

**Medicaid Analytic Extract  
Claims Anomaly Tables, 2008**

October 21, 2011



**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

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

#### 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  
CLTC = community long-term care  
CMS-1500 = standard claim form used by a non-institutional provider or supplier  
CPT = Current Procedural Terminology code  
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  
FP = family planning  
FOHC = 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  
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  
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  
MC = managed care  
MCCN = Managed Care Community Networks  
MDDB = Medi-Span Master Drug Database  
MFP = Money Follows the Person program  
MH = mental hospital  
MH/MR = mental hospital for people with mental retardation  
MR/DD = mentally retarded/developmentally disabled  
MPAP = Maryland Pharmacy Assistance Program  
MPDP = Maryland Pharmacy Discount Program  
MSIS = Medicaid Statistical Information System  
NDC = National Drug Code  
NF = nursing facility  
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  
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  
RBF = restricted benefits flag  
RHC = Rural Health Clinic  
RX = prescription drug claims file  
S-CHIP = State Children's Health Insurance Program  
SED = serious emotional disturbance  
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 2008

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. Some of these claims have an Adjustment Indicator of Debit.
All	Adjustment	Some claims could not be properly adjusted as the source MSIS files did not include the ICN that helps link the original claim with its adjustments. The ICN will be included in MSIS in FY 2009, so this problem will be fixed in MAX 2009 in the states with a usable ICN.
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-92 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 be used to define an EDB dual.
All	Encounter Claims	Encounter claims in the source MSIS files have not been evaluated for completeness or data quality. Several states do not submit encounter claims for all services and often they do not submit any, even if they have people enrolled in managed care. The encounter claims cannot be relied on to be complete or accurate without an independent evaluation.
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-State Table 1. All-State Anomaly Notes in MAX 2008

Record Type	Topic	Issue
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	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.



All-State Table 1. All-State Anomaly Notes in MAX 2008

Record Type	Topic	Issue
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.
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.

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 2008

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 Missing Medicaid Eligibility <sup>b</sup>
Alabama	928,272	\$ 3,389,826,932	10.5	18.9	8.5	62.08	\$ 15,303,221 <sup>c</sup>
Alaska	128,385	\$ 983,192,417	14.6	84.8	0.1	0.56	\$ 5,830,499
Arizona	1,681,279	\$ 7,675,858,379	13.0	1.7	80.2	5.19	\$ 42,027,791
Arkansas	783,320	\$ 3,333,899,911	8.9	13.7 <sup>d</sup>	2.9	74.48	\$ 32,810,684
California	11,183,571	\$ 32,934,876,834	15.0	22.8	25.6	36.60	\$ 212,337,707
Colorado	666,240	\$ 2,938,782,318	13.0	3.3	18.4	65.22	\$ 15,598,768
Connecticut	562,239	\$ 3,897,153,268	17.1	53.9 <sup>e</sup>	5.7	23.28	\$ 89,638
Delaware	199,084	\$ 1,164,800,319	8.6	4.1	16.0	71.34	\$ 1,968,783 <sup>c</sup>
District of Columbia	174,457	\$ 1,689,300,423	3.8	4.4 <sup>d</sup>	55.9	35.88	\$ 9,109,496 <sup>c</sup>
Florida	3,170,489	\$ 12,686,059,945	13.2	17.1	26.3	43.50	\$ 107,396,578
Georgia	2,017,823	\$ 6,942,691,177	18.7	5.1	39.4	36.77	\$ 57,855,951
Hawaii	252,266	\$ 1,042,477,743	4.1	16.5	47.5	31.85	\$ 3,862,742
Idaho	243,016	\$ 1,264,800,193	7.8	5.1	14.4	72.66	\$ 1,203,255
Illinois	2,774,091	\$ 9,993,388,394	12.8	20.5	7.5	59.11	\$ 20,074,581 <sup>c</sup>
Indiana	1,154,292	\$ 5,081,156,847	9.8	15.1	32.3	42.79	\$ 1,900,786
Iowa	499,396	\$ 2,666,685,874	11.6	13.6	6.7	68.10	\$ 6,153,471 <sup>c</sup>
Kansas	362,794	\$ 2,213,825,419	3.6	6.8	29.6	59.96	\$ 9,454,182
Kentucky	926,354	\$ 5,096,094,315	6.5	4.3	21.0	68.24	\$ 12,072,789
Louisiana	1,219,892	\$ 5,106,343,565	7.9	24.4	6.2	61.54	\$ 39,249,888 <sup>c</sup>
Maine <sup>f</sup>	361,611	\$ 211,658,459	41.3	58.7	0.0	0.00	\$ 893,940
Maryland	900,240	\$ 5,771,511,989	10.9	15.8	6.8	66.51	\$ 3,551,637
Massachusetts <sup>g</sup>	1,633,841	\$ 8,883,913,912	26.7 <sup>h</sup>	18.5	15.1	39.77	\$ 6,498,973
Michigan	2,034,731	\$ 7,025,293,210	9.9	16.2 <sup>e</sup>	31.8	42.04	\$ 13,478,711
Minnesota	846,213	\$ 6,374,810,942	11.7	23.0	38.9	26.45	\$ 1,481,259
Mississippi	740,415	\$ 3,096,430,669	16.7	83.0	0.0	0.26	\$ 540,908
Missouri	1,096,123	\$ 5,389,679,221	7.8	21.2	32.4	38.64	\$ 3,978,579 <sup>c</sup>
Montana	131,160	\$ 658,595,636	21.2	29.8	4.4	44.62	\$ 2,793,933
Nebraska	265,282	\$ 1,494,357,133	8.2	55.4	3.2	33.20	\$ 1,713,319

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 2008

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 Missing Medicaid Eligibility <sup>b</sup>
Nevada	279,492	\$ 1,137,281,402	8.9	6.7	41.3	43.10	\$ 5,894,971
New Hampshire	157,524	\$ 947,443,772	17.0	83.0	0.0	0.00	\$ 135,091
New Jersey	1,276,190	\$ 7,804,658,020	16.6	17.6	46.1	19.72	\$ 54,597,143
New Mexico	565,298	\$ 2,749,491,592	7.5	14.8	57.7	20.03	\$ 2,408,899
New York	5,112,507	\$ 42,419,679,526	14.1	22.2	16.1	47.55	\$ 248,078,331
North Carolina	1,902,108	\$ 9,054,540,585	13.4	20.4	5.2	61.06	\$ 2,662,779
North Dakota	79,323	\$ 552,335,076	12.2	38.3	6.7	42.79	\$ 198,822 <sup>i</sup>
Ohio	2,212,338	\$ 12,343,341,162	6.3	19.3	47.1	27.29	\$ 41,478,579 <sup>c</sup>
Oklahoma	811,952	\$ 3,403,256,065	6.7	6.4	10.6	76.37	\$ 10,275,285
Oregon	577,932	\$ 2,573,762,494	15.4	4.1	40.4	40.07	\$ 2,298,307 <sup>c</sup>
Pennsylvania	2,233,017	\$ 13,324,863,581	5.0	6.4	55.8	32.83	\$ 25,995,154 <sup>i</sup>
Rhode Island	218,104	\$ 1,578,567,131	6.0	25.8	35.9	32.30	\$ 130,313 <sup>c</sup>
South Carolina	919,466	\$ 3,616,310,839	5.7	5.4	11.2	77.71	\$ 1,387,460 <sup>c</sup>
South Dakota	136,061	\$ 671,786,476	3.8	5.3	11.6	79.24	\$ 7,418
Tennessee	1,542,353	\$ 6,286,614,030	4.4	0.5	24.6	70.46	\$ 87,593,942 <sup>c</sup>
Texas	4,488,332	\$ 17,228,264,218	9.7	18.8	10.4	61.07	\$ 58,069,133 <sup>c</sup>
Utah <sup>j</sup>	350,893	\$ 1,156,094,147	14.9 <sup>k</sup>	8.6 <sup>k</sup>	18.2	58.29	\$ 12,037,936 <sup>l</sup>
Vermont	176,697	\$ 919,223,495	9.0	24.9	6.4	59.62	\$ 3,797,257
Virginia	1,006,083	\$ 5,241,434,305	14.9	20.1	26.5	38.52	\$ 6,481,155
Washington	1,243,536	\$ 5,156,036,562	9.2	25.0	20.7	45.08	\$ 148,766,315
West Virginia	404,206	\$ 2,138,573,898	8.2	36.9	6.8	48.20	\$ 1,276,636
Wisconsin <sup>m</sup>	1,133,714	\$ 4,685,444,693	9.4	30.7	15.6 <sup>n</sup>	44.21 <sup>o</sup>	\$ 15,805,155
Wyoming	78,645	\$ 518,587,977	16.2	83.8	0.0	0.00	\$ 1,953,870

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 Medicaid amount paid for people with missing Medicaid eligibility increased more than 30 percent in AL, DC, DE, IL, IA, LA, MO, OH, OR, RI, SC, TN, and TX in 2008.

<sup>d</sup> The number of enrollees with FFS only services decreased more than 30 percent in AR and DC in 2008.

<sup>e</sup> The number of enrollees with FFS-only services increased more than 30 percent in CT and MI in 2008.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>g</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>h</sup> Commonwealth Care enrollees in MA in 2008 qualify only for premium assistance for their managed care enrollment and MA did not submit the premium assistance in the claims data.

<sup>i</sup> Medicaid amount paid for persons with missing Medicaid eligibility decreased more than 30 percent in ND and PA in 2008.

<sup>j</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>k</sup> The percentage of enrollees with no claims and the percentage of enrollees with FFS-only claims decreased by more than 30 percent in UT 2008.

<sup>l</sup> Medicaid paid for persons missing Medicaid eligibility increased by more than 30 percent in UT in 2008. Claims lacking enrollment information were primarily capitation claims.

<sup>m</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>n</sup> The percentage of persons with no FFS claims decreased more than 30 percent in WI in 2008.

<sup>o</sup> The percentage of people with FFS and any other claims increased more than 30 percent in WI in 2008.

PS Table 2. Total Persons, Total Expenditures, and Percent with Zero Expenditures Among Medicaid Enrollees in MAX 2008

State	Total Number of Enrollees	Total Medicaid Expenditures	Percent with Zero Expenditures by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Alabama	916,430	\$ 3,374,523,711	38.4	10.6	0.8	22.9
Alaska	127,790	\$ 977,361,918	9.1	7.5	16.6	15.2
Arizona	1,604,077	\$ 7,633,830,588	26.8	5.6	4.7	14.0
Arkansas	766,658	\$ 3,301,089,227	21.9	8.4	1.8	28.4
California	10,865,324	\$ 32,722,539,127	5.0	1.1	8.1	28.4 <sup>b</sup>
Colorado	581,888	\$ 2,923,183,550	12.0	6.0	0.5 <sup>c</sup>	3.1
Connecticut	562,169	\$ 3,897,063,630	21.9	9.0	18.6 <sup>c</sup>	15.8 <sup>d</sup>
Delaware	197,291	\$ 1,162,831,536	30.0	11.4	3.0	10.3
District of Columbia	172,321	\$ 1,680,190,927	8.6	3.2 <sup>e</sup>	3.3	4.4
Florida	3,096,697	\$ 12,578,663,367	38.5	16.1	6.4 <sup>c</sup>	13.5 <sup>d</sup>
Georgia	1,732,419	\$ 6,884,835,226	29.2	10.9	2.6 <sup>c</sup>	3.8
Hawaii	243,986	\$ 1,038,615,001	14.5	9.8	2.1	4.4
Idaho	229,408	\$ 1,263,596,938	19.3	7.8	0.1	0.2
Illinois	2,650,265	\$ 9,973,313,813	21.1	10.0	5.8	12.8
Indiana	1,137,841	\$ 5,079,256,061	23.6	12.7	6.0	9.2
Iowa	496,433	\$ 2,660,532,403	15.1	3.1	4.6	28.2
Kansas	358,828	\$ 2,204,371,237	17.8	8.9	0.1	0.5
Kentucky	897,940	\$ 5,084,021,526	19.0	7.8	0.7	0.5
Louisiana	1,203,515	\$ 5,067,093,677	29.5	11.2	1.4	14.3 <sup>d</sup>
Maine <sup>f</sup>	356,546	\$ 210,764,519	74.5	35.5	38.0	28.8
Maryland	898,938	\$ 5,767,960,352	21.0	9.7	5.5	38.6
Massachusetts <sup>g</sup>	1,570,304	\$ 8,877,414,939	20.7	5.0	9.3	44.5 <sup>h</sup>
Michigan	2,026,820	\$ 7,011,814,499	21.0 <sup>i</sup>	9.2 <sup>i</sup>	6.7 <sup>i</sup>	26.1

PS Table 2. Total Persons, Total Expenditures, and Percent with Zero Expenditures Among Medicaid Enrollees in MAX 2008

State	Total Number of Enrollees	Total Medicaid Expenditures	Percent with Zero Expenditures by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Minnesota	825,263	\$ 6,373,329,683	30.4	6.3	6.2	10.0
Mississippi	740,200	\$ 3,095,889,761	26.9	15.7	12.3	25.0
Missouri	1,073,088	\$ 5,385,700,642	5.2	1.4	5.8	12.1
Montana	110,489	\$ 655,801,703	15.5	6.8	7.6 <sup>c</sup>	9.2 <sup>d</sup>
Nebraska	264,933	\$ 1,492,643,814	13.2	6.9	6.8	11.9
Nevada	277,596	\$ 1,131,386,431	26.9	13.6	5.4	7.0
New Hampshire	150,501	\$ 947,308,681	19.4	13.2	11.5	15.7
New Jersey	1,150,972	\$ 7,750,060,877	22.4	10.2	5.5	7.5
New Mexico	561,762	\$ 2,747,082,693	14.8	6.6	3.9	16.0
New York	5,093,922	\$ 42,171,601,195	25.8	8.7	11.8	16.2
North Carolina	1,781,048	\$ 9,051,877,806	22.2	10.8	2.2	11.6
North Dakota	74,633	\$ 552,136,254	17.2	8.7	5.8	7.3
Ohio	2,199,104	\$ 12,301,862,583	17.2	7.4	4.8	5.1
Oklahoma	809,349	\$ 3,392,980,780	16.3	7.2	1.6	20.2 <sup>d</sup>
Oregon	533,443	\$ 2,571,464,187	20.8	9.3	5.2	11.9
Pennsylvania	2,224,698	\$ 13,298,868,427	17.1	4.5	1.5	7.1 <sup>d</sup>
Rhode Island	213,478	\$ 1,578,436,818	22.9	10.2	2.7	3.7
South Carolina	915,681	\$ 3,614,923,379	15.0	6.7	1.1	11.1
South Dakota	134,253	\$ 671,779,058	2.3	2.1	2.5	3.1
Tennessee	1,512,449	\$ 6,199,020,088	43.2	4.6	0.6 <sup>c</sup>	0.9 <sup>d</sup>
Texas	4,375,057	\$ 17,170,195,085	34.2	17.5	3.7	13.1 <sup>d</sup>
Utah <sup>l</sup>	297,858	\$ 1,144,056,211	7.4 <sup>k</sup>	4.7 <sup>k</sup>	1.7 <sup>k</sup>	9.1 <sup>k</sup>
Vermont	171,664	\$ 915,426,238	8.0	4.5	4.3	13.1 <sup>d</sup>
Virginia	947,906	\$ 5,234,953,150	22.0	11.6	8.4	9.9

PS Table 2. Total Persons, Total Expenditures, and Percent with Zero Expenditures Among Medicaid Enrollees in MAX 2008

State	Total Number of Enrollees	Total Medicaid Expenditures	Percent with Zero Expenditures by Basis of Eligibility <sup>a</sup>			
			Aged	Disabled	Child	Adult
Washington	1,193,923	\$ 5,007,270,247	15.4	8.9	5.5	19.0
West Virginia	403,443	\$ 2,137,297,262	25.2	12.1	3.3	5.6
Wisconsin <sup>l</sup>	1,104,941	\$ 4,669,639,538	15.6	8.2 <sup>m</sup>	5.8	9.2
Wyoming	78,139	\$ 516,634,107	21.3	14.3	16.1	16.7

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 2008. A vast majority were persons who only qualified for limited benefits.

<sup>c</sup> The percentage of children with no Medicaid expenditures increased more than 30 percent in CO, CT, FL, GA, MT, and TN in 2008.

<sup>d</sup> The percentage of adults with no Medicaid expenditures increased more than 30 percent in CT, FL, LA, MT, OK, PA, TN, TX, and VT in 2008.

<sup>e</sup> The percentage of disabled with no Medicaid expenditures decreased more than 30 percent in DC in 2008.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>g</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>h</sup> The percentage of adults with no Medicaid expenditures increased more than 30 percent in MA in 2008 because MA began reporting enrollment into Commonwealth Care in 2008. Those enrollees qualify only for premium assistance for their managed care enrollment and MA did not submit the premium assistance in the claims data.

<sup>i</sup> The percentage of aged, disabled, and child enrollees with no Medicaid expenditures increased more than 30 percent in MI in 2008.

<sup>j</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>k</sup> The percentage of aged, disabled, child, and adult enrollees with no expenditures decreased more than 30 percent in UT in 2008.

<sup>l</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>m</sup> The percentage of disabled enrollees with no Medicaid expenditures increased more than 30 percent in WI in 2008. This is likely caused by a lack of FFS waiver claims.

There are no 1915(c) claims (Pgm Type=6,7) in WI because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records.

PS Table 3. Average Medicaid Paid by Select Subgroups Among Medicaid Enrollees in MAX 2008

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 Only (RBF=6)	Enrolled Only as Alien (RBF=2)	Enrolled Only as EDB Dual with Medicare Cost-Sharing (RBF=3)
Alabama	\$ 3,682	\$ 5,919	\$ 12,034	\$ 341	\$ 357	\$ 1,178	\$ 284
Alaska	\$ 7,648	\$ 18,160	\$ 18,560	\$ 93	\$ 0	\$ 8,746	\$ 4
Arizona	\$ 4,759	\$ 8,741	\$ 11,083	\$ 437	\$ 81	\$ 3,083	\$ 160
Arkansas	\$ 4,306	\$ 10,411	\$ 15,704	\$ 2,427	\$ 213	\$ 0	\$ 2,311
California	\$ 3,012	\$ 9,481	\$ 9,676	\$ 599	\$ 214	\$ 1,267	\$ 32
Colorado	\$ 5,024	\$ 13,321	\$ 17,384	\$ 343	\$ 0	\$ 4,075	\$ 222
Connecticut	\$ 6,932	\$ 22,772	\$ 29,677	\$ 601	\$ 0	\$ 0	\$ 215
Delaware	\$ 5,894	\$ 13,292	\$ 26,424	\$ 835	\$ 38	\$ 1,065	\$ 512
District of Columbia	<b>\$ 9,750</b>	\$ 26,664	\$ 29,829 <sup>e</sup>	<b>\$ 9,633<sup>f</sup></b>	\$ 0	\$ 11,346	\$ 6,964 <sup>g</sup>
Florida	\$ 4,062	\$ 6,705	\$ 11,258	\$ 532	\$ 140	\$ 5,283	\$ 336
Georgia	\$ 3,974	\$ 6,426	\$ 11,038	\$ 430	\$ 0	\$ 4,111	\$ 329
Hawaii	\$ 4,257	\$ 10,719	\$ 11,760	\$ 303	\$ 0	\$ 6,698	\$ 22 <sup>g</sup>
Idaho	\$ 5,508	\$ 12,267	\$ 16,998	\$ 553	\$ 0	\$ 0	\$ 370
Illinois	\$ 3,763	\$ 9,807	\$ 10,989	\$ 762	\$ 130	\$ 14,268	\$ 481
Indiana	\$ 4,464	\$ 12,267	\$ 18,228	\$ 578	\$ 0	\$ 961	\$ 255
Iowa	\$ 5,359	\$ 14,469	\$ 17,129	\$ 698	\$ 271	\$ 3,817	\$ 441
Kansas	\$ 6,143	\$ 13,402	\$ 17,608	\$ 521	\$ 0	\$ 4,287	\$ 233
Kentucky	\$ 5,662	\$ 7,955	\$ 12,626	\$ 607	\$ 0	\$ 4,838	\$ 444
Louisiana	\$ 4,210	\$ 8,680	\$ 14,288	\$ 490	\$ 170	\$ 8,387	\$ 383
Maine <sup>h</sup>	<b>\$ 591</b>	\$ 147	\$ 240	\$ 18	\$ 0	\$ 51	\$ 5
Maryland	\$ 6,416	\$ 15,951	\$ 22,856	\$ 1,110	\$ 89	\$ 7,348	\$ 938
Massachusetts <sup>i</sup>	\$ 5,653	\$ 14,149	\$ 14,537	\$ 190	\$ 0	\$ 1,730	\$ 33



PS Table 3. Average Medicaid Paid by Select Subgroups Among Medicaid Enrollees in MAX 2008

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 Only (RBF=6)	Enrolled Only as Allen (RBF=2)	Enrolled Only as EDB Dual with Medicare Cost-Sharing (RBF=3)
Michigan	\$ 3,460	\$ 7,905	\$ 8,861	\$ 386	\$ 140	\$ 443	\$ 273
Minnesota	\$ 7,723	\$ 18,810	\$ 20,464	\$ 392	\$ 289	\$ 1,068	\$ 109
Mississippi	\$ 4,183	\$ 7,507	\$ 13,028	\$ 803	\$ 130	\$ 2,762	\$ 574
Missouri	\$ 5,019	\$ 10,503	\$ 11,525	\$ 839	\$ 91	\$ 0	\$ 340
Montana	\$ 5,935	\$ 13,031	\$ 14,825	\$ 701	\$ 0	\$ 0	\$ 237
Nebraska	\$ 5,634	\$ 14,138	\$ 15,584	\$ 272	\$ 0	\$ 23,635	\$ 6
Nevada	\$ 4,076	\$ 7,471	\$ 13,265	\$ 477	\$ 0	\$ 3,475	\$ 274
New Hampshire	\$ 6,294	\$ 14,743	\$ 20,158	\$ 1,042	\$ 0	\$ 0	\$ 229
New Jersey	\$ 6,733	\$ 17,097	\$ 19,426	\$ 65	\$ 0	\$ 3,628	\$ 5
New Mexico	\$ 4,890	\$ 10,671	\$ 14,705	\$ 836	\$ 125	\$ 4,139	\$ 684
New York	<b>\$ 8,279</b>	\$ 24,241	\$ 27,051	\$ 831	\$ 162	\$ 9,707	\$ 57
North Carolina	\$ 5,082	\$ 9,156	\$ 11,206	\$ 306	\$ 125	\$ 3,215	\$ 5
North Dakota	\$ 7,398	\$ 19,836	\$ 26,563	\$ 636	\$ 0	\$ 2,511 <sup>j</sup>	\$ 249
Ohio	\$ 5,594	\$ 15,223	\$ 21,314	\$ 1,074	\$ 0	\$ 0	\$ 551
Oklahoma	\$ 4,192	\$ 9,796	\$ 11,671	\$ 163	\$ 166	\$ 2,709	\$ 2
Oregon	\$ 4,821	\$ 8,787	\$ 12,660	\$ 345	\$ 0	\$ 1,083	\$ 114
Pennsylvania	\$ 5,978	\$ 10,916	\$ 12,815	\$ 208	\$ 90	\$ 5,031 <sup>k</sup>	\$ 24
Rhode Island	\$ 7,394	\$ 17,229	\$ 19,898	\$ 245	\$ 165	\$ 16,576	\$ 41
South Carolina	\$ 3,948	\$ 7,274	\$ 8,313	\$ 82	\$ 127	\$ 5,114	\$ 0
South Dakota	\$ 5,004	\$ 11,989	\$ 17,431	\$ 829	\$ 0	\$ 3,957	\$ 652
Tennessee	\$ 4,099	\$ 6,760	\$ 8,835	\$ 92	\$ 0	\$ 3,148	\$ 46
Texas	\$ 3,925	\$ 7,611	\$ 11,502	\$ 1,033	\$ 0	\$ 3,394	\$ 49

PS Table 3. Average Medicaid Paid by Select Subgroups Among Medicaid Enrollees in MAX 2008

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 Only (RBF=6)	Enrolled Only as Alien (RBF=2)	Enrolled Only as EDB Dual with Medicare Cost-Sharing (RBF=3)
Utah <sup>l</sup>	\$ 3,841	\$ 9,887	\$ 10,749	\$ 611 <sup>m</sup>	\$ 0	\$ 4,232	\$ 62 <sup>g</sup>
Vermont	\$ 5,333	\$ 10,017	\$ 15,379	\$ 613	\$ 0	\$ 0	\$ 68
Virginia	\$ 5,523	\$ 9,370	\$ 13,222	\$ 463	\$ 91	\$ 5,008	\$ 299
Washington	\$ 4,194	\$ 10,009	\$ 12,897	\$ 515	\$ 145	\$ 17,820	\$ 195
West Virginia	\$ 5,298	\$ 9,149	\$ 14,547	\$ 477	\$ 0	\$ 4,278	\$ 277
Wisconsin <sup>n</sup>	\$ 4,226	\$ 9,327	\$ 14,098	\$ 2,965 <sup>m</sup>	\$ 241	\$ 6,085 <sup>k</sup>	\$ 214
Wyoming	\$ 6,612	\$ 20,175	\$ 28,306	\$ 2,894	\$ 0	\$ 1,838	\$ 2,681

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 amount paid for EDB Dual enrollees with full benefits increased more than 30 percent in DC in 2008.

<sup>f</sup> Average Medicaid amount paid for EDB Dual enrollees with restricted benefits increased more than 30 percent in DC in 2008.

<sup>g</sup> Average Medicaid amount paid for EDB Dual enrollees with Medicare cost sharing decreased more than 30 percent in DC, HI and UT in 2008.

<sup>h</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>i</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>j</sup> Average Medicaid paid per Alien enrollee with restricted benefits only decreased more than 30 percent in ND in 2008.

<sup>k</sup> Average Medicaid paid per Alien enrollee with restricted benefits only increased more than 30 percent in PA and WI in 2008.

<sup>l</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>m</sup> Average Medicaid paid per EDB Dual enrollee with restricted benefits only increased more than 30 percent in UT and WI in 2008.

