	234,834,431	22.7	0.0	0.0	33,371,483	95.8	273	0	0.0	0	0	0.0	0.0
North Carolina	102,129,471	0.0	0.9	22.6	638	99.8	3,238	893,366	99.8	131	23,104,456 <sup>q</sup>	0.0 <sup>i</sup>	3.4
North Dakota	2,601,006	0.0	0.0	12.7	0	0.0	0	0	0.0	0	330,678	0.0	2.0
Ohio	81,325,855	19.0	0.0	0.0	15,477,187	99.9	299	0	0.0	0	0	0.0	0.0
Oklahoma	38,307,196	0.0	17.8	12.2 <sup>r</sup>	85	0.0	2,795	6,644,780	99.0	4 <sup>o</sup>	4,569,966	72.2 <sup>r</sup>	5.0 <sup>r</sup>
Oregon	28,429,288	21.1	49.5	0.2	3,826,883	0.0 <sup>s</sup>	287	8,996,216	0.0 <sup>t</sup>	35	42,058	0.0 <sup>b</sup>	6.0
Pennsylvania	64,547,536	21.1	38.8	5.7	13,609,387	99.9	412	25,056,351	80.3	102	3,710,758	100.0	4.9
Rhode Island	6,361,466	30.1	0.0	0.0	1,282,635	98.1	266	0	0.0	0	0	0.0	0.0
South Carolina	33,946,265	10.5	24.4	2.9	3,580,638	98.0	224	8,299,523	99.8	7	973,641	0.0 <sup>b</sup>	10.0
South Dakota	2,895,871	0.0	0.0	18.9	0	0.0	0	0	0.0	0	548,027	0.0 <sup>b</sup>	3.0
Tennessee <sup>u</sup>	46,251,662	68.7 <sup>v</sup>	7.6 <sup>w</sup>	0.0	15,002,825	98.0	356 <sup>g</sup>	1,669,983	97.8	296 <sup>x</sup>	0	0.0	0.0
Texas	155,664,842	14.0	3.6	7.4	16,892,516	99.5	260	4,398,677	0.0	13	8,962,589	99.9	5.3
Utah	14,142,468 <sup>f</sup>	0.1	64.2	0.0	8,300	0.0	633	8,361,536	98.2	36	0	0.0	0.0
Vermont	6,356,231	0.0	0.0	17.5	0	0.0	0	0	0.0	0	1,112,737	0.0 <sup>b</sup>	5.0
Virginia	29,707,944	31.1	0.0	2.7	5,935,665	99.9	284	0	0.0	0	510,511	73.4	3.5
Washington	37,312,786	30.7	0.0	0.5	8,247,219	75.6	138	0	0.0	0	135,764	97.5	10.9 <sup>y</sup>

OT Table 2. Capitation Claims, Managed Care Enrollment, and Average Capitation Payment by Type of Capitation in MAX 2009

State	# OT Claims	Type of Capitation Payment			HMO/HIO or PACE			PHP			PCCM		
		% HMO/ HIO or PACE	% PHP	% PCCM	# OT Claims	% HMO/ HIO or PACE <sup>a</sup>	Avg HMO/HIO or PACE Capitation Payment	# OT Claims	% PHP Enrollment <sup>a</sup>	Avg PHP Capitation Payment	# OT Claims	% PCCM Enrollment <sup>a</sup>	Avg PCCM Capitation Payment
West Virginia	12,011,779	15.3	0.0	1.4	1,832,345	99.6	146	0	0.0	0	170,691	98.9	3.0
Wisconsin <sup>z</sup>	41,218,744	29.1	1.6	0.0	6,830,548	92.6	177	381,852	72.3	2,279 <sup>aa</sup>	0	0.0	0.0
Wyoming	2,352,747	0.0	0.0	0.0	0	0.0	0	0	0.0	0	0	0.0	0.0

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

<sup>a</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>b</sup> The plan IDs on the PCCM capitation claims do not match the PCCM plan IDs on the enrollment record in AL, AR, GA, LA, MT, OR, SC, SD, and VT in 2009. This could not be easily corrected in MAX.

<sup>c</sup> In AR, all HMO/HIO or PACE capitation claims are for PACE but the plan ID on the PACE capitation claims does not match the plan ID on the enrollment record in 2009.

<sup>d</sup> The percentage of HMO/HIO or PACE capitation claims increased more than 30 percent in CT and HI in 2009. All comprehensive managed care contracts in CT ended in 2007 or early 2008 and were not reinstated until 2009.

<sup>e</sup> GA reported payments to their Preadmission Screening and Resident Review contractor as PCCM capitation claims. The capitation rate for these payments is higher than the average PCCM capitation payment in GA.

<sup>f</sup> Number of OT claims increased more than 30 percent in HI and UT in 2009.

<sup>g</sup> Average HMO/HIO or PACE capitation payment increased by more than 30 percent in HI and TN in 2009.

<sup>h</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>i</sup> Many of the plan IDs on the PCCM capitation claims do not match the PCCM plan IDs on the enrollment record in IL, IN, IA, and NC in 2009. This could not be easily corrected in MAX.

<sup>j</sup> HMO/HIO or PACE capitation claims and payments decreased more than 30 percent in IA in 2009.

<sup>k</sup> In IA in 2009, PHP capitation claims with PHP ID 2599993 represent Health Insurance Premium Payments (HIPP), not Medicaid managed care capitation payments. There was no corresponding managed care enrollment.

<sup>l</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>m</sup> Number of both encounters and all OT claims increased more than 30 percent in MD in 2009.

<sup>n</sup> The percentage of PHP capitation claims increased more than 30 percent in MI in 2009.

<sup>o</sup> Average PHP capitation payment decreased more than 30 percent in MI and OK in 2009.

<sup>p</sup> In NE in 2009, if a person is enrolled in both HMO and PCCM programs, then the HMO plan ID appears on both their HMO and PCCM capitation payment. If a person is only enrolled in the PCCM program and is otherwise a FFS beneficiary then the plan ID on their PCCM capitation payment is 8-filled.

<sup>q</sup> In NC in 2009, there are two payments for each PCCM enrollment, one to the primary care provider and one to their network. Also, the PCCM rate for enrollees who are aged, blind, and/or disabled is higher than the standard PCCM rate. Total expenditures for PCCM capitation should be correct.

<sup>r</sup> The percentage of PCCM capitation claims and the average Medicaid paid per PCCM capitation claim increased more than 30 percent in OK in 2009. OK changed reporting of their SoonerCare enrollees as enrolled in PCCM instead of in PHP in 2009 to more accurately reflect the program's capitation and FFS features.

<sup>s</sup> The plan IDs on the HMO/HIO or PACE capitation claims do not match the HMO/HIO or PACE plan IDs on the enrollment record in OR in 2009. This could not be easily corrected in MAX.

<sup>t</sup> The plan IDs on the PHP capitation claims do not match the PHP plan IDs on the enrollment record in OR in 2009. This could not be easily corrected in MAX.

<sup>u</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to less than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>v</sup> The percentage of HMO/HIO or PACE capitation claims increased more than 30 percent in TN in 2009.

<sup>w</sup> The percentage of PHP capitation claims decreased more than 30 percent in TN in 2009.

<sup>x</sup> Average PHP capitation payment increased more than 30 percent in TN in 2009.

<sup>y</sup> Average PCCM capitation payment increased more than 30 percent in WA in 2009.

<sup>z</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>aa</sup> Average PHP capitation payment increased more than 30 percent in WI in 2009. WI's PHP plans represent long-term care plans serving people with elevated level of care needs.

OT Table 3. OT Service Claims: Reporting of Percent with Place of Service, Third-Party Liability, Diagnosis Code, Procedure Code, and Procedure-Coding System, Percent of Claims by Select Program Type, and Average HCBS Waiver Amount Paid Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% with Place of Service <sup>a</sup>	% with Third Party Liability	% with Primary Diagnosis Code	% with Procedure Code <sup>b</sup>	% with HCPCS or CPT-4 Code	Program Type					Average Home- and Community- Based Services (HCBS) Waiver Amount (Pgm Type = 6, 7)
							% Family Planning (Pgm Type = 2)	% Rural Health Clinic (Pgm Type = 3)	% Federally Qualified Health Center (Pgm Type = 4)	% Indian Health Service (Pgm Type = 5)		
Alabama	19,457,988	95.0	0.3	89.7	100.0	100.0	3.9	1.2	1.4	0.0	\$ 739	
Alaska	4,688,179	91.8	0.5	55.4	96.6	99.5 <sup>c</sup>	0.1	0.0	0.4	3.3	\$ 218	
Arizona	2,320,729	100.0	0.0	100.0	31.9	96.4	0.0	0.0	0.0	53.8	\$ 0	
Arkansas	24,553,678	98.1	0.3	100.0	97.0	100.0	1.5	0.6	0.4	0.0	\$ 90	
California	125,634,490	80.5	0.0	82.6	92.2	79.7	9.8	1.7	5.4	0.1	\$ 728	
Colorado	15,001,315	100.0	0.3	87.1	80.9 <sup>d</sup>	100.0	0.5	0.3	0.3	0.0	\$ 340	
Connecticut	18,169,972	97.6	0.0	89.8	95.8	57.9	0.0	0.0	2.0	0.0	\$ 133	
Delaware	1,955,732	61.7	0.2	94.1	98.0	100.0	0.1	0.0 <sup>e</sup>	0.2	0.0	\$ 331	
District of Columbia	4,012,531	91.2	0.0	96.7	99.0	100.0	0.0	0.0	1.3	0.0	\$ 204	
Florida	60,018,716	89.6	0.1	81.0	94.9	100.0	0.0	0.6	1.0	0.0	\$ 131	
Georgia	17,558,546	86.4	0.0	95.0	95.9	100.0	0.1	0.1	0.3	0.0	\$ 219	
Hawaii	1,125,080 <sup>f</sup>	86.6	0.1	48.7 <sup>g</sup>	97.6	100.0	0.0	0.0	1.0	0.0	\$ 626	
Idaho <sup>h</sup>	8,175,530	80.5	0.4	99.9	95.4	47.5	0.3	1.1	0.8	0.1	\$ 156	
Illinois	68,162,505	96.1	0.2	80.6	97.6	100.0	0.3	0.9	2.0	0.0	\$ 162	
Indiana	20,136,406	99.1	0.6	81.1	95.5	100.0	0.0	0.2	0.5	0.0	\$ 324	
Iowa	11,076,648	94.8	1.1	88.7	100.0	92.2	2.7	1.1	1.2	0.0	\$ 587	
Kansas	5,556,053	90.1	0.8	85.2	100.0	100.0	0.0	1.4	0.4	0.0	\$ 574	
Kentucky	22,320,401	72.9	0.2	92.6	94.0	100.0	0.2	2.1	0.9	0.0	\$ 96	
Louisiana	32,280,907	87.7	0.3	87.9	97.7	99.2	1.2	1.2	0.6	0.0	\$ 159	
Maine <sup>i</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$ 0	
Maryland	15,212,315	98.7	0.2	90.1	97.2	100.0	0.1	0.0	0.4	0.0	\$ 123	