<sup>n</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

PS Table 4. Medicaid Long-Term Care Enrollment and Expenditures by Select Subgroups in MAX 2008

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 Claim	% Section 1915(c) Waiver Enrollees not Enrolled in HMO/HIO/PACE and with No Waiver Claim <sup>c</sup>	% Section 1915 (c) Claim (Pgm Type=6,7) Recipients with No Waiver Enrollment	Average Medicaid Amount Paid per 1915(c) Enrollee	Average Waiver Paid (Pgm Type=6,7) per 1915(c) Waiver Enrollee
Alabama	27,901	3.0	\$ 37,799	90,089	9.8	\$ 10,029	1.7	1.6	1.0	\$ 31,202	\$ 23,007
Alaska	2,208	1.7	\$ 81,428	6,679	5.2	\$ 48,202	3.6	3.6	18.2	\$ 61,657	\$ 36,880
Arizona	1,270	0.1	\$ 45,178	188	0.0	\$ 96,942	0.0	0.0 <sup>d</sup>	0.0 <sup>d</sup>	\$ 0 <sup>d</sup>	\$ 0 <sup>d</sup>
Arkansas	25,267	3.3	\$ 38,277	22,581	2.9	\$ 26,789	22.6	22.6 <sup>e</sup>	0.3	\$ 28,095	\$ 11,921
California	126,566	1.2	\$ 47,648	592,943	5.5	\$ 21,109	6.0	4.4	1.5	\$ 36,443	\$ 19,961
Colorado	14,933	2.6	\$ 43,827	35,777	6.1	\$ 29,071	3.7	3.5	3.4	\$ 28,079	\$ 16,635
Connecticut	31,352	5.6	\$ 60,439	34,929	6.2	\$ 39,202	3.2	3.2	2.1	\$ 45,043	\$ 33,958
Delaware	3,985	2.0	\$ 61,777	3,461	1.8	\$ 47,334	4.3	4.0	0.9	\$ 47,977	\$ 37,371
District of Columbia	4,174	2.4	\$ 89,845	6,225	3.6	\$ 67,073	16.5	16.2	5.7	\$ 68,939 <sup>f</sup>	\$ 39,271 <sup>g</sup>
Florida	70,237	2.3	\$ 43,992	77,691	2.5	\$ 27,072	27.2	8.9	12.3	\$ 25,898	\$ 16,358
Georgia	38,127	2.2	\$ 36,377	30,737	1.8	\$ 30,333	8.2	7.6	0.1	\$ 28,149	\$ 18,297
Hawaii	4,684	1.9	\$ 57,659	5,817	2.4	\$ 35,229	9.3	9.2	5.1	\$ 36,760	\$ 28,568
Idaho	6,718	2.9	\$ 47,145	15,747	6.9	\$ 28,346	8.9	8.9	0.3	\$ 27,672	\$ 12,986
Illinois	89,772	3.4	\$ 37,698	99,835	3.8	\$ 26,939	35.3	35.2	8.2	\$ 20,576	\$ 9,000
Indiana	41,716	3.7	\$ 39,256	26,298	2.3	\$ 39,059	2.8	2.7	13.2	\$ 41,447	\$ 29,556
Iowa	21,304	4.3	\$ 42,400	50,927	10.3	\$ 20,245	3.2	3.2	3.7	\$ 24,143	\$ 14,042
Kansas	15,418	4.3	\$ 33,388	28,085	7.8	\$ 29,939	19.5	18.0	4.6	\$ 26,963	\$ 16,173
Kentucky	31,356	3.5	\$ 44,658	42,877	4.8	\$ 40,722	3.8	3.4	59.7	\$ 30,635	\$ 21,286
Louisiana	42,848	3.6	\$ 36,667	42,540	3.5	\$ 30,563	3.2	3.2	39.2	\$ 42,977	\$ 24,977
Maine <sup>h</sup>	0	0.0	\$ 0	0	0.0	\$ 0	100.0	100.0	0.0	\$ 1,561	\$ 0
Maryland	25,473	2.8	\$ 57,815	37,619	4.2	\$ 38,495	20.9	15.9	2.0	\$ 46,918	\$ 31,206
Massachusetts <sup>i</sup>	51,561	3.3	\$ 48,960	54,644	3.5	\$ 35,875	1.2	1.2	4.3	\$ 47,747	\$ 30,865
Michigan	43,009	2.1	\$ 34,194	80,768	4.0	\$ 13,918	4.2	3.6	0.0	\$ 16,703	\$ 10,612
Minnesota	31,331	3.8	\$ 42,781	71,072	8.6	\$ 39,565	31.9 <sup>j</sup>	0.5 <sup>j</sup>	0.6	\$ 41,907	\$ 24,976

PS Table 4. Medicaid Long-Term Care Enrollment and Expenditures by Select Subgroups in MAX 2008

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 Claim	% Section 1915(c) Waiver Enrollees not Enrolled in HMO/HIO/PACE and with No Waiver Claim <sup>c</sup>	% Section 1915 (c) Claim (Pgm Type=6,7) Recipients with No Waiver Enrollment	Average Medicaid Amount Paid per 1915(c) Enrollee	Average Waiver Paid (Pgm Type=6,7) per 1915(c) Waiver Enrollee
Mississippi	24,813	3.4	\$ 46,673	17,959	2.4	\$ 19,329	2.9	2.9	0.0	\$ 15,827	\$ 8,719
Missouri	39,138	3.6	\$ 31,871	66,367	6.2	\$ 23,540	73.1	72.8	0.7	\$ 26,686 <sup>f</sup>	\$ 13,607 <sup>g</sup>
Montana	5,436	4.9	\$ 39,284	6,319	5.7	\$ 21,332	50.8	50.8	43.5	\$ 19,189	\$ 7,037
Nebraska	12,902	4.9	\$ 39,467	15,500	5.9	\$ 28,137	4.0	4.0	0.2	\$ 32,601	\$ 22,968
Nevada	5,863	2.1	\$ 50,510	8,879	3.2	\$ 29,088	2.1	2.1	2.1	\$ 30,729	\$ 17,495
New Hampshire	7,301	4.9	\$ 34,116	10,366	6.9	\$ 35,534	5.8	5.8	0.7	\$ 39,743	\$ 28,540
New Jersey	46,148	4.0	\$ 64,720	61,419	5.3	\$ 28,488	2.8	2.5	0.5	\$ 39,196	\$ 30,560
New Mexico	5,910	1.1	\$ 34,475	22,231	4.0	\$ 32,382	0.8	0.7	9.1	\$ 49,099	\$ 42,968
New York	174,010	3.4	\$ 75,039	287,980	5.7	\$ 50,690	34.3	32.9	1.6	\$ 72,839	\$ 49,427
North Carolina	47,379	2.7	\$ 41,701	112,881	6.3	\$ 23,100	2.7	2.7	3.8	\$ 40,257	\$ 30,045
North Dakota	5,417	7.3	\$ 49,473	7,453	10.0	\$ 20,036	4.4	4.4	27.8	\$ 27,010	\$ 21,755
Ohio	89,080	4.1	\$ 46,486	102,898	4.7	\$ 30,557	4.2	3.9	10.0	\$ 33,880	\$ 21,629
Oklahoma	26,693	3.3	\$ 34,470	36,554	4.5	\$ 24,794	4.1	4.1	0.1	\$ 24,426	\$ 15,487
Oregon	9,711	1.8	\$ 42,880	34,199	6.4	\$ 20,456	21.7	8.2	12.7	\$ 16,534	\$ 9,443
Pennsylvania	86,800	3.9	\$ 44,387	63,152 <sup>k</sup>	2.8	\$ 20,150	17.4 <sup>l</sup>	8.6 <sup>m</sup>	0.2	\$ 17,822	\$ 10,079
Rhode Island	10,003	4.7	\$ 62,231	7,766	3.6	\$ 40,828	60.0	57.2	17.7	\$ 49,223	\$ 4,919
South Carolina	19,020	2.1	\$ 38,827	28,809	3.1	\$ 24,150	4.9	4.7	0.2	\$ 24,046	\$ 7,772
South Dakota	6,729	5.0	\$ 34,806	5,844	4.4	\$ 28,558	44.4	44.4	0.3	\$ 29,923	\$ 20,636
Tennessee	32,703	2.2	\$ 39,421	21,657	1.4	\$ 50,185	11.3	5.7	0.1	\$ 53,235	\$ 43,055
Texas	108,746	2.5	\$ 32,282	153,242	3.5	\$ 22,111	4.5	3.7	45.0	\$ 30,905	\$ 19,497
Utah <sup>n</sup>	5,701	1.9	\$ 45,892	6,752	2.3	\$ 35,125	15.3	15.3	0.1	\$ 29,435	\$ 20,145
Vermont	3,605	2.1	\$ 39,916	10,188	5.9	\$ 35,829	0.0	0.0	100.0	\$ 0	\$ 0
Virginia	28,591	3.0	\$ 44,138	42,618	4.5	\$ 36,065	2.7	2.6	34.7	\$ 33,555	\$ 27,693
Washington	19,189	1.6	\$ 38,268	65,023 <sup>o</sup>	5.4	\$ 26,242	0.0	0.0	100.0	\$ 0	\$ 0

PS Table 4. Medicaid Long-Term Care Enrollment and Expenditures by Select Subgroups in MAX 2008

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 Claim	% Section 1915(c) Waiver Enrollees not Enrolled in HMO/HIO/PACE and with No Waiver Claim <sup>c</sup>	% Section 1915 (c) Claim (Pgm Type=6,7) Recipients with No Waiver Enrollment	Average Medicaid Amount Paid per 1915(c) Enrollee	Average Waiver Paid (Pgm Type=6,7) per 1915(c) Waiver Enrollee
West Virginia	13,848	3.4	\$ 44,960	17,248	4.3	\$ 30,930	4.9	4.9	5.5	\$ 37,812	\$ 29,210
Wisconsin <sup>p</sup>	33,329	3.0	\$ 40,323	16,049 <sup>q</sup>	1.5 <sup>q</sup>	\$ 25,835	100.0 <sup>q</sup>	98.4 <sup>q</sup>	0.0	\$ 11,839 <sup>q</sup>	\$ 0 <sup>q</sup>
Wyoming	3,022	3.9	\$ 45,172	4,274	5.5	\$ 40,537	3.2	3.2	0.1	\$ 39,862	\$ 28,019

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 more than 15 percent are above the expected level and are considered anomalous.

<sup>d</sup> There were no FFS claims with a Program Type of Waiver Services in AZ in 2008 because AZ covers HCBS as part of managed care.

<sup>e</sup> There are very few waiver claims for beneficiaries enrolled in waiver Type G or I in AR in 2008.

<sup>f</sup> The average Medicaid paid for Section 1915(c) enrollees increased more than 30 percent in DC and MO in 2008.

<sup>g</sup> The average waiver paid (Program Type = 6, 7) per 1915(c) enrollee increased more than 30 percent in DC and MO in 2008.

<sup>h</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>i</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>j</sup> Through September 2008, MN reported Senior Care managed care enrollment to both 1915(b)(c) and 1915(c) waivers regardless of HCBS use. This explains the relatively high percentage of 1915(c) waiver enrollees with no waiver claims vis-a-vis the low percentage of 1915(c) waiver enrollees with no HMO/HIO/PACE enrollment and no waiver claims. Senior Care enrollees with no HCBS were moved to a 1915(b) waiver (Waiver ID EB) starting in October 2008.

<sup>k</sup> The number of enrollees with any CLTC claims increased more than 30 percent in PA in 2008.

<sup>l</sup> The percentage of Section 1915(c) waiver enrollees with no waiver claims decreased more than 30 percent in PA in 2008.

<sup>m</sup> The percentage of Section 1915(c) waiver enrollees not enrolled in HMO/HIO/PACE and with no waiver claims decreased more than 30 percent in PA in 2008.

<sup>n</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>o</sup> Seven agencies in WA administer waiver services, but some of them were unable to report individual claims for waiver services in 2008.

<sup>p</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>q</sup> WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records by the prescribed deadline for MAX file production. As a result, no 1915(c) claims (Pgm Type=6,7) were reported for WI. Since CLTC services are provided under the 1915(c) waivers, these services are under-reported. As a result 100 percent of 1915(c) waiver enrollees have no 1915(c) waiver claims. Also, the number and percentage of enrollees with any CLTC claims decreased more than 30 percent in WI in 2008.

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 2008

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	\$ 88,084,117	\$ 10,213	\$ 0	\$ 0	\$ 6,634,078	\$ 11,075	\$ 0	\$ 0	\$ 266,579	\$ 4,518
Alaska	\$ 0	\$ 0	\$ 34,908,798	\$ 22,816	\$ 23,799,804	\$ 20,877	\$ 0	\$ 0	\$ 0	\$ 0
Arizona	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Arkansas	\$ 105,101	\$ 225	\$ 47,443,885	\$ 6,457	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
California	\$ 13,271,591	\$ 17,059	\$ 45,856,128	\$ 3,624	\$ 56,550,287	\$ 34,252	\$ 0	\$ 0	\$ 11,719,839	\$ 5,065
Colorado	\$ 161,339,105	\$ 8,342	\$ 0	\$ 0	\$ 1,686,208	\$ 1,305	\$ 11,364,198	\$ 41,934	\$ 592,928	\$ 8,122
Connecticut	\$ 0	\$ 0	\$ 118,305,496	\$ 9,927	\$ 16,965,862	\$ 19,170	\$ 31,517,680	\$ 77,821	\$ 0	\$ 0
Delaware	\$ 17,408,842	\$ 13,527	\$ 0	\$ 0	\$ 0	\$ 0	\$ 567,991	\$ 21,846	\$ 3,249,321	\$ 4,494
District of Columbia	\$ 49,643,295 <sup>a</sup>	\$ 19,347	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 257	\$ 64
Florida	\$ 118,830,342	\$ 9,355	\$ 15,420,408	\$ 855	\$ 15,567	\$ 3,113	\$ 307,306	\$ 988	\$ 2,769,118	\$ 1,591
Georgia	\$ 116,035,306	\$ 9,114	\$ 0	\$ 0	\$ 33,720,625	\$ 38,983	\$ 0	\$ 0	\$ 0	\$ 0
Hawaii	\$ 43,017,112	\$ 17,297	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 541,981 <sup>b</sup>	\$ 9,345 <sup>c</sup>
Idaho	\$ 78,201,851	\$ 8,709	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Illinois	\$ 80,902,477	\$ 13,390	\$ 197,691,659	\$ 4,358	\$ 243,977,879	\$ 5,394	\$ 63,665,926	\$ 9,565	\$ 16,099,403	\$ 7,506
Indiana	\$ 75,131,939	\$ 8,875	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,738,654	\$ 26,897	\$ 0	\$ 0
Iowa	\$ 0	\$ 0	\$ 68,582,909	\$ 5,535	\$ 23,849,159	\$ 6,274	\$ 19,403,830	\$ 15,853	\$ 467,592	\$ 8,659
Kansas	\$ 0	\$ 0	\$ 69,285,246	\$ 8,595	\$ 128,703,924	\$ 13,756	\$ 8,589,115	\$ 25,949	\$ 0	\$ 0
Kentucky	\$ 103,482,850	\$ 8,193	\$ 0	\$ 0	\$ 0	\$ 0	\$ 12,375,439	\$ 66,535	\$ 0	\$ 0
Louisiana	\$ 54,399,982	\$ 9,895	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maine <sup>d</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 78,598,320	\$ 11,246	\$ 0	\$ 0	\$ 0	\$ 0 <sup>e</sup>	\$ 2,934,529	\$ 88,925	\$ 0	\$ 0
Massachusetts <sup>f</sup>	\$ 0	\$ 0	\$ 43,879,793	\$ 5,523	\$ 0	\$ 0	\$ 3,893,311	\$ 44,242	\$ 0	\$ 0
Michigan	\$ 97,094,309	\$ 9,718	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Minnesota	\$ 0	\$ 0	\$ 67,854,453	\$ 2,703	\$ 349,148,876	\$ 20,682	\$ 91,857,807	\$ 60,274	\$ 0	\$ 0
Mississippi	\$ 82,774,888	\$ 6,523	\$ 0	\$ 0	\$ 0	\$ 0	\$ 14,671,709	\$ 20,293	\$ 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 2008

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
Missouri	\$ 510,377 <sup>a</sup>	\$ 26 <sup>g</sup>	\$ 0	\$ 0	\$ 320,319	\$ 538	\$ 0	\$ 0	\$ 2,013,399 <sup>b</sup>	\$ 17,508 <sup>c</sup>
Montana	\$ 31,463,619	\$ 14,040	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Nebraska	\$ 59,435,020	\$ 10,606	\$ 0	\$ 0	\$ 0	\$ 0	\$ 669,386	\$ 30,427	\$ 0	\$ 0
Nevada	\$ 0	\$ 0	\$ 6,200,111	\$ 3,013	\$ 2,779,419	\$ 4,384	\$ 0	\$ 0	\$ 0	\$ 0
New Hampshire	\$ 49,388,579	\$ 13,516	\$ 0	\$ 0	\$ 0	\$ 0	\$ 13,057,998	\$ 79,139	\$ 0	\$ 0
New Jersey	\$ 129,553,944	\$ 11,926	\$ 0	\$ 0	\$ 10,830,253	\$ 37,475	\$ 26,737,043	\$ 75,528	\$ 3,436,601	\$ 8,613
New Mexico	\$ 75,887,305	\$ 18,339	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 326,371	\$ 21,758
New York	\$ 186,774	\$ 8	\$ 0	\$ 0	\$ 276,322	\$ 667	\$ 102,196,997	\$ 35,204	\$ 0	\$ 0
North Carolina	\$ 255,244,148	\$ 18,569	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
North Dakota	\$ 6,393,440	\$ 16,521	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Ohio	\$ 337,589,380	\$ 10,199	\$ 0	\$ 0	\$ 179,828,726	\$ 23,129	\$ 0	\$ 0	\$ 0	\$ 0
Oklahoma	\$ 205,948,825	\$ 8,199	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Oregon	\$ 265,525,275	\$ 9,941	\$ 0	\$ 0	\$ 329,585	\$ 5,586	\$ 0	\$ 0	\$ 0	\$ 0
Pennsylvania	\$ 267,384,095	\$ 12,712	\$ 0	\$ 0	\$ 230,514,430	\$ 21,704	\$ 34,037,506 <sup>h</sup>	\$ 53,184	\$ 0	\$ 0
Rhode Island	\$ 25,345,155	\$ 9,862	\$ 5,566,054	\$ 9,125	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
South Carolina	\$ 118,555,903	\$ 7,954	\$ 0	\$ 0	\$ 0	\$ 0	\$ 20,021,660	\$ 28,808	\$ 3,462,761	\$ 3,064
South Dakota	\$ 5,361	\$ 5	\$ 0	\$ 0	\$ 10,126	\$ 82	\$ 0	\$ 0	\$ 0	\$ 0
Tennessee	\$ 56,374,865	\$ 9,784	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Texas	\$ 523,618,799	\$ 12,473	\$ 0	\$ 0	\$ 7,170,825	\$ 44,818	\$ 0	\$ 0	\$ 0	\$ 0
Utah <sup>i</sup>	\$ 69,854 <sup>a</sup>	\$ 102 <sup>j</sup>	\$ 3,419,898	\$ 4,971	\$ 1,615,067	\$ 12,618	\$ 1,945,733	\$ 19,457	\$ 0	\$ 0
Vermont	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Virginia	\$ 239,855,410	\$ 12,984	\$ 387,636	\$ 12,114	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,164,249	\$ 17,912
Washington	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
West Virginia	\$ 71,379,116	\$ 11,754	\$ 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 2008

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>k</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Wyoming	\$ 14,125,124	\$ 7,710	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,981,100	\$ 34,774	\$ 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.

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

<sup>a</sup> Total Section 1915(c) waiver expenditures for 1915(c) waiver enrollees with Waiver Type G increased more than 30 percent in DC, MO and UT in 2008.

<sup>b</sup> Total Section 1915(c) waiver expenditures for 1915(c) waiver enrollees with Waiver Type K increased more than 30 percent in HI and MO in 2008.

<sup>c</sup> The average waiver paid per Section 1915(c) waiver enrollee with Waiver Type K increased more than 30 percent in HI and MO in 2008.

<sup>d</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>e</sup> No waiver expenditures were reported for MD's Living at Home waiver for people with physical disabilities (Waiver ID HM, Waiver Type I) in 2008, although MD reported approximately 450 enrollees in this waiver.

<sup>f</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>g</sup> Average waiver paid per Section 1915(c) waiver enrollees with Waiver Type G decreased more than 30 percent in MO in 2008.

<sup>h</sup> Total Section 1915(c) waiver expenditures for 1915(c) waiver enrollees with Waiver Type J increased more than 30 percent in PA in 2008.

<sup>i</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>j</sup> Average waiver paid per Section 1915(c) waiver enrollee with Waiver Type G increased more than 30 percent in UT in 2008.

<sup>k</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009. There are no 1915(c) claims (Pgm Type=6,7) in WI because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records.



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 2008

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
Alabama	\$ 248,555,891	\$ 44,000	\$ 0	\$ 0	\$ 98,938	\$ 24,735	\$ 0	\$ 0	\$ 0	\$ 0
Alaska	\$ 82,083,220	\$ 69,210	\$ 0	\$ 0	\$ 9,604,556	\$ 43,264	\$ 0	\$ 0	\$ 0	\$ 0
Arizona	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Arkansas	\$ 120,404,053	\$ 31,844	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
California	\$ 1,785,146,883	\$ 22,764	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Colorado	\$ 326,232,931	\$ 41,191	\$ 21,994,368	\$ 8,798	\$ 15,221	\$ 324	\$ 907,985	\$ 13,969	\$ 0	\$ 0
Connecticut	\$ 564,388,107	\$ 67,803	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Delaware	\$ 87,262,512	\$ 100,649	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
District of Columbia	\$ 102,570,825 <sup>a</sup>	\$ 78,538 <sup>b</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Florida	\$ 883,159,904	\$ 29,845	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Georgia	\$ 322,410,625	\$ 28,756	\$ 0	\$ 0	\$ 16,417	\$ 16	\$ 0	\$ 0	\$ 0	\$ 0
Hawaii	\$ 102,598,239	\$ 40,377	\$ 0	\$ 0	\$ 565,537 <sup>c</sup>	\$ 11,311 <sup>d</sup>	\$ 0	\$ 0	\$ 0	\$ 0
Idaho	\$ 70,493,235	\$ 28,528	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Illinois	\$ 500,766,573	\$ 30,287	\$ 0	\$ 0	\$ 9,000	\$ 15	\$ 0	\$ 0	\$ 0	\$ 0
Indiana	\$ 484,859,073	\$ 45,514	\$ 0	\$ 0	\$ 0	\$ 0	\$ 16,521,081	\$ 44,174	\$ 0	\$ 0
Iowa	\$ 285,334,758	\$ 26,305	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Kansas	\$ 284,755,569	\$ 35,453	\$ 18,717	\$ 4	\$ 10,283,288	\$ 30,514	\$ 266,466	\$ 5,669	\$ 0	\$ 0
Kentucky	\$ 225,498,044	\$ 66,187	\$ 0	\$ 0	\$ 5,194,402	\$ 91,130	\$ 0	\$ 0	\$ 0	\$ 0
Louisiana	\$ 311,419,987	\$ 34,042	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maine <sup>e</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 544,966,645	\$ 46,960	\$ 0	\$ 0	\$ 1,218,500	\$ 5,514	\$ 3,143,163	\$ 3,420	\$ 0	\$ 0
Massachusetts <sup>f</sup>	\$ 552,343,320	\$ 48,409	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Michigan	\$ 14,547,872	\$ 30,371	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Minnesota	\$ 944,925,677	\$ 64,285	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Mississippi	\$ 37,317,957	\$ 18,248	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Missouri	\$ 401,658,321 <sup>a</sup>	\$ 43,782	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Montana	\$ 136,648	\$ 59	\$ 1,235,792	\$ 11,338	\$ 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 2008

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
Nebraska	\$ 157,405,691	\$ 40,948	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Nevada	\$ 68,294,867	\$ 39,591	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
New Hampshire	\$ 163,645,399	\$ 39,884	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
New Jersey	\$ 520,517,677	\$ 48,606	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
New Mexico	\$ 275,751,066	\$ 70,796	\$ 0	\$ 0	\$ 1,491,830	\$ 8,381	\$ 0	\$ 0	\$ 0	\$ 0
New York	\$ 4,695,507,781	\$ 68,958	\$ 27,943,916	\$ 17,454	\$ 3,826	\$ 425	\$ 0	\$ 0	\$ 0	\$ 0
North Carolina	\$ 459,236,418	\$ 44,375	\$ 0	\$ 0	\$ 33,997,981	\$ 41,613	\$ 0	\$ 0	\$ 0	\$ 0
North Dakota	\$ 85,753,128	\$ 22,279	\$ 0	\$ 0	\$ 92,906	\$ 23,227	\$ 0	\$ 0	\$ 0	\$ 0
Ohio	\$ 839,050,512	\$ 38,418	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Oklahoma	\$ 270,588,009	\$ 47,875	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Oregon	\$ 80,621,694	\$ 8,002	\$ 0	\$ 0	\$ 2,374,177	\$ 24,731	\$ 0	\$ 0	\$ 0	\$ 0
Pennsylvania	\$ 99,769,732 <sup>a</sup>	\$ 3,163 <sup>b</sup>	\$ 0	\$ 0	\$ 12,707,611	\$ 136,641	\$ 0	\$ 0	\$ 0	\$ 0
Rhode Island	\$ 3,603,640	\$ 956	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
South Carolina	\$ 32,958,773	\$ 5,461	\$ 0	\$ 0	\$ 1,106,709	\$ 26,993	\$ 3,736,448	\$ 11,154	\$ 0	\$ 0
South Dakota	\$ 87,502,549	\$ 29,895	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Tennessee	\$ 559,181,913	\$ 65,516	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Texas	\$ 722,077,558	\$ 35,110	\$ 0	\$ 0	\$ 58,764,978	\$ 12,859	\$ 0	\$ 0	\$ 0	\$ 0
Utah <sup>9</sup>	\$ 119,118,485	\$ 26,295	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Vermont	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Virginia	\$ 490,041,077	\$ 55,947	\$ 0	\$ 0	\$ 36,449,413	\$ 91,124	\$ 0	\$ 0	\$ 0	\$ 0
Washington	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
West Virginia	\$ 229,105,293	\$ 54,368	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Wisconsin <sup>h</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Wyoming	\$ 94,820,283	\$ 45,763	\$ 36,539	\$ 1,353	\$ 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. Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

<sup>a</sup> Total Section 1915(c) waiver expenditures for 1915(c) waiver enrollees with Waiver Type L increased more than 30 percent in DC, MO and PA in 2008.

<sup>b</sup> Average waiver expenditures paid per Section 1915(c) waiver enrollee with Waiver Type L increased more than 30 percent in DC and PA in 2008.

<sup>c</sup> Total Section 1915(c) waiver expenditures for 1915(c) waiver enrollees with Waiver Type N decreased more than 30 percent in HI in 2008.

<sup>d</sup> Average waiver expenditures paid per Section 1915(c) waiver enrollee with Waiver Type N decreased more than 30 percent in HI in 2008.

<sup>e</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>f</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>g</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>h</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009. There are no 1915(c) claims (Pgm Type=6,7) in WI because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records.

PS Table 7. Number of Persons, Total Expenditures, and Average Medicaid Paid Among Medicaid Enrollees Eligible for Full Benefits in MAX 2008

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	737,044	\$ 3,316,408,691	\$ 18,953	\$ 8,032	\$ 2,108	\$ 3,066
Alaska	127,487	\$ 977,273,305	\$ 20,736	\$ 23,250	<b>\$ 3,971</b>	<b>\$ 5,262</b>
Arizona	1,430,993	\$ 7,204,360,392	\$ 12,309	\$ 16,294	\$ 2,453	\$ 4,582
Arkansas	643,458	\$ 3,174,832,600	\$ 15,885	\$ 12,826	\$ 2,030	\$ 2,694
California	7,328,847	\$ 30,918,941,567	\$ 8,817	\$ 13,379	\$ 1,469	\$ 1,870
Colorado	555,730	\$ 2,870,016,548	\$ 15,926	\$ 15,524	\$ 1,795	\$ 2,603
Connecticut	540,054	\$ 3,892,319,062	<b>\$ 28,842</b>	<b>\$ 27,714</b>	\$ 1,507	\$ 1,719
Delaware	174,076	\$ 1,147,742,905	\$ 27,913	\$ 22,243	\$ 2,603	\$ 5,039
District of Columbia	167,488	\$ 1,638,787,643	<b>\$ 29,584</b>	\$ 25,518	\$ 2,819	\$ 4,002
Florida	2,806,119	\$ 12,428,220,740	\$ 12,251	\$ 11,946	\$ 1,608	\$ 2,719
Georgia	1,604,798	\$ 6,785,835,162	\$ 14,426	\$ 10,196	\$ 1,870	\$ 4,344
Hawaii	241,304	\$ 1,037,940,920	\$ 11,752	\$ 13,561	\$ 1,680	\$ 3,145
Idaho	220,544	\$ 1,260,317,589	\$ 17,905	\$ 18,780	\$ 1,892	\$ 4,376
Illinois	2,594,741	\$ 9,943,835,421	\$ 10,123	\$ 14,452	\$ 1,578	\$ 1,977
Indiana	1,090,349	\$ 5,063,068,783	\$ 17,201	\$ 16,478	\$ 1,658	\$ 2,592
Iowa	456,349	\$ 2,644,046,768	\$ 17,366	\$ 18,749	\$ 1,873	\$ 2,446
Kansas	342,992	\$ 2,191,309,141	\$ 17,285	\$ 16,676	\$ 2,224	\$ 3,599
Kentucky	833,582	\$ 5,052,483,824	\$ 15,917	\$ 11,748	\$ 2,625	\$ 4,552
Louisiana	1,087,139	\$ 5,030,957,214 <sup>b</sup>	\$ 13,960	\$ 14,013	\$ 1,599	\$ 3,525
Maine <sup>c</sup>	320,148	\$ 210,569,255	<b>\$ 120</b>	<b>\$ 1,787</b>	<b>\$ 288</b>	<b>\$ 685</b>
Maryland	827,023	\$ 5,656,126,293	\$ 24,540	\$ 21,693	\$ 2,439	\$ 3,883
Massachusetts <sup>d</sup>	1,322,401	\$ 8,851,095,122	\$ 16,922	\$ 14,550	\$ 3,083	\$ 2,841
Michigan	1,934,386	\$ 6,987,278,479	\$ 11,173	\$ 9,200	\$ 1,403	\$ 2,887
Minnesota	778,215	\$ 6,358,028,192	\$ 16,950	<b>\$ 26,328</b>	\$ 2,909	\$ 3,576

PS Table 7. Number of Persons, Total Expenditures, and Average Medicaid Paid Among Medicaid Enrollees Eligible for Full Benefits in MAX 2008

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	637,026	\$ 3,051,121,273	\$ 18,072	\$ 9,606	\$ 1,739	\$ 3,655
Missouri	1,046,214	\$ 5,379,985,243	\$ 12,512	\$ 12,534	\$ 2,376	\$ 2,841
Montana	108,578	\$ 655,347,966	\$ 20,229	\$ 13,311	\$ 2,470	\$ 3,813
Nebraska	261,465	\$ 1,492,433,340	\$ 16,162	\$ 17,638	\$ 2,436	\$ 3,062
Nevada	253,820	\$ 1,106,063,054	\$ 13,005	\$ 15,427	\$ 1,966	\$ 1,883
New Hampshire	144,162	\$ 945,856,406	\$ 20,621	\$ 17,600	\$ 2,791	\$ 3,140
New Jersey	1,111,010	\$ 7,702,881,821	\$ 19,743	\$ 19,268	\$ 2,026	\$ 3,388
New Mexico	518,871	\$ 2,722,357,275	\$ 14,016	\$ 17,787	\$ 2,660	\$ 4,353
New York	4,917,979	\$ 41,710,365,968	\$ 25,429	\$ 26,917	\$ 2,294	\$ 3,853
North Carolina	1,673,470	\$ 9,000,216,988	\$ 11,487	\$ 14,389	\$ 2,186	\$ 3,771
North Dakota	71,265	\$ 551,286,532	\$ 24,987	\$ 24,079	\$ 2,233	\$ 3,051
Ohio	2,124,012	\$ 12,260,497,851	\$ 21,889	\$ 16,825	\$ 1,707	\$ 3,058
Oklahoma	761,219	\$ 3,374,178,271	\$ 11,739	\$ 12,847	\$ 2,029	\$ 2,957
Oregon	477,175	\$ 2,537,346,995	\$ 14,348	\$ 13,590	\$ 2,024	\$ 4,203
Pennsylvania	2,124,061	\$ 13,275,753,924	\$ 16,437	\$ 11,197	\$ 2,518	\$ 3,904
Rhode Island	207,610	\$ 1,573,877,262	\$ 21,510	\$ 18,151	\$ 2,880	\$ 3,079
South Carolina	839,790	\$ 3,587,340,678	\$ 9,471	\$ 10,217	\$ 1,888	\$ 3,481
South Dakota	127,525	\$ 666,862,788	\$ 18,566	\$ 17,107	\$ 2,179	\$ 3,485
Tennessee	1,440,378	\$ 6,179,122,080	\$ 15,830	\$ 8,845	\$ 1,862	\$ 3,182
Texas	4,102,314	\$ 16,863,487,745	\$ 10,193	\$ 12,774	\$ 2,091	\$ 2,227
Utah <sup>e</sup>	290,494	\$ 1,120,516,446	\$ 9,994	\$ 14,045	\$ 1,820	\$ 2,032
Vermont	160,676	\$ 907,501,899	\$ 18,749	\$ 15,965	\$ 2,967	\$ 2,918
Virginia	881,992	\$ 5,177,494,338	\$ 12,750	\$ 16,207	\$ 2,453	\$ 4,219
Washington	1,083,216	\$ 4,964,146,095	\$ 13,910	\$ 12,543	\$ 1,681	\$ 3,628

PS Table 7. Number of Persons, Total Expenditures, and Average Medicaid Paid Among Medicaid Enrollees Eligible for Full Benefits in MAX 2008

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	374,850	\$ 2,129,248,490	\$ 18,913	\$ 10,998	\$ 2,063	\$ 3,061
Wisconsin <sup>f</sup>	951,172	\$ 4,530,570,174	\$ 20,815	\$ 11,527	\$ 1,465	\$ 3,028
Wyoming	73,960	\$ 506,272,609	\$ 26,451	\$ 24,767	\$ 2,679	\$ 4,624

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> LA paid a fixed rate for FQHC and RHC services in 2008. LA submitted summary claims for bundled services and provided the Medicaid payment amount but it did not provide the detailed services in 2008.

<sup>c</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>d</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>e</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>f</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

PS Table 8. Capitation Payments Among People Enrolled in Managed Care Any Time in MAX 2008

State	HMO/HIO/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
Alabama	83.1	\$ 1,498,713	0.9	\$ 13 <sup>a</sup>	\$ 464,126,166	1.0	\$ 80	\$ 6,867,918	0.6 <sup>b</sup>	\$ 1
Alaska	0.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Arizona	91.8	\$ 5,347,967,771 <sup>c</sup>	1.1	\$ 483	\$ 991,825,395 <sup>d</sup>	1.4 <sup>e</sup>	\$ 85	\$ 0	0.0	\$ 0
Arkansas	97.8	\$ 0	0.0	\$ 0	\$ 9,123,765	0.3	\$ 2	\$ 13,810,995	1.0	\$ 3
California	98.1	\$ 6,092,818,574	0.9	\$ 151	\$ 601,549,589	0.8	\$ 9	\$ 0	0.0	\$ 0
Colorado	98.1	\$ 185,018,852	1.8	\$ 397	\$ 200,605,246	1.0	\$ 42	\$ 0	0.0	\$ 0
Connecticut	30.1	\$ 62,860,983 <sup>f</sup>	1.0	\$ 190	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Delaware	99.9	\$ 450,398,128	1.0	\$ 357	\$ 9,079,176	0.9	\$ 6	\$ 0	0.0	\$ 0
District of Columbia	95.9	\$ 306,788,983	1.0	\$ 272	\$ 10,262,466 <sup>d</sup>	0.7	\$ 21	\$ 0	0.0	\$ 0
Florida	71.2	\$ 2,601,095,675	2.2	\$ 275	\$ 140,306,382 <sup>g</sup>	0.5	\$ 18	\$ 11,135,760	1.3	\$ 4
Georgia	99.9	\$ 2,178,085,963	1.0	\$ 243	\$ 70,037,990	0.9	\$ 5	\$ 31,076,030	1.0	\$ 22
Hawaii	80.0	\$ 373,649,173	1.0	\$ 206	\$ 9,437,489	0.7	\$ 212	\$ 0	0.0	\$ 0
Idaho	94.3	\$ 14,000	0.0	\$ 0	\$ 27,583,498 <sup>d</sup>	1.1	\$ 19	\$ 6,665,240	1.0	\$ 4
Illinois	72.6	\$ 154,306,645	1.0	\$ 105	\$ 51,594,104 <sup>d</sup>	1.0	\$ 103	\$ 36,291,318	1.0	\$ 2
Indiana	80.0	\$ 1,234,421,044	1.1	\$ 179	\$ 0	0.0	\$ 0	\$ 6,989,551	0.9	\$ 13
Iowa	83.5	\$ 8,502,313	0.9	\$ 149	\$ 115,292,203	1.0	\$ 32	\$ 2,980,096	0.9	\$ 2
Kansas	94.8	\$ 342,475,234	1.0	\$ 230	\$ 171,155,741 <sup>d</sup>	1.6	\$ 60	\$ 368,892	0.7	\$ 1
Kentucky	98.2	\$ 650,549,363	0.9	\$ 383	\$ 50,348,837	0.9	\$ 6	\$ 14,027,676	0.9	\$ 4
Louisiana	75.8	\$ 2,274,902 <sup>c</sup>	1.0	\$ 3,375	\$ 0	0.0	\$ 0	\$ 24,040,694	1.0	\$ 3
Maine <sup>h</sup>	64.1	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Maryland	83.8	\$ 1,289,925,526	0.6	\$ 201	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Massachusetts <sup>i</sup>	69.3	\$ 2,083,681,830	1.0	\$ 424	\$ 351,575,176	1.0	\$ 93	\$ 0	0.0	\$ 0
Michigan	99.0	\$ 3,009,972,797	1.0	\$ 242	\$ 541,552,608	0.2	\$ 30	\$ 0	0.0	\$ 0
Minnesota	71.6	\$ 1,898,473,472	0.9	\$ 415	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Mississippi	99.9	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Missouri	48.7	\$ 1,078,540,438	1.1	\$ 233	\$ 219,850 <sup>g</sup>	0.0	\$ 0	\$ 0	0.0	\$ 0
Montana	63.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 1,106,829	0.9	\$ 3

PS Table 8. Capitation Payments Among People Enrolled in Managed Care Any Time in MAX 2008

State	% Medicaid Enrollees in Managed Care in the Year	HMO/HIO/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
Nebraska	87.5	\$ 74,126,415	0.9	\$ 190	\$ 0	0.0	\$ 0	\$ 866,526	0.9	\$ 2
Nevada	93.3	\$ 150,159,052	1.0	\$ 142	\$ 8,076,388	1.1	\$ 4	\$ 0	0.0	\$ 0
New Hampshire	0.0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
New Jersey	75.9	\$ 1,790,153,182	1.0	\$ 225	\$ 0 <sup>g</sup>	0.0	\$ 0	\$ 0	0.0	\$ 0
New Mexico	79.8	\$ 1,351,172,360	1.0	\$ 359	\$ 236,325,883	1.0	\$ 67	\$ 0	0.0	\$ 0
New York	70.6	\$ 7,762,233,493	0.9	\$ 242	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
North Carolina	75.3	\$ 233,488	1.0	\$ 3,289	\$ 108,387,994	1.0	\$ 134	\$ 62,562,798	1.9	\$ 6
North Dakota	68.9	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 584,950	0.8	\$ 2
Ohio	78.4	\$ 3,957,357,637	0.9	\$ 261	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
Oklahoma	92.5	\$ 0	0.0	\$ 0	\$ 122,917,004	1.8	\$ 20	\$ 355,194	1.0	\$ 3
Oregon	97.2	\$ 934,438,752	1.0	\$ 292	\$ 257,760,355	1.8	\$ 64	\$ 291,012	0.7	\$ 4
Pennsylvania	93.2	\$ 4,935,389,307	1.0	\$ 383	\$ 2,354,004,749	1.1	\$ 122	\$ 17,353,386	1.0	\$ 5
Rhode Island	69.7	\$ 342,420,883	0.9	\$ 259	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0
South Carolina	100.0	\$ 349,891,794 <sup>c</sup>	0.9	\$ 175	\$ 51,231,274 <sup>d</sup>	0.9	\$ 6	\$ 6,736,070	0.9	\$ 9
South Dakota	77.7	\$ 0	0.0	\$ 0	\$ 1,579,397 <sup>g</sup>	0.0	\$ 0	\$ 1,543,566	0.6	\$ 2
Tennessee	99.7	\$ 1,383,035,149 <sup>c</sup>	1.0	\$ 268	\$ 443,533,596	0.7	\$ 30	\$ 0	0.0	\$ 0
Texas	79.0	\$ 3,661,390,711	1.0	\$ 223	\$ 49,743,300	1.0	\$ 13	\$ 16,845,161	0.5	\$ 2
Utah	89.7	\$ 0	0.0	\$ 0	\$ 109,814,586 <sup>k</sup>	1.3	\$ 52	\$ 0	0.0	\$ 0
Vermont	72.5	\$ 0	0.0	\$ 0	\$ 0	0.0	\$ 0	\$ 5,098,760	1.0	\$ 5
Virginia	72.6	\$ 1,717,144,687	1.2	\$ 340	\$ 0	0.0	\$ 0	\$ 1,147,791	0.6	\$ 2
Washington	100.0	\$ 1,251,579,024	1.8	\$ 203	\$ 0 <sup>l</sup>	0.0	\$ 0	\$ 2,139,935	0.7 <sup>m</sup>	\$ 2
West Virginia	59.8	\$ 229,310,317	1.0	\$ 136	\$ 0	0.0	\$ 0	\$ 683,163	1.0	\$ 3
Wisconsin <sup>n</sup>	70.2	\$ 1,043,748,000	1.1	\$ 208	\$ 532,405,288	0.8	\$ 1,124	\$ 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/PACE capitation payments are based on TOS = 20 claims, and HMO enrollment is the number of months enrolled in HMO/HIO/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> AL reported capitation payments for Medicare Advantage managed care as an HMO capitation payment in 2008. The monthly capitation payment for this type of HMO is a much lower amount than for Medicaid HMO capitation.

<sup>b</sup> PCCM capitation claims in AL were under-reported during part of 2008 due to a system change.

<sup>c</sup> HMO capitation payments increased more than 30 percent in AZ, LA, SC, and TN in 2008.

<sup>d</sup> PHP capitation payments increased more than 30 percent in AZ, DC, ID, IL, KS, and SC in 2008.

<sup>e</sup> The ratio of PHP capitation payments to enrollment months in AZ in 2008 was above the expected range because AZ sometimes made multiple payments per person/month/plan to cover different plan services.

<sup>f</sup> HMO capitation payments decreased more than 30 percent in CT in 2008.

<sup>g</sup> PHP capitation payments decreased more than 30 percent in FL, MO, NJ, and SD in 2008.

<sup>h</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>i</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>j</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>k</sup> UT began to report capitation payments for BHO enrollment in 2008. The state reported no PHP payments in 2007.

<sup>l</sup> There were no capitation claims for BHO enrollment in WA in 2008 and there will be none until FY 2011.

<sup>m</sup> The ratio of PCCM capitation claims to person-month enrollment in WA in 2008 was below the expected range because not all PCCM capitation claims were submitted.

<sup>n</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

PS Table 9. Comparison of Managed Care Enrollment and Capitation Payments in MAX 2008

State	HMO/HIO/PACE				PHP	PCCM
	% Enrollees with Capitation Payments <sup>a</sup>	Number 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	98.1	268	\$ 6,948	\$ 26	100.0	75.0
Alaska	0.0	0	\$ 0	\$ 0	0.0	0.0
Arizona	100.0	54,715 <sup>c</sup>	\$ 1,760,450,224	\$ 32,175	92.7	0.0
Arkansas	0.0	0	\$ 0	\$ 0	84.3	96.6
California	98.8	3,720	\$ 4,694,649	\$ 1,262	94.8	0.0
Colorado	100.0	38,207 <sup>d</sup>	\$ 29,119,908	\$ 762	100.0	0.0
Connecticut	100.0	116	\$ 32,175	\$ 277	0.0	0.0
Delaware	99.9	54	\$ 43,465	\$ 805	97.7	0.0
District of Columbia	98.9	69	\$ 98,894	\$ 1,433	96.7	0.0
Florida	100.0	796,533 <sup>e</sup>	\$ 175,547,529	\$ 220	71.4	85.3
Georgia	99.2	683	\$ 499,781	\$ 732	94.5	99.7
Hawaii	98.9	482	\$ 170,463	\$ 354	71.0	0.0
Idaho	0.0	297	\$ 14,900	\$ 50	100.0	99.6
Illinois	99.2	814	\$ 62,825	\$ 77	99.1	97.6
Indiana	98.5	190	\$ 54,475	\$ 287	0.0	91.4
Iowa	96.6	0	\$ 0	\$ 0	97.4	90.0
Kansas	100.0	11	\$ 2,212	\$ 737	98.7	68.7
Kentucky	98.3	535	\$ 1,131,161	\$ 2,114	99.6	98.2
Louisiana	100.0	0	\$ 0	\$ 0	0.0	99.5
Maine <sup>f</sup>	0.0	0	\$ 0	\$ 0	0.0	0.0
Maryland	88.1	370	\$ 622,350	\$ 1,682	0.0	0.0
Massachusetts <sup>g</sup>	94.4	2,348	\$ 3,395,828	\$ 1,446	99.2	0.0
Michigan	95.0	6,594 <sup>h</sup>	\$ 3,108,414	\$ 471	19.3	0.0
Minnesota	98.3	182	\$ 275,577	\$ 1,514	0.0	0.0
Mississippi	0.0	0	\$ 0	\$ 0	0.0	0.0

PS Table 9. Comparison of Managed Care Enrollment and Capitation Payments in MAX 2008

State	HMO/HIO/PACE				PHP	PCCM
	% Enrollees with Capitation Payments <sup>a</sup>	Number 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>
Missouri	99.3	680 <sup>i</sup>	\$ 721,383 <sup>j</sup>	\$ 1,061	0.0	0.0
Montana	0.0	0	\$ 0	\$ 0	0.0	93.3
Nebraska	98.5	167	\$ 26,880	\$ 161	0.0	98.0
Nevada	99.7	310	\$ 130,892	\$ 422	99.1	0.0
New Hampshire	0.0	0	\$ 0	\$ 0	0.0	0.0
New Jersey	98.4	516	\$ 773,638	\$ 1,499	0.0	0.0
New Mexico	99.9	61	\$ 373,257	\$ 6,119	95.3	0.0
New York	92.2	80,731 <sup>k</sup>	\$ 963,386,111	\$ 11,933	0.0	0.0
North Carolina	100.0	0	\$ 0	\$ 0	100.0	99.9
North Dakota	0.0	0	\$ 0	\$ 0	0.0	78.1
Ohio	98.6	333	\$ 333,628	\$ 1,002	0.0	0.0
Oklahoma	0.0	0	\$ 0	\$ 0	100.0	100.0
Oregon	98.2	848	\$ 233,091	\$ 275	98.5	66.9
Pennsylvania	99.8	305 <sup>i</sup>	\$ 1,471,068 <sup>j</sup>	\$ 4,823	99.7	99.7
Rhode Island	98.4	193	\$ 112,670	\$ 584	0.0 <sup>1</sup>	0.0
South Carolina	96.2	5,367 <sup>m</sup>	\$ 2,327,626	\$ 434	97.2	97.3
South Dakota	0.0	0	\$ 0	\$ 0	0.0	60.3
Tennessee	99.9	4,237 <sup>n</sup>	\$ 1,850,687	\$ 437	70.8	0.0
Texas	95.2	1,816	\$ 5,132,663	\$ 2,826	99.9	94.6
Utah <sup>o</sup>	0.0	0	\$ 0	\$ 0	97.3 <sup>p</sup>	0.0
Vermont	0.0	0	\$ 0	\$ 0	0.0	99.6
Virginia	94.7	529	\$ 584,270	\$ 1,104	0.0	66.1
Washington	99.3	77,195 <sup>q</sup>	\$ 8,831,475	\$ 114	0.0	93.6
West Virginia	98.9	63	\$ 26,753	\$ 425	0.0	99.4

PS Table 9. Comparison of Managed Care Enrollment and Capitation Payments in MAX 2008

State	HMO/HIO/PACE				PHP	PCCM
	% Enrollees with Capitation Payments <sup>a</sup>	Number 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>
Wisconsin <sup>f</sup>	97.4	38,967 <sup>s</sup>	\$ 197,305,152	\$ 5,063	38.7 <sup>s</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/PACE capitation payments are based on TOS = 20 claims, and HMO enrollment is the number of months enrolled in HMO/HIO/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> More than 5,000 enrollees had HMO/HIO or PACE capitation payments but no reported enrollment in an HMO/HIO or PACE. This indicates that the HMO/HIO/PACE enrollment data may not be reliable.

<sup>c</sup> AZ reported claims to TOS = 20 in 2008 for 48,117 people who were enrolled in long-term care managed care plans because those plans provide comprehensive services including long-term care services. 5,455 individuals with claims of TOS = 20 were enrolled in a behavioral health plan only and 4,656 were enrolled in plan type other.

<sup>d</sup> CO reported claims to TOS = 20 for many S-CHIP managed care plans (including four HMOs, two ASOs, and a dental plan) in 2008, but the state did not report managed care enrollment for its S-CHIP enrollees. This could not be easily corrected in MAX.

<sup>e</sup> FL reported capitation payment claims for a number of behavioral, PCCM, and other managed care plans to TOS = 20 in 2008. This could not be easily corrected in MAX.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>g</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>h</sup> MI had a significant lag in discontinuing capitation payments for comprehensive managed care in 2008 when an individual lost eligibility for comprehensive managed care. The state does not attempt to recoup those payments.

<sup>i</sup> The number of enrollees with HMO/HIO/PACE capitation payments but no enrollment decreased more than 30 percent in MO and PA in 2008.

<sup>j</sup> Total HMO/HIO/PACE payments among people not enrolled decreased more than 30 percent in MO and PA in 2008.

<sup>k</sup> NY reported claims for a number of long-term care managed care and PCCM plans to TOS 20 in 2008. This could not be easily corrected in MAX.

<sup>l</sup> Although RI began to report enrollment in its dental plan reliably in late 2008, capitation payments for this plan were not included in 2008.

<sup>m</sup> SC reported capitation claims to TOS = 20 for 5,367 individuals who were enrolled in plan type of Other but not enrolled in a comprehensive managed care plan.

<sup>n</sup> TN reported capitation claims to TOS = 20 for 2,428 individuals who only had enrollment in a behavioral health plan. An additional 1,809 individuals had capitation claims with TOS = 20 with no enrollment reported in any type of managed care in CY 2008.

<sup>o</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>p</sup> UT began to report capitation payments for BHO with TOS = 21 in 2008. UT reported no PHP payments in 2007.

<sup>q</sup> WA reported capitation payments to TOS = 20 instead of TOS = 22 for 71,440 individuals enrolled in a PCCM program. This could not be easily corrected for MAX.

<sup>r</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>s</sup> WI reported capitation payments to TOS = 20 for a number of other managed care and long-term care managed care plans instead of to TOS = 21. This could not be easily corrected in MAX.

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 2008

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	635,707	90.1	\$ 2,615	\$ 4,341	\$ 7,312	\$ 1,341	\$ 2,784	\$ 25	\$ 220	\$ 704	\$ 1,666	0.7	0.7	78.5	88.5
Alaska	113,700	84.5	\$ 6,346	<b>\$ 22,277</b>	\$ 28,271	\$ 3,971	<b>\$ 5,228</b>	\$ 1,287	\$ 659	\$ 649	\$ 3,751	11.5	1.3	52.9	83.1
Arizona	132,685	<b>46.7</b>	\$ 4,009	\$ 3,459	\$ 6,136	\$ 3,568	\$ 3,421	\$ 622	\$ 82	\$ 27	\$ 3,277	7.7	0.3	5.9	46.3
Arkansas	567,817	95.9	\$ 3,478	\$ 7,806	\$ 12,067	\$ 1,991	\$ 2,645	\$ 557	\$ 425	\$ 572	\$ 1,924	11.3	1.3	73.4	95.3
California	2,059,820	73.7	\$ 5,113	\$ 7,534	\$ 16,625	\$ 1,099	\$ 2,463	\$ 1,136	\$ 480	\$ 1,059	\$ 2,438	8.4	1.0	54.9	71.1
Colorado	427,226	79.8	\$ 3,202	\$ 8,949	\$ 15,465	\$ 1,438	\$ 2,429	\$ 581	\$ 129	\$ 600	\$ 1,893	7.3	0.3	52.8	78.1
Connecticut	294,767	73.7	\$ 4,222	\$ 16,237	\$ 25,069	\$ 1,467	\$ 1,627	\$ 758	\$ 675	\$ 968	\$ 1,821	6.5	1.1	60.8	48.7
Delaware	17,735	77.4	\$ 8,104	\$ 18,109	<b>\$ 43,079</b>	\$ 2,042	\$ 4,152	\$ 1,437	\$ 1,690	\$ 958	\$ 4,019	11.5	2.4	58.7	74.9
District of Columbia	33,712	76.0	<b>\$ 19,748</b>	<b>\$ 24,044</b>	\$ 23,965	<b>\$ 10,013</b>	\$ 4,735 <sup>c</sup>	<b>\$ 7,131</b>	<b>\$ 2,643</b>	<b>\$ 2,519</b>	<b>\$ 7,456</b>	20.0	3.8	58.6	73.3
Florida	1,260,858	76.8	\$ 3,993	\$ 8,043	\$ 14,553	\$ 1,574	\$ 2,785	\$ 1,187	\$ 268	\$ 749	\$ 1,788	12.7	0.5	57.8	75.0
Georgia	286,101	75.9	\$ 7,125	\$ 7,037	\$ 11,182	\$ 2,182	\$ 700	\$ 1,958	\$ 669	\$ 1,399	\$ 3,100	12.2	1.6	57.9	74.1
Hawaii	19,720	73.4	\$ 11,231	\$ 6,799	\$ 16,684	\$ 638 <sup>d</sup>	\$ 922	\$ 1,651	\$ 1,049	<b>\$ 2,288 <sup>e</sup></b>	<b>\$ 6,243</b>	11.8	2.9	57.4	72.2
Idaho	196,622	82.6	\$ 4,219	\$ 15,495	\$ 20,553	\$ 1,704	\$ 4,207	\$ 910	\$ 314	\$ 546	\$ 2,448	10.3	1.2	58.6	80.5
Illinois	2,105,626	83.4	\$ 3,012	\$ 8,740	\$ 17,301	\$ 1,553	\$ 1,883	\$ 992	\$ 324	\$ 515	\$ 1,180	7.9	1.1	66.1	80.7
Indiana	161,392	62.4	\$ 8,635	\$ 12,730	\$ 20,299	\$ 1,906	\$ 693	\$ 1,610	\$ 1,305	\$ 1,562	\$ 4,158	13.7	3.1	44.4	61.0
Iowa	379,502	80.7	\$ 3,588	\$ 9,108	\$ 19,704	\$ 1,703	\$ 2,257	\$ 617	\$ 464	\$ 573	\$ 1,933	10.6	0.8	62.7	78.9
Kansas	95,035	78.6	\$ 7,691	\$ 12,203	\$ 15,353	\$ 2,586	\$ 1,317	\$ 1,891	\$ 437	\$ 1,465	\$ 3,898	13.8	1.4	60.0	75.0
Kentucky	555,535	91.1	\$ 5,114	\$ 17,395	\$ 12,887	\$ 2,418	\$ 4,605	\$ 1,243	\$ 339	\$ 1,031	\$ 2,501	11.4	1.3	79.4	89.6
Louisiana	977,296	90.2	\$ 3,555	\$ 13,794	\$ 13,983	\$ 1,571	\$ 3,507	\$ 836	\$ 371	\$ 796	\$ 1,552	10.8	1.4	73.8	88.7
Maine <sup>f</sup>	263,342	68.0	\$ 748	<b>\$ 450</b>	\$ 3,107	\$ 288	\$ 684	\$ 0	\$ 0	\$ 748	\$ 0	0.0	0.0	68.0	0.0
Maryland	61,326	<b>48.1</b>	<b>\$ 14,147</b>	\$ 16,768	<b>\$ 38,689</b>	<b>\$ 6,919</b>	\$ 1,516	<b>\$ 4,758</b>	<b>\$ 3,589</b>	\$ 1,132	\$ 4,668	16.5	5.5	28.9	45.0
Massachusetts <sup>g</sup>	542,593	73.0	\$ 4,610	\$ 11,937	\$ 15,753	\$ 1,810	\$ 2,077	\$ 781	\$ 553	\$ 787	\$ 2,490	5.8	1.0	57.7	69.0
Michigan	323,945	63.0	\$ 2,789	\$ 3,758	\$ 13,987	\$ 1,216	\$ 1,523	\$ 948	\$ 296	\$ 516	\$ 1,029	11.9	0.8	43.4	56.7
Minnesota	140,717	75.6	\$ 12,397	\$ 5,718	\$ 27,731	\$ 3,149	\$ 2,122	\$ 1,763	\$ 673	\$ 1,398	<b>\$ 8,563</b>	11.6	2.4	55.5	73.1
Mississippi	548,881	88.2	\$ 3,528	\$ 12,065	\$ 10,285	\$ 1,739	\$ 3,642	\$ 968	\$ 425	\$ 520	\$ 1,615	11.6	1.0	71.8	86.7
Missouri	372,250	84.5	\$ 5,611	\$ 14,315	\$ 14,290	\$ 1,881	\$ 2,490	\$ 1,181	\$ 345	\$ 1,496	\$ 2,588	16.3	1.2	73.0	82.4
Montana	91,907	86.0	\$ 4,489	\$ 11,589	\$ 15,299	\$ 2,457	\$ 3,751	\$ 862	\$ 296	\$ 683	\$ 2,648	14.2	0.9	56.0	84.7
Nebraska	177,548	89.0	\$ 4,173	\$ 20,413	\$ 22,435	\$ 2,474	\$ 2,867	\$ 817	\$ 462	\$ 715	\$ 2,179	10.1	1.3	74.1	87.2
Nevada	82,884	71.5	\$ 6,954	\$ 16,346	\$ 16,251	\$ 3,557	\$ 1,779	\$ 1,214	\$ 885	\$ 1,010	\$ 3,845	11.9	2.2	49.8	69.4
New Hampshire	120,976	87.8	\$ 4,233	\$ 11,966	\$ 17,799	\$ 2,789	\$ 3,109	\$ 437	\$ 172	\$ 612	\$ 3,011	9.4	0.6	64.1	85.8
New Jersey	109,903	59.2	\$ 11,142	\$ 15,158	\$ 27,152	\$ 3,227	\$ 1,127	\$ 2,062	<b>\$ 3,966</b>	\$ 1,647	\$ 3,467	14.3	5.1	35.9	54.5

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 2008

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
New Mexico	85,504	77.5	\$ 3,257	\$ 12,502	\$ 16,307	\$ 1,613	\$ 2,645	\$ 870	\$ 297	\$ 128	\$ 1,962	11.4	0.6	37.2	76.5
New York	862,048	65.9	\$ 12,355	\$ 19,564	\$ 38,996	\$ 2,753	\$ 5,549	\$ 3,230	\$ 3,044	\$ 1,467	\$ 4,615	14.0	3.1	45.7	63.0
North Carolina	1,410,401	90.1	\$ 4,234	\$ 5,019	\$ 16,842	\$ 2,117	\$ 3,693	\$ 704	\$ 215	\$ 707	\$ 2,608	13.1	0.5	68.1	89.0
North Dakota	59,108	86.1	\$ 4,123	\$ 15,206	\$ 22,375	\$ 2,222	\$ 3,029	\$ 774	\$ 646	\$ 507	\$ 2,197	13.3	0.8	63.6	84.1
Ohio	236,299	69.1	\$ 10,855	\$ 22,419	\$ 24,985	\$ 2,072	\$ 983	\$ 2,193	\$ 2,384	\$ 1,432	\$ 4,846	11.7	5.1	51.5	66.6
Oklahoma	663,988	84.2	\$ 3,229	\$ 11,419	\$ 13,506	\$ 1,867	\$ 2,861	\$ 796	\$ 306	\$ 495	\$ 1,632	13.0	1.0	64.4	80.8
Oregon	70,106	71.5	\$ 4,411	\$ 8,613	\$ 14,465	\$ 1,384	\$ 2,925	\$ 1,049	\$ 344	\$ 789	\$ 2,229	8.8	0.9	54.2	65.7
Pennsylvania	459,898	79.2	\$ 3,132	\$ 12,489	\$ 8,974	\$ 1,033	\$ 1,930	\$ 641	\$ 586	\$ 758	\$ 1,148	9.8	1.5	64.7	75.4
Rhode Island	28,232	82.4	\$ 12,619	\$ 9,965	\$ 17,569	\$ 2,245	\$ 394	\$ 2,669	\$ 2,480	\$ 1,515	\$ 5,954	10.1	3.0	68.6	77.8
South Carolina	381,660	86.9	\$ 3,989	\$ 7,210	\$ 14,687	\$ 1,986	\$ 3,388	\$ 1,109	\$ 266	\$ 638	\$ 1,977	15.6	0.5	67.4	85.2
South Dakota	113,242	86.6	\$ 3,690	\$ 9,226	\$ 17,966	\$ 2,147	\$ 3,445	\$ 858	\$ 465	\$ 463	\$ 1,904	12.3	1.1	59.3	84.1
Tennessee	528,652	80.0	\$ 3,110	\$ 7,327	\$ 8,917	\$ 1,459	\$ 2,250	\$ 536	\$ 113	\$ 672	\$ 1,789	7.4	0.2	69.5	76.5
Texas	1,653,094	82.8	\$ 3,601	\$ 7,828	\$ 14,320	\$ 1,752	\$ 1,808	\$ 764	\$ 336	\$ 558	\$ 1,942	14.2	0.9	61.9	79.0
Utah <sup>h</sup>	260,362	78.8	\$ 2,817	\$ 5,683	\$ 14,612	\$ 1,678	\$ 1,921	\$ 741	\$ 228	\$ 513	\$ 1,335	9.2	0.4	60.6	67.6
Vermont	138,980	83.8	\$ 4,198	\$ 12,100	\$ 20,713	\$ 2,927	\$ 2,854	\$ 502	\$ 44	\$ 731	\$ 2,922	6.0	0.1	65.2	81.5
Virginia	188,665	77.1	\$ 6,877	\$ 16,345	\$ 23,602	\$ 2,803	\$ 2,355	\$ 1,303	\$ 994	\$ 994	\$ 3,586	12.4	1.8	60.3	74.4
Washington	257,958	77.9	\$ 6,887	\$ 13,620	\$ 13,925	\$ 1,397	\$ 2,014	\$ 1,747	\$ 212	\$ 1,397	\$ 3,531	8.9	1.0	63.7	74.3
West Virginia	123,316	87.5	\$ 7,729	\$ 17,494	\$ 11,207	\$ 2,967	\$ 2,180	\$ 1,114	\$ 732	\$ 2,028	\$ 3,856	12.4	2.0	76.9	85.3
Wisconsin <sup>i</sup>	208,202	76.6	\$ 5,474	\$ 9,573	\$ 10,698	\$ 2,019	\$ 2,009	\$ 1,435 <sup>j</sup>	\$ 609 <sup>k</sup>	\$ 1,267 <sup>l</sup>	\$ 2,162	8.7	1.7	62.8	69.4
Wyoming	66,877	84.8	\$ 4,601	\$ 14,213	\$ 21,790	\$ 2,679	\$ 4,571	\$ 1,018	\$ 494	\$ 537	\$ 2,552	13.3	1.2	63.1	83.3

Notes: Excludes EDB Duals (EDB Dual = 50-59), people ever enrolled in HMO/HIOs 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 adult enrollee increased more than 30 percent in DC in 2008.