OT Table 3. OT Service Claims: Reporting of Percent with Place of Service, Third-Party Liability, Diagnosis Code, Procedure Code, and Procedure-Coding System, Percent of Claims by Select Program Type, and Average HCBS Waiver Amount Paid Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% with Place of Service <sup>a</sup>	% with Third Party Liability	% with Primary Diagnosis Code	% with Procedure Code <sup>b</sup>	% with HCPCS or CPT-4 Code	Program Type				Average Home- and Community- Based Services (HCBS) Waiver Amount (Pgm Type = 6, 7)
							% Family Planning (Pgm Type = 2)	% Rural Health Clinic (Pgm Type = 3)	% Federally Qualified Health Center (Pgm Type = 4)	% Indian Health Service (Pgm Type = 5)	
Massachusetts	39,587,264	90.4	0.3	40.5	98.9	100.0	0.2	0.0	0.1	0.0	\$ 440
Michigan	16,249,650	96.9	0.4	78.1	99.8	94.7	0.9 <sup>j</sup>	1.0	2.5	0.0 <sup>k</sup>	\$ 33
Minnesota	18,997,361	88.4	0.4	99.5	99.1	100.0	1.3	0.1	0.2	0.2	\$ 416
Mississippi	16,260,611	71.5	0.3	89.8	94.5	100.0	1.2	2.5	1.3	0.1	\$ 350
Missouri	28,141,163	86.6	0.1	97.4	100.0	100.0	0.2	2.3	2.0	0.0	\$ 156
Montana	3,342,730	98.0	0.1	93.0	92.8	100.0	0.5	1.1	1.7	3.0	\$ 161
Nebraska	6,699,503	94.5	1.3	98.3	99.6	90.8	0.7	1.0	0.5	0.2	\$ 1,066
Nevada	3,959,663	96.4	0.6	73.4	96.4	89.8	0.2	0.2	0.5	0.5	\$ 546 <sup>l</sup>
New Hampshire	6,923,448	67.8	0.4	80.4	98.0	100.0	0.3	1.2	0.3	0.0	\$ 132
New Jersey	22,838,334	91.2	0.1	90.5	97.2	100.0	0.4	0.0	0.5	0.0	\$ 351
New Mexico	3,671,054	86.3	0.8	63.6	93.0	100.0	1.2	0.0	0.7	5.0	\$ 249
New York	96,924,202	93.1	0.2	86.1	97.2	17.5	0.3	0.0	3.0	0.0	\$ 477
North Carolina	70,911,087	93.3	0.2	91.4	94.5	98.6	0.5	0.3	0.6	0.0	\$ 90
North Dakota	2,007,164	100.0	2.0	92.5	96.4	85.9	0.1	1.2	0.6	1.3	\$ 362
Ohio	59,068,541	96.8	1.3	93.6	97.9	50.0	0.0	0.1	1.0	0.0	\$ 63
Oklahoma	23,117,776	94.9	0.4	88.0	98.3	100.0	1.1	0.3	0.7	0.8	\$ 71
Oregon	4,986,765	97.3	0.4	51.5	98.2	78.9	0.9	0.3	1.5	0.3	\$ 427
Pennsylvania	20,750,019	88.3	1.7	73.2	100.0	100.0	1.2	0.5	0.8	0.0	\$ 325
Rhode Island	2,798,418	100.0	1.1 <sup>m</sup>	100.0	99.5	100.0	0.0	0.0	3.1	0.0	\$ 214
South Carolina	19,115,139	88.7	0.5	65.4	97.6	91.2	3.9	1.0	0.6	0.0	\$ 41
South Dakota	1,937,573	94.6	1.0	89.4	84.0	99.8	0.3	1.5	2.5	8.5	\$ 3,377

OT Table 3. OT Service Claims: Reporting of Percent with Place of Service, Third-Party Liability, Diagnosis Code, Procedure Code, and Procedure-Coding System, Percent of Claims by Select Program Type, and Average HCBS Waiver Amount Paid Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% with Place of Service <sup>a</sup>	% with Third Party Liability	% with Primary Diagnosis Code	% with Procedure Code <sup>b</sup>	% with HCPCS or CPT-4 Code	Program Type					Average Home- and Community- Based Services (HCBS) Waiver Amount (Pgm Type = 6, 7)
							% Family Planning (Pgm Type = 2)	% Rural Health Clinic (Pgm Type = 3)	% Federally Qualified Health Center (Pgm Type = 4)	% Indian Health Service (Pgm Type = 5)		
Tennessee <sup>n</sup>	4,975,077 <sup>f</sup>	99.6	0.0	43.3 <sup>g</sup>	99.9	100.0	0.2	0.0	0.0	0.0	\$ 1,066	
Texas	90,484,743	81.5	0.1	65.1	90.9	82.8	0.8	0.7	0.5	0.0	\$ 154	
Utah	4,382,498	96.2	1.4	79.3	97.1	100.0	0.3	0.3	0.4	0.0	\$ 574	
Vermont	4,799,865	85.5	0.4	99.6	93.1	100.0	0.7	1.0	1.8	0.0	\$ 484	
Virginia	11,179,779	98.7	0.6	79.3	97.2	77.6	0.0	0.7	0.5	0.0	\$ 366	
Washington	17,687,057	87.0	0.3	64.8	99.1	80.4	0.9	0.3	8.2	0.7	\$ 561	
West Virginia	9,032,910	95.4	0.2	90.0	99.0	100.0	0.0	0.8	1.6	0.0	\$ 262	
Wisconsin <sup>o</sup>	14,418,971	93.8	0.4	88.4	99.1	97.4	3.6	0.3	2.0	0.2	\$ 783	
Wyoming	1,929,044	96.2	0.8	82.4	99.7	100.0	0.1	0.6	0.7	1.4	\$ 478	

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

<sup>a</sup> Values less than 80 percent are below the expected level and are considered anomalous.

<sup>b</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>c</sup> Claims with state-defined procedure codes in AK in 2009 were incorrectly reported with a procedure code indicator of HCPCS.

<sup>d</sup> Procedure codes were not reported on home health, waiver, hospice, and outpatient hospital claims in CO in 2009 as they were reported only on the UB-04 form.

<sup>e</sup> DE did not report RHC claims in 2009.

<sup>f</sup> Number of FFS non-crossover claims decreased more than 30 percent in HI and TN in 2009.

<sup>g</sup> The percentage of claims with a primary diagnosis code decreased more than 30 percent in HI and TN in 2009.

<sup>h</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>i</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>j</sup> The percentage of claims with program type of family planning increased more than 30 percent in MI in 2009.

<sup>k</sup> The percentage of claims with program type of Indian Health Service increased more than 30 percent in MI in 2009.

<sup>l</sup> Average home and community-based services waiver amount paid decreased more than 30 percent in NV and WA in 2009.

<sup>m</sup> The percentage of claims with third party liability increased more than 30 percent in RI in 2009.

<sup>n</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to less than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>o</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

OT Table 4. Percentage of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (08, 09, 10, 11, 12, 13, 15, 16, 26) in MAX 2009

State	# FFS Non-Crossover Claims	Physician Services (MAX TOS=08)	Dental Services (MAX TOS=09)	Other Practitioner Services (MAX TOS=10)	Outpatient Services (MAX TOS=11)	Clinic Services (MAX TOS=12)	Home Health Services (MAX TOS=13)	Lab/X-Ray Services (MAX TOS=15)	Prescription Drugs (MAX TOS=16)	Transportation Services (MAX TOS=26)
Alabama	19,457,988	23.0	10.3	1.9	4.6	6.9	1.3	27.0	0.0	0.7
Alaska	4,688,179	11.3	8.0	1.1	2.0	3.5	0.0	7.0	0.0	8.3
Arizona	2,320,729	8.6	0.1	1.1	61.9	0.7	0.0	13.1	0.0	9.8
Arkansas	24,553,678	12.2	7.8	1.1	3.8	15.5 <sup>a</sup>	0.5	13.1	0.0 <sup>b</sup>	1.2 <sup>c</sup>
California	125,634,490	10.1	0.9	0.9	5.5	11.8	0.6	23.5	0.1	3.8
Colorado	15,001,315	1.6	12.8	0.2	6.6	24.3	13.0	18.5	0.0	0.8
Connecticut	18,169,972	2.6	9.1	0.4	3.1	2.0	9.5	8.1	0.0	0.3
Delaware	1,955,732	8.7	18.3	21.8	2.3	0.9	2.7	9.3	0.0	2.5
District of Columbia	4,012,531	8.0	3.0	0.5	3.2	4.4	20.4	10.2	0.0	1.6
Florida	60,018,716	20.7	4.2	0.2	5.8	3.1	2.2	32.4	0.0	0.3
Georgia	17,558,546	14.7	4.9	1.0	8.1	4.7	0.5	22.9	0.0	0.5
Hawaii	1,125,080 <sup>d</sup>	5.3 <sup>e</sup>	51.3 <sup>f</sup>	0.1	1.1	7.0	7.9	4.2 <sup>g</sup>	0.0	2.0 <sup>h</sup>
Idaho <sup>i</sup>	8,175,530	10.3	2.4	1.6	4.2	2.8	0.4	12.3	0.0	5.5
Illinois	68,162,505	14.6	8.1	1.0	3.0	3.3	0.3	24.3	0.0	11.4
Indiana	20,136,406	7.2	17.2	0.5	3.1	15.6	5.7	14.2	0.0	5.2
Iowa	11,076,648	18.7	9.8	2.5	12.2	4.8	5.0	23.7	0.0	0.4
Kansas	5,556,053	14.3	14.2	0.8	4.8	2.9	3.2	18.1	0.0	3.7
Kentucky	22,320,401	16.2	7.3	4.5	6.4	5.6	1.5	18.6	0.0	0.9
Louisiana	32,280,907	16.7	7.2	0.9	8.4	2.4	0.8	22.6	0.0	1.8
Maine <sup>j</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	15,212,315	6.0	6.8	0.0	1.7	0.6	13.5	4.6	0.0	0.2
Massachusetts	39,587,264	7.5	11.7	0.8	3.6	1.2	8.1	14.6	0.0	13.7
Michigan	16,249,650	14.5	15.6	0.7	4.6	4.0	0.3	20.5	0.0	2.0
Minnesota	18,997,361	8.6	3.4	2.2	3.5	0.6	1.9	9.8	0.0	1.0
Mississippi	16,260,611	16.8	10.2	5.6	11.3	5.0	0.4	25.2	0.0	0.4
Missouri	28,141,163	0.8	1.1	0.3	4.9	17.1	0.3	14.6	0.0	0.3