<sup>d</sup> Average FFS Medicaid paid per non-dual child enrollee decreased more than 30 percent in HI in 2008.

<sup>e</sup> Average FFS Medicaid paid per non-dual enrollee for all other services decreased more than 30 percent in HI in 2008.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>g</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>h</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>i</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>j</sup> Average FFS Medicaid paid per non-dual enrollee for Inpatient Hospital services increased more than 30 percent in WI in 2008.

<sup>k</sup> Average FFS Medicaid paid per non-dual enrollee for ILTC services increased more than 30 percent in WI in 2008.

<sup>l</sup> Average FFS Medicaid paid per non-dual enrollee for Prescription Drugs increased more than 30 percent in WI in 2008.

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 2008

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	89,286	92.1	\$ 12,438	\$ 20,853	\$ 8,176	\$ 304	\$ 8,457	\$ 154	\$ 3,523	22.7	23.8	48.5	87.8
Alaska	13,787	93.6	\$ 18,545	\$ 20,558	\$ 16,917	\$ 238	\$ 4,615	\$ 216	\$ 13,476	12.6	5.5	28.9	92.8
Arizona	38,537	15.8	\$ 2,533	\$ 1,208	\$ 4,792	\$ 82	\$ 531	\$ 2	\$ 1,917	2.4	2.0	1.5	14.1
Arkansas	75,633	99.1	\$ 15,561	\$ 16,338	\$ 14,627	\$ 427	\$ 6,889	\$ 230	\$ 8,015	24.3	23.4	42.1	97.3
California	970,112	87.1	\$ 9,171	\$ 8,727	\$ 9,844	\$ 485	\$ 3,478	\$ 242	\$ 4,966	10.4	10.3	55.4	83.3
Colorado	64,984	86.0	\$ 15,339	\$ 16,488	\$ 13,997	\$ 276	\$ 7,281	\$ 167	\$ 7,616	8.6	20.1	24.3	83.2
Connecticut	82,700	96.2	\$ 28,827	\$ 29,934	\$ 30,342	\$ 559	\$ 17,493	\$ 533	\$ 10,242	19.5	33.5	77.0	90.2
Delaware	11,080	94.7	\$ 27,736	\$ 30,934	\$ 26,162	\$ 515	\$ 16,274	\$ 145	\$ 10,803	20.3	30.0	43.7	91.7
District of Columbia	19,083	88.0	\$ 30,032	\$ 30,226	\$ 30,100 <sup>c</sup>	\$ 1,515	\$ 8,112	\$ 271	\$ 20,134 <sup>d</sup>	21.0	15.0	35.9	86.0
Florida	316,486	80.5	\$ 11,166	\$ 12,630	\$ 9,234	\$ 388	\$ 7,161	\$ 150	\$ 3,466	20.7	19.4	33.0	75.7
Georgia	157,541	90.3	\$ 10,602	\$ 14,863	\$ 7,496	\$ 502	\$ 6,414	\$ 156	\$ 3,530	17.1	21.3	33.4	85.2
Hawaii	29,580	92.5	\$ 11,811	\$ 12,095	\$ 11,240	\$ 165	\$ 6,883	\$ 140 <sup>e</sup>	\$ 4,624	4.3	13.3	63.4	89.5
Idaho	23,922	93.4	\$ 16,574	\$ 17,888	\$ 15,333	\$ 468	\$ 7,686	\$ 219	\$ 8,200	18.4	18.6	36.2	90.5
Illinois	303,622	87.1	\$ 10,527	\$ 10,272	\$ 11,446	\$ 658	\$ 5,781	\$ 189	\$ 3,899	7.6	21.7	52.3	82.9
Indiana	119,766	89.4	\$ 16,613	\$ 17,408	\$ 15,759	\$ 293	\$ 9,755	\$ 205	\$ 6,361	8.2	30.3	49.0	88.2
Iowa	69,429	96.0	\$ 16,529	\$ 17,599	\$ 16,070	\$ 412	\$ 8,864	\$ 162	\$ 7,091	21.1	26.5	58.2	92.1
Kansas	51,738	90.1	\$ 16,296	\$ 17,271	\$ 15,293	\$ 475	\$ 7,607	\$ 197	\$ 8,017	14.1	27.2	53.9	84.0
Kentucky	95,698	93.4	\$ 13,557	\$ 17,166	\$ 9,005	\$ 552	\$ 9,344	\$ 263	\$ 3,398	7.8	22.9	67.0	90.4
Louisiana	109,752	91.8	\$ 13,941	\$ 13,955	\$ 14,042	\$ 398	\$ 8,133	\$ 219	\$ 5,191	24.2	26.0	40.9	87.8
Maine <sup>f</sup>	56,806	54.9	\$ 238	\$ 93	\$ 306	\$ 0	\$ 0	\$ 238	\$ 0	0.0	0.0	54.9	0.0
Maryland	72,430	92.2	\$ 23,165	\$ 25,765	\$ 21,202	\$ 1,108	\$ 12,836	\$ 118	\$ 9,103	23.3	26.9	37.1	86.3
Massachusetts <sup>g</sup>	231,934	89.6	\$ 14,267	\$ 16,663	\$ 11,990	\$ 262	\$ 7,529	\$ 139	\$ 6,337	13.8	19.1	50.7	86.3
Michigan	234,964	85.3	\$ 6,913	\$ 11,070	\$ 2,594	\$ 77	\$ 5,024	\$ 62	\$ 1,750	2.8	16.7	42.4	79.7
Minnesota	80,359	71.5	\$ 18,045	\$ 4,925	\$ 25,831	\$ 388	\$ 3,095	\$ 156	\$ 14,406	15.1	8.9	41.4	70.1
Mississippi	88,145	93.4	\$ 12,649	\$ 18,238	\$ 8,296	\$ 429	\$ 8,958	\$ 192	\$ 3,069	18.5	21.9	35.4	92.0
Missouri	164,980	93.4	\$ 11,217	\$ 12,286	\$ 10,174	\$ 201	\$ 5,126	\$ 332	\$ 5,557	1.7	20.9	57.9	89.8
Montana	16,666	94.1	\$ 14,497	\$ 20,367	\$ 9,897	\$ 314	\$ 8,937	\$ 179	\$ 5,068	19.2	27.8	36.2	88.9

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 2008

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
Nebraska	38,412	96.1	\$ 15,453	\$ 16,007	\$ 14,891	\$ 446	\$ 8,253	\$ 200	\$ 6,554	21.0	26.8	67.9	92.7
Nevada	23,442	91.8	\$ 12,953	\$ 12,868	\$ 13,309	\$ 404	\$ 6,052	\$ 246	\$ 6,250	11.6	16.6	57.8	88.3
New Hampshire	23,186	94.9	\$ 18,711	\$ 21,503	\$ 17,417	\$ 349	\$ 8,419	\$ 242	\$ 9,700	18.3	28.3	58.7	87.2
New Jersey	158,351	91.8	\$ 20,916	\$ 21,358	\$ 20,339	\$ 535	\$ 13,332	\$ 205	\$ 6,844	12.6	24.4	55.7	87.2
New Mexico	37,741	90.3	\$ 14,743	\$ 13,782	\$ 15,518	\$ 310	\$ 3,829	\$ 32	\$ 10,573	9.5	13.7	15.8	88.9
New York	628,413	89.8	\$ 27,079	\$ 26,261	\$ 28,608	\$ 847	\$ 12,558	\$ 142	\$ 13,532	21.5	20.6	52.5	84.8
North Carolina	263,054	94.5	\$ 10,862	\$ 11,628	\$ 9,948	\$ 206	\$ 5,180	\$ 244	\$ 5,233	9.3	15.3	46.8	92.8
North Dakota	12,149	96.5	\$ 25,268	\$ 25,154	\$ 25,731	\$ 340	\$ 17,081	\$ 151 <sup>h</sup>	\$ 7,695	11.5	40.8	35.1	86.6
Ohio	221,712	96.2	\$ 20,665	\$ 22,535	\$ 18,664	\$ 340	\$ 12,169	\$ 155	\$ 8,001	13.6	33.0	58.0	94.6
Oklahoma	97,220	92.7	\$ 11,382	\$ 11,608	\$ 11,210	\$ 519	\$ 5,570	\$ 106	\$ 5,187	25.3	20.3	26.5	90.4
Oregon	27,677	92.6	\$ 14,144	\$ 16,848	\$ 9,499	\$ 221	\$ 7,384	\$ 213	\$ 6,326	3.4	20.5	55.5	88.2
Pennsylvania	317,220	78.3	\$ 12,144	\$ 16,418	\$ 6,658	\$ 150	\$ 10,091	\$ 118	\$ 1,786	7.6 <sup>i</sup>	23.7	44.0	59.2
Rhode Island	34,576	93.4	\$ 20,039	\$ 22,303	\$ 19,455	\$ 507	\$ 13,095	\$ 149	\$ 6,288	20.1	26.1	55.7	87.8
South Carolina	129,292	91.6	\$ 8,173	\$ 9,393	\$ 6,963	\$ 432	\$ 4,168	\$ 130	\$ 3,444	16.4	12.9	45.4	88.1
South Dakota	14,283	95.4	\$ 17,189	\$ 18,691	\$ 15,959	\$ 342	\$ 10,225	\$ 128	\$ 6,494	17.4	37.8	36.6	88.0
Tennessee	101,673	49.9	\$ 6,972	\$ 14,528	\$ 4,676	\$ 108	\$ 4,177	\$ 125	\$ 2,561	3.6	13.1	8.3	42.4
Texas	309,033	84.9	\$ 13,233	\$ 12,268	\$ 15,718	\$ 131	\$ 7,503	\$ 128	\$ 5,471	6.8	27.4	37.9	65.9
Utah	30,132	82.2	\$ 9,174	\$ 9,681	\$ 8,905	\$ 333	\$ 4,956	\$ 276	\$ 3,609	8.7	15.4	44.7	75.7
Vermont	21,640	95.2	\$ 14,722	\$ 18,970	\$ 11,973	\$ 293	\$ 5,189	\$ 317	\$ 8,922	15.8	15.6	58.8	92.3
Virginia	120,181	92.7	\$ 13,034	\$ 12,502	\$ 13,828	\$ 742	\$ 7,155	\$ 151	\$ 4,986	58.0	20.3	53.3	85.8
Washington	124,231	94.4	\$ 12,323	\$ 13,905	\$ 10,473	\$ 315	\$ 3,827	\$ 357	\$ 7,825	10.7	13.1	79.3	90.2
West Virginia	50,752	93.2	\$ 14,167	\$ 18,950	\$ 10,475	\$ 149	\$ 8,660	\$ 211	\$ 5,147	7.0	20.6	48.0	89.3
Wisconsin <sup>k</sup>	128,298	92.7	\$ 10,619	\$ 16,882	\$ 6,166 <sup>l</sup>	\$ 378	\$ 8,083	\$ 173	\$ 1,985 <sup>m</sup>	18.0	22.6	53.4	87.8
Wyoming	7,083	94.6	\$ 28,032	\$ 26,738	\$ 29,720	\$ 495	\$ 10,286	\$ 205	\$ 17,046	21.0	31.0	41.9	89.4

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> Values below two standard deviations from the arithmetic mean are considered anomalous.

<sup>c</sup> Average FFS Medicaid paid per EDB Dual disabled enrollee increased more than 30 percent in DC in 2008.

<sup>d</sup> Average FFS Medicaid paid per EDB Dual enrollee for all other services increased more than 30 percent in DC in 2008.

<sup>e</sup> Average FFS Medicaid paid per EDB Dual enrollee for Prescription Drugs decreased more than 30 percent in HI in 2008.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>g</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.



<sup>h</sup> Average FFS Medicaid paid per EDB Dual enrollee for Prescription Drugs increased more than 30 percent in ND in 2008.

<sup>i</sup> The percent of EDB Dual enrollees with Inpatient Hospital claims decreased more than 30 percent in PA in 2008.

<sup>j</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>k</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>l</sup> Average FFS Medicaid paid per EDB Dual disabled enrollee decreased more than 30 percent in WI in 2008.

<sup>m</sup> Average FFS Medicaid paid per EDB Dual enrollee for all other services decreased more than 30 percent in WI in 2008.

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 2008

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	724,993	90.4	\$ 3,825	\$ 20,050	\$ 7,598	\$ 1,341	\$ 2,790	\$ 60	\$ 1,234	\$ 636	\$ 1,895	3.4	3.6	74.8	88.4
Alaska	127,487	85.5	\$ 7,666	\$ 20,736	\$ 23,250	\$ 3,971	\$ 5,262	\$ 1,174	\$ 1,087	\$ 602	\$ 4,803	11.6	1.7	50.3	84.1
Arizona	171,222	39.7	\$ 3,676	\$ 1,304	\$ 5,671	\$ 3,568	\$ 3,426	\$ 501	\$ 183	\$ 22	\$ 2,971	6.5	0.7	4.9	39.1
Arkansas	643,450	96.3	\$ 4,898	\$ 15,870	\$ 12,786	\$ 1,991	\$ 2,671	\$ 542	\$ 1,185	\$ 532	\$ 2,640	12.8	3.9	69.7	95.6
California	3,029,932	78.0	\$ 6,412	\$ 8,585	\$ 13,458	\$ 1,100	\$ 2,481	\$ 928	\$ 1,440	\$ 797	\$ 3,248	9.1	4.0	55.1	75.0
Colorado	492,210	80.7	\$ 4,804	\$ 15,711	\$ 14,914	\$ 1,440	\$ 2,424	\$ 540	\$ 1,073	\$ 543	\$ 2,649	7.4	2.9	49.0	78.8
Connecticut	377,467	78.6	\$ 9,612	\$ 28,842	\$ 27,723	\$ 1,472	\$ 1,689	\$ 714	\$ 4,359	\$ 872	\$ 3,666	9.3	8.2	64.4	57.8
Delaware	28,815	84.0	\$ 15,653	\$ 30,473	\$ 31,511	\$ 2,042	\$ 4,090	\$ 1,082	\$ 7,298	\$ 645	\$ 6,628	14.9	13.0	52.9	81.3
District of Columbia	52,795	80.3	\$ 23,465	\$ 29,473	\$ 25,828	\$ 10,013	\$ 7,206 <sup>c</sup>	\$ 5,101	\$ 4,620	\$ 1,706	\$ 12,039 <sup>d</sup>	20.4	7.8	50.4	77.9
Florida	1,577,344	77.6	\$ 5,432	\$ 12,340	\$ 12,426	\$ 1,574	\$ 2,793	\$ 1,027	\$ 1,651	\$ 629	\$ 2,125	14.3	4.3	52.8	75.1
Georgia	443,642	81.0	\$ 8,359	\$ 14,305	\$ 9,853	\$ 2,184	\$ 703	\$ 1,441	\$ 2,709	\$ 957	\$ 3,252	13.9	8.6	49.2	78.1
Hawaii	49,300	84.9	\$ 11,579	\$ 11,873	\$ 14,362	\$ 638 <sup>e</sup>	\$ 935	\$ 760	\$ 4,549	\$ 999 <sup>f</sup>	\$ 5,271	7.3	9.1	61.0	82.6
Idaho	220,544	83.7	\$ 5,559	\$ 17,813	\$ 18,715	\$ 1,704	\$ 4,248	\$ 862	\$ 1,114	\$ 511	\$ 3,072	11.2	3.0	56.2	81.6
Illinois	2,409,248	83.8	\$ 3,959	\$ 10,112	\$ 14,441	\$ 1,555	\$ 1,890	\$ 950	\$ 1,012	\$ 474	\$ 1,523	7.9	3.7	64.4	80.9
Indiana	281,158	73.9	\$ 12,034	\$ 17,206	\$ 18,096	\$ 1,908	\$ 695	\$ 1,049	\$ 4,904	\$ 984	\$ 5,097	11.3	14.7	46.3	72.6
Iowa	448,931	83.1	\$ 5,589	\$ 17,357	\$ 17,920	\$ 1,703	\$ 2,261	\$ 585	\$ 1,764	\$ 509	\$ 2,731	12.2	4.7	62.0	80.9
Kansas	146,773	82.6	\$ 10,724	\$ 16,947	\$ 15,329	\$ 2,596	\$ 1,321	\$ 1,392	\$ 2,965	\$ 1,018	\$ 5,350	13.9	10.5	57.9	78.2
Kentucky	651,233	91.4	\$ 6,355	\$ 17,176	\$ 11,872	\$ 2,418	\$ 4,615	\$ 1,142	\$ 1,662	\$ 918	\$ 2,632	10.8	4.4	77.6	89.7
Louisiana	1,087,048	90.4	\$ 4,604	\$ 13,947	\$ 13,998	\$ 1,571	\$ 3,511	\$ 792	\$ 1,155	\$ 737	\$ 1,919	12.2	3.9	70.5	88.6
Maine <sup>g</sup>	320,148	65.7	\$ 658	\$ 120	\$ 1,787	\$ 288	\$ 685	\$ 0	\$ 0	\$ 658	\$ 0	0.0	0.0	65.7	0.0
Maryland	133,756	72.0	\$ 19,031	\$ 24,672	\$ 26,643	\$ 6,976	\$ 1,586	\$ 2,781	\$ 8,597	\$ 583	\$ 7,069	20.2	17.1	33.4	67.3
Massachusetts <sup>h</sup>	774,527	78.0	\$ 7,502	\$ 16,319	\$ 13,737	\$ 1,810	\$ 2,092	\$ 626	\$ 2,642	\$ 593	\$ 3,642	8.2	6.4	55.6	74.2
Michigan	558,909	72.4	\$ 4,523	\$ 10,872	\$ 5,427	\$ 1,218	\$ 1,579	\$ 582	\$ 2,284	\$ 325	\$ 1,332	8.1	7.5	43.0	66.4
Minnesota	221,076	74.2	\$ 14,450	\$ 4,983	\$ 26,812	\$ 3,156	\$ 2,193	\$ 1,263	\$ 1,553	\$ 947	\$ 10,687	12.9	4.8	50.4	72.0
Mississippi	637,026	88.9	\$ 4,790	\$ 18,072	\$ 9,606	\$ 1,739	\$ 3,655	\$ 893	\$ 1,606	\$ 475	\$ 1,816	12.6	3.9	66.7	87.5
Missouri	537,230	87.2	\$ 7,332	\$ 12,393	\$ 12,479	\$ 1,884	\$ 2,505	\$ 880	\$ 1,813	\$ 1,139	\$ 3,500	11.8	7.2	68.3	84.7
Montana	108,573	87.3	\$ 6,025	\$ 20,229	\$ 13,299	\$ 2,458	\$ 3,806	\$ 778	\$ 1,622	\$ 606	\$ 3,019	14.9	5.0	53.0	85.3
Nebraska	215,960	90.2	\$ 6,179	\$ 16,221	\$ 18,110	\$ 2,474	\$ 2,899	\$ 751	\$ 1,848	\$ 623	\$ 2,957	12.0	5.8	73.0	88.2
Nevada	106,326	76.0	\$ 8,277	\$ 12,964	\$ 15,473	\$ 3,557	\$ 1,825	\$ 1,036	\$ 2,024	\$ 842	\$ 4,375	11.9	5.4	51.6	73.6
New Hampshire	144,162	88.9	\$ 6,561	\$ 20,621	\$ 17,600	\$ 2,791	\$ 3,140	\$ 423	\$ 1,498	\$ 553	\$ 4,087	10.9	5.1	63.2	86.1
New Jersey	268,254	78.5	\$ 16,912	\$ 20,953	\$ 22,693	\$ 3,231	\$ 1,128	\$ 1,161	\$ 9,495	\$ 796	\$ 5,461	13.3	16.5	47.5	73.8

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 2008

State	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			
	Total FFS Enrollees	% FFS with Medicaid Services <sup>b</sup>	Average FFS Medicaid Paid per FFS Enrollee <sup>a</sup>	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
New Mexico	123,245	81.4	\$ 6,774	\$ 13,743	\$ 15,725	\$ 1,613	\$ 2,640	\$ 699	\$ 1,379	\$ 98	\$ 4,599	10.8	4.6	30.6	80.3
New York	1,490,461	76.0	\$ 18,563	\$ 25,937	\$ 32,838	\$ 2,755	\$ 5,567	\$ 2,225	\$ 7,056	\$ 908	\$ 8,375	17.1	10.4	48.6	72.2
North Carolina	1,673,455	90.8	\$ 5,276	\$ 11,452	\$ 14,074	\$ 2,117	\$ 3,734	\$ 626	\$ 995	\$ 634	\$ 3,021	12.5	2.8	64.8	89.6
North Dakota	71,257	87.9	\$ 7,728	\$ 25,011	\$ 24,079	\$ 2,222	\$ 3,041	\$ 700	\$ 3,448	\$ 446	\$ 3,134	13.0	7.6	58.7	84.5
Ohio	458,011	82.2	\$ 15,604	\$ 22,527	\$ 21,609	\$ 2,073	\$ 1,013	\$ 1,296	\$ 7,121	\$ 813	\$ 6,373	12.6	18.6	54.6	80.1
Oklahoma	761,208	85.3	\$ 4,271	\$ 11,600	\$ 12,601	\$ 1,868	\$ 2,870	\$ 761	\$ 978	\$ 445	\$ 2,086	14.6	3.5	59.6	82.0
Oregon	97,783	77.5	\$ 7,166	\$ 16,680	\$ 12,413	\$ 1,384	\$ 2,953	\$ 815	\$ 2,337	\$ 626	\$ 3,388	7.3	6.5	54.5	72.1
Pennsylvania	777,118	78.8	\$ 6,811	\$ 16,261	\$ 7,629	\$ 1,033	\$ 1,942	\$ 440	\$ 4,466	\$ 496	\$ 1,409	8.9	10.6	56.3	68.8
Rhode Island	62,808	88.4	\$ 16,704	\$ 21,642	\$ 18,480	\$ 2,247	\$ 737	\$ 1,479	\$ 8,324	\$ 763	\$ 6,138	15.6	15.7	61.5	83.3
South Carolina	510,952	88.1	\$ 5,048	\$ 9,335	\$ 10,397	\$ 1,987	\$ 3,458	\$ 938	\$ 1,253	\$ 509	\$ 2,348	15.8	3.6	61.8	86.0
South Dakota	127,525	87.6	\$ 5,202	\$ 18,554	\$ 17,088	\$ 2,147	\$ 3,464	\$ 801	\$ 1,558	\$ 426	\$ 2,418	12.9	5.2	56.8	84.6
Tennessee	630,325	75.2	\$ 3,733	\$ 14,270	\$ 7,115	\$ 1,459	\$ 2,252	\$ 467	\$ 768	\$ 584	\$ 1,913	6.8	2.3	59.6	71.0
Texas	1,962,127	83.1	\$ 5,118	\$ 12,102	\$ 14,700	\$ 1,754	\$ 1,816	\$ 664	\$ 1,465	\$ 490	\$ 2,498	13.0	5.1	58.1	76.9
Utah <sup>i</sup>	290,494	79.2	\$ 3,476	\$ 9,588	\$ 12,103	\$ 1,678	\$ 1,930	\$ 698	\$ 719	\$ 489	\$ 1,571	9.1	2.0	58.9	68.5
Vermont	160,620	85.3	\$ 5,616	\$ 18,819	\$ 15,947	\$ 2,927	\$ 2,886	\$ 474	\$ 737	\$ 675	\$ 3,730	7.3	2.2	64.3	83.0
Virginia	308,846	83.2	\$ 9,273	\$ 12,623	\$ 17,888	\$ 2,807	\$ 2,366	\$ 1,085	\$ 3,392	\$ 666	\$ 4,131	30.1	9.0	57.5	78.8
Washington	382,189	83.2	\$ 8,654	\$ 13,882	\$ 12,726	\$ 1,402	\$ 2,032	\$ 1,281	\$ 1,387	\$ 1,059	\$ 4,927	9.5	4.9	68.8	79.5
West Virginia	174,068	89.1	\$ 9,606	\$ 18,914	\$ 11,001	\$ 2,968	\$ 2,191	\$ 832	\$ 3,043	\$ 1,498	\$ 4,232	10.8	7.4	68.4	86.5
Wisconsin <sup>j</sup>	336,500	82.7	\$ 7,436	\$ 16,695	\$ 8,629	\$ 2,020	\$ 2,002	\$ 1,032 <sup>k</sup>	\$ 3,459	\$ 850 <sup>l</sup>	\$ 2,095 <sup>m</sup>	12.2	9.7	59.2	76.4
Wyoming	73,960	85.7	\$ 6,845	\$ 26,451	\$ 24,767	\$ 2,679	\$ 4,624	\$ 968	\$ 1,431	\$ 506	\$ 3,940	14.0	4.1	61.1	83.8

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> Average FFS Medicaid paid per FFS Medicaid adult enrollee increased more than 30 percent in DC in 2008.

<sup>d</sup> Average FFS Medicaid paid per FFS Medicaid enrollee for all other services increased more than 30 percent in DC in 2008.

<sup>e</sup> Average FFS Medicaid paid per FFS Medicaid child enrollee decreased more than 30 percent in HI in 2008.

<sup>f</sup> Average FFS Medicaid paid per FFS Medicaid enrollee for Prescription Drugs decreased more than 30 percent in HI in 2008.

<sup>g</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>h</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>i</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>j</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>k</sup> Average FFS Medicaid paid per FFS Medicaid enrollee for Inpatient Hospital services increased more than 30 percent in WI in 2008.

<sup>l</sup> Average FFS Medicaid paid per FFS Medicaid enrollee for Prescription Drugs increased more than 30 percent in WI in 2008.

<sup>m</sup> Average FFS Medicaid paid per FFS Medicaid enrollee for all other services decreased more than 30 percent in WI in 2008.

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 2008

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	4,297 <sup>b</sup>	\$ 3,740	12	\$ 58,111	2,190 <sup>c</sup>	\$ 22,912 <sup>d</sup>	59	\$ 137,656	2,259	\$ 35,775	470,711	\$ 543	201,564	\$ 333	102,235	\$ 102
Alaska	13,114	\$ 11,158	11	\$ 8,386	1,261	\$ 48,254	11	\$ 147,916	188	\$ 69,172	69,308	\$ 897	38,921	\$ 631	15,542	\$ 242 <sup>e</sup>
Arizona	10,210	\$ 8,090	0 <sup>f</sup>	\$ 0 <sup>f</sup>	44	\$ 20,008	0 <sup>f</sup>	\$ 0 <sup>f</sup>	372	\$ 26,916	16,725	\$ 891	97	\$ 1,114	5,576	\$ 204
Arkansas	64,041	\$ 4,937	0	\$ 0	5,022	\$ 26,887	761	\$ 82,420	1,387	\$ 31,578	391,515	\$ 520	183,207	\$ 430	98,180	\$ 115
California	173,366	\$ 13,502	11	\$ 243,035	298	\$ 8,070 <sup>g</sup>	3,344	\$ 76,176	16,254	\$ 44,934	835,240	\$ 591	11,372	\$ 251	194,969	\$ 74
Colorado	31,033	\$ 7,993	11	\$ 149,136	64	\$ 24,147	49	\$ 158,264	1,201	\$ 37,609	39,740	\$ 346	117,168	\$ 453	11,077	\$ 95
Connecticut	19,062 <sup>h</sup>	\$ 11,721	11	\$ 66,610	475 <sup>c</sup>	\$ 46,374	185	\$ 220,788	2,484	\$ 54,683	58,661 <sup>i</sup>	\$ 693	55,417 <sup>j</sup>	\$ 342	13,946 <sup>k</sup>	\$ 382 <sup>e</sup>
Delaware	2,032	\$ 12,541	143	\$ 4,400	12	\$ 40,619	40	\$ 217,327	225	\$ 89,610	11,193	\$ 870	2,886	\$ 723	4,476	\$ 450
District of Columbia	6,754	\$ 35,593	11	\$ 53,720	128	\$ 24,816	362	\$ 122,060	775	\$ 53,493	16,847	\$ 1,041	6,166 <sup>j</sup>	\$ 781 <sup>l</sup>	3,113	\$ 159
Florida	159,713	\$ 9,374	20	\$ 151,286	0	\$ 0	1,000	\$ 119,144	5,610	\$ 38,530	763,819	\$ 682	133,260	\$ 267	75,915 <sup>m</sup>	\$ 110
Georgia	34,911	\$ 16,047	0	\$ 0	0	\$ 0	930	\$ 80,894 <sup>n</sup>	3,535	\$ 32,838	167,668	\$ 851	55,421	\$ 385	52,391	\$ 179
Hawaii	2,330	\$ 13,975	0	\$ 0	0	\$ 0	23	\$ 116,793	547	\$ 32,902	11,294	\$ 798	3,276	\$ 374	1,671	\$ 113
Idaho	20,222	\$ 8,851	677	\$ 10,232	963	\$ 11,319	268	\$ 111,685	401	\$ 34,961	126,562	\$ 538	14,995 <sup>o</sup>	\$ 395	43,896	\$ 173
Illinois	166,710	\$ 12,536	877	\$ 25,912	5,813	\$ 16,722	2,896	\$ 71,626	14,248	\$ 24,904	1,232,582	\$ 358	625,023	\$ 209	196,197	\$ 54
Indiana	22,080	\$ 11,770	11	\$ 48,186	491	\$ 27,280	1,276	\$ 78,040	3,211	\$ 30,255	73,991	\$ 973	33,781	\$ 447	7,444	\$ 276
Iowa	40,169	\$ 5,828	11	\$ 187,604	988	\$ 28,477	886	\$ 124,428	1,021	\$ 36,190	232,732	\$ 602	113,017	\$ 318	79,240	\$ 151
Kansas	13,091	\$ 13,726	14	\$ 23,780	192	\$ 10,939	157	\$ 106,233	955	\$ 23,480	55,108	\$ 899	20,412	\$ 331	12,830	\$ 82
Kentucky	63,074	\$ 10,951 <sup>p</sup>	11	\$ 3,485	2,421	\$ 12,587	224	\$ 130,502	4,428	\$ 29,063	380,656	\$ 595	186,650	\$ 382	155,210	\$ 216
Louisiana	105,649	\$ 7,736	4,165	\$ 7,682	3,706	\$ 5,348	2,231	\$ 84,882	3,982	\$ 30,531	706,277	\$ 526	261,079	\$ 368	176,661	\$ 134
Maine <sup>q</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	10,143	\$ 28,766	12	\$ 127,067	557	\$ 91,501	69	\$ 222,546	2,757	\$ 55,231	21,360	\$ 1,466	1,528	\$ 337 <sup>l</sup>	143	\$ 51
Massachusetts <sup>r</sup>	31,511	\$ 13,456	14	\$ 56,492	622	\$ 41,177	105	\$ 240,965	4,935	\$ 50,292	278,591	\$ 573	167,730	\$ 551	53,464	\$ 272
Michigan	38,632	\$ 7,951	11	\$ 73,996	195	\$ 41,808	28	\$ 253,805	2,284	\$ 35,263	142,999	\$ 591	34,907	\$ 168	33,814	\$ 90
Minnesota	16,323	\$ 15,195	0	\$ 0	351	\$ 20,337	772	\$ 58,846	2,275	\$ 18,527	78,788	\$ 950	31,614	\$ 360	30,711	\$ 890
Mississippi	63,714	\$ 8,338	11	\$ 1,346	2,592	\$ 20,482	1,269	\$ 94,961	1,554	\$ 38,376	358,529	\$ 535	165,682	\$ 339	203,199	\$ 137
Missouri	60,615	\$ 7,252	11	\$ 3,954	119 <sup>s</sup>	\$ 15,273	189	\$ 121,606	4,044	\$ 25,654	48,524	\$ 251	34,560	\$ 268	32,861	\$ 73
Montana	13,021	\$ 6,087	11	\$ 7,610	370	\$ 31,450	31	\$ 168,806	405	\$ 25,442	55,732	\$ 656	19,184	\$ 526	14,927	\$ 559
Nebraska	17,911	\$ 8,097	11	\$ 4,214	1,238	\$ 29,086	125	\$ 113,706	936	\$ 34,036	131,210	\$ 620	72,444	\$ 314	47,608	\$ 123

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 2008

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	9,885	\$ 10,182	0	\$ 0	986	\$ 36,086	84	\$ 147,847	733	\$ 34,597	43,023	\$ 1,005	18,076	\$ 540	8,539	\$ 198
New Hampshire	11,424	\$ 4,627	0	\$ 0	283	\$ 10,483	42	\$ 75,693	405	\$ 36,092	78,711	\$ 456	46,565	\$ 397	12,931	\$ 121
New Jersey	15,711	\$ 14,424	31	\$ 94,719	669	\$ 86,796	562	\$ 222,260	4,330	\$ 57,730	38,147	\$ 795	11,632	\$ 516 <sup>l</sup>	9,607	\$ 109
New Mexico	9,754	\$ 7,628	11	\$ 200	21	\$ 76,527	77	\$ 88,491	469	\$ 36,243	30,897	\$ 658	16,951	\$ 527	8,845	\$ 140
New York	120,428	\$ 23,118	322	\$ 47,177	6,312	\$ 46,128	3,138	\$ 416,111	16,933	\$ 59,785	320,292	\$ 282	171,221	\$ 506	31,307	\$ 37
North Carolina	185,422	\$ 5,354	11	\$ 20,580	2,685	\$ 22,548	1,623	\$ 104,203	2,826	\$ 25,836	1,066,895	\$ 654	493,828	\$ 513	155,979	\$ 134
North Dakota	7,841	\$ 5,831	0	\$ 0	26 <sup>s</sup>	\$ 17,040	230	\$ 135,523	203	\$ 32,254	37,007	\$ 554	13,775	\$ 381	15,988	\$ 136
Ohio	27,677	\$ 18,722	0	\$ 0	609	\$ 4,550	2,271	\$ 100,436	9,313	\$ 35,707	126,450	\$ 675	51,318	\$ 243	35,697	\$ 118
Oklahoma	86,333	\$ 6,122	0	\$ 0	4,252	\$ 24,401	497	\$ 74,466	2,221	\$ 28,084	383,465	\$ 676	226,244	\$ 554	37,143	\$ 121
Oregon	6,201	\$ 11,857	11	\$ 47,287	125	\$ 27,698	11	\$ 211,455	521	\$ 35,465	30,184	\$ 802	871	\$ 220	8,078	\$ 558 <sup>e</sup>
Pennsylvania	45,138	\$ 6,532	920 <sup>t</sup>	\$ 8,349	715 <sup>s</sup>	\$ 13,211	235	\$ 156,300	4,970	\$ 43,351	281,312	\$ 370	116,496	\$ 316	62,038	\$ 67
Rhode Island	2,839	\$ 26,543	55	\$ 1,714	40	\$ 77,048	24	\$ 221,455	719	\$ 85,578	14,431	\$ 431	5,914	\$ 284	4,584	\$ 77
South Carolina	59,547	\$ 7,109	11	\$ 78,070	697	\$ 38,934	501	\$ 96,302	697	\$ 36,296	259,895 <sup>u</sup>	\$ 685	123,859 <sup>o</sup>	\$ 353	65,901 <sup>m</sup>	\$ 140
South Dakota	13,936	\$ 6,975	11	\$ 102,854	922	\$ 36,830	86	\$ 123,148	282	\$ 28,208	62,826	\$ 540	93	\$ 361	40,591	\$ 134
Tennessee	39,131	\$ 7,248	0	\$ 0	11	\$ 8,739	163 <sup>v</sup>	\$ 182,343	1,084 <sup>w</sup>	\$ 27,495	379,186 <sup>u</sup>	\$ 768	123,647 <sup>o</sup>	\$ 496	24,832 <sup>m</sup>	\$ 159
Texas	234,549	\$ 5,385	13	\$ 58,014	3,405 <sup>s</sup>	\$ 9,543	4,092	\$ 77,913	7,994	\$ 25,540	1,014,117	\$ 550	544,296	\$ 527 <sup>l</sup>	253,081	\$ 138
Utah <sup>x</sup>	23,846	\$ 8,086	0	\$ 0	104	\$ 135,227	315	\$ 65,236	658	\$ 37,721	60,677	\$ 303	74,168	\$ 345	14,601	\$ 89
Vermont	8,350	\$ 8,359	11	\$ 2,155	0	\$ 0	11	\$ 209,771	199	\$ 29,461	94,400	\$ 512	42,615	\$ 327	13,118 <sup>k</sup>	\$ 335
Virginia	23,331	\$ 10,533	16	\$ 28,474	380	\$ 5,424	522	\$ 149,820	2,478	\$ 43,126	111,504	\$ 688	43,592 <sup>j</sup>	\$ 437	16,862	\$ 123
Washington	23,034	\$ 19,561	171	\$ 4,774	0	\$ 0	11	\$ 77,947	2,366	\$ 22,433	157,463	\$ 742	64,897	\$ 337	42,422	\$ 144
West Virginia	15,298	\$ 8,978	232	\$ 8,557 <sup>y</sup>	924	\$ 31,913	201	\$ 111,936	1,082	\$ 33,497	87,593	\$ 842	26,875	\$ 349	20,892	\$ 175
Wisconsin <sup>z</sup>	18,053	\$ 16,555 <sup>p</sup>	11	\$ 32,127	1,642	\$ 14,803	364	\$ 137,935 <sup>n</sup>	1,567	\$ 33,209	61,416	\$ 396	40,192	\$ 236	29,065	\$ 150
Wyoming	8,885	\$ 7,664	0	\$ 0	648	\$ 41,879	18	\$ 103,215	146	\$ 27,561	45,278	\$ 889	20,544	\$ 505	9,909	\$ 170

Notes: Excludes EDB Duals (EDB Dual = 50-59), people ever enrolled in HMO/HIOs 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 Inpatient Hospital services decreased more than 30 percent in AL in 2008.

<sup>c</sup> Number of users of Inpatient Psychiatric Facility services for individuals under age 21 increased more than 30 percent in AL and CT in 2008.

<sup>d</sup> Average Medicaid paid per user of Inpatient Psychiatric Facility services for individuals under age 21 increased more than 30 percent in AL in 2008.

<sup>e</sup> Average Medicaid paid per user of Other Practitioner services increased more than 30 percent in AK, CT, and OR in 2008.

<sup>f</sup> There were no FFS users in AZ in 2008 because AZ covered most ILTC under managed care.

<sup>g</sup> Average Medicaid paid per user of Inpatient Psychiatric Facility services for individuals under age 21 decreased more than 30 percent in CA in 2008.

<sup>h</sup> Number of users of Inpatient Hospital services increased more than 30 percent in CT in 2008.

<sup>i</sup> Number of users of Physician services increased more than 30 percent in CT in 2008.

<sup>j</sup> Number of users of Dental services increased more than 30 percent in CT, DC, and VA in 2008.

- <sup>k</sup> Number of users of Other Practitioner services increased more than 30 percent in CT and VT in 2008.
- <sup>l</sup> Average Medicaid paid per user of Dental services increased more than 30 percent in DC, MD, NJ, and TX in 2008.
- <sup>m</sup> Number of users of Other Practitioner services decreased more than 30 percent in FL, SC, and TN in 2008.
- <sup>n</sup> Average Medicaid paid per user of ICF/MR services increased more than 30 percent in GA and WI in 2008.
- <sup>o</sup> Number of users of Dental services decreased more than 30 percent in ID, SC, and TN in 2008.
- <sup>p</sup> Average Medicaid paid per user of Inpatient Hospital services increased more than 30 percent in KY and WI in 2008.
- <sup>q</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.
- <sup>r</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.
- <sup>s</sup> Number of users of Inpatient Psychiatric Facility services for individuals under age 21 decreased more than 30 percent in MO, ND, PA and TX in 2008.
- <sup>t</sup> Number of users of Mental Hospital for the Aged services decreased more than 30 percent in PA in 2008.
- <sup>u</sup> Number of users of Physician services decreased more than 30 percent in SC and TN in 2008.
- <sup>v</sup> Number of users of ICF/MR services decreased more than 30 percent in TN in 2008.
- <sup>w</sup> Number of users of Nursing Facility services decreased more than 30 percent in TN in 2008.
- <sup>x</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.
- <sup>y</sup> Average Medicaid paid per user of Mental Hospital for the Aged services increased more than 30 percent in WV in 2008.
- <sup>z</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

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 2008

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	215,116	\$ 196	161,576	\$ 434	7,385 <sup>b</sup>	\$ 2,113 <sup>c</sup>	392,730	\$ 246	499,142	\$ 896	27,366	\$ 271
Alaska	34,082	\$ 1,345	29,239	\$ 1,327	275	\$ 3,080	51,357	\$ 633	60,138	\$ 1,228	17,815	\$ 2,391
Arizona	59,604	\$ 5,476	257	\$ 208	105	\$ 2,822	14,269	\$ 3,832 <sup>d</sup>	7,881	\$ 459	12,493	\$ 1,558
Arkansas	209,297	\$ 195	256,783	\$ 785	4,037	\$ 1,953	290,645	\$ 286	416,787	\$ 779	457,505	\$ 77
California	561,167	\$ 358	667,292	\$ 1,068	17,594	\$ 8,281	927,749	\$ 313	1,131,765	\$ 1,927	116,037	\$ 881
Colorado	141,572	\$ 625	301,088	\$ 725	6,323	\$ 15,039	196,548	\$ 389	225,487	\$ 1,136	16,075	\$ 327
Connecticut	57,311 <sup>e</sup>	\$ 1,020	32,625 <sup>f</sup>	\$ 954	7,023	\$ 5,869	64,077 <sup>g</sup>	\$ 672	179,333 <sup>h</sup>	\$ 1,591 <sup>i</sup>	12,267 <sup>j</sup>	\$ 662
Delaware	5,186	\$ 1,110	1,855	\$ 936	321	\$ 3,165 <sup>c</sup>	8,291	\$ 540	10,403	\$ 1,633	1,083	\$ 674
District of Columbia	14,944	\$ 747	11,509	\$ 3,006	1,564	\$ 16,777	18,009	\$ 560	19,759	\$ 4,297	5,248 <sup>k</sup>	\$ 810 <sup>l</sup>
Florida	399,873	\$ 750	259,502 <sup>f</sup>	\$ 466	10,181	\$ 14,377 <sup>c</sup>	678,961	\$ 326	728,585	\$ 1,296	55,818	\$ 353
Georgia	101,906	\$ 664	55,656	\$ 618	4,364	\$ 932	144,404	\$ 676	165,793	\$ 2,413	24,807	\$ 682
Hawaii	7,402	\$ 1,418	5,067	\$ 1,532	1,584	\$ 29,225	9,835	\$ 354	11,318	\$ 3,986 <sup>i</sup>	2,776	\$ 1,522
Idaho	62,045	\$ 770	56,001	\$ 736	1,449	\$ 2,253	89,137	\$ 294	115,291	\$ 932	12,607	\$ 1,105
Illinois	657,743	\$ 479	518,839	\$ 416	12,685	\$ 2,854	1,059,626	\$ 222	1,392,257	\$ 778	112,626	\$ 513
Indiana	54,146	\$ 753	52,344	\$ 1,525 <sup>m</sup>	4,208	\$ 13,857	70,141	\$ 759	71,603	\$ 3,521	21,236	\$ 766
Iowa	139,146	\$ 647	144,635	\$ 284	13,334	\$ 2,590	196,668	\$ 407	237,761	\$ 914	10,220	\$ 235
Kansas	29,190	\$ 567	25,921	\$ 298 <sup>n</sup>	1,771	\$ 2,580	45,200	\$ 443	57,053	\$ 2,440	9,555	\$ 530
Kentucky	266,742	\$ 685	212,661	\$ 669	6,580	\$ 1,821	341,364	\$ 581	441,115	\$ 1,298	32,016	\$ 527
Louisiana	435,988	\$ 430	166,985	\$ 389	11,163	\$ 2,961	582,845	\$ 371	720,961	\$ 1,079	70,174	\$ 654
Maine <sup>o</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	179,198	\$ 1,100	0	\$ 0
Maryland	14,111	\$ 2,602	2,781	\$ 521	4,588	\$ 4,074	18,572	\$ 1,218	17,718	\$ 3,920	1,564	\$ 179
Massachusetts <sup>p</sup>	213,115	\$ 1,306	56,861	\$ 799	11,862	\$ 7,944	269,549	\$ 492	313,069	\$ 1,364	48,324	\$ 1,068
Michigan	76,952	\$ 545	44,630	\$ 641 <sup>n</sup>	3,080	\$ 717 <sup>q</sup>	117,027	\$ 308	140,469	\$ 1,189	16,160	\$ 529
Minnesota	46,308	\$ 849	14,041	\$ 1,023	7,841	\$ 741	62,297	\$ 669	78,131	\$ 2,518	10,631	\$ 1,158

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 2008

	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)	
State	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	249,048	\$ 652	180,706	\$ 395	3,449	\$ 1,065	319,649	\$ 305	393,826	\$ 725	23,780	\$ 427
Missouri	164,753	\$ 828	284,129	\$ 694	5,378	\$ 743	225,915	\$ 597	271,575	\$ 2,051	24,798	\$ 439
Montana	35,513	\$ 578	13,350	\$ 535	288	\$ 977	40,762	\$ 394	51,483	\$ 1,220	4,218	\$ 734
Nebraska	63,239	\$ 613	32,463	\$ 541	3,486	\$ 3,426	104,103	\$ 416	131,516	\$ 965	10,230	\$ 802
Nevada	19,832	\$ 714 <sup>r</sup>	13,650	\$ 1,527	534	\$ 4,977	35,644	\$ 699	41,302	\$ 2,027	5,369	\$ 916
New Hampshire	55,176	\$ 668	31,855	\$ 1,545	2,586	\$ 2,491	62,146	\$ 408	77,559	\$ 955	4,232	\$ 477
New Jersey	31,034	\$ 1,988	16,533	\$ 481	2,039	\$ 4,392	36,589	\$ 989	39,419	\$ 4,593	9,820	\$ 1,286
New Mexico	50,541	\$ 1,311	6,281	\$ 560	216	\$ 1,246	22,002	\$ 741	31,813	\$ 343	5,088	\$ 1,172
New York	329,238	\$ 1,035	158,926	\$ 1,332	43,219	\$ 6,144	289,613	\$ 225	393,813	\$ 3,210	73,191	\$ 975
North Carolina	588,717	\$ 622	413,594	\$ 238	16,999	\$ 4,542	842,006	\$ 470	960,490	\$ 1,039	71,587	\$ 267
North Dakota	20,534	\$ 650	18,502	\$ 283	1,783 <sup>s</sup>	\$ 824	31,043	\$ 403	37,574	\$ 798	3,807	\$ 485
Ohio	95,100	\$ 1,040	19,625	\$ 648	10,353	\$ 5,088	102,200	\$ 633	121,706	\$ 2,780	22,681	\$ 770
Oklahoma	278,462	\$ 392	148,974	\$ 343 <sup>m</sup>	6,104	\$ 2,522	314,288	\$ 321	427,850	\$ 768	23,378	\$ 1,031
Oregon	23,765	\$ 1,277	14,458	\$ 649	400	\$ 2,066 <sup>c</sup>	26,558	\$ 606	37,984	\$ 1,457	4,872	\$ 1,092
Pennsylvania	165,783	\$ 348	66,310	\$ 451	8,870	\$ 8,008	218,524	\$ 274	297,628	\$ 1,171	21,786	\$ 376
Rhode Island	11,934	\$ 1,489	4,884	\$ 695	1,134	\$ 5,514	11,911	\$ 584	19,360	\$ 2,209	3,487	\$ 1,704 <sup>l</sup>
South Carolina	145,543 <sup>t</sup>	\$ 649 <sup>u</sup>	153,954 <sup>v</sup>	\$ 432	1,847	\$ 1,461	197,312	\$ 312	257,177 <sup>w</sup>	\$ 946	20,811 <sup>k</sup>	\$ 383
South Dakota	27,568	\$ 958	40,137	\$ 977	418	\$ 1,900 <sup>q</sup>	54,434 <sup>x</sup>	\$ 347	67,185	\$ 781	5,185	\$ 621
Tennessee	173,537 <sup>t</sup>	\$ 747	9,557 <sup>v</sup>	\$ 324	8,098	\$ 18,219	309,976 <sup>x</sup>	\$ 490	367,179 <sup>w</sup>	\$ 968	33,987 <sup>k</sup>	\$ 518
Texas	463,473	\$ 398	272,439	\$ 343	15,261	\$ 18,647	1,039,391	\$ 419	1,023,324	\$ 901	119,710	\$ 688 <sup>l</sup>
Utah <sup>y</sup>	39,747	\$ 663	112,190	\$ 488	1,219	\$ 6,385	89,902	\$ 628	157,720	\$ 847	6,848	\$ 410
Vermont	45,561	\$ 785	30,878	\$ 492	2,065	\$ 2,405	74,737	\$ 449	90,548	\$ 1,121	10,297	\$ 511
Virginia	65,737 <sup>e</sup>	\$ 923 <sup>r</sup>	34,202	\$ 570	2,466	\$ 1,955	92,357	\$ 274 <sup>z</sup>	113,682	\$ 1,650	8,215	\$ 303
Washington	89,641	\$ 980	35,154	\$ 714	0 <sup>aa</sup>	\$ 0 <sup>aa</sup>	123,243	\$ 573	164,213	\$ 2,195	21,660	\$ 465
West Virginia	63,590	\$ 813	39,863	\$ 512	2,033	\$ 1,545	80,116	\$ 675	94,781	\$ 2,638	17,858	\$ 829



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 2008

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>
Wisconsin <sup>bb</sup>	69,233	\$ 1,058 <sup>u</sup>	102,660	\$ 545	1,733 <sup>b</sup>	\$ 4,935	90,485	\$ 570 <sup>d</sup>	130,686	\$ 2,019 <sup>cc</sup>	13,299	\$ 936
Wyoming	25,549	\$ 432	15,130	\$ 948	390	\$ 2,921	33,187	\$ 394	42,184	\$ 852	2,193	\$ 1,519 <sup>l</sup>

Notes: Excludes EDB Duals (EDB Dual = 50-59), people ever enrolled in HMO/HIOs 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 Home Health services decreased more than 30 percent in AL and WI in 2008.

<sup>c</sup> Average Medicaid paid per user of Home Health services increased more than 30 percent in AL, DE, FL, and OR in 2008.

<sup>d</sup> Average Medicaid paid per user of Lab/X-Ray services increased more than 30 percent in AZ and WI in 2008.

<sup>e</sup> Number of users of Outpatient services increased more than 30 percent in CT and VA in 2008.

<sup>f</sup> Number of users of Clinic services increased more than 30 percent in CT and FL in 2008.

<sup>g</sup> Number of users of Lab/X-Ray services increased more than 30 percent in CT in 2008.

<sup>h</sup> Number of users of Prescription Drugs increased more than 30 percent in CT in 2008.

<sup>i</sup> Average Medicaid paid per user of Prescription Drugs decreased more than 30 percent in CT and HI in 2008.

<sup>j</sup> Number of users of Transportation services increased more than 30 percent in CT in 2008.

<sup>k</sup> Number of users of Transportation services decreased more than 30 percent in DC, SC, and TN in 2008.

<sup>l</sup> Average Medicaid paid per user of Transportation services increased more than 30 percent in DC, RI, TX, and WY in 2008.

<sup>m</sup> Average Medicaid paid per user of Clinic services increased more than 30 percent in IN and OK in 2008.

<sup>n</sup> Average Medicaid paid per user of Clinic services decreased more than 30 percent in KS and MI in 2008.

<sup>o</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>p</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>q</sup> Average Medicaid paid per user of Home Health services decreased more than 30 percent in MI and SD in 2008.

<sup>r</sup> Average Medicaid paid per user of Outpatient services decreased more than 30 percent in NV and VA in 2008.

<sup>s</sup> Number of users of Home Health services increased more than 30 percent in ND in 2008.

<sup>t</sup> Number of users of Outpatient services decreased more than 30 percent in SC and TN in 2008.

<sup>u</sup> Average Medicaid paid per user of Outpatient services increased more than 30 percent in SC and WI in 2008.

<sup>v</sup> Number of users of Clinic services decreased more than 30 percent in SC and TN in 2008.

<sup>w</sup> Number of users of Prescription Drugs decreased more than 30 percent in SC and TN in 2008.

<sup>x</sup> Number of users of Lab/X-Ray services decreased more than 30 percent in SD and TN in 2008.

<sup>y</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>z</sup> Average Medicaid paid per user of Lab/X-Ray services decreased more than 30 percent in VA in 2008.

<sup>aa</sup> Number of users and expenditures for Home Health services was zero in WA in 2008 because these services were paid by the state's Social Service Payment System and therefore not reported in MSIS. The state plans to report them in phase II of their new MMIS implementation.

<sup>bb</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>cc</sup> Average Medicaid paid per user of Prescription Drugs increased more than 30 percent in WI in 2008.

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 2008

	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)	
State	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	28,357	\$ 1,737	5,213	\$ 2,184	133,488	\$ 223	1,292	\$ 70,571	90,834	\$ 1,282	52	\$ 3,305	56,065 <sup>c</sup>	\$ 3,091
Alaska	1,398	\$ 18,688	2,811	\$ 1,460	136	\$ 1,500	24,148	\$ 559	497	\$ 51,312	13,117	\$ 5,399	84	\$ 3,083	5,474	\$ 3,769
Arizona	0 <sup>d</sup>	\$ 0	0	\$ 0	184 <sup>e</sup>	\$ 1,284	8,621	\$ 1,499 <sup>f</sup>	0	\$ 0	1,754	\$ 404 <sup>g</sup>	0	\$ 0	1,585	\$ 1,543 <sup>h</sup>
Arkansas	2,638	\$ 4,678	5,615 <sup>i</sup>	\$ 319	42	\$ 45,864	128,040	\$ 352	0	\$ 0	85,528	\$ 3,363	11	\$ 7,012	13,748	\$ 1,719
California	104,678	\$ 9,462	147,059 <sup>j</sup>	\$ 1,521	179,385 <sup>e</sup>	\$ 3,832 <sup>k</sup>	512,837	\$ 314	21,467	\$ 15,644	131,324 <sup>l</sup>	\$ 742 <sup>g</sup>	19,228	\$ 8,909	442,696	\$ 705
Colorado	0	\$ 0	0	\$ 0	0	\$ 0	94,521	\$ 661	1,407	\$ 47,341	41,324 <sup>m</sup>	\$ 503	273	\$ 6,105	10,496	\$ 7,806
Connecticut	677	\$ 21,793	6,197	\$ 1,849	2,083	\$ 20,722	32,460 <sup>n</sup>	\$ 1,666	1,744 <sup>o</sup>	\$ 52,928	34,254 <sup>m</sup>	\$ 1,402	96	\$ 7,129	14,167 <sup>c</sup>	\$ 1,551 <sup>h</sup>
Delaware	0	\$ 0	0	\$ 0	51	\$ 13,350	2,249	\$ 809	89	\$ 91,856	2,490	\$ 2,752	22	\$ 11,185	1,428	\$ 14,879
District of Columbia	0	\$ 0	0	\$ 0	32	\$ 848 <sup>p</sup>	10,010	\$ 1,068	383 <sup>o</sup>	\$ 99,909 <sup>q</sup>	9,282	\$ 4,501	0	\$ 0	4,566	\$ 10,783
Florida	2,840 <sup>d</sup>	\$ 4,209	38,596	\$ 252	1,083 <sup>e</sup>	\$ 13,319 <sup>k</sup>	292,146	\$ 580	1,855 <sup>r</sup>	\$ 37,649	104,236	\$ 997	3,599	\$ 6,668	426,396	\$ 857
Georgia	0	\$ 0	109,918	\$ 801	0	\$ 0	80,563	\$ 766	1,410	\$ 35,682 <sup>q</sup>	56,835	\$ 1,207 <sup>g</sup>	624	\$ 6,758	22,851	\$ 6,535
Hawaii	0	\$ 0	704	\$ 478	11	\$ 180	4,500	\$ 1,947	232	\$ 28,301	5,425	\$ 2,690	469	\$ 14,973	1,047	\$ 352
Idaho	2,397	\$ 10,412	8,717	\$ 1,041	6,808	\$ 572	37,886	\$ 378	1,461	\$ 16,982	27,386	\$ 4,174	274	\$ 2,350	16,948	\$ 3,023
Illinois	11,401	\$ 10,390	617,069	\$ 153	10,849	\$ 655	324,661	\$ 392	2,683	\$ 39,058	301,069	\$ 802	227	\$ 3,641	116,648 <sup>c</sup>	\$ 1,410
Indiana	0	\$ 0	1,818	\$ 781	530 <sup>s</sup>	\$ 747 <sup>p</sup>	46,084	\$ 1,201	2,344	\$ 59,591	35,198	\$ 2,299	109 <sup>t</sup>	\$ 7,159	29,522	\$ 1,569
Iowa	0	\$ 0	6,394	\$ 2,817	1,941	\$ 3,287	99,732	\$ 405	4,851	\$ 15,582	35,847	\$ 1,730 <sup>u</sup>	1,467	\$ 6,161	21,331	\$ 3,719
Kansas	334	\$ 31,555 <sup>v</sup>	9,201	\$ 1,050 <sup>w</sup>	0	\$ 0	20,980	\$ 699	1,382	\$ 35,406	9,305 <sup>l</sup>	\$ 4,468 <sup>u</sup>	11	\$ 3,446	13,984	\$ 9,111 <sup>h</sup>
Kentucky	0	\$ 0	11,654	\$ 1,244	11	\$ 85	149,282	\$ 488	1,111	\$ 46,926	105,540	\$ 1,164	1,207	\$ 8,955	198,188	\$ 1,007
Louisiana	4,720	\$ 13,034	11,476	\$ 1,267	5,043	\$ 485	262,650	\$ 212	0	\$ 0	57,106	\$ 815	0	\$ 0	495,379	\$ 492
Maine <sup>x</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	454	\$ 6,371	164	\$ 212	11	\$ 2,940 <sup>k</sup>	5,631	\$ 4,318	625	\$ 34,239	5,981	\$ 1,362	801	\$ 13,476	2,198	\$ 4,836
Massachusetts <sup>y</sup>	4,425	\$ 631	11,626	\$ 2,630	19,019 <sup>s</sup>	\$ 505 <sup>p</sup>	67,187	\$ 494	2,380	\$ 46,417	85,211 <sup>m</sup>	\$ 1,060 <sup>g</sup>	1,897	\$ 7,078	51,825	\$ 3,361
Michigan	2,919	\$ 5,283 <sup>z</sup>	2,619	\$ 337	3,265 <sup>e</sup>	\$ 416	38,340	\$ 914	79 <sup>r</sup>	\$ 1,431 <sup>aa</sup>	16,883	\$ 617	19	\$ 6,829	7,699	\$ 1,525 <sup>h</sup>
Minnesota	17,440	\$ 20,509	25,618	\$ 2,733	2,929	\$ 14,781	39,119	\$ 2,965	2,847	\$ 55,933	33,268	\$ 2,543	273	\$ 6,812	34,209	\$ 2,430
Mississippi	334 <sup>bb</sup>	\$ 10,251	31,962	\$ 1,247	0	\$ 0	171,106	\$ 267	24	\$ 4,122	61,015	\$ 1,523	236	\$ 12,146	129,212 <sup>c</sup>	\$ 394 <sup>cc</sup>
Missouri	10,897	\$ 6,975	14,586	\$ 1,700	4,754	\$ 537	112,049	\$ 574	1,911	\$ 51,424	60,703	\$ 1,642	607	\$ 9,628	48,658	\$ 1,572 <sup>h</sup>
Montana	1,031	\$ 10,141	6,762	\$ 1,489 <sup>dd</sup>	285	\$ 590	21,766	\$ 760	37	\$ 21,653	15,836	\$ 3,597	108	\$ 13,314	27,807 <sup>ee</sup>	\$ 1,328 <sup>h</sup>
Nebraska	890 <sup>bb</sup>	\$ 2,470 <sup>z</sup>	0	\$ 0	0	\$ 0	63,037	\$ 411	1,362	\$ 27,249	30,766	\$ 1,087 <sup>u</sup>	1,139	\$ 15,041	14,173	\$ 1,720
Nevada	1,710	\$ 12,893	7,402	\$ 2,337	4,557	\$ 7,188 <sup>k</sup>	15,469	\$ 1,009	596	\$ 41,295	13,916	\$ 4,591	55	\$ 5,958	2,872	\$ 4,170 <sup>h</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 2008