OT Table 4. Percentage of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (08, 09, 10, 11, 12, 13, 15, 16, 26) in MAX 2009

State	# FFS Non-Crossover Claims	Physician Services (MAX TOS=08)	Dental Services (MAX TOS=09)	Other Practitioner Services (MAX TOS=10)	Outpatient Services (MAX TOS=11)	Clinic Services (MAX TOS=12)	Home Health Services (MAX TOS=13)	Lab/X-Ray Services (MAX TOS=15)	Prescription Drugs (MAX TOS=16)	Transportation Services (MAX TOS=26)
Montana	3,342,730	13.2	7.0	3.8	4.1	2.1	0.0	8.3	0.0	0.8
Nebraska	6,699,503	20.4	14.2	3.0	8.8	2.4	3.6	17.9	0.0	2.7
Nevada	3,959,663	17.3	9.7	0.8	2.0	6.3 <sup>a</sup>	0.1	16.4	0.0 <sup>b</sup>	0.8
New Hampshire	6,923,448	11.7	5.9	0.8	7.0	10.8	1.2	12.8	0.0	1.4
New Jersey	22,838,334	4.0	2.4	0.3	4.3	4.9	5.6	7.2	0.0	7.0 <sup>h</sup>
New Mexico	3,671,054	8.5	5.9	0.7	9.9	1.1	0.1	11.0	0.0	1.6
New York	96,924,202	4.3	5.3	0.1	3.9	4.5	12.1	4.0	0.0	6.6
North Carolina	70,911,087	15.7	8.4	0.8	6.2	3.5	1.0	16.8	0.0	1.2
North Dakota	2,007,164	16.4	7.1	3.0	7.8	5.2	0.8	19.1	0.0	1.5
Ohio	59,068,541	5.2	1.9	0.5	3.2	1.5	7.7	9.4	0.0	3.9
Oklahoma	23,117,776	13.0	11.2	0.4	6.2	3.6	0.4	18.0	0.0	0.8
Oregon	4,986,765	8.6	0.3	4.3	8.4	3.2	0.1	14.5	0.0	26.4
Pennsylvania	20,750,019	13.9	6.6	1.2	4.6	2.4	1.1	19.7	0.0	1.0
Rhode Island	2,798,418	4.9 <sup>e</sup>	11.3	0.7	1.8 <sup>k</sup>	1.1	4.8	4.1 <sup>g</sup>	0.0	19.2
South Carolina	19,115,139	13.9	13.2	1.7	3.0	14.0	0.4	11.8	0.0	1.3
South Dakota	1,937,573	25.4	0.0 <sup>l</sup>	7.5	2.7	12.4	0.2	22.7	0.0	2.0
Tennessee <sup>m</sup>	4,975,077 <sup>d</sup>	14.2 <sup>e</sup>	56.7 <sup>f</sup>	0.2	1.9	0.1	6.9	7.7 <sup>g</sup>	0.0	0.3
Texas	90,484,743	14.0	21.1	0.7	2.9	1.3	1.7	24.4	0.0	3.3
Utah	4,382,498	6.7	20.1	0.6	5.0	20.2	2.5	25.3	0.0	1.0
Vermont	4,799,865	16.5	7.0	1.0	4.9	3.4	1.1	21.7	0.0	6.3
Virginia	11,179,779	15.9	20.5	0.5	2.6	3.4	0.2	18.1	0.0	0.3
Washington	17,687,057	14.6	22.7	2.9	7.2	2.7	0.1	18.6	0.0	0.6
West Virginia	9,032,910	15.0	10.0	0.9	7.4	2.9	0.5	25.6	0.0	4.0
Wisconsin <sup>n</sup>	14,418,971	5.8	8.9	4.6	4.1	10.9	0.1	15.3	0.0	7.6
Wyoming	1,929,044	20.6	10.7	1.2	5.6	3.6	0.6	20.6	0.0	0.6

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

- <sup>a</sup> Clinic services increased more than 30 percent in AR and NV in 2009.
- <sup>b</sup> Prescription drugs decreased more than 30 percent in AR and NV in 2009.
- <sup>c</sup> Transportation services decreased more than 30 percent in AR in 2009. Transportation capitation payments were previously reported as FFS claims but was fixed in 2009.
- <sup>d</sup> Number of FFS non-crossover claims decreased more than 30 percent in HI and TN in 2009.
- <sup>e</sup> The percentage of claims with physician services decreased more than 30 percent in HI, RI, and TN in 2009.
- <sup>f</sup> The percentage of claims with dental services increased more than 30 percent in HI and TN in 2009.
- <sup>g</sup> The percentage of claims with Lab/X-ray services decreased more than 30 percent in HI, RI, and TN in 2009.
- <sup>h</sup> The percentage of claims with transportation services decreased more than 30 percent in HI and NJ in 2009.
- <sup>i</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
- <sup>j</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.
- <sup>k</sup> Outpatient services decreased more than 30 percent in RI in 2009.
- <sup>l</sup> SD reported nearly all of their FFS dental services as managed care encounters in 2009. The type of claim was not changed in the state's MAX 2009 files.
- <sup>m</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.
- <sup>n</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

OT Table 5. Percentage of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2009

State	Personal Care Services (MAX TOS=30)	Targeted Case Management (MAX TOS=31)	Rehabilitation Services <sup>a</sup> (MAX TOS=33)	Durable Medical Equipment (MAX TOS=51)	Residential Care Services (MAX TOS=52)	Psychiatric Services (MAX TOS=53)	Adult Day Care (MAX TOS=54)	Other Services <sup>b</sup> (MAX TOS=19)
Alabama	0.0	2.6	0.1	3.2	0.3	13.9	0.4	2.1
Alaska	26.1	1.1	0.0	5.1	3.7	13.4	0.3	6.2
Arizona	0.0	0.0	0.1	2.2	0.0	0.2	0.0	1.8
Arkansas	6.6	0.6	0.0	4.6	0.0	18.7	0.2	10.0
California	8.7	4.1	0.8	4.9	0.7	12.0	4.4	6.7
Colorado	0.0	0.0	0.0	7.2	0.7	2.9	0.2	9.8
Connecticut	14.6	17.9	7.0	8.7	6.6	4.4	3.4	1.9
Delaware	0.0	0.0	3.8	1.9	0.8	2.3	1.4	17.1
District of Columbia	1.6	0.0	0.4	4.9	6.8	12.3	0.0	22.4
Florida	0.0	1.1	0.3	4.8	0.3	3.9	0.9	17.6
Georgia	0.0	10.6	0.0	5.1	1.9	7.2	0.4	15.3
Hawaii	0.0	1.1	0.0	1.1	0.9	11.6	5.0	0.3
Idaho <sup>c</sup>	6.8	3.6	0.5	3.0	6.9	19.3	1.3	15.2
Illinois	0.9	5.2	0.1	3.9	4.7	8.2	0.0	6.6
Indiana	0.0	0.9	0.0	3.8	1.1	12.7	1.3	8.1
Iowa	0.0	1.3	1.0	6.9	1.5	3.6	0.7	6.3
Kansas	0.0	5.8	0.0	4.6	2.8	0.9	2.9	20.4
Kentucky	0.0	0.5	0.0	4.3	3.9	9.2	2.3	17.7
Louisiana	12.7	0.5	0.3	3.4	0.0	2.3	0.1	15.6
Maine <sup>d</sup>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	7.3	0.1	0.0	2.6	14.8	10.3	16.6	6.8
Massachusetts	0.4	0.7	0.0	2.9	0.8	4.5	2.3	26.5
Michigan	9.1	0.5	0.1	7.1	0.1	2.6	0.1	13.1 <sup>e</sup>
Minnesota	30.7	6.9	2.8	5.4	1.2	8.9	3.0	7.2
Mississippi	0.0	3.1	0.0	5.6	0.0	9.1	0.2	5.6
Missouri	22.4	4.0	0.6	2.8	7.1	8.9	0.9	13.7
Montana	10.4	8.9	0.1	4.7	0.1	19.6	0.5	13.6
Nebraska	0.8	0.0	0.0	7.2	0.5	10.6	0.6	2.4
Nevada	8.0	4.9	6.1 <sup>f</sup>	3.7	0.8 <sup>g</sup>	17.0 <sup>h</sup>	0.7 <sup>i</sup>	2.5
New Hampshire	0.1	0.0	0.6	3.1	0.4	17.7	0.5	24.8
New Jersey	27.8	0.3	3.9	2.5	0.8	14.4	9.9	3.9

OT Table 5. Percentage of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2009