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	43	\$ 25,779	0	\$ 0	2,637	\$ 3,188	30,763	\$ 459	249	\$ 20,949	26,956	\$ 3,096	49	\$ 3,948	4,322	\$ 15,255
New Jersey	2,515	\$ 9,048	945	\$ 1,128	4,140	\$ 4,173	17,873	\$ 1,060	598	\$ 46,041	12,512	\$ 4,680	948	\$ 10,571	4,911	\$ 6,614
New Mexico	1,025	\$ 15,888	1,078	\$ 590	22	\$ 8,955 <sup>k</sup>	15,987	\$ 367	125	\$ 62,127	2,191	\$ 513	0	\$ 0	8,212	\$ 990
New York	11,209	\$ 25,282	5,140	\$ 468	33,890	\$ 6,279	93,017	\$ 439 <sup>f</sup>	23,263	\$ 42,850	166,253	\$ 3,120	19,561	\$ 20,110	139,598	\$ 1,774
North Carolina	18,932	\$ 5,872	81,312	\$ 1,079	0	\$ 0	391,998	\$ 396	143	\$ 6,448	230,893	\$ 4,538	97	\$ 6,058	136,634	\$ 2,121
North Dakota	178	\$ 15,843 <sup>z</sup>	2,590	\$ 874	7,397	\$ 1,438	15,659	\$ 230	106	\$ 29,970	11,361	\$ 1,871	273	\$ 19,187	4,090	\$ 4,012
Ohio	0	\$ 0	0	\$ 0	11,649	\$ 1,114	51,480	\$ 1,376	1,440	\$ 9,389	53,788	\$ 2,407	3,827	\$ 10,555 <sup>ff</sup>	23,617 <sup>c</sup>	\$ 16,843
Oklahoma	3,872	\$ 4,994 <sup>z</sup>	30,029	\$ 1,451 <sup>dd</sup>	0	\$ 0	185,416	\$ 323	2,212	\$ 29,325	90,247	\$ 1,719	167	\$ 5,314	31,462	\$ 1,201
Oregon	981 <sup>bb</sup>	\$ 1,924 <sup>z</sup>	4,590 <sup>i</sup>	\$ 1,643	525	\$ 935 <sup>k</sup>	14,083	\$ 627	177	\$ 14,834	7,317	\$ 3,457	11	\$ 3,523	3,821	\$ 3,923
Pennsylvania	0	\$ 0	13,362	\$ 866	4,518	\$ 1,719 <sup>k</sup>	47,852	\$ 479	28	\$ 10,514	23,712 <sup>l</sup>	\$ 964 <sup>g</sup>	102	\$ 5,863	35,873 <sup>c</sup>	\$ 2,153
Rhode Island	181	\$ 4,880	1,700	\$ 1,631	1,114	\$ 12,106	7,188	\$ 1,004	11	\$ 18,022	7,986	\$ 5,408	541	\$ 14,150	5,312	\$ 8,097
South Carolina	3,862	\$ 10,041	16,259	\$ 1,010	3,487 <sup>s</sup>	\$ 1,428	66,243 <sup>gg</sup>	\$ 619	137	\$ 9,183	48,993 <sup>l</sup>	\$ 1,904	2,530	\$ 25,662	4,547	\$ 678 <sup>h</sup>
South Dakota	758	\$ 3,550	0	\$ 0	356	\$ 1,521	28,824	\$ 423	465 <sup>r</sup>	\$ 8,524 <sup>aa</sup>	17,530	\$ 1,832 <sup>u</sup>	11	\$ 9,671	1,610	\$ 18,501
Tennessee	0	\$ 0	0	\$ 0	341 <sup>s</sup>	\$ 430 <sup>p</sup>	84,337	\$ 729	487 <sup>r</sup>	\$ 84,690	87,454 <sup>l</sup>	\$ 114	16	\$ 5,284	10,674	\$ 547 <sup>h</sup>
Texas	3,997 <sup>bb</sup>	\$ 7,972 <sup>z</sup>	63,448 <sup>i</sup>	\$ 671 <sup>w</sup>	34,016	\$ 5,447	414,107	\$ 512	478	\$ 14,723	152,606	\$ 445	4,503	\$ 4,912	267,528	\$ 2,273
Utah <sup>hh</sup>	70	\$ 4,705	29 <sup>i</sup>	\$ 2,035 <sup>dd</sup>	289	\$ 2,860 <sup>k</sup>	30,249	\$ 595	1,253 <sup>o</sup>	\$ 12,412	10,740	\$ 5,465	0	\$ 0	8,065	\$ 6,605
Vermont	2,010	\$ 8,758	5,913	\$ 1,082	0	\$ 0	17,230	\$ 460	22	\$ 24,118	31,656	\$ 4,596	0	\$ 0	17,541	\$ 3,606
Virginia	1,991	\$ 13,479	3,046 <sup>j</sup>	\$ 557	2,516 <sup>e</sup>	\$ 1,818 <sup>k</sup>	25,964	\$ 1,428	0	\$ 0	32,205	\$ 3,015	89	\$ 7,203	15,720	\$ 16,327
Washington	11,036	\$ 13,233	1,239 <sup>ii</sup>	\$ 208 <sup>ii</sup>	3,200	\$ 2,908	66,638	\$ 1,007	5,896	\$ 26,868	37,147	\$ 1,663	945	\$ 9,469	38,138	\$ 2,150
West Virginia	2,215	\$ 6,560	1,669	\$ 497	9,098	\$ 6,235	28,279	\$ 653	2,310	\$ 21,903	39,139	\$ 1,211	0	\$ 0	16,540	\$ 2,706
Wisconsin <sup>ll</sup>	3,563	\$ 11,999	13,000	\$ 1,552	2,913	\$ 1,732	46,937	\$ 572	824 <sup>kk</sup>	\$ 94 <sup>kk</sup>	35,475	\$ 1,705	0 <sup>kk</sup>	\$ 0 <sup>kk</sup>	30,067	\$ 802
Wyoming	0	\$ 0	1,609	\$ 595	2,856	\$ 971	11,741	\$ 576	396	\$ 49,167	9,121	\$ 1,497	11	\$ 3,323	17,868	\$ 1,549

Notes: Excludes EDB Duals (EDB Dual = 50-59), people ever enrolled in HMO/HIOs 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 Other services increased more than 30 percent in AL, CT, IL, MS, OH, and PA in 2008.

<sup>d</sup> Number of users of Personal Care services decreased more than 30 percent in AZ and FL in 2008.

<sup>e</sup> Number of users of Rehabilitation services increased more than 30 percent in AZ, CA, FL, MI, and VA in 2008.

<sup>f</sup> Average Medicaid paid per user of Durable Medical Equipment increased more than 30 percent in AZ and NY in 2008.

<sup>g</sup> Average Medicaid paid per user of Psychiatric services decreased more than 30 percent in AZ, CA, GA, MA and PA in 2008.

<sup>h</sup> Average Medicaid paid per user of Other services increased more than 30 percent in AZ, CT, KS, MI, MO, MT, NV, SC, and TN in 2008.

<sup>i</sup> Number of users of Targeted Case Management services decreased more than 30 percent in AR, OR, TX, and UT in 2008.

<sup>j</sup> Number of users of Targeted Case Management services increased more than 30 percent in CA and VA in 2008.

<sup>k</sup> Average Medicaid paid per user of Rehabilitation services increased more than 30 percent in CA, FL, MD, NV, NM, OR, PA, UT, and VA in 2008.

<sup>l</sup> Number of users of Psychiatric services decreased more than 30 percent in CA, KS, PA, SC, and TN in 2008.

<sup>m</sup> Number of users of Psychiatric services increased more than 30 percent in CO, CT, and MA in 2008.

<sup>n</sup> Number of users of Durable Medical Equipment increased more than 30 percent in CT in 2008.

<sup>o</sup> Number of users of Residential Care services increased more than 30 percent in CT, DC, and UT in 2008.

<sup>p</sup> Average Medicaid paid per user of Rehabilitation services decreased more than 30 percent in DC, IN, MA, and TN in 2008.

<sup>q</sup> Average Medicaid paid per user of Residential Care services increased more than 30 percent in DC and GA in 2008.

<sup>r</sup> Number of users of Residential Care services decreased more than 30 percent in FL, MI, SD, and TN in 2008.

<sup>s</sup> Number of users of Rehabilitation services decreased more than 30 percent in IN, MA, SC, and TN in 2008.

<sup>t</sup> Number of users of Adult Day Care services increased more than 30 percent in IN in 2008.

<sup>u</sup> Average Medicaid paid per user of Psychiatric services increased more than 30 percent in IA, KS, NE, and SD in 2008.

<sup>v</sup> Average Medicaid paid per user of Personal Care services decreased more than 30 percent in KS in 2008.

<sup>w</sup> Average Medicaid paid per user of Targeted Case Management services decreased more than 30 percent in KS and TX in 2008.

<sup>x</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>y</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>z</sup> Average Medicaid paid per user of Personal Care services increased more than 30 percent in MI, ND, NE, OK, OR, and TX in 2008.

<sup>aa</sup> Average Medicaid paid per user of Residential Care services decreased more than 30 percent in MI and SD in 2008.

<sup>bb</sup> Number of users of Personal Care services increased more than 30 percent in MS, NE, OR, and TX in 2008.

<sup>cc</sup> Average Medicaid paid per user of Other services decreased more than 30 percent in MS in 2008.

<sup>dd</sup> Average Medicaid paid per user of Targeted Case Management services increased more than 30 percent in MT, OK, and UT in 2008.

<sup>ee</sup> Number of users of Other services decreased more than 30 percent in MT in 2008.

<sup>ff</sup> Average Medicaid paid per user of Adult Day Care services decreased more than 30 percent in OH in 2008.

<sup>gg</sup> Number of users of Durable Medical Equipment decreased more than 30 percent in SC in 2008.

<sup>hh</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>ii</sup> Number of users and average Medicaid paid for Targeted Case Management services decreased more than 30 percent because WA discontinued the Chronic Care Management programs in 2008.

<sup>jj</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>kk</sup> Number of users and average Medicaid paid per user of Residential Care and Adult Day Care services decreased more than 30 percent in WI in 2008. This is likely caused by a lack of FFS waiver claims. There are no 1915(c) claims (Pgm Type=6,7) in WI in 2008 because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records.

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 2008

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	20,249	\$ 1,339	177	\$ 51,472	0	\$ 0	186	\$ 149,584	20,958	\$ 34,268	65,089	\$ 231 <sup>b</sup>	349	\$ 4,166 <sup>c</sup>	20,440	\$ 56
Alaska	1,736	\$ 1,894	11	\$ 8,817	11	\$ 21,489	11	\$ 16,843	745	\$ 85,260	10,415	\$ 414	3,468	\$ 925	3,923	\$ 130
Arizona	935	\$ 3,375	0	\$ 0	0	\$ 0	0	\$ 0	780	\$ 26,243	3,967	\$ 309	11	\$ 20	2,017	\$ 45
Arkansas	18,372	\$ 1,757	0	\$ 0	346	\$ 1,717	968	\$ 78,976	16,454	\$ 26,984	57,514	\$ 979	150	\$ 880	26,707	\$ 128
California	101,058	\$ 4,654	11	\$ 318,297	0	\$ 0	4,501	\$ 82,294	96,164	\$ 31,203	618,447	\$ 174	15	\$ 39	231,126	\$ 61
Colorado	5,601	\$ 3,198	11	\$ 126,163	0	\$ 0	90	\$ 168,689	12,974	\$ 35,189	7,668	\$ 92	5,878	\$ 269	5,012	\$ 68
Connecticut	16,140	\$ 2,864	53 <sup>d</sup>	\$ 70,884 <sup>e</sup>	928 <sup>f</sup>	\$ 70	982	\$ 262,407 <sup>g</sup>	25,810	\$ 45,918	45,772	\$ 163	27,840	\$ 300 <sup>c</sup>	21,691	\$ 48
Delaware	2,251	\$ 2,534	17	\$ 103,146	0	\$ 0	95	\$ 220,746	3,214	\$ 49,034	9,454	\$ 422	11	\$ 1,892	3,648	\$ 52
District of Columbia	4,015	\$ 7,198	88	\$ 2,118	11	\$ 1,024	237	\$ 109,435	2,543	\$ 50,603	1,992	\$ 562	3,274 <sup>h</sup>	\$ 999 <sup>c</sup>	4,418	\$ 86
Florida	65,423	\$ 1,878	72	\$ 117,078 <sup>e</sup>	0	\$ 0	1,926	\$ 109,793	59,555	\$ 34,361	191,197 <sup>i</sup>	\$ 342 <sup>j</sup>	17,617	\$ 357	26,733 <sup>k</sup>	\$ 46
Georgia	26,915	\$ 2,941	0	\$ 0	0	\$ 0	630	\$ 93,766	32,936	\$ 28,884	112,754	\$ 232	11,264	\$ 378	43,308	\$ 41
Hawaii	1,267	\$ 3,860	0	\$ 0	0	\$ 0	64	\$ 102,808	3,859	\$ 51,051	23,232	\$ 371	3,729	\$ 347	3,999	\$ 59
Idaho	4,401	\$ 2,545	40	\$ 8,459	11	\$ 11,896	299	\$ 106,862	4,103	\$ 36,917	17,542	\$ 297	6,535	\$ 450	8,419	\$ 101
Illinois	23,197	\$ 8,618	908	\$ 24,818	18	\$ 11,195	6,262	\$ 65,685	58,972	\$ 22,404	184,531	\$ 181	44,478	\$ 244	62,554	\$ 41
Indiana	9,777	\$ 3,584	189	\$ 42,698 <sup>e</sup>	11	\$ 7,881	2,845	\$ 69,715	33,479	\$ 28,729	68,419	\$ 230	37,657	\$ 328	14,704 <sup>k</sup>	\$ 102
Iowa	14,681	\$ 1,948	15	\$ 159,934	11	\$ 4,352	1,362	\$ 132,831	17,055	\$ 25,336	52,130	\$ 374	23,124	\$ 357	31,675	\$ 80
Kansas	7,297	\$ 3,368	159	\$ 26,036	11	\$ 10,476	467	\$ 103,292	13,448	\$ 25,366	35,221	\$ 322	3,554 <sup>h</sup>	\$ 248	6,451	\$ 43
Kentucky	7,488	\$ 7,052	230	\$ 3,347	17	\$ 4,640	426	\$ 120,346	21,350	\$ 39,443	69,498	\$ 195	14,339	\$ 251	30,263	\$ 55
Louisiana	26,555	\$ 1,645	2,613	\$ 1,869	33	\$ 2,917	3,189	\$ 89,021	23,591	\$ 25,590	86,871	\$ 323 <sup>j</sup>	3,380	\$ 741	18,712	\$ 42
Maine <sup>l</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	16,883	\$ 4,753	26	\$ 104,410	11	\$ 130,565	232	\$ 209,971	19,198	\$ 45,736	55,724	\$ 490	70	\$ 168 <sup>c</sup>	17,489	\$ 49
Massachusetts <sup>m</sup>	32,054	\$ 1,898	11	\$ 56,789	2,953	\$ 4,467	831	\$ 228,663	40,688	\$ 37,915	147,735	\$ 164	78,049	\$ 523	51,334	\$ 60
Michigan	6,547	\$ 2,768	39	\$ 99,697	11	\$ 82,031	67	\$ 193,071	39,040	\$ 29,799	140,232	\$ 115	47,754	\$ 203	43,382 <sup>n</sup>	\$ 45
Minnesota	12,155	\$ 2,563	17	\$ 29,859	11	\$ 26,218	1,493	\$ 79,378	5,702	\$ 22,719	49,708	\$ 572	26,442	\$ 391	30,140	\$ 211
Mississippi	16,296	\$ 2,322	11	\$ 987	11	\$ 1,392	1,600	\$ 95,125	17,774	\$ 35,862	70,255	\$ 267	8,252	\$ 252	12,288	\$ 53
Missouri	2,775	\$ 11,943	11	\$ 4,364	11	\$ 2,656	719	\$ 123,928	33,699	\$ 22,451	42,692	\$ 155	4,323	\$ 293	26,660	\$ 84
Montana	3,202	\$ 1,632	49	\$ 56,978	0	\$ 0	38	\$ 181,470	4,561	\$ 30,532	11,918	\$ 317	3,714	\$ 678	5,928	\$ 110
Nebraska	8,072	\$ 2,125	11	\$ 4,716	77	\$ 8,324	450	\$ 114,037	9,801	\$ 27,042	28,596	\$ 423	15,228	\$ 333	22,236	\$ 206

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 2008

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	2,727	\$ 3,476	11	\$ 2,716	11	\$ 8,170	41	\$ 124,664	3,845	\$ 35,560	17,865	\$ 360	4,328	\$ 625	3,428	\$ 104
New Hampshire	4,232	\$ 1,914	0	\$ 0	17	\$ 51,735	0	\$ 0	6,540	\$ 29,714	16,478	\$ 231	1,487	\$ 374	4,749	\$ 66
New Jersey	20,001	\$ 4,235	278	\$ 75,757	11	\$ 94,680	2,327	\$ 220,844	36,073	\$ 43,668	79,513	\$ 102	45,321	\$ 346	16,588	\$ 60
New Mexico	3,599	\$ 3,248	41	\$ 1,136	11	\$ 5,240	183	\$ 78,380	4,970	\$ 26,171	27,328	\$ 262	5,517	\$ 549	9,923	\$ 57
New York	135,161	\$ 3,937	3,291	\$ 27,190	68	\$ 16,330	5,073	\$ 370,953	122,402	\$ 48,358	388,983	\$ 181	154,441	\$ 569	150,917	\$ 32
North Carolina	24,347	\$ 2,224	92	\$ 47,363	11	\$ 26,195	2,514	\$ 119,840	37,699	\$ 28,031	220,680	\$ 410	76,246	\$ 531	82,845	\$ 68
North Dakota	1,397	\$ 2,960	11	\$ 25,879	0	\$ 0	395	\$ 110,297	4,573	\$ 35,824	7,592	\$ 266	3,981	\$ 322	4,315	\$ 61
Ohio	30,168	\$ 2,498	30	\$ 2,580	11	\$ 8,946	5,376	\$ 96,013	67,968	\$ 32,101	181,831	\$ 515	66,863	\$ 258	104,381	\$ 90
Oklahoma	24,609	\$ 2,050	130	\$ 3,010 <sup>e</sup>	16	\$ 18,074	1,245	\$ 65,643	18,510	\$ 24,803	80,267	\$ 485	7,377	\$ 579	8,989	\$ 78
Oregon	945	\$ 6,485	53	\$ 51,554	11	\$ 1,399	28	\$ 245,421	5,618	\$ 34,667	14,562 <sup>i</sup>	\$ 245 <sup>j</sup>	223	\$ 295	4,089 <sup>n</sup>	\$ 131
Pennsylvania	23,963 <sup>o</sup>	\$ 1,980	455 <sup>d</sup>	\$ 77,463 <sup>e</sup>	11	\$ 90,786	2,819	\$ 155,632	72,154	\$ 37,785	80,855 <sup>i</sup>	\$ 78 <sup>b</sup>	54,822	\$ 389	17,168 <sup>n</sup>	\$ 21
Rhode Island	6,947	\$ 2,524	63	\$ 2,239 <sup>p</sup>	11	\$ 777	17	\$ 210,091	8,960	\$ 50,119	19,006	\$ 99	7,889	\$ 248	7,943	\$ 34
South Carolina	21,174	\$ 2,635	213	\$ 61,505	96 <sup>f</sup>	\$ 1,690 <sup>q</sup>	1,060	\$ 86,728	15,382	\$ 28,193	91,158	\$ 231	13,750	\$ 322	24,258	\$ 59
South Dakota	2,492	\$ 1,958	91	\$ 37,939	11	\$ 20,224	94	\$ 117,177	5,238	\$ 25,112	9,745	\$ 369	26	\$ 60	7,383	\$ 134
Tennessee	3,693	\$ 2,984	12	\$ 980	11	\$ 339	384 <sup>r</sup>	\$ 219,716	12,921 <sup>s</sup>	\$ 26,340	9,669 <sup>t</sup>	\$ 1,143	215	\$ 865	445 <sup>k</sup>	\$ 217
Texas	20,995	\$ 1,928	168	\$ 23,339	14	\$ 12,111	7,726	\$ 81,114	77,023	\$ 21,915	25,978	\$ 466	8,209 <sup>h</sup>	\$ 421	28,697	\$ 40
Utah <sup>u</sup>	2,636	\$ 3,804	11	\$ 78,709	11	\$ 107,673	509	\$ 64,542	4,137	\$ 28,071	6,745	\$ 149	7,894	\$ 412	5,741	\$ 134
Vermont	3,411	\$ 1,859	158	\$ 952	0	\$ 0	11	\$ 199,387	3,224	\$ 34,476	16,704	\$ 337	5,379	\$ 257	4,106	\$ 182
Virginia	69,677	\$ 1,280	768	\$ 26,877	11	\$ 888	1,261	\$ 146,394	22,997	\$ 28,465	96,748	\$ 317	2,337 <sup>h</sup>	\$ 461	4,585	\$ 55
Washington	13,264	\$ 2,948	210	\$ 1,344	0	\$ 0	49	\$ 77,809	16,074	\$ 29,320	78,060	\$ 212	35,056	\$ 336	29,313	\$ 77
West Virginia	3,568	\$ 2,116	198 <sup>v</sup>	\$ 1,438	75	\$ 736	351	\$ 109,349	9,868	\$ 40,615	31,650	\$ 180	3,744	\$ 220	7,333	\$ 62
Wisconsin <sup>w</sup>	23,149	\$ 2,096	156	\$ 24,836 <sup>e</sup>	11	\$ 23,199	861	\$ 173,741 <sup>g</sup>	27,978	\$ 31,576	47,143	\$ 170	36,425	\$ 231	36,159	\$ 65
Wyoming	1,490	\$ 2,354	11	\$ 1,024	0	\$ 0	74	\$ 95,462	2,111	\$ 31,160	5,258	\$ 426	1,234	\$ 566	2,002	\$ 61

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> Average Medicaid paid per user of Physician services decreased more than 30 percent in AL and PA in 2008.

<sup>c</sup> Average Medicaid paid per user of Dental services increased more than 30 percent in AL, CT, DC, and MD in 2008.

<sup>d</sup> Number of users of Mental Hospital services for the aged decreased more than 30 percent in CT and PA in 2008.

<sup>e</sup> Average Medicaid paid per user of Mental Hospital services for the aged increased more than 30 percent in CT, FL, IN, OK, PA, and WI in 2008.

<sup>f</sup> Number of users of Inpatient Psychiatric Facility services for individuals under age 21 increased more than 30 percent in CT and SC in 2008.

<sup>g</sup> Average Medicaid paid per user of ICF/MR services increased more than 30 percent in CT and WI in 2008.

<sup>h</sup> Number of users of Dental services increased more than 30 percent in DC, KS, TX, and VA in 2008.

<sup>i</sup> Number of users of Physician services increased more than 30 percent in FL, OR, and PA in 2008.

<sup>j</sup> Average Medicaid paid per user of Physician services increased more than 30 percent in FL, LA, and OR in 2008.

- <sup>k</sup> Number of users of Other Practitioner services decreased more than 30 percent in FL, IN, and TN in 2008.
- <sup>l</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.
- <sup>m</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.
- <sup>n</sup> Number of users of Other Practitioner services increased more than 30 percent in MI, OR, and PA in 2008.
- <sup>o</sup> Number of users of Inpatient Hospital Services decreased more than 30 percent in PA in 2008.
- <sup>p</sup> Average Medicaid paid per user of Mental Hospital services for the aged decreased more than 30 percent in RI in 2008.
- <sup>q</sup> Average Medicaid paid per user of Inpatient Psychiatric Facility services for individuals under age 21 increased more than 30 percent in SC in 2008.
- <sup>r</sup> Number of users of ICF/MR services decreased more than 30 percent in TN in 2008.
- <sup>s</sup> Number of users of Nursing Facility services decreased more than 30 percent in TN in 2008.
- <sup>t</sup> Number of users of Physician services decreased more than 30 percent in TN in 2008.
- <sup>u</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.
- <sup>v</sup> Number of users of Mental Hospital services for the aged increased more than 30 percent in WV in 2008.
- <sup>w</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

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 2008

	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)	
State	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	5,550	\$ 188 <sup>b</sup>	15,009	\$ 476 <sup>c</sup>	5,791 <sup>d</sup>	\$ 2,421 <sup>e</sup>	48,750	\$ 71 <sup>f</sup>	43,288	\$ 318	14,718	\$ 274 <sup>g</sup>
Alaska	7,018	\$ 630	5,151	\$ 760	19	\$ 3,676	8,608	\$ 273	3,989	\$ 746	4,809	\$ 2,109
Arizona	5,184	\$ 9,953 <sup>h</sup>	34	\$ 455	33	\$ 3,183	2,567	\$ 2,335	584	\$ 154 <sup>i</sup>	2,290	\$ 2,238
Arkansas	34,178	\$ 1,556	15,094	\$ 1,376	2,074	\$ 2,737	51,388	\$ 1,214	31,866	\$ 546	58,658	\$ 98
California	256,232	\$ 206	205,007	\$ 1,109	1,156	\$ 6,559	102,004	\$ 173	537,046	\$ 438	73,137	\$ 1,701
Colorado	18,460	\$ 217	42,504	\$ 375	4,384	\$ 11,745	28,184	\$ 183	15,767	\$ 687	3,131	\$ 621
Connecticut	36,914	\$ 331	13,627	\$ 748	15,982	\$ 4,989	44,974	\$ 217	63,665	\$ 692	23,041	\$ 372
Delaware	5,467	\$ 415	1,210	\$ 1,572	553	\$ 6,829	7,005	\$ 88	4,840	\$ 331	2,995	\$ 355
District of Columbia	2,296	\$ 530	3,445	\$ 724	3,157	\$ 17,632	10,306	\$ 2,021	6,851	\$ 756	1,613 <sup>j</sup>	\$ 563 <sup>k</sup>
Florida	116,883 <sup>l</sup>	\$ 594 <sup>h</sup>	28,661 <sup>m</sup>	\$ 257 <sup>n</sup>	12,677	\$ 2,229 <sup>o</sup>	123,166	\$ 123	104,397	\$ 456	25,654 <sup>j</sup>	\$ 174
Georgia	66,451	\$ 191	16,059	\$ 414	1,041	\$ 1,206	96,012	\$ 205	52,586	\$ 468	20,673	\$ 107
Hawaii	9,675	\$ 248	5,709	\$ 1,147	3,519	\$ 17,468	16,212	\$ 102	18,755	\$ 220 <sup>p</sup>	6,569	\$ 1,205
Idaho	11,288	\$ 601	8,364	\$ 377	300	\$ 3,027	11,421	\$ 105	8,658	\$ 605	5,043	\$ 1,382
Illinois	68,470	\$ 460	39,464	\$ 302	728	\$ 1,067	156,818	\$ 83	158,756	\$ 361	46,096	\$ 818
Indiana	22,519	\$ 512	59,062	\$ 1,404 <sup>n</sup>	4,025	\$ 13,138	62,280	\$ 270	58,699	\$ 418	29,311	\$ 614
Iowa	36,907	\$ 571	9,371	\$ 206	18,879	\$ 3,855	43,630	\$ 261	40,405	\$ 279	8,911	\$ 184
Kansas	12,549	\$ 245	11,094	\$ 171 <sup>c</sup>	1,761	\$ 4,365	24,894 <sup>q</sup>	\$ 152	27,862	\$ 366	5,294	\$ 605
Kentucky	42,248	\$ 407	30,382	\$ 441	4,353 <sup>d</sup>	\$ 3,370	63,256	\$ 178	64,134	\$ 393	6,506	\$ 352
Louisiana	34,627	\$ 334	18,720	\$ 335	513	\$ 1,169	69,041	\$ 172	44,871	\$ 536	31,449	\$ 363
Maine <sup>r</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	31,191	\$ 433	0	\$ 0
Maryland	27,148	\$ 653	4,414	\$ 118	7,746	\$ 14,824	42,273	\$ 237	26,896	\$ 319	12,269	\$ 210
Massachusetts <sup>s</sup>	108,375	\$ 285 <sup>b</sup>	21,359	\$ 831	17,090	\$ 8,295	116,126	\$ 132	117,478	\$ 274	42,609	\$ 1,326 <sup>k</sup>
Michigan	20,019 <sup>t</sup>	\$ 463	3,493 <sup>m</sup>	\$ 345 <sup>c</sup>	240	\$ 1,077 <sup>o</sup>	53,335	\$ 46	99,584	\$ 147	6,503 <sup>u</sup>	\$ 138
Minnesota	32,651	\$ 471	7,397	\$ 956	11,372	\$ 823	30,763	\$ 235	33,232	\$ 377	12,839	\$ 561
Mississippi	51,402	\$ 527	19,776	\$ 316	3,782	\$ 886 <sup>o</sup>	57,245	\$ 168	31,192	\$ 542	15,762	\$ 299
Missouri	89,352	\$ 523	136,173	\$ 602	369	\$ 903	61,199	\$ 190	95,459	\$ 575	32,331	\$ 261
Montana	6,566	\$ 373	2,817	\$ 756	98	\$ 1,447	7,596	\$ 213	6,037	\$ 495	807	\$ 422



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 2008

	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)	
State	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>
Nebraska	16,924	\$ 629	8,215	\$ 208	1,137	\$ 9,622	20,805	\$ 255	26,064	\$ 295	5,202	\$ 1,019
Nevada	3,247	\$ 369	3,073	\$ 1,560 <sup>c</sup>	60	\$ 8,908 <sup>e</sup>	10,095	\$ 293	13,542	\$ 426	3,912 <sup>u</sup>	\$ 221
New Hampshire	5,911	\$ 350	7,092	\$ 1,803	365	\$ 2,416	3,488	\$ 469	13,621	\$ 412	2,913	\$ 955
New Jersey	50,708	\$ 545 <sup>b</sup>	10,767	\$ 492	7,395	\$ 5,740	65,448	\$ 220	88,125	\$ 368	49,941	\$ 1,084
New Mexico	4,914	\$ 650	6,044	\$ 344	45	\$ 1,138	19,689	\$ 91	5,950	\$ 202	7,365	\$ 991
New York	253,502	\$ 780	92,224	\$ 1,087	110,931	\$ 10,720	283,563	\$ 126	330,017	\$ 270	204,325	\$ 1,240
North Carolina	105,527	\$ 323	48,088	\$ 669	21,597	\$ 2,178	171,713	\$ 214	123,205	\$ 520	72,885	\$ 286
North Dakota	3,891	\$ 452	3,246	\$ 410	315	\$ 1,989	6,160	\$ 203	4,265	\$ 430 <sup>i</sup>	1,426	\$ 279
Ohio	124,079	\$ 576	28,395	\$ 997	15,815	\$ 6,422	53,120	\$ 199	128,491	\$ 267	79,013	\$ 642
Oklahoma	38,972	\$ 370	19,513	\$ 539	833	\$ 894	65,219	\$ 261	25,796	\$ 400	20,591	\$ 504
Oregon	6,458	\$ 586	3,193	\$ 367	26	\$ 987 <sup>e</sup>	8,588	\$ 191	15,347	\$ 383	10,326	\$ 999
Pennsylvania	25,274	\$ 133	20,544 <sup>v</sup>	\$ 287	6,577	\$ 9,819	82,570 <sup>q</sup>	\$ 56 <sup>f</sup>	139,649	\$ 267	4,216	\$ 337
Rhode Island	18,717	\$ 195	4,955	\$ 504	2,682	\$ 11,641	3,269	\$ 264	19,251	\$ 268 <sup>p</sup>	5,331	\$ 1,347 <sup>k</sup>
South Carolina	47,809 <sup>l</sup>	\$ 343 <sup>h</sup>	34,046	\$ 650	405	\$ 1,162	68,122	\$ 390 <sup>w</sup>	58,699	\$ 285	3,547 <sup>j</sup>	\$ 251 <sup>g</sup>
South Dakota	6,769	\$ 699	4,384	\$ 535	14	\$ 1,246	6,447	\$ 119	5,228	\$ 349	3,217	\$ 374
Tennessee	13,630 <sup>t</sup>	\$ 483	10,633	\$ 164 <sup>c</sup>	4,864	\$ 23,603	12,475 <sup>x</sup>	\$ 405	8,441 <sup>y</sup>	\$ 1,508	9,378 <sup>j</sup>	\$ 946
Texas	4,579 <sup>t</sup>	\$ 724	3,242	\$ 338	579	\$ 4,515	13,121	\$ 572	117,266	\$ 337	23,511	\$ 1,171 <sup>k</sup>
Utah <sup>z</sup>	5,469	\$ 282	12,607	\$ 676	637	\$ 4,726	10,754	\$ 268	13,478	\$ 617	3,976	\$ 321
Vermont	12,549	\$ 663	5,664	\$ 277	1,421	\$ 2,141	13,121	\$ 323	12,714	\$ 540	7,065	\$ 1,023
Virginia	2,960 <sup>l</sup>	\$ 1,089 <sup>b</sup>	3,948 <sup>m</sup>	\$ 1,807 <sup>c</sup>	272	\$ 1,490	12,036	\$ 108 <sup>f</sup>	64,056	\$ 283	1,955	\$ 175
Washington	65,367	\$ 628	7,249	\$ 262	0	\$ 0	13,262	\$ 394	98,556	\$ 450	8,586	\$ 259
West Virginia	20,868	\$ 257	13,720	\$ 278	120	\$ 1,454	25,421	\$ 197	24,368	\$ 439	13,073	\$ 504
Wisconsin <sup>aa</sup>	56,629	\$ 280	79,854	\$ 207	1,565	\$ 3,767	67,848	\$ 123 <sup>w</sup>	68,506	\$ 323	26,641	\$ 381
Wyoming	4,037	\$ 5,805	749	\$ 1,271	115	\$ 5,756	4,393	\$ 2,458	2,971	\$ 489	873	\$ 257

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> Average Medicaid paid per user of Outpatient services decreased more than 30 percent in AL, MA, NJ, and VA in 2008.

- <sup>c</sup> Average Medicaid paid per user of Clinic services decreased more than 30 percent in AL, KS, MI, NV, TN, and VA in 2008.
- <sup>d</sup> Number of users of Home Health services decreased more than 30 percent in AL and KY in 2008.
- <sup>e</sup> Average Medicaid paid per user of Home Health services increased more than 30 percent in AL, NV, and OR in 2008.
- <sup>f</sup> Average Medicaid paid per user of Lab/X-Ray services decreased more than 30 percent in AL, PA and VA in 2008.
- <sup>g</sup> Average Medicaid paid per user of Transportation services decreased more than 30 percent in AL and SC in 2008.
- <sup>h</sup> Average Medicaid paid per user of Outpatient services increased more than 30 percent in AZ, FL, and SC in 2008.
- <sup>i</sup> Average Medicaid paid per user of Prescription Drug services increased more than 30 percent in AZ and ND in 2008.
- <sup>j</sup> Number of users of Transportation services decreased more than 30 percent in DC, FL, SC, and TN in 2008.
- <sup>k</sup> Average Medicaid paid per user of Transportation services increased more than 30 percent in DC, MA, RI, and TX in 2008.
- <sup>l</sup> Number of users of Outpatient services increased more than 30 percent in FL, SC, and VA in 2008.
- <sup>m</sup> Number of users of Clinic services decreased more than 30 percent in FL, MI, and VA in 2008.
- <sup>n</sup> Average Medicaid paid per user of Clinic services increased more than 30 percent in FL and IN in 2008.
- <sup>o</sup> Average Medicaid paid per user of Home Health services decreased more than 30 percent in FL, MI, and MS in 2008.
- <sup>p</sup> Average Medicaid paid per user of Prescription Drug services decreased more than 30 percent in HI and RI in 2008.
- <sup>q</sup> Number of users of Lab/X-Ray services increased more than 30 percent in KS and PA in 2008.
- <sup>r</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.
- <sup>s</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.
- <sup>t</sup> Number of users of Outpatient services decreased more than 30 percent in MI, TN, and TX in 2008.
- <sup>u</sup> Number of users of Transportation services increased more than 30 percent in MI and NV in 2008.
- <sup>v</sup> Number of users of Clinic services increased more than 30 percent in PA in 2008.
- <sup>w</sup> Average Medicaid paid per user of Lab/X-Ray services increased more than 30 percent in SC and WI in 2008.
- <sup>x</sup> Number of users of Lab/X-Ray services decreased more than 30 percent in TN in 2008.
- <sup>y</sup> Number of users of Prescription Drug services decreased more than 30 percent in TN in 2008.
- <sup>z</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.
- <sup>aa</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

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 2008

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	11,779 <sup>c</sup>	\$ 1,937 <sup>d</sup>	17	\$ 1,751	25,877	\$ 180	1,643	\$ 58,551	13,883	\$ 1,892	158	\$ 3,156	11,970	\$ 6,508
Alaska	2,732	\$ 21,183	2,793	\$ 2,114	199 <sup>e</sup>	\$ 49	7,514	\$ 834	425	\$ 71,280	3,225	\$ 2,695	352	\$ 5,090	2,782	\$ 16,358
Arizona	0	\$ 0	0	\$ 0	19	\$ 490	1,486	\$ 6,430 <sup>f</sup>	0	\$ 0	393	\$ 94	0	\$ 0	238 <sup>g</sup>	\$ 429 <sup>h</sup>
Arkansas	11,240	\$ 4,044	8,232 <sup>c</sup>	\$ 145	0	\$ 0	35,869	\$ 758	0	\$ 0	17,435	\$ 5,917	404	\$ 5,678	40,774	\$ 4,750
California	291,320	\$ 9,234	66,863	\$ 1,680	57,439 <sup>e</sup>	\$ 3,190 <sup>i</sup>	357,135	\$ 366	17,472	\$ 20,371	9,849 <sup>j</sup>	\$ 4,746 <sup>k</sup>	48,841	\$ 8,376	175,372	\$ 1,225
Colorado	0	\$ 0	0	\$ 0	0	\$ 0	29,649	\$ 1,171	3,341	\$ 39,746	11,926	\$ 395	1,247	\$ 5,248	21,069	\$ 9,694
Connecticut	12,598	\$ 10,656	9,866	\$ 2,051	5,722	\$ 21,376 <sup>i</sup>	46,523	\$ 1,794	4,272	\$ 75,455	17,616	\$ 619	1,652	\$ 6,929	10,893	\$ 345
Delaware	0	\$ 0	0	\$ 0	240	\$ 14,720	1,340	\$ 758	208	\$ 73,803	719	\$ 9,667	220	\$ 9,315	4,048	\$ 15,585
District of Columbia	0	\$ 0	0	\$ 0	11	\$ 224	9,562	\$ 4,341 <sup>f</sup>	339 <sup>l</sup>	\$ 113,267 <sup>m</sup>	3,182	\$ 2,729	0	\$ 0	13,128	\$ 15,805 <sup>h</sup>
Florida	11	\$ 6,429	5,301	\$ 1,654	11	\$ 5,879	96,844	\$ 438	1,703 <sup>n</sup>	\$ 18,623 <sup>o</sup>	37,371 <sup>p</sup>	\$ 992 <sup>q</sup>	8,493	\$ 6,415	85,988	\$ 5,894
Georgia	0	\$ 0	24,673	\$ 3,642	0	\$ 0	68,347	\$ 241	1,866 <sup>l</sup>	\$ 35,634	26,706	\$ 543	1,503	\$ 6,128	28,168	\$ 8,066
Hawaii	0	\$ 0	628	\$ 519	11	\$ 32	10,460	\$ 495	591	\$ 23,408	6,575	\$ 1,667	963	\$ 13,837	3,646	\$ 167
Idaho	4,573	\$ 10,260	3,474	\$ 1,299	1,887	\$ 148	7,596	\$ 452	3,945	\$ 12,849	3,871	\$ 9,265	411	\$ 2,919	8,187	\$ 2,356
Illinois	12,719	\$ 12,188	14,466	\$ 370 <sup>r</sup>	122 <sup>s</sup>	\$ 928 <sup>t</sup>	125,568	\$ 635	6,268	\$ 35,358	44,135	\$ 1,879	1,981	\$ 3,578	68,354	\$ 6,428
Indiana	0	\$ 0	2,206	\$ 317	186 <sup>s</sup>	\$ 191 <sup>t</sup>	64,534	\$ 533 <sup>f</sup>	4,250	\$ 66,774	15,673	\$ 4,756	350	\$ 7,035	51,850	\$ 1,966
Iowa	0	\$ 0	6,005	\$ 2,834	232	\$ 492	39,900	\$ 473	11,675	\$ 14,693	22,665	\$ 225	3,552	\$ 5,980	29,791	\$ 3,965
Kansas	109 <sup>u</sup>	\$ 4,542 <sup>v</sup>	18,802	\$ 914	11	\$ 1,524	11,465	\$ 425	3,243	\$ 35,082	725 <sup>j</sup>	\$ 803 <sup>q</sup>	100	\$ 4,550	21,458	\$ 10,472
Kentucky	0	\$ 0	1,382	\$ 1,843	23	\$ 341	36,652	\$ 567 <sup>f</sup>	1,578	\$ 53,487	20,141	\$ 833	2,285	\$ 7,956	18,956	\$ 4,307
Louisiana	10,113 <sup>u</sup>	\$ 17,033	4,096	\$ 1,618	191	\$ 1,231	40,349	\$ 637	0	\$ 0	20,430 <sup>p</sup>	\$ 174 <sup>q</sup>	0	\$ 0	10,910 <sup>w</sup>	\$ 22,854
Maine <sup>x</sup>	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0	0	\$ 0
Maryland	3,262	\$ 7,284	1,184	\$ 267	54 <sup>s</sup>	\$ 1,137	21,680	\$ 1,123	6,295	\$ 38,561	20,246	\$ 2,159	7,598	\$ 13,148	12,654	\$ 1,893
Massachusetts <sup>y</sup>	7,115	\$ 724	17,828	\$ 3,192	2,165	\$ 200	87,459	\$ 333	10,491	\$ 39,961	80,484	\$ 1,903	8,268	\$ 7,046	37,195	\$ 8,780
Michigan	37,329	\$ 3,856 <sup>z</sup>	35,568	\$ 345	2,569 <sup>e</sup>	\$ 73	92,265	\$ 326	3,018	\$ 1,733 <sup>o</sup>	27,376	\$ 357 <sup>k</sup>	327	\$ 5,904	28,342	\$ 3,082 <sup>h</sup>
Minnesota	13,531	\$ 24,070	24,983	\$ 2,189	7,796	\$ 14,657	31,236	\$ 1,246	6,855	\$ 59,826	16,093	\$ 3,913	654	\$ 6,461	19,220	\$ 1,318
Mississippi	172	\$ 9,210	4,233	\$ 1,857 <sup>d</sup>	0 <sup>s</sup>	\$ 0	40,332	\$ 598 <sup>f</sup>	71	\$ 4,517	20,506	\$ 1,141	655	\$ 7,490	26,156 <sup>g</sup>	\$ 4,398 <sup>h</sup>
Missouri	36,817	\$ 5,501	13,358	\$ 1,995	3,399	\$ 244	25,552	\$ 530	10,075	\$ 28,226	14,681	\$ 4,113	1,084	\$ 8,791	61,453	\$ 2,566
Montana	2,013	\$ 9,821	1,489 <sup>aa</sup>	\$ 3,153 <sup>d</sup>	34	\$ 133	7,336	\$ 874	87	\$ 27,196	2,142	\$ 2,987	162	\$ 20,300	7,047	\$ 3,620
Nebraska	1,122 <sup>u</sup>	\$ 4,245 <sup>z</sup>	0	\$ 0	0	\$ 0	22,797	\$ 789	1,816	\$ 31,718	12,555	\$ 1,426	2,295	\$ 11,394	20,450	\$ 2,839
Nevada	4,478	\$ 11,756	1,954	\$ 3,318	181	\$ 17,472	4,311	\$ 903	758	\$ 36,381	1,260	\$ 1,741	403	\$ 6,726	8,306	\$ 2,329

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 2008

	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)	
State	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	127	\$ 34,170	0	\$ 0	246	\$ 1,764	6,591	\$ 563	524	\$ 11,344	5,191	\$ 5,978	378	\$ 5,012	8,448	\$ 17,999
New Jersey	19,906	\$ 9,688	93	\$ 1,490	40	\$ 2,949	52,636	\$ 759	6,396	\$ 39,409	12,442	\$ 6,469	11,539	\$ 11,765	44,796	\$ 3,373
New Mexico	8,143	\$ 15,331	20	\$ 1,481	18	\$ 7,422	19,353	\$ 804	1,502	\$ 59,353	7,349	\$ 1,247	57	\$ 4,996	12,935	\$ 9,100
New York	73,536	\$ 28,826	11	\$ 752	20,706	\$ 6,967	211,013 <sup>bb</sup>	\$ 478	26,802	\$ 93,924	172,260	\$ 1,933	42,040	\$ 20,000	236,357	\$ 1,609
North Carolina	60,124	\$ 6,557	22,093	\$ 2,216	0	\$ 0	80,905	\$ 409	78	\$ 5,965	25,008	\$ 7,568	404	\$ 5,277	106,258	\$ 3,259
North Dakota	615 <sup>cc</sup>	\$ 16,655 <sup>z</sup>	1,487	\$ 1,189	1,202	\$ 2,534	4,144	\$ 221	469	\$ 32,816	3,606	\$ 918	821	\$ 20,051	3,134	\$ 9,226
Ohio	0	\$ 0	0	\$ 0	29,322	\$ 708	93,639	\$ 754	12,378	\$ 12,121	32,986	\$ 2,279	12,474	\$ 8,147 <sup>dd</sup>	95,753	\$ 9,922
Oklahoma	19,619	\$ 5,087 <sup>z</sup>	23,741	\$ 2,650 <sup>d</sup>	0	\$ 0	30,098	\$ 841	2,265	\$ 52,086	10,039	\$ 2,661	583	\$ 4,797	40,035	\$ 1,741 <sup>ee</sup>
Oregon	2,971	\$ 730	31	\$ 246	622	\$ 1,538	12,716	\$ 568	5,174	\$ 12,126	2,162	\$ 11,174	52	\$ 4,887	8,915	\$ 6,261
Pennsylvania	11	\$ 4,035	21,268	\$ 1,502 <sup>d</sup>	72 <sup>e</sup>	\$ 1,216 <sup>i</sup>	52,141 <sup>bb</sup>	\$ 541 <sup>ff</sup>	378	\$ 21,108	2,579 <sup>j</sup>	\$ 396	2,005	\$ 5,305	39,539 <sup>w</sup>	\$ 9,541 <sup>ee</sup>
Rhode Island	415	\$ 3,947	1,190	\$ 738	2,402	\$ 1,061	8,017	\$ 545	0	\$ 0	5,228	\$ 8,762	2,014	\$ 12,791	10,347	\$ 6,230
South Carolina	14,909	\$ 6,736	7,639	\$ 1,412	1,001	\$ 1,542	44,908	\$ 593	122 <sup>l</sup>	\$ 8,342 <sup>m</sup>	24,563	\$ 812	6,212	\$ 25,718	3,191	\$ 232
South Dakota	1,919	\$ 5,881	0	\$ 0	108 <sup>e</sup>	\$ 668	3,449	\$ 331	0	\$ 0	1,646	\$ 2,666	11	\$ 4,171 <sup>dd</sup>	4,120	\$ 14,383
Tennessee	0	\$ 0	0	\$ 0	1,087	\$ 204	6,419 <sup>gg</sup>	\$ 1,604	1,175 <sup>n</sup>	\$ 65,898	1,649 <sup>j</sup>	\$ 682 <sup>q</sup>	86 <sup>hh</sup>	\$ 4,896 <sup>ii</sup>	440	\$ 1,064
Texas	640	\$ 7,904	12,951 <sup>aa</sup>	\$ 1,072	113	\$ 4,196	80,618	\$ 1,551	138	\$ 19,150	8,654	\$ 1,026	14,732	\$ 5,095	127,120	\$ 9,923 <sup>h</sup>
Utah <sup>ll</sup>	236	\$ 2,900	0	\$ 0	69 <sup>s</sup>	\$ 423 <sup>i</sup>	8,220	\$ 518	1,520 <sup>l</sup>	\$ 12,673	6,493	\$ 535	44	\$ 3,883	3,149	\$ 14,535
Vermont	120	\$ 3,552	596	\$ 2,232	16	\$ 1,460	6,604	\$ 594	54	\$ 30,208	7,517	\$ 11,369	0	\$ 0	5,027	\$ 13,304
Virginia	10,501	\$ 12,438	3,999	\$ 390	80 <sup>e</sup>	\$ 1,153 <sup>i</sup>	17,377	\$ 879	0	\$ 0	10,081	\$ 6,200	614	\$ 6,143	20,578	\$ 15,229
Washington	11,718	\$ 13,386	11	\$ 207	1,279	\$ 94	53,445	\$ 911	30,989	\$ 18,551	7,858	\$ 2,564	2,506	\$ 7,953	44,534	\$ 1,124
West Virginia	3,305	\$ 6,440	43	\$ 418	3,196	\$ 18,685	16,874	\$ 267	1,638	\$ 39,203	9,333	\$ 913	0	\$ 0	8,794	\$ 7,224
Wisconsin <sup>kk</sup>	8,377	\$ 8,868	4,912	\$ 424	1,565	\$ 309	51,679	\$ 307 <sup>ff</sup>	608 <sup>ll</sup>	\$ 11 <sup>ll</sup>	21,861 <sup>p</sup>	\$ 1,308 <sup>q</sup>	0 <sup>ll</sup>	\$ 0 <sup>ll</sup>	43,430	\$ 447 <sup>ee</sup>
Wyoming	0	\$ 0	476	\$ 1,076	755	\$ 673	3,560	\$ 1,792 <sup>f</sup>	759	\$ 47,787	1,928	\$ 1,446	48	\$ 3,534	2,718	\$ 12,703

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 Targeted Case Management services increased more than 30 percent in AL and AR in 2008.

<sup>d</sup> Average Medicaid paid per user of Targeted Case Management services increased more than 30 percent in AL, MS, MT, OK, and PA in 2008.

<sup>e</sup> Number of users of Rehabilitation services increased more than 30 percent in AK, CA, MI, PA, SD, and VA in 2008.

<sup>f</sup> Average Medicaid paid per user of Durable Medical Equipment increased more than 30 percent in AZ, DC, IN, KY, MS, and WY in 2008.

<sup>g</sup> Number of users of Other services decreased more than 30 percent in AZ and MS in 2008.

<sup>h</sup> Average Medicaid paid per user of Other services increased more than 30 percent in AZ, DC, MI, MS, and TX in 2008.

<sup>i</sup> Average Medicaid paid per user of Rehabilitation services increased more than 30 percent in CA, CT, UT, and VA in 2008.

<sup>j</sup> Number of users of Psychiatric services decreased more than 30 percent in CA, KS, PA, and TN in 2008.

<sup>k</sup> Average Medicaid paid per user of Psychiatric services increased more than 30 percent in CA and MI in 2008.

<sup>l</sup> Number of users of Residential Care services increased more than 30 percent in DC, GA, SC, and UT in 2008.

<sup>m</sup> Average Medicaid paid per user of Residential Care services increased more than 30 percent in DC and SC in 2008.

<sup>m</sup> Number of users of Residential Care services decreased more than 30 percent in FL and TN in 2008.

<sup>o</sup> Average Medicaid paid per user of Residential Care services decreased more than 30 percent in FL and MI in 2008.

<sup>p</sup> Number of users of Psychiatric services increased more than 30 percent in FL, LA, and WI in 2008.

<sup>q</sup> Average Medicaid paid per user of Psychiatric services decreased more than 30 percent in FL, KS, LA, TN, and WI in 2008.

<sup>r</sup> Average Medicaid paid per user of Targeted Case Management services decreased more than 30 percent in IL in 2008.

<sup>s</sup> Number of users of Rehabilitation services decreased more than 30 percent in IL, IN, MD, MS, and UT in 2008.

<sup>t</sup> Average Medicaid paid per user of Rehabilitation services decreased more than 30 percent in IL, IN, and PA in 2008.

<sup>u</sup> Number of users of Personal Care services increased more than 30 percent in KS, LA, and NE in 2008.

<sup>v</sup> Average Medicaid paid per user of Personal Care services decreased more than 30 percent in KS in 2008.

<sup>w</sup> Number of users of Other services increased more than 30 percent in LA and PA in 2008.

<sup>x</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>y</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>z</sup> Average Medicaid paid per user of Personal Care services increased more than 30 percent in MI, ND, NE, and OK in 2008.

<sup>aa</sup> Number of users of Targeted Case Management services decreased more than 30 percent in MT and TX in 2008.

<sup>bb</sup> Number of users of Durable Medical Equipment increased more than 30 percent in NY and PA in 2008.

<sup>cc</sup> Number of users of Personal Care services decreased more than 30 percent in ND in 2008.

<sup>dd</sup> Average Medicaid paid per user of Adult Day Care services decreased more than 30 percent in OH and SD in 2008.

<sup>ee</sup> Average Medicaid paid per user of Other services decreased more than 30 percent in OK, PA, and WI in 2008.

<sup>ff</sup> Average Medicaid paid per user of Durable Medical Equipment decreased more than 30 percent in PA and WI in 2008.

<sup>gg</sup> Number of users of Durable Medical Equipment decreased more than 30 percent in TN in 2008.

<sup>hh</sup> Number of users of Adult Day Care services increased more than 30 percent in TN in 2008.

<sup>ii</sup> Average Medicaid paid per user of Adult Day Care services increased more than 30 percent in TN in 2008.

<sup>jj</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>kk</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>ll</sup> Number of users and average Medicaid paid per user of Residential Care and Adult Day Care services decreased more than 30 percent in WI in 2008. This is likely caused by a lack of FFS waiver claims. There are no 1915(c) claims (Pgm Type=6,7) in WI in 2008 because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records.