State	Personal Care Services (MAX TOS=30)	Targeted Case Management (MAX TOS=31)	Rehabilitation Services <sup>a</sup> (MAX TOS=33)	Durable Medical Equipment (MAX TOS=51)	Residential Care Services (MAX TOS=52)	Psychiatric Services (MAX TOS=53)	Adult Day Care (MAX TOS=54)	Other Services <sup>b</sup> (MAX TOS=19)
New Mexico	1.9	1.3	0.0	4.1	8.2	4.8	0.0	29.8
New York	19.4	0.9	4.3	2.2	2.3	10.3	10.8	8.2
North Carolina	13.4	3.6	0.0	3.5	0.1	14.0	0.5	9.7
North Dakota	8.2	1.4	9.1	3.7	0.4	7.7	1.1	4.9
Ohio	0.0	0.0	1.6	3.1	2.5	12.1	5.4	39.7
Oklahoma	13.0	5.2	0.0	5.0	1.9	10.5	0.2	9.8
Oregon	0.9	0.6	1.4	4.6	1.6	6.6	0.0	17.8
Pennsylvania	0.0	7.3	1.0	8.5	0.1	1.9	0.1	30.2
Rhode Island	2.1 <sup>j</sup>	3.0	4.8	3.4	0.0	21.8	1.1	15.5
South Carolina	22.9	1.5	0.7	4.1	0.0	7.1	3.2	0.1
South Dakota	4.5	0.0	0.1	5.4	0.0	10.5	0.0	1.5
Tennessee <sup>k</sup>	0.0	0.0	0.0	4.1	1.1	2.0	2.3	2.4
Texas	1.3	2.0	2.3	6.2	0.0	1.8	0.9	15.1
Utah	0.4	0.0	0.2	3.6	0.8	6.5	0.5	5.4
Vermont	1.5	2.3	0.0	2.2	0.1	20.7	0.0	9.3
Virginia	6.1	0.5	0.5	5.1	0.0	16.4	0.2	8.3
Washington	2.9	0.0	0.2	8.8	4.7	5.5	0.3	6.8
West Virginia	1.1	0.3	8.2	2.7	2.4	8.0	0.0	8.3
Wisconsin <sup>l</sup>	0.6 <sup>m</sup>	1.1	0.3	7.0	0.3	14.0	0.1	16.1
Wyoming	0.0	1.4	3.6	3.8	2.4	9.6	1.6	12.5

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

<sup>a</sup> The coding of Rehabilitation Services varies by state. It is an optional rather than a mandatory service. Some states report community mental services with an MSIS Type of Service of Rehabilitation.

<sup>b</sup> Other services only includes MAX TOS 19. There are infrequently used services that are not reported in these tables.

<sup>c</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>d</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>e</sup> The percentage of claims with other services decreased more than 30 percent in MI in 2009.

<sup>f</sup> The percentage of claims with rehabilitation services increased more than 30 percent in NV in 2009.

<sup>g</sup> The percentage of claims with residential care services increased more than 30 percent in NV in 2009.

<sup>h</sup> The percentage of claims with psychiatric services increased more than 30 percent in NV in 2009.

<sup>i</sup> The percentage of claims with adult day care services increased more than 30 percent in NV in 2009.

<sup>j</sup> The percentage of claims with personal care services increased more than 30 percent in RI in 2009.

<sup>k</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>l</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>m</sup> The percentage of claims with personal care services decreased more than 30 percent in WI in 2009.



OT Table 6. Average Medicaid Paid per FFS Non-Crossover OT Service Claims by Select MAX Type of Service (08, 09, 10, 11, 12, 13, 15, 16, 26) in MAX 2009

State	All FFS Non-Crossover Services <sup>a</sup>	Physician Services (MAX TOS=08) <sup>a</sup>	Dental Services (MAX TOS=09) <sup>a</sup>	Other Practitioner Services (MAX TOS=10) <sup>a</sup>	Outpatient Services (MAX TOS=11) <sup>a</sup>	Clinic Services (MAX TOS=12) <sup>a</sup>	Home Health Services (MAX TOS=13) <sup>a</sup>	Lab/X-Ray Services (MAX TOS=15) <sup>a</sup>	Prescription Drugs (MAX TOS=16) <sup>a</sup>	Transportation Services (MAX TOS=26) <sup>a</sup>
Alabama	\$ 76	\$ 65	\$ 38	\$ 35	\$ 57	\$ 79	\$ 134	\$ 21	\$ 0 <sup>b</sup>	\$ 68
Alaska	\$ 152	\$ 147	\$ 100	\$ 107	\$ 581	\$ 315	\$ 941	\$ 112	\$ 0	\$ 148
Arizona	\$ 445	\$ 161	\$ 201	\$ 148	\$ 519	\$ 74	\$ 425	\$ 528	\$ 0	\$ 156
Arkansas	\$ 63	\$ 78	\$ 51	\$ 52	\$ 54	\$ 66	\$ 116	\$ 31	\$ 0	\$ 106 <sup>c</sup>
California	\$ 115	\$ 73	\$ 28	\$ 19	\$ 54	\$ 113	\$ 265	\$ 21	\$ 262 <sup>d</sup>	\$ 58
Colorado	\$ 105	\$ 62	\$ 44	\$ 41	\$ 115	\$ 80	\$ 82	\$ 36	\$ 0	\$ 70
Connecticut	\$ 88	\$ 86	\$ 78	\$ 249 <sup>e</sup>	\$ 117	\$ 128	\$ 72	\$ 32	\$ 0	\$ 163
Delaware	\$ 156 <sup>f</sup>	\$ 93	\$ 82	\$ 35	\$ 214	\$ 351	\$ 101	\$ 39	\$ 0	\$ 73
District of Columbia	\$ 135	\$ 115 <sup>g</sup>	\$ 139	\$ 53 <sup>e</sup>	\$ 120	\$ 110 <sup>h</sup>	\$ 117	\$ 35	\$ 0	\$ 109
Florida	\$ 68	\$ 66	\$ 27	\$ 32	\$ 122	\$ 122	\$ 155 <sup>i</sup>	\$ 17	\$ 0	\$ 181
Georgia	\$ 97	\$ 87	\$ 50	\$ 79	\$ 71	\$ 64	\$ 67	\$ 39	\$ 120 <sup>d</sup>	\$ 245
Hawaii	\$ 157	\$ 77	\$ 47	\$ 45	\$ 526	\$ 55 <sup>h</sup>	\$ 692	\$ 27	\$ 0	\$ 77 <sup>c</sup>
Idaho <sup>j</sup>	\$ 80	\$ 83	\$ 48	\$ 73	\$ 138	\$ 176	\$ 106	\$ 29	\$ 0	\$ 42
Illinois	\$ 61	\$ 58	\$ 34 <sup>k</sup>	\$ 23	\$ 203	\$ 120	\$ 241	\$ 19	\$ 0	\$ 13 <sup>l</sup>
Indiana	\$ 92	\$ 80	\$ 53	\$ 32	\$ 87	\$ 63	\$ 129	\$ 32	\$ 0	\$ 39
Iowa	\$ 125	\$ 78	\$ 51	\$ 52	\$ 93	\$ 93	\$ 233	\$ 39	\$ 0	\$ 68
Kansas	\$ 160	\$ 92	\$ 40	\$ 38	\$ 86	\$ 83	\$ 71	\$ 29	\$ 0	\$ 42
Kentucky	\$ 87	\$ 73	\$ 51	\$ 43	\$ 143	\$ 140	\$ 56 <sup>m</sup>	\$ 53	\$ 0 <sup>b</sup>	\$ 111
Louisiana	\$ 70	\$ 77	\$ 62 <sup>n</sup>	\$ 93	\$ 79	\$ 104	\$ 139	\$ 33	\$ 93	\$ 96
Maine <sup>o</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 116	\$ 83	\$ 54	\$ 0	\$ 415	\$ 166	\$ 100	\$ 73	\$ 0	\$ 99
Massachusetts	\$ 90	\$ 77	\$ 66	\$ 65	\$ 225	\$ 139	\$ 103	\$ 31	\$ 19 <sup>b</sup>	\$ 25
Michigan	\$ 66	\$ 60	\$ 27	\$ 34	\$ 107	\$ 43 <sup>h</sup>	\$ 82	\$ 20	\$ 0	\$ 79
Minnesota	\$ 152	\$ 77	\$ 50	\$ 89	\$ 104	\$ 150	\$ 80	\$ 40	\$ 0	\$ 124
Mississippi	\$ 75	\$ 82	\$ 46	\$ 34	\$ 106	\$ 102	\$ 128	\$ 28	\$ 0	\$ 229
Missouri	\$ 80	\$ 60	\$ 39	\$ 44	\$ 154	\$ 71	\$ 64	\$ 48	\$ 0	\$ 162
Montana	\$ 108	\$ 98	\$ 73	\$ 78	\$ 194	\$ 129	\$ 379	\$ 70	\$ 0	\$ 132
Nebraska	\$ 102	\$ 71	\$ 39	\$ 36	\$ 85	\$ 133	\$ 100	\$ 43	\$ 0	\$ 85

OT Table 6. Average Medicaid Paid per FFS Non-Crossover OT Service Claims by Select MAX Type of Service (08, 09, 10, 11, 12, 13, 15, 16, 26) in MAX 2009

State	All FFS Non-Crossover Services <sup>a</sup>	Physician Services (MAX TOS=08) <sup>a</sup>	Dental Services (MAX TOS=09) <sup>a</sup>	Other Practitioner Services (MAX TOS=10) <sup>a</sup>	Outpatient Services (MAX TOS=11) <sup>a</sup>	Clinic Services (MAX TOS=12) <sup>a</sup>	Home Health Services (MAX TOS=13) <sup>a</sup>	Lab/X-Ray Services (MAX TOS=15) <sup>a</sup>	Prescription Drugs (MAX TOS=16) <sup>a</sup>	Transportation Services (MAX TOS=26) <sup>a</sup>
Nevada	\$ 133	\$ 89	\$ 56	\$ 77	\$ 229	\$ 122 <sup>h</sup>	<b>\$ 915</b>	\$ 59	\$ 0	\$ 203
New Hampshire	\$ 91	\$ 56	\$ 54	\$ 40	\$ 82	\$ 88	\$ 102	\$ 34	\$ 0	\$ 59
New Jersey	\$ 102	\$ 63	\$ 43	\$ 37	\$ 125	\$ 35	\$ 101	\$ 39	\$ 0	\$ 20
New Mexico	\$ 157	\$ 109	\$ 55	\$ 60	\$ 238	\$ 135	\$ 123	\$ 72	\$ 0	\$ 123
New York	\$ 162	\$ 53 <sup>g</sup>	\$ 77	\$ 30 <sup>e</sup>	\$ 232	\$ 108	\$ 149	\$ 23	\$ 54 <sup>d</sup>	\$ 54
North Carolina	\$ 75	\$ 73	\$ 59	\$ 48	\$ 105	\$ 46	\$ 203	\$ 38	\$ 0	\$ 35
North Dakota	\$ 127	\$ 90	\$ 60	\$ 53	\$ 106	\$ 70	\$ 147	\$ 41	\$ 0	\$ 89 <sup>p</sup>
Ohio	\$ 64	\$ 60	\$ 44	\$ 33	\$ 119	\$ 81	\$ 44	\$ 28	\$ 87	\$ 22
Oklahoma	\$ 74	\$ 107	\$ 60	\$ 80	\$ 92	\$ 94	\$ 177	\$ 35	\$ 0	\$ 162
Oregon	\$ 157	\$ 100	\$ 82 <sup>q</sup>	\$ 61	\$ 135	\$ 153	\$ 155	\$ 44	\$ 0	\$ 34
Pennsylvania	\$ 115 <sup>f</sup>	\$ 51	\$ 56	\$ 22	\$ 77	\$ 90	<b>\$ 729</b>	\$ 21	\$ 0 <sup>b</sup>	\$ 108
Rhode Island	\$ 171	\$ 59	\$ 43	\$ 25	\$ 304	\$ 118	\$ 255	\$ 55	\$ 0	\$ 32
South Carolina	\$ 73	\$ 73	\$ 46	\$ 50	\$ 228	\$ 43	\$ 94	\$ 34	\$ 51 <sup>b</sup>	\$ 43
South Dakota	\$ 170	\$ 78	<b>\$ 190 <sup>r</sup></b>	\$ 43	<b>\$ 519</b>	\$ 225	\$ 71	\$ 49	\$ 0 <sup>b</sup>	\$ 112
Tennessee <sup>s</sup>	\$ 214 <sup>f</sup>	\$ 73	\$ 61	\$ 57	\$ 300	\$ 59	<b>\$ 783</b>	\$ 53	\$ 0 <sup>b</sup>	\$ 92 <sup>p</sup>
Texas	\$ 82	\$ 66	\$ 58	\$ 84	\$ 121	\$ 107	\$ 256	\$ 34	\$ 0	\$ 66
Utah	\$ 133	\$ 84	\$ 39	\$ 55	\$ 186	\$ 95	\$ 117	\$ 73	\$ 0	\$ 79
Vermont	\$ 129	\$ 68	\$ 53	\$ 98	\$ 172	\$ 109	\$ 135	\$ 40	\$ 0	\$ 38
Virginia	\$ 181	\$ 77	\$ 56	\$ 60	\$ 339	\$ 109	\$ 317	\$ 29 <sup>t</sup>	\$ 0	\$ 133
Washington	\$ 135	\$ 76	\$ 36	\$ 50	\$ 110	\$ 89	\$ 96	\$ 32	\$ 0	\$ 76
West Virginia	\$ 100	\$ 70	\$ 54	\$ 62	\$ 99	\$ 105	\$ 86	\$ 31	\$ 0	\$ 62
Wisconsin <sup>u</sup>	\$ 84 <sup>f</sup>	\$ 68	\$ 37	\$ 24	\$ 277 <sup>v</sup>	\$ 65	\$ 165	\$ 83	\$ 0	\$ 22
Wyoming	\$ 141	\$ 123	\$ 60	\$ 81	\$ 127	<b>\$ 249</b>	\$ 160	\$ 40	\$ 0	<b>\$ 358</b>

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Average Medicaid paid for prescription drugs decreased more than 30 percent in AL, KY, MA, PA, SC, SD, and TN in 2009.

<sup>c</sup> Average Medicaid paid for transportation services increased more than 30 percent in AR and HI in 2009. Transportation capitation payments for AR were previously reported as FFS claims but was fixed in 2009.

<sup>d</sup> Average Medicaid paid for prescription drugs increased more than 30 percent in CA, GA, and NY in 2009.

<sup>e</sup> Average Medicaid paid for other practitioner services increased more than 30 percent in CT, DC, and NY in 2009.

<sup>f</sup> Average Medicaid paid for all FFS non-crossover services increased more than 30 percent in DE, PA, TN, and WI in 2009.

<sup>g</sup> Average Medicaid paid for physician services increased more than 30 percent in DC and NY in 2009.

<sup>h</sup> Average Medicaid paid for clinic services decreased more than 30 percent in DC, HI, MI, and NV in 2009.

<sup>i</sup> Average Medicaid paid for home health services increased more than 30 percent in FL in 2009.

<sup>j</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>k</sup> Average Medicaid paid for dental services decreased more than 30 percent in IL in 2009.

<sup>l</sup> Average Medicaid paid for transportation services decreased more than 30 percent in IL in 2009.

<sup>m</sup> Average Medicaid paid for home health services decreased more than 30 percent in KY in 2009.

<sup>n</sup> Average Medicaid paid for dental services increased more than 30 percent in LA in 2009. This increase is in part attributable to the recategorization of dental lab claims to dental services instead of lab/x-ray services.

<sup>o</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>p</sup> Average Medicaid paid for transportation services increased more than 30 percent in ND and TN in 2009.

<sup>q</sup> Average Medicaid paid for dental services increased more than 30 percent in OR in 2009.

<sup>r</sup> SD reported FFS dental claims as managed care encounters in 2009. Only services that were previously carved out of an old dental PHP were reported as FFS.

<sup>s</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>t</sup> Average Medicaid paid for lab/x-ray services increased more than 30 percent in VA in 2009.

<sup>u</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

<sup>v</sup> Average Medicaid paid per user of outpatient services increased more than 30 percent in WI in 2009. WI reported the claim header paid amount on each line of outpatient hospital claims in their FY2009 OT MSIS file submissions.

OT Table 7. Average Medicaid Paid per FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2009

State	Personal Care Services (MAX TOS=30) <sup>a</sup>	Targeted Case Management (MAX TOS=31) <sup>a</sup>	Rehabilitation Services (MAX TOS=33) <sup>a</sup>	Durable Medical Equipment (MAX TOS=51) <sup>a</sup>	Residential Care Services (MAX TOS=52) <sup>a</sup>	Psychiatric Services (MAX TOS=53) <sup>a</sup>	Adult Day Care (MAX TOS=54) <sup>a</sup>	Other Services <sup>b</sup> (MAX TOS=19) <sup>a</sup>
Alabama	\$ 0	\$ 145	\$ 838	\$ 53	\$ 3,028	\$ 59	\$ 720 <sup>c</sup>	\$ 477
Alaska	\$ 83	\$ 223	\$ 537	\$ 87	\$ 366	\$ 158	\$ 181	\$ 266
Arizona	\$ 27	\$ 0	\$ 81	\$ 878	\$ 0	\$ 158 <sup>d</sup>	\$ 0	\$ 105
Arkansas	\$ 40	\$ 22	\$ 2,049	\$ 55	\$ 0	\$ 86	\$ 94	\$ 51
California	\$ 437	\$ 101	\$ 80	\$ 45	\$ 1,097	\$ 132	\$ 125	\$ 94
Colorado	\$ 0	\$ 160	\$ 31	\$ 95	\$ 2,114 <sup>e</sup>	\$ 76	\$ 319	\$ 228
Connecticut	\$ 60	\$ 9	\$ 135	\$ 88	\$ 341	\$ 112	\$ 109	\$ 135
Delaware	\$ 0	\$ 0	\$ 123	\$ 96	\$ 1,534 <sup>f</sup>	\$ 1,192	\$ 364 <sup>g</sup>	\$ 257
District of Columbia	\$ 121	\$ 0	\$ 114 <sup>h</sup>	\$ 90	\$ 352	\$ 150 <sup>d</sup>	\$ 0	\$ 146
Florida	\$ 0	\$ 39	\$ 179	\$ 81	\$ 690	\$ 74	\$ 148	\$ 91
Georgia	\$ 0	\$ 100	\$ 0	\$ 93	\$ 473	\$ 88	\$ 205	\$ 136
Hawaii	\$ 0	\$ 56	\$ 0 <sup>i</sup>	\$ 61 <sup>j</sup>	\$ 1,873	\$ 218	\$ 305	\$ 400 <sup>k</sup>
Idaho <sup>l</sup>	\$ 134	\$ 43	\$ 102	\$ 66	\$ 136	\$ 91	\$ 26	\$ 52
Illinois	\$ 485	\$ 33	\$ 281	\$ 78	\$ 108	\$ 56	\$ 532	\$ 150
Indiana	\$ 0	\$ 42	\$ 35	\$ 122	\$ 1,965	\$ 84	\$ 130	\$ 92
Iowa	\$ 0	\$ 263	\$ 78	\$ 83	\$ 1,602	\$ 235	\$ 457	\$ 333
Kansas	\$ 177 <sup>m</sup>	\$ 88	\$ 0	\$ 85	\$ 1,104	\$ 688	\$ 514 <sup>c</sup>	\$ 290
Kentucky	\$ 0	\$ 240	\$ 0	\$ 99	\$ 172	\$ 101	\$ 61	\$ 91
Louisiana	\$ 61	\$ 149	\$ 33	\$ 65	\$ 0	\$ 85 <sup>d</sup>	\$ 87	\$ 105
Maine <sup>n</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 32	\$ 61	\$ 231	\$ 137	\$ 189	\$ 157	\$ 76	\$ 83
Massachusetts	\$ 71	\$ 334	\$ 48 <sup>i</sup>	\$ 66	\$ 2,257	\$ 129	\$ 113	\$ 61
Michigan	\$ 193 <sup>m</sup>	\$ 212	\$ 82	\$ 53	\$ 174	\$ 91	\$ 71	\$ 34
Minnesota	\$ 141	\$ 162	\$ 82 <sup>i</sup>	\$ 153	\$ 2,854	\$ 105	\$ 246	\$ 103
Mississippi	\$ 1,215	\$ 94	\$ 0	\$ 63	\$ 537	\$ 83	\$ 303	\$ 204
Missouri	\$ 51	\$ 57	\$ 36	\$ 127	\$ 218	\$ 100	\$ 75	\$ 64
Montana	\$ 96	\$ 51	\$ 45	\$ 139	\$ 1,382	\$ 112	\$ 317	\$ 150
Nebraska	\$ 244	\$ 0	\$ 0	\$ 84	\$ 2,728	\$ 84	\$ 1,084	\$ 556
Nevada	\$ 214	\$ 194	\$ 134 <sup>i</sup>	\$ 138	\$ 1,672 <sup>f</sup>	\$ 124 <sup>o</sup>	\$ 349 <sup>c</sup>	\$ 244
New Hampshire	\$ 816	\$ 0	\$ 244	\$ 99	\$ 404	\$ 97	\$ 55	\$ 133

OT Table 7. Average Medicaid Paid per FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2009

State	Personal Care Services (MAX TOS=30) <sup>a</sup>	Targeted Case Management (MAX TOS=31) <sup>a</sup>	Rehabilitation Services (MAX TOS=33) <sup>a</sup>	Durable Medical Equipment (MAX TOS=51) <sup>a</sup>	Residential Care Services (MAX TOS=52) <sup>a</sup>	Psychiatric Services (MAX TOS=53) <sup>a</sup>	Adult Day Care (MAX TOS=54) <sup>a</sup>	Other Services <sup>b</sup> (MAX TOS=19) <sup>a</sup>
New Jersey	\$ 47	\$ 75	\$ 206	\$ 91	\$ 2,344	\$ 106	\$ 82	\$ 266
New Mexico	\$ 247	\$ 158	\$ 1,110	\$ 130	\$ 541	\$ 95	\$ 487	\$ 146
New York	\$ 135	\$ 31	\$ 171	\$ 76	\$ 1,741	\$ 138	\$ 157	\$ 121
North Carolina	\$ 57	\$ 53	\$ 0	\$ 85	\$ 207	\$ 129	\$ 181 <sup>c</sup>	\$ 87
North Dakota	\$ 80	\$ 40	\$ 87	\$ 56	\$ 2,980	\$ 166	\$ 1,116	\$ 534
Ohio	\$ 0	\$ 0	\$ 45	\$ 92	\$ 136	\$ 83	\$ 54	\$ 63
Oklahoma	\$ 39	\$ 99	\$ 0	\$ 77	\$ 418	\$ 81	\$ 91	\$ 43
Oregon	\$ 198 <sup>p</sup>	\$ 236	\$ 389 <sup>h</sup>	\$ 77	\$ 1,739	\$ 530	\$ 612	\$ 209
Pennsylvania	\$ 628	\$ 69 <sup>q</sup>	\$ 125	\$ 325 <sup>r</sup>	\$ 1,019 <sup>f</sup>	\$ 132	\$ 605	\$ 153
Rhode Island	\$ 190 <sup>p</sup>	\$ 69	\$ 233	\$ 105	\$ 2,439 <sup>f</sup>	\$ 225	\$ 1,034	\$ 281
South Carolina	\$ 38	\$ 122	\$ 106	\$ 76	\$ 1,562	\$ 103	\$ 402	\$ 176
South Dakota	\$ 178 <sup>p</sup>	\$ 0	\$ 569	\$ 150	\$ 0 <sup>f</sup>	\$ 190	\$ 501	\$ 3,151 <sup>s</sup>
Tennessee <sup>t</sup>	\$ 0	\$ 0	\$ 0 <sup>i</sup>	\$ 154	\$ 5,810	\$ 130 <sup>d</sup>	\$ 776	\$ 588 <sup>k</sup>
Texas	\$ 50	\$ 35 <sup>u</sup>	\$ 120	\$ 91	\$ 561 <sup>e</sup>	\$ 73	\$ 138	\$ 167
Utah	\$ 91 <sup>p</sup>	\$ 171	\$ 119	\$ 136	\$ 2,259	\$ 272	\$ 1,001 <sup>c</sup>	\$ 315 <sup>v</sup>
Vermont	\$ 281	\$ 72	\$ 0	\$ 106	\$ 697	\$ 243	\$ 0	\$ 294
Virginia	\$ 275	\$ 79	\$ 120	\$ 138	\$ 0	\$ 289	\$ 197	\$ 698
Washington	\$ 705 <sup>m</sup>	\$ 142	\$ 1,157 <sup>h</sup>	\$ 72	\$ 1,029 <sup>f</sup>	\$ 83	\$ 514 <sup>g</sup>	\$ 158
West Virginia	\$ 371	\$ 76	\$ 158	\$ 95	\$ 567	\$ 107	\$ 0	\$ 201
Wisconsin <sup>w</sup>	\$ 77	\$ 198	\$ 48	\$ 79	\$ 2,418	\$ 55	\$ 986	\$ 91
Wyoming	\$ 0	\$ 71	\$ 55	\$ 108	\$ 1,216	\$ 97	\$ 586 <sup>c</sup>	\$ 185

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Other services only includes MAX TOS 19. There are infrequently used services that are not included in these tables.

<sup>c</sup> Average Medicaid paid for adult day care services increased more than 30 percent in AL, KS, NV, NC, UT, and WY in 2009.

<sup>d</sup> Average Medicaid paid for psychiatric services increased more than 30 percent in AZ, DC, LA, and TN in 2009.

<sup>e</sup> Average Medicaid paid for residential care services increased more than 30 percent in CO and TX in 2009.

<sup>f</sup> Average Medicaid paid for residential care services decreased more than 30 percent in DE, NV, PA, RI, SD, and WA in 2009.

<sup>g</sup> Average Medicaid paid for adult day care services decreased more than 30 percent in DE and WA in 2009.

<sup>h</sup> Average Medicaid paid for rehabilitation services increased more than 30 percent in DC, OR, and WA in 2009.

<sup>i</sup> Average Medicaid paid for rehabilitation services decreased more than 30 percent in HI, MA, MN, NV, and TN in 2009.

<sup>j</sup> Average Medicaid paid for durable medical equipment decreased more than 30 percent in HI in 2009.

<sup>k</sup> Average Medicaid paid for other services increased more than 30 percent in HI and TN in 2009.

<sup>l</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS

through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>m</sup> Average Medicaid paid for personal care services decreased more than 30 percent in KS, MI, and WA in 2009.

<sup>n</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

<sup>o</sup> Average Medicaid paid for psychiatric services decreased more than 30 percent in NV in 2009.

<sup>p</sup> Average Medicaid paid for personal care services increased more than 30 percent in OR, RI, SD, and UT in 2009.

<sup>q</sup> Average Medicaid paid for targeted case management services increased more than 30 percent in PA in 2009.

<sup>r</sup> Average Medicaid paid for durable medical equipment increased more than 30 percent in PA in 2009.

<sup>s</sup> In SD there are fewer claims with type of service 19 and a higher average payment for claims with type of service 19 than in other states.

<sup>t</sup> From April 2007 through January 2009, TN moved more than 1.2 million enrollees from a quasi-FFS Administrative Services Only model of care to full-risk managed care. The state now provides FFS care to fewer than 50,000 of its sickest enrollees. As a result of this change, many measures that appear in the OT and PS tables changed substantially between 2008 and 2009.

<sup>u</sup> Average Medicaid paid for targeted case management services decreased more than 30 percent in TX in 2009.

<sup>v</sup> Average Medicaid paid for other services decreased more than 30 percent in UT in 2009.

<sup>w</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

OT Table 8. Other Reporting Issues Among OT Service Claims in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Alabama							
Alaska							
Arizona							
Arkansas				X		X	Transportation capitation had previously been reported as FFS claims but was corrected in 2009 causing a shift from type of service of transportation to type of service of PHP capitation. PACE capitation was also previously reported as FFS claims and corrected in 2009. AR reported duplicate payments on many crossover claims causing over-reporting of expenditures for dual eligibles. AR reported the wrong data into the service code modifier field on OT claims until August 2010.
California							
Colorado			X		X		The last 4 bytes of the PS Plan IDs need to be dropped in order to link to the Plan IDs on capitation and encounter claims. The number of claims and average Medicaid amount paid for Hospice and Private Duty Nursing Services increased more than 30 percent. Premium assistance payments for CO are represented in MAX with a TOC = 2 and TOS = 99.
Connecticut					X		Unlike other states, the procedure code is not missing on capitation claims for CT in MAX 2009; they represent capitation claims not FFS claims.
Delaware							
District of Columbia					X		DC implemented a new Medicaid Management Information System (MMIS) in January of 2010. There are some differences in type of service mapping between the old and new systems. In particular, DC began reporting dentures to "other services" (TOS = 19) and ambulatory surgical centers changed from clinic (TOS = 12) to outpatient hospital (TOS = 11). Claims for CY2009 adjudicated in CY2010 will be affected by the change in type of service mapping.
Florida							
Georgia							
Hawaii							
Idaho						X	ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
Illinois							
Indiana		X					Average Medicaid expenditures for family planning doubled, increasing from \$52 to \$106.
Iowa	X			X			Average Medicaid paid per HMO capitation claim increased from \$157 to \$427. This appears to be because more aged and disabled enrollees were in managed care, and a large number of children and adults moved out of managed care mid-year.
Kansas							
Kentucky							
Louisiana		X					LA paid a fixed rate for FQHC and RHC services. LA submitted summary claims for bundled services and provided the Medicaid payment amount but it did not provide the detailed services.
Maine						X	ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The state's MAX 2009 files only contain the RX and eligibility information.

OT Table 8. Other Reporting Issues Among OT Service Claims in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Maryland				X	X		Unlike other states, the procedure code is present on capitation claims for MD in MAX 2009; they represent capitation claims not FFS claims. MD reports premium payments made to Medicare Advantage plans with type of claim = 2, type of service 99 (unknown), and procedure (service) code W2100.
Massachusetts						X	Premiums for people receiving only premium payment assistance to purchase private health insurance under MA's 1115 waiver (Waiver ID N, Restricted Benefit Flag W) are not included in MAX.
Michigan							
Minnesota							
Mississippi						X	The state submitted capitation payments for disease management as service tracking claims in 2009.
Missouri							
Montana							
Nebraska						X	The percentage of home health claims with a span bill decreased more than 30 percent in NE in 2009.
Nevada							
New Hampshire							
New Jersey							
New Mexico			X		X		The first byte of the PS Plan IDs needs to be dropped in order to link to the Plan IDs on capitation claims. There were large drops in TOS usage across the board and the state reported that they put all long term care and Medicaid/Medicare duals into managed care during a phased in implementation from July, 2008 through February 2009 at which point all long term care and Medicare clients were in managed care. NM didn't begin receiving encounters from the long term care MCOs until sometime later in 2009.
New York			X				The last two bytes of the PS Plan IDs need to be dropped in order to link to the Plan IDs on capitation and encounter claims. The last two bytes of the PS Plan IDs on claims represent the county code in which the plan is operating.
North Carolina					X		Unlike other states, the procedure code is not missing on capitation claims for NC in MAX 2009; they represent capitation claims not FFS claims.
North Dakota							
Ohio							
Oklahoma							
Oregon			X				The plan IDs on the PS file did not link with the plan IDs on the capitation claims.
Pennsylvania							
Rhode Island	X			X			RI does not report PHP capitation claims or encounter claims for enrollees in its dental managed care plan in 2009.
South Carolina							
South Dakota							
Tennessee				X			TN converted no-risk managed care plans into risk-based plans. This was a phased process. The claims for risk-based services were submitted as encounters. The non-risk claims were submitted as FFS.
Texas						X	TX has a large number of state agencies responsible for the administration and processing of Medicaid claims for different parts of the state plan making it difficult for them to collect and report Medicaid services uniformly in MSIS.



OT Table 8. Other Reporting Issues Among OT Service Claims in MAX 2009

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Utah							
Vermont						X	In 2005, a new 1115 waiver in Vermont turned their federal Medicaid reimbursement into a block grant, giving the state the flexibility to modify Medicaid coverage to pay for non-Medicaid covered services. Although the state considers itself to be a managed care organization under this waiver, since they pay providers on a FFS basis, services and enrollment were not classified as managed care.
Virginia							
Washington							
West Virginia							
Wisconsin						X	When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.
Wyoming							

RX Table 1. RX Service Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# RX Claims	Type of Claim			% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID	% with Provider Taxonomy <sup>c</sup>
		% FFS Non-Crossover <sup>a</sup>	% Encounter	% Supplemental				
Alabama	8,088,298	100.0	0.0	0.0	0.1	100.0	0.0	99.9
Alaska	986,034	100.0	0.0	0.0	0.7	100.0	100.0	0.0
Arizona	11,455,239	0.5	99.5	0.0	0.0	100.0	0.0	68.1
Arkansas	4,880,988	100.0	0.0	0.0	0.1	100.0	0.0	0.0
California	60,294,884	56.2	43.8	0.0	0.4	100.0	100.0	1.0
Colorado	3,536,467	100.0	0.0	0.0	0.1	89.0	0.0	100.0
Connecticut	7,311,312	100.0	0.0	0.0	0.0	100.0	0.0	0.0
Delaware	1,912,137	100.0	0.0	0.0	0.1	100.0	100.0	100.0
District of Columbia	877,195	100.0	0.0	0.0	0.7	100.0	0.0	0.0
Florida	22,605,522 <sup>d</sup>	66.2 <sup>e</sup>	33.8 <sup>e</sup>	0.0	0.5 <sup>f</sup>	81.3	0.0	53.1
Georgia	14,249,077	47.4	52.6	0.0	0.0	0.8	0.0	99.3
Hawaii	173,550 <sup>g</sup>	100.0	0.0	0.0	0.2	100.0	0.0	76.0
Idaho <sup>h</sup>	1,742,193	100.0	0.0	0.0	0.2 <sup>f</sup>	99.9	0.0	1.9
Illinois	24,390,255	100.0	0.0	0.0	0.1	100.0	0.0	100.0
Indiana	10,600,356	48.4	51.6	0.0	0.2	100.0	0.0	100.0
Iowa	4,001,347	100.0	0.0	0.0	0.0	84.3	0.0	25.2
Kansas	3,444,672	75.9	24.1	0.0	0.6	100.0	0.0	0.0
Kentucky	11,675,680	84.1	15.9	0.0	0.0	97.5	0.0	97.4
Louisiana	10,796,617	100.0	0.0	0.0	0.1	100.0	0.0	0.0
Maine	3,618,792	100.0	0.0	0.0	0.5	100.0	0.0	0.0
Maryland	8,092,549	30.6	69.4	0.0	0.1	30.6	0.0	0.0
Massachusetts	9,023,250	100.0	0.0	0.0	0.1	75.4	0.0	75.4
Michigan	17,350,409	36.1	63.9	0.0	0.1	36.2	31.6	11.6
Minnesota	10,663,676	32.6	67.4	0.0	0.0	100.0	0.0	100.0

RX Table 1. RX Service Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# RX Claims	Type of Claim			% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID	% with Provider Taxonomy <sup>c</sup>
		% FFS Non-Crossover <sup>a</sup>	% Encounter	% Supplemental				
Mississippi	5,075,927	100.0	0.0	0.0	0.0	100.0	0.0	97.0
Missouri	12,385,372	85.9	14.1	0.0	0.3	91.1	0.0	0.3
Montana	868,009	100.0	0.0	0.0	0.0	100.0	0.0	0.0
Nebraska	2,743,616	100.0	0.0	0.0	0.1	0.0	0.0	0.0
Nevada	1,602,455	100.0	0.0	0.0	0.2 <sup>f</sup>	100.0	0.0	100.0
New Hampshire	1,364,408	100.0	0.0	0.0	0.0	84.6	0.0	0.0
New Jersey	11,068,576	53.4	46.6	0.0	0.9	51.7	0.0	0.0
New Mexico	4,326,282	6.1	93.9	0.0	0.0	100.0	0.0	0.0
New York	50,394,174	99.5	0.2	0.2	0.0	99.8	0.0	0.0
North Carolina	15,402,605	100.0	0.0	0.0	0.0	100.0	0.0	0.0
North Dakota	580,480	100.0	0.0	0.0	0.0	99.4	0.0	99.4
Ohio	8,215,824	100.0	0.0	0.0	0.0	100.0	0.0	0.0
Oklahoma	5,254,842	100.0	0.0	0.0	0.1 <sup>f</sup>	100.0	0.0	100.0
Oregon	4,994,118 <sup>d</sup>	39.8 <sup>i</sup>	60.2	0.0	0.0	39.6	0.0	40.9
Pennsylvania	7,907,863	100.0	0.0	0.0	0.0	100.0	0.0	1.8
Rhode Island	1,754,406	35.6	64.4	0.0	0.0	0.0	100.0	0.0
South Carolina	3,992,400	100.0	0.0	0.0	0.0	0.0	0.0	0.0
South Dakota	792,283	100.0	0.0	0.0	0.0	0.6	0.0	0.3
Tennessee	12,452,903	100.0	0.0	0.0	0.0	100.0	0.0	100.0
Texas	30,056,131	100.0	0.0	0.0	0.1	100.0	0.0	100.0
Utah	2,305,409	100.0	0.0	0.0	0.2	100.0	0.0	34.9
Vermont	2,135,282	100.0	0.0	0.0	0.0	100.0	0.0	0.0
Virginia	9,070,909	47.6	52.4	0.0	0.0	100.0	100.0	0.0
Washington	13,550,848	74.2	25.8 <sup>j</sup>	0.0	0.2	9.3	0.0	39.3

RX Table 1. RX Service Claims by Type of Claim, Missing Eligibility, NPI, and Provider Taxonomy in MAX 2009

State	# RX Claims	Type of Claim			% Missing Eligibility <sup>b</sup>	% with NPI <sup>c</sup>	% with NPI = Billing Provider ID	% with Provider Taxonomy <sup>c</sup>
		% FFS Non-Crossover <sup>a</sup>	% Encounter	% Supplemental				
West Virginia	5,819,155	100.0	0.0	0.0	0.1	100.0	0.0	100.0
Wisconsin <sup>k</sup>	11,250,036	100.0	0.0	0.0	0.0	100.0	100.0	100.0
Wyoming	520,134	100.0	0.0	0.0	0.1	100.0	0.0	85.6

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

<sup>a</sup> There are no crossover RX claims.

<sup>b</sup> Values above two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>d</sup> Number of pharmacy claims increased more than 30 percent in FL and OR in 2009.

<sup>e</sup> FL's reporting of encounter claims increased more than 30 percent in 2009 decreasing the percentage of FFS non-crossover claims in the file.

<sup>f</sup> Number of claims missing Medicaid eligibility increased more than 30 percent in FL, ID, NV, and OK in 2009.

<sup>g</sup> Number of pharmacy claims decreased more than 30 percent in HI in 2009.

<sup>h</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>i</sup> The percentage of FFS non-crossover claims decreased more than 30 percent in OR in 2009.

<sup>j</sup> The percentage of encounter claims increased more than 30 percent in WA in 2009.

<sup>k</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

RX Table 2. RX Claims: Reporting of Type of Service, Average Medicaid Paid, and Percent with Prescriber ID, Medispan Classification Code, Prescription Date, Over-the-Counter Drug Classification, Prescription Drug Classification, Quantity, and Days Supply Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% RX (MAX TOS=16)	% Durable Medical Equipment (MAX TOS=51)	Average Medicaid Paid <sup>a</sup>	% with Prescriber ID <sup>b</sup>	% with Medi-Span Classification Code <sup>c</sup>	% with Prescribed Date <sup>d</sup>	% with Over-the- Counter Drug Classification	% with Prescription Drug Classification	% with Quantity <sup>e</sup>	% with Days Supply <sup>f</sup>
Alabama	8,088,298	99.2	0.8	\$ 59	100.0	99.8	100.0	6.4	93.5	99.9	100.0
Alaska	986,034	100.0	0.0	\$ 79	81.2	99.5	0.0	3.4	96.2	100.0	100.0
Arizona	57,624	98.8	1.2	\$ 95	91.1	99.9	100.0	18.5	81.5	100.0	100.0
Arkansas	4,880,988	100.0	0.0	\$ 68	96.2	99.6	0.0	4.9	94.9	99.3	100.0
California	33,891,011	95.0	5.0	\$ 91	99.8	94.7	0.0	23.2	72.9	99.9	100.0
Colorado	3,536,467	99.9	0.0	\$ 86	80.4	99.9	100.0	2.0	98.0	100.0	100.0
Connecticut	7,311,312	100.0	0.0	\$ 61	100.0	99.8	100.0	7.2	92.8	100.0	100.0
Delaware	1,912,137	100.0	0.0	\$ 68	100.0	99.6	0.0	7.4	92.3	99.9	100.0
District of Columbia	877,195	100.0	0.0	\$ 102	100.0	99.9	100.0	6.6	93.4	100.0	100.0
Florida	14,959,558	100.0	0.0	\$ 73	100.0	98.9	100.0	9.7	90.3	99.9	100.0
Georgia	6,752,524	99.1	0.9	\$ 72	99.3	99.9	0.0	5.4	94.5	100.0	100.0
Hawaii	173,550 <sup>g</sup>	100.0	0.0	\$ 65	95.9	96.6	100.0	28.0	72.0	100.0	100.0
Idaho <sup>h</sup>	1,742,193	100.0	0.0	\$ 68	99.1	99.4	0.1	2.2	97.3	99.8	100.0
Illinois	24,390,255	100.0	0.0	\$ 54	100.0	99.5	100.0	15.7	84.0	99.8	100.0
Indiana	5,133,655	90.8	9.2 <sup>i</sup>	\$ 61	100.0	99.6	100.0	24.1	75.9	100.0	100.0
Iowa	4,001,347	100.0	0.0	\$ 61	100.0	99.6	100.0	11.3	88.7	99.9	100.0
Kansas	2,613,040	99.9	0.0	\$ 60	100.0	99.7	100.0	6.2	93.8	99.9	100.0
Kentucky	9,816,920	100.0	0.0	\$ 50	92.9	99.4	100.0	17.1	82.9	99.9	100.0
Louisiana	10,796,617	99.3	0.7	\$ 81	100.0	99.9	100.0	3.6	96.4	100.0	100.0
Maine	3,618,792	100.0	0.0	\$ 58	100.0	99.6	100.0	9.9	89.9	100.0	100.0
Maryland	2,477,016	99.3	0.7	\$ 109	99.7	99.4	100.0	2.0	97.6	99.9	100.0
Massachusetts	9,023,250	100.0	0.0	\$ 53	95.2	99.5	100.0	13.1	86.7	100.0	100.0

RX Table 2. RX Claims: Reporting of Type of Service, Average Medicaid Paid, and Percent with Prescriber ID, Medispan Classification Code, Prescription Date, Over-the-Counter Drug Classification, Prescription Drug Classification, Quantity, and Days Supply Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% RX (MAX TOS=16)	% Durable Medical Equipment (MAX TOS=51)	Average Medicaid Paid <sup>a</sup>	% with Prescriber ID <sup>b</sup>	% with Medi-Span Classification Code <sup>c</sup>	% with Prescribed Date <sup>d</sup>	% with Over-the- Counter Drug Classification	% with Prescription Drug Classification	% with Quantity <sup>e</sup>	% with Days Supply <sup>f</sup>
Michigan	6,263,132	100.0	0.0	\$ 71	99.9	99.8	0.0	11.2	88.8	99.9	100.0
Minnesota	3,471,586	100.0	0.0	\$ 71	98.5	99.4	0.0	18.1	81.9	98.4	100.0
Mississippi	5,075,927	100.0	0.0	\$ 67	100.0	99.8	100.0	5.5	94.5	100.0	100.0
Missouri	10,633,926	100.0	0.0	\$ 69	99.6	99.6	0.0	12.4	87.6	98.7	100.0
Montana	868,009	100.0	0.0	\$ 76	89.6	99.8	100.0	5.5	94.5	99.9	100.0
Nebraska	2,743,616	100.0	0.0	\$ 55	99.9	98.9	100.0	23.3	76.7	100.0	100.0
Nevada	1,602,455	100.0	0.0	\$ 60	100.0	99.7	100.0	6.0	94.0	99.8	100.0
New Hampshire	1,364,408	100.0	0.0	\$ 65	100.0	99.9	100.0	11.7	88.3	92.5	100.0
New Jersey	5,906,463	100.0	0.0	\$ 96	99.8	99.0	0.0	6.9	92.4	99.8	100.0
New Mexico	263,307	100.0	0.0	\$ 38	100.0	99.7	100.0	21.7	78.3	99.8	100.0
New York	50,161,929	100.0	0.0	\$ 79	87.1	99.3	100.0	17.7	82.1	100.0	100.0
North Carolina	15,402,605	100.0	0.0	\$ 74	49.9	99.8	0.0	3.3	96.7	99.9	100.0
North Dakota	580,480	98.3	1.7	\$ 57	96.9	99.8	100.0	6.0	94.0	99.9	100.0
Ohio	8,215,824	100.0	0.0	\$ 63	100.0	99.5	100.0	17.6	82.4	99.9	0.0
Oklahoma	5,254,842	100.0	0.0	\$ 70	100.0	99.7	100.0	4.3	95.7	99.7	100.0
Oregon	1,985,812	100.0	0.0	\$ 71	100.0	99.7	99.6 <sup>j</sup>	13.8	86.2	99.9	100.0
Pennsylvania	7,907,863	100.0	0.0	\$ 56	100.0	99.7	100.0	14.3	85.7	99.9	100.0
Rhode Island	623,995	100.0	0.0	\$ 51	99.3	99.1	0.0	19.7	80.1	100.0	100.0
South Carolina	3,992,400	100.0	0.0	\$ 68	99.9	99.6	0.0	6.1	93.7	100.0	100.0
South Dakota	792,283	100.0	0.0	\$ 65	99.4	98.1	0.0	5.0	93.3	99.4	99.4
Tennessee	12,452,903	100.0	0.0	\$ 60	100.0	99.9	100.0	7.6	92.4	99.8	100.0
Texas	30,056,131	99.6	0.4	\$ 73	100.0	98.9	100.0	11.2	88.0	99.9	100.0

RX Table 2. RX Claims: Reporting of Type of Service, Average Medicaid Paid, and Percent with Prescriber ID, Medispan Classification Code, Prescription Date, Over-the-Counter Drug Classification, Prescription Drug Classification, Quantity, and Days Supply Among FFS Non-Crossover Claims in MAX 2009

State	# FFS Non-Crossover Claims	% RX (MAX TOS=16)	% Durable Medical Equipment (MAX TOS=51)	Average Medicaid Paid <sup>a</sup>	% with Prescriber ID <sup>b</sup>	% with Medi-Span Classification Code <sup>c</sup>	% with Prescribed Date <sup>d</sup>	% with Over-the- Counter Drug Classification	% with Prescription Drug Classification	% with Quantity <sup>e</sup>	% with Days Supply <sup>f</sup>
Utah	2,305,409	100.0	0.0	\$ 66	100.0	99.3	0.0	6.5	93.2	100.0	100.0
Vermont	2,135,282	100.0	0.0	\$ 60	100.0	99.7	0.0	12.3	87.5	100.0	100.0
Virginia	4,315,907	100.0	0.0	\$ 53	100.0	99.4	0.0	26.4	73.6	99.9	100.0
Washington	10,050,265	99.4	0.6	\$ 40	27.7 <sup>k</sup>	99.8	100.0	13.5	86.5	99.9	100.0
West Virginia	5,819,155	100.0	0.0	\$ 58	99.4	99.8	100.0	5.7	94.3	99.9	100.0
Wisconsin <sup>l</sup>	11,250,036	100.0	0.0	\$ 57	99.5	99.9	100.0	5.6	94.4	100.0	100.0
Wyoming	520,134	100.0	0.0	\$ 73	99.9	99.2	100.0	7.6	91.7	100.0	100.0

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

<sup>a</sup> Values greater or less than two standard deviations from the arithmetic mean are considered anomalous.

<sup>b</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>c</sup> Medi-Span drug classifications are available only to users with proper authorization to the Medi-Span Master Drug Database by Wolters Kluwer Health. This measure is included because it indicates how well the NDC is linking to the Medi-Span database.

<sup>d</sup> Values of 0 percent are missing the prescription date on all of the claims and are considered anomalous.

<sup>e</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>f</sup> Values less than 95 percent are below the expected level and are considered anomalous.

<sup>g</sup> Number of FFS non-crossover pharmacy claims decreased more than 30 percent in HI in 2009.

<sup>h</sup> ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.

<sup>i</sup> The percentage of FFS non-crossover claims for durable medical equipment decreased more than 30 percent in IN in 2009.

<sup>j</sup> The percentage of FFS non-crossover claims with a prescribed date increased more than 30 percent in OR in 2009.

<sup>k</sup> The percentage of FFS non-crossover claims with a prescriber ID increased more than 30 percent in WA in 2009.

<sup>l</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.

RX Table 3. Other Reporting Issues Among RX Claims in MAX 2009

State	National Drug Code	Program Type	Managed Care	Other	Notes
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
					ID was unable to accurately report its claims following implementation of a new MMIS. As a result, the state's MAX 2009 files only contain inpatient (IP), long-term care (LT), and pharmacy (RX) claims reported to MSIS through Q2 FY 2010 and other (OT) claims reported to MSIS through Q1 FY 2010. Because of the combination of this data limitation and adjudication lag, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
Idaho				X	
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					



RX Table 3. Other Reporting Issues Among RX Claims in MAX 2009

State	National Drug Code	Program Type	Managed Care	Other	Notes
Nebraska					
Nevada					
New Hampshire					
New Jersey				X	Instead of sending in resubmissions or debit claims, NJ sends in new original claims with different ICNs. As a result, the RX files appear to have no adjusted claims.
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee			X		TN converted no-risk managed care plans into risk-based plans. This was a phased process. The non-risk claims were submitted as FFS.
Texas					
Utah					
Vermont				X	Through an 1115 waiver in 2005, VT turned its federal Medicaid reimbursement into a block grant, giving it the flexibility to modify Medicaid coverage to pay for non Medicaid covered services. Although the state considers itself to be a MCO under this waiver, since they pay providers on a FFS basis, services and enrollment are not classified as managed care.
Virginia	X				VA did not have the capacity to use HCPCS on pharmacy claims for supplies and DME that did not have an NDC. The NDC field is '9' filled when this occurs.
Washington					
West Virginia					
Wisconsin				X	When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees, causing unreliable assignment of dual status, uniform eligibility group, and restricted benefit status.
Wyoming					

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