IP Table 1. IP Hospital Stays by Type of Claim and Missing Eligibility in MAX 2008

State	# IP Stays	Type of Claims					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>
Alabama	143,723	30.4	3.7 <sup>c</sup>	26.7	69.6	0.0	0.1
Alaska	18,599	100.0	89.1	10.9	0.0	0.0	0.7
Arizona	247,076	15.0 <sup>d</sup>	14.4 <sup>d</sup>	0.6 <sup>d</sup>	85.0 <sup>d</sup>	0.0	0.1
Arkansas	116,167	100.0	73.4	26.6	0.0	0.0	3.8
California	887,004	78.6	67.1	11.6	21.4	0.0	0.4
Colorado	62,800	96.1	87.4	8.7	3.9	0.0	1.7
Connecticut	55,114	100.0	62.5	37.5	0.0	0.0	0.0
Delaware	13,127	83.4	51.9	31.4	16.6	0.0	0.9
District of Columbia	23,856	100.0	76.0	24.0	0.0	0.0	0.8 <sup>e</sup>
Florida	400,348	99.2	72.3	26.9	0.8	0.0	2.1
Georgia	285,433	100.0	85.8	14.2	0.0	0.0	2.1
Hawaii <sup>f</sup>	18,359	51.9	45.8	6.1	48.1	0.0	2.1
Idaho	30,020	100.0	79.9	20.1	0.0	0.0	0.2
Illinois	332,608	96.1	91.0	5.1	0.7	3.2	0.2
Indiana	137,406	50.0	42.8	7.2	50.0	0.0	0.1
Iowa	78,083	91.5	66.2	25.2	8.5	0.0	1.0
Kansas	66,507	61.6	48.6	13.0	38.4	0.0	0.7
Kentucky	178,720	87.1 <sup>g</sup>	81.5	5.7	12.9	0.0	0.3
Louisiana	215,249	100.0	70.0	30.0	0.0	0.0	1.1
Maine <sup>h</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	173,118	50.1	32.9	17.2	49.9	0.0	0.0
Massachusetts <sup>i</sup>	115,975	100.0	59.4	40.6	0.0	0.0	0.1
Michigan	166,920	68.8	64.9	3.9	31.2	0.0	0.7

IP Table 1. IP Hospital Stays by Type of Claim and Missing Eligibility in MAX 2008

State	# IP Stays	Type of Claims					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>
Minnesota	95,768	63.8	45.8	17.9	36.2	0.0	0.1
Mississippi	114,602	99.0	78.4	20.6	1.0	0.0	0.0
Missouri	170,705	65.4	65.3	0.1	34.6	0.0	0.1
Montana	21,753	100.0	79.0	21.0	0.0	0.0	2.4
Nebraska	49,552	86.4	66.0	20.4	13.6	0.0	0.2
Nevada	30,774	100.0	81.9	18.1	0.0	0.0	1.2
New Hampshire	20,660	100.0	73.0	27.0	0.0	0.0	0.0
New Jersey	153,540	61.4	48.5	13.0	38.6	0.0	0.6
New Mexico	62,970	42.7	35.7	7.0	57.3	0.0	0.1
New York	1,485,761	51.3	39.8	11.5	30.3	18.4 <sup>j</sup>	1.4
North Carolina	277,865	100.0	90.9	9.1	0.0	0.0	0.1
North Dakota	11,394	100.0	85.2	14.8 <sup>k</sup>	0.0	0.0	0.2 <sup>l</sup>
Ohio	137,064	100.0	69.8	30.2	0.0	0.0	2.7
Oklahoma	146,443	100.0	78.8	21.2	0.0	0.0	0.5
Oregon	65,363	39.5	38.1	1.4	60.5	0.0	0.1
Pennsylvania	113,938	100.0	86.4	13.6	0.0	0.0	2.7
Rhode Island	71,714	24.6	11.2	13.4	75.4	0.0	0.0
South Carolina	130,083	100.0	81.4	18.6	0.0	0.0	0.0
South Dakota	21,331	100.0	82.3	17.7	0.0	0.0	0.0
Tennessee	160,917	63.2	58.6	4.6	36.8 <sup>m</sup>	0.0	0.5
Texas	711,102	69.9	64.9	5.0	30.1	0.0	0.5
Utah <sup>n</sup>	45,545	75.3	69.4	5.9	24.7 <sup>o</sup>	0.0	0.0
Vermont	16,671	100.0	76.3	23.7	0.0	0.0	0.3

IP Table 1. IP Hospital Stays by Type of Claim and Missing Eligibility in MAX 2008

State	# IP Stays	Type of Claims					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>
Virginia	471,498	90.0	13.1	76.9 <sup>p</sup>	10.0	0.0	0.1
Washington	130,738	69.4	58.2	11.3	30.6	0.0	15.7
West Virginia	34,676	100.0	87.0	13.0	0.0	0.0	0.3
Wisconsin <sup>q</sup>	137,666	60.9	39.7	21.2	39.1	0.0	1.2
Wyoming	14,034	100.0	84.2	15.8	0.0	0.0	1.5

Note: 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> There were few non-crossover FFS claims in AL as people not enrolled in Medicare Part A were enrolled in an IP managed care plan. In addition, pregnant women were in a separately administered non-risk plan. AL reported their global prenatal/delivery claims erroneously in the IP file instead of the OT file in 2008.

<sup>d</sup> Most people were enrolled in managed care in AZ and more than half of the other Medicaid enrollees were enrolled in the Indian Health Service in 2008.

<sup>e</sup> Number of claims with missing Medicaid eligibility increased more than 30 percent in DC in 2008.

<sup>f</sup> Total number of claims decreased more than 30 percent in HI due to a large decline in adjustments. This affected all values in this table for HI.

<sup>g</sup> Number of IP stays increased more than 30 percent in KY in 2008.

<sup>h</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>i</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>j</sup> NY reported Public Good Pool and Lombardi claims as supplemental claims in the IP and OT file in 2008, because they represent payments over and above the standard FFS payments.

<sup>k</sup> The number of crossover claims increased more than 30 percent in ND in 2008.

<sup>l</sup> The number of claims with missing Medicaid eligibility decreased more than 30 percent in ND in 2008.

<sup>m</sup> The number of Encounter claims increased more than 30 percent in TN in 2008 because TN was shifting from a non-risk to risk-based managed care.

<sup>n</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>o</sup> The number of encounter claims increased more than 30 percent in UT in 2008.

<sup>p</sup> A large percentage of FFS IP claims in VA are crossover claims in 2008 because most non-duals received their IP care under managed care.

<sup>q</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.



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 2008

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	5,337	97.2	\$ 3,541	0.3	99.9	99.9	3.6	2.8	100.0	71.1	0.0 <sup>f</sup>	64.9
Alaska	16,573	98.8	\$ 9,051	3.0	100.0	79.7 <sup>g</sup>	4.0	1.2	100.0	61.1	0.0 <sup>f</sup>	27.0
Arizona	35,579	100.0	\$ 5,071	0.0	99.9	78.9 <sup>g</sup>	3.2	0.0	100.0	69.0	0.0	56.4
Arkansas	85,212	99.9	\$ 3,994	1.3	100.0	99.2	3.5	0.0	100.0 <sup>h</sup>	48.2	0.0 <sup>f</sup>	25.4
California	594,996	100.0	\$ 7,585	6.6	98.0	92.3 <sup>i</sup>	5.1	0.1	100.0 <sup>h</sup>	58.0 <sup>j</sup>	0.0 <sup>f</sup>	29.5
Colorado	54,861	98.3	\$ 6,156	3.3	99.3	99.5	4.6	1.8	100.0	73.4	99.7	43.0
Connecticut	34,440	98.9	\$ 7,941	3.7	99.9	99.4	6.8	0.0	100.0	53.5	0.0	14.0
Delaware	6,818	100.0	\$ 8,315	3.6	100.0	100.0	4.5	0.0	100.0	59.9	0.0 <sup>f</sup>	26.5
District of Columbia	18,123	99.9	\$ 17,252	0.1	99.6	98.6	7.5	0.0 <sup>k</sup>	100.0	54.2	99.7	10.0
Florida	289,535	99.8	\$ 7,197	0.1	99.5	94.2	4.9	0.1	100.0	59.5	0.0	22.6
Georgia	244,762	99.8	\$ 5,260	1.4	99.8	99.9	4.3	0.0	100.0	45.1	99.8	29.9
Hawaii	8,409	99.4	\$ 6,884	0.6	100.0	96.6	6.9	0.2	100.0	48.2	0.0	3.2
Idaho	23,987	100.0	\$ 7,607	4.5	99.3	99.8	3.3	0.0	100.0	61.7	0.0 <sup>f</sup>	39.9
Illinois	302,753	100.0	\$ 7,751	0.5	94.8	94.6	4.1	1.0	100.0	59.8	92.9	18.5
Indiana	58,836	100.0	\$ 6,236	1.1	100.0	90.4	5.9	0.3	100.0	57.8	99.9	14.8
Iowa	51,721	100.0	\$ 4,821	2.4	99.9	100.0	3.8	0.0 <sup>l</sup>	100.0	62.7	99.5	27.1
Kansas	32,305	99.9	\$ 7,550	4.5	100.0	99.5	5.1	0.0	100.0	54.0	99.4	15.7
Kentucky	145,580	97.8	\$ 5,450	1.0	99.9	95.9	4.5	4.2	100.0	47.4	61.7	23.9
Louisiana	150,678	98.3	\$ 5,770	0.5	100.0	99.9	4.8	1.4	100.0	59.7	0.0 <sup>f</sup>	25.4
Maine <sup>m</sup>	0	0.0	\$ 0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	56,994	99.8	\$ 12,216 <sup>n</sup>	1.2	99.7	98.5 <sup>o</sup>	5.4	0.1	100.0	60.1	0.0 <sup>f</sup>	13.6
Massachusetts <sup>p</sup>	68,894	99.6	\$ 9,149	3.5	99.9	99.7	4.9	0.4	100.0	62.3	100.0	10.9
Michigan	108,331	100.0	\$ 4,984	0.7	100.0	99.9	4.4	0.0	100.0	70.5	99.3	23.5
Minnesota	43,877	100.0	\$ 8,607	3.5	100.0	99.5	5.2	0.0	100.0	50.7	100.0	9.4

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 2008

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	89,829	100.0	\$ 6,160	0.5	99.9	99.9	4.8	4.5	100.0	57.9	0.0 <sup>f</sup>	29.8
Missouri	111,479	99.1	\$ 4,947	1.1	99.1	98.4	5.3	0.9	100.0	43.1	0.0	13.2
Montana	17,192	97.6	\$ 4,804	1.4	97.6	97.4	3.5	0.7	100.0	58.6	99.6	23.6
Nebraska	32,716	98.0	\$ 5,198	2.3	95.4	99.7	4.2	2.0	100.0	58.1	76.1	6.5
Nevada	25,218	99.2	\$ 5,817	0.6	99.9	99.9	5.1	0.0	100.0	62.5	0.0	26.6
New Hampshire	15,081	98.0	\$ 3,688	0.4	100.0	99.9	4.4	2.0	100.0	65.8	99.4	24.5
New Jersey	74,433	99.5	\$ 6,879	8.6	100.0	99.9	6.8	0.5	100.0	67.2	98.7	18.2
New Mexico	22,485	100.0	\$ 6,004	3.4	100.0	81.7 <sup>g</sup>	4.3	1.0	100.0	54.8	80.2 <sup>h</sup>	25.8
New York	590,917	99.9	\$ 7,286	4.6	0.0 <sup>r</sup>	0.0 <sup>r</sup>	4.3	0.2	100.0	67.3	41.2 <sup>s</sup>	14.4
North Carolina	252,648	99.4	\$ 4,217	1.1	100.0	99.9	4.3	0.6	100.0	64.9	100.0	25.7
North Dakota	9,712	100.0	\$ 4,841	4.5	100.0	94.9	4.2	1.0	100.0	60.1	74.5	23.8
Ohio	95,613	99.5	\$ 9,213	1.6	99.3	99.2	6.0	0.5	99.7	57.5	97.8	11.1
Oklahoma	115,357	99.1	\$ 4,883	1.3	100.0	96.1	4.3	0.0	100.0	57.4	0.0 <sup>f</sup>	26.4
Oregon	24,882	99.9	\$ 6,300	2.2	99.8	98.8	4.3	0.1	100.0	60.0	76.0	31.3
Pennsylvania	98,493	99.1	\$ 5,299	8.2	100.0	98.8	4.9	0.0	100.0	62.5	98.4	17.7
Rhode Island	8,017	99.9	\$ 14,424	0.8	96.1	22.9 <sup>t</sup>	8.0	0.1	100.0	0.2	0.0 <sup>f</sup>	3.8
South Carolina	105,872	99.7	\$ 5,927	2.7	99.7	99.7	4.6	0.3	100.0	73.9	99.7	23.7
South Dakota	17,561	100.0	\$ 5,659	0.9	100.0	91.5 <sup>g</sup>	4.0	0.4	100.0	52.5	79.1	25.3
Tennessee	94,278	99.2	\$ 4,476	0.2	99.8	99.1	4.4	0.6	100.0	66.5	0.0 <sup>f</sup>	28.2
Texas	461,332	98.7	\$ 4,721	0.7	97.5	99.9	4.2	0.0	100.0	67.8	95.0	27.9
Utah <sup>u</sup>	31,609	98.9	\$ 6,941	4.0	99.8	100.0	3.7	1.0	100.0	54.6	100.0	35.8
Vermont	12,725	99.6	\$ 5,688	1.4	100.0	99.7	4.5	0.5	100.0	60.5	48.8	20.7
Virginia	61,793	97.2	\$ 6,578	0.9	100.0	100.0	4.8 <sup>v</sup>	0.0	100.0	69.6	100.0	24.4
Washington	76,083	100.0	\$ 8,547	4.2	100.0	99.8	4.7	0.0	100.0	57.4	100.0	21.0

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 2008

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	30,157	100.0	\$ 5,286	0.6	99.4	99.3	5.5	0.0	100.0	56.1	0.0	8.0
Wisconsin <sup>w</sup>	54,707	99.6	\$ 7,588	1.5	99.9	99.3	4.9	0.0	100.0	57.1	55.2 <sup>x</sup>	16.1
Wyoming	11,818	97.7	\$ 6,160	1.8	99.7	99.8	3.8	2.3	100.0	57.7	0.0 <sup>f</sup>	27.4

Note: 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, DE, ID, LA, MD, MS, OK, RI, TN, and WY in 2008 because the state did not use DRGs for inpatient reimbursement.

<sup>g</sup> UB-04 revenue codes were missing in AK, AZ, NM, and SD in 2008 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 2008.

<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 2008.

<sup>j</sup> CA only reported a maximum of two procedures per claim in 2008.

<sup>k</sup> The number of Family Planning claims decreased more than 30 percent in DC in 2008.

<sup>l</sup> There were no Family Planning claims in IA in 2008 because they were billed separately on CMS 1500 forms.

<sup>m</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>n</sup> MD included claims from some long-term specialty hospitals in their IP file in 2008. These claims were typically for longer lengths of stay and therefore had higher average Medicaid paid.

<sup>o</sup> There were some per diem hospitals in MD that did not report the UB-04 Revenue Codes in 2008 because the claims were reimbursed on a daily rate.

<sup>p</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>q</sup> Twenty percent of the IP claims in NM in 2008 did not report DRGs because they were Indian Health Service claims that were reimbursed on a per diem basis.

<sup>r</sup> NY did not use the UB-04 form for IP services in 2008. Instead they used the Electronic Media Claim form and their own rate codes.

<sup>s</sup> NY used a DRG reimbursement methodology in 2008, except for certain psychiatric and rehabilitative service providers that were paid on a per diem basis.

<sup>t</sup> There was only one UB-04 revenue code reported in the RI claims system in 2008. Most claims had one accommodation code and no ancillary codes.

<sup>u</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>v</sup> VA had a 21-day limit on adult Inpatient care in 2008.

<sup>w</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>x</sup> The number of IP claims with a DRG code decreased more than 30 percent in WI in 2008.

IP Table 3. IP Hospital Stays by Patient Status and Percent with Admission Date Among FFS Non-Crossover Claims in MAX 2008

State	# FFS Non-Crossover IP Stays	% with Admission Date <sup>a</sup>	Patient Status			
			% At Home	% Transferred	% Still a Patient	% Deceased
Alabama	5,337	100.0	94.2	2.6	2.5	0.4
Alaska	16,573	100.0	92.9	5.1	0.7	0.5
Arizona	35,579	99.8	96.4	2.5	0.3	0.4
Arkansas	85,212	100.0	89.0	6.0	3.7	0.6
California	594,996	100.0	80.0	8.1	9.5 <sup>b</sup>	1.8
Colorado	54,861	99.7	89.4	8.8	0.0	0.8
Connecticut	34,440	100.0	75.5	20.7	1.8	1.2
Delaware	6,818	100.0	71.9	12.0	0.0	1.9
District of Columbia	18,123	99.9	83.9	12.4	0.6 <sup>c</sup>	1.9
Florida	289,535	100.0	89.4	7.6	1.1	0.9
Georgia	244,762	100.0	93.3	5.5	0.0	0.8
Hawaii	8,409	100.0	77.4	18.4	1.0	2.3
Idaho	23,987	100.0	90.7	6.3	2.3	0.5
Illinois	302,753	94.8	76.3	13.6	0.1	1.0
Indiana	58,836	100.0	81.5	15.6	0.3	1.4
Iowa	51,721	100.0	82.9	11.8	3.5	0.5
Kansas	32,305	100.0	85.1	11.5	0.2	1.1
Kentucky	145,580	99.9	87.0	11.0	0.2	0.9
Louisiana	150,678	100.0	89.7	7.8	1.5	1.0
Maine <sup>d</sup>	0	0.0	0.0	0.0	0.0	0.0
Maryland	56,994	100.0	81.9	13.6	2.3	1.4
Massachusetts <sup>e</sup>	68,894	100.0	72.7	25.2	1.1	1.1

IP Table 3. IP Hospital Stays by Patient Status and Percent with Admission Date Among FFS Non-Crossover Claims in MAX 2008

State	# FFS Non-Crossover IP Stays	% with Admission Date <sup>a</sup>	Patient Status			
			% At Home	% Transferred	% Still a Patient	% Deceased
Michigan	108,331	100.0	85.4	12.5	0.0	1.1
Minnesota	43,877	100.0	79.0	17.4	0.0	1.0
Mississippi	89,829	100.0	89.9	5.6	2.4	0.8
Missouri	111,479	99.1	82.3	11.6	2.3	1.0
Montana	17,192	97.6	91.9	5.8	0.0	0.9
Nebraska	32,716	100.0	83.7	14.0	0.2	0.7
Nevada	25,218	100.0	91.1	5.2	2.7	1.0
New Hampshire	15,081	100.0	74.7	24.3	0.0	0.7
New Jersey	74,433	100.0	80.8	15.4	0.2	1.4
New Mexico	22,485	100.0	90.6	6.7	0.2	1.1
New York	590,917	100.0	82.0	11.1	4.3	1.0
North Carolina	252,648	100.0	89.7	8.8	0.0	0.8
North Dakota	9,712	100.0	95.2	3.5	0.7	0.6
Ohio	95,613	100.0	69.9	26.3	0.0	1.3
Oklahoma	115,357	100.0	89.6	7.3	0.4	0.9
Oregon	24,882	100.0	90.9	6.9	0.3	0.4
Pennsylvania	98,493	100.0	84.3	13.3	0.0	1.3
Rhode Island	8,017	100.0	72.0	23.3	3.1	1.3
South Carolina	105,872	100.0	89.6	8.7	0.0 <sup>f</sup>	0.9
South Dakota	17,561	100.0	90.0	9.5	0.1	0.5
Tennessee	94,278	100.0	91.0	6.9	0.4	0.8
Texas	461,332	100.0	93.3	5.2	0.1	0.9

IP Table 3. IP Hospital Stays by Patient Status and Percent with Admission Date Among FFS Non-Crossover Claims in MAX 2008

State	# FFS Non-Crossover IP Stays	% with Admission Date <sup>a</sup>	Patient Status			
			% At Home	% Transferred	% Still a Patient	% Deceased
Utah <sup>g</sup>	31,609	100.0	95.4	4.0	0.0	0.6
Vermont	12,725	99.6	70.8	27.5	0.0	0.8
Virginia	61,793	100.0	89.7	8.8	0.2	1.3
Washington	76,083	100.0	87.3	9.9	0.1	1.2
West Virginia	30,157	99.9	83.0	12.1	1.5	1.5
Wisconsin <sup>h</sup>	54,707	100.0	88.4	9.6	0.1	0.9
Wyoming	11,818	100.0	91.6	5.2	1.9	0.5

Note: 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 2008 due to the inclusion of the Short/Doyle (psychiatric) and Los Angeles waiver hospitals.

<sup>c</sup> The number of claims with patient status of Still a Patient increased more than 30 percent in DC in 2008.

<sup>d</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>e</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>f</sup> There were no claims with a patient status of Still a Patient in SC in 2008 because hospitals did not bill until the patient was discharged.

<sup>g</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>h</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

IP Table 4. Other Reporting Issues Among IP Hospital Stays in MAX 2008

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					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri				X	The number of FFS cross-over claims decreased from 714 in 2007 to 111 in 2008
Montana					

IP Table 4. Other Reporting Issues Among IP Hospital Stays in MAX 2008

State	UB Revenue Code	Program Type	Managed Care	Other	Notes
Nebraska					
Nevada					
New Hampshire					
New Jersey					
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 plan's 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, they pay providers on a FFS basis and so services and enrollment are not classified as managed care.
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					



LT Table 1. LT Claims by Type of Claim and Missing Eligibility in MAX 2008

State	# LT Claims	Type of Claim					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>
Alabama	293,179	100.0	92.9	7.1	0.0	0.0	0.3
Alaska	17,177	100.0	95.9	4.1	0.0	0.0	0.1
Arizona	115,167	10.9 <sup>c</sup>	10.0 <sup>c</sup>	0.8 <sup>c</sup>	89.1	0.0	0.2
Arkansas	696,205	100.0	97.4	2.6	0.0	0.0	0.3
California	3,136,709	91.2	84.7	6.4	8.8	0.0	0.0
Colorado	445,973	100.0	63.5	36.5	0.0	0.0	0.0
Connecticut	294,677	100.0	85.9	14.1	0.0	0.0	0.0
Delaware	40,961	98.6	88.6	10.0	1.4	0.0	0.3
District of Columbia	38,749	100.0	96.0	4.0 <sup>d</sup>	0.0	0.0	0.2
Florida	633,466	100.0	96.2	3.8	0.0	0.0	0.1
Georgia	1,165,198	100.0	99.8	0.2	0.0	0.0	0.0
Hawaii	43,069	99.7	89.0	10.7	0.3	0.0	0.2
Idaho	120,616	100.0	99.4	0.6	0.0	0.0	0.0
Illinois	903,786	99.9	99.9	0.0	0.0	0.1	0.1
Indiana	793,493	99.8	99.5	0.3	0.2	0.0	0.0
Iowa	186,316	100.0	99.9	0.1	0.0	0.0	0.1
Kansas	326,718	100.0	99.8	0.2	0.0	0.0	0.1
Kentucky	382,998 <sup>e</sup>	100.0	99.5	0.5	0.0	0.0	0.2
Louisiana	360,422	100.0	95.4	4.6	0.0	0.0	0.2
Maine <sup>f</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	215,305	99.0	99.0	0.0	1.0	0.0	0.0
Massachusetts <sup>g</sup>	630,291	100.0	62.6	37.4	0.0	0.0	0.0
Michigan	405,600	89.3	88.3	1.0	10.7	0.0	0.0

LT Table 1. LT Claims by Type of Claim and Missing Eligibility in MAX 2008

State	# LT Claims	Type of Claim					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>
Minnesota	484,378	99.2	99.0	0.1	0.8	0.0	0.0
Mississippi	242,058	99.3	89.6	9.8	0.7	0.0	0.0
Missouri	551,268	100.0	86.0	14.0	0.0	0.0	0.0
Montana	56,464	100.0	100.0	0.0	0.0	0.0	0.0
Nebraska	132,039	100.0	96.7	3.3	0.0	0.0	0.0
Nevada	66,725	100.0	99.3	0.7	0.0	0.0	0.3
New Hampshire	85,233	100.0	90.8	9.2	0.0	0.0	0.0
New Jersey	448,256	100.0	99.3	0.7	0.0	0.0	0.4
New Mexico	143,532	67.8	65.9	1.9	32.2	0.0	0.0
New York	12,716,819	99.7	98.8	0.9	0.2	0.1	0.4
North Carolina	975,683	100.0	95.4	4.6	0.0	0.0	0.0
North Dakota	48,997	100.0	99.0	1.0	0.0	0.0	0.0 <sup>h</sup>
Ohio	839,137	100.0	87.7	12.3	0.0	0.0	0.2
Oklahoma	581,604	100.0	96.1	3.9	0.0	0.0	0.1
Oregon	85,212	93.7	93.7	0.0	6.3	0.0	0.0
Pennsylvania	735,227	100.0	97.2	2.8	0.0	0.0	0.0
Rhode Island	90,965	100.0	99.8	0.2	0.0	0.0	0.0
South Carolina	165,800	100.0	99.9	0.1	0.0	0.0	0.0
South Dakota	56,610	100.0	97.1	2.9	0.0	0.0	0.0
Tennessee	330,730	99.0	99.0	0.0	1.0	0.0	0.1
Texas	3,408,860	98.9	98.9	0.0	1.1	0.0	0.0
Utah <sup>i</sup>	61,021	99.7	89.8	9.9	0.3	0.0	0.0
Vermont	44,041	100.0	87.6	12.4	0.0	0.0	0.2

LT Table 1. LT Claims by Type of Claim and Missing Eligibility in MAX 2008

State	# LT Claims	Type of Claim					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>
Virginia	409,811	99.6	99.2	0.4	0.4	0.0	0.0
Washington	340,037	100.0	99.9	0.1	0.0	0.0	0.1
West Virginia	115,186	100.0	96.6	3.4	0.0	0.0	0.1
Wisconsin <sup>j</sup>	329,095	99.5	96.3	3.2	0.5	0.0	0.0
Wyoming	26,932	100.0	96.5	3.5	0.0	0.0	0.3

Note: 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> Most people were enrolled in managed care in AZ and more than half of the other Medicaid enrollees were enrolled in the Indian Health Service in 2008.

<sup>d</sup> The number of crossover claims increased more than 30 percent in DC in 2008.

<sup>e</sup> The total number of claims increased more than 30 percent in KY in 2008.

<sup>f</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>g</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>h</sup> The number of claims with missing Medicaid eligibility decreased more than 30 percent in ND in 2008.

<sup>i</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>j</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

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 2008

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	272,249	94.6	\$ 137	1.1	\$ 451	0.5	\$ 317	3.8 <sup>f</sup>	\$ 273	100.0	<b>0.3</b>	100.0	100.0
Alaska	16,466	39.5 <sup>g</sup>	<b>\$ 419<sup>h</sup></b>	0.4	\$ 527	0.0	<b>\$ 1,080</b>	60.1	\$ 383	100.0	<b>1.7</b>	100.0	100.0
Arizona	11,520 <sup>i</sup>	98.6	\$ 158	0.0	<b>\$ 0</b>	0.0	\$ 0	1.4 <sup>j</sup>	\$ 367	100.0	3.0	100.0	100.0
Arkansas	678,342	83.6	\$ 122	7.3	\$ 251	0.0	\$ 0	9.0	\$ 364	100.0	<b>0.7</b>	100.0	100.0
California	2,657,871	87.7	\$ 167	12.2	\$ 265	0.0	<b>\$ 1,110</b>	0.1	\$ 625	100.0	4.2	99.5	100.0
Colorado	283,347	99.4	\$ 151	0.5	\$ 525	0.0	\$ 499	0.0	\$ 855	100.0	<b>0.6</b>	99.8	100.0
Connecticut	253,059	92.8	\$ 196	5.7	\$ 728	0.2	\$ 328	1.3	<b>\$ 922</b>	100.0	2.7	100.0	100.0
Delaware	36,281	93.3	\$ 207	5.2	\$ 614	1.1	\$ 502	0.3 <sup>f</sup>	\$ 290	100.0	8.4	100.0	91.5
District of Columbia	37,181	76.5	\$ 211	21.1	\$ 376	0.1 <sup>k</sup>	\$ 503	2.3 <sup>f</sup>	\$ 675	<b>9.3</b>	7.2	100.0	100.0
Florida	609,664	94.2	\$ 149	5.6	\$ 325	0.1	\$ 571	0.0	\$ 0	<b>32.0</b>	<b>1.6</b>	69.4	64.7
Georgia	1,162,304	97.7	\$ 116	2.3	\$ 263	0.0	\$ 0	0.0	\$ 0	90.8	<b>0.0</b>	100.0	99.8
Hawaii	38,311	97.2	\$ 211	2.8	\$ 296	0.0	\$ 0	0.0	\$ 0	100.0	<b>0.4</b>	100.0	100.0
Idaho	119,948	82.3	\$ 158	15.2	\$ 315	1.0	<b>\$ 991</b>	1.5	\$ 754	100.0	<b>0.9</b>	99.9	99.9
Illinois	903,034	81.4	\$ 95	14.0	\$ 205	2.3	\$ 95	2.2	\$ 713	99.7	<b>0.1</b>	87.8	<b>0.0</b>
Indiana	789,428	85.9	\$ 121	13.8	\$ 213	0.1	\$ 464	0.2	\$ 435	98.1	3.3	100.0	100.0
Iowa	186,202	83.0	\$ 105	13.8	\$ 381	0.1	\$ 938	3.1	\$ 184	<b>88.0</b>	7.7	88.2	100.0
Kansas	326,005	93.9	\$ 111	4.6	\$ 316	1.3	\$ 92	0.2	\$ 350	96.5	3.3	100.0	100.0
Kentucky	381,207	90.4	\$ 141	5.4	\$ 372	0.1	\$ 292	4.1	\$ 375	100.0	6.9	100.0	100.0
Louisiana	343,900	77.6	\$ 107	17.9	\$ 256	2.0	\$ 581	2.5	\$ 536	<b>86.9</b>	11.8	97.7	100.0
Maine <sup>l</sup>	0	0.0	<b>\$ 0</b>	0.0	<b>\$ 0</b>	0.0	\$ 0	0.0	\$ 0	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
Maryland	213,175	92.9	\$ 185	1.6	\$ 645	0.1	\$ 550	5.4	\$ 441	<b>63.7</b>	<b>0.0<sup>m</sup></b>	99.9	99.9
Massachusetts <sup>n</sup>	394,714	94.6	\$ 173	4.3	\$ 447	0.0	\$ 487	1.1	\$ 594	<b>7.9</b>	<b>0.0<sup>o</sup></b>	99.4	98.8
Michigan	358,045	99.3	\$ 129	0.3	<b>\$ 765</b>	0.0	\$ 435	0.4	\$ 673	100.0	<b>0.7</b>	100.0	100.0
Minnesota	479,656	52.1	\$ 130	47.7	\$ 230	0.1	\$ 128	0.2	\$ 838	100.0	2.8	100.0	100.0
Mississippi	216,807	81.6	\$ 147	14.9	\$ 280	0.0	\$ 0	3.1	\$ 373	100.0	15.9	99.6	100.0
Missouri	474,243	97.2	\$ 100	2.6	\$ 367	0.0	\$ 404	0.1	\$ 518	100.0	<b>1.3</b>	<b>0.0</b>	100.0
Montana	56,464	92.5	\$ 128	1.3	\$ 657	0.7	\$ 250	5.5	\$ 312	100.0	<b>0.5</b>	100.0	<b>6.5</b>
Nebraska	127,730	71.0	\$ 121	8.1	\$ 293	0.0	\$ 602	21.0	\$ 225	100.0	4.6	99.5	98.8

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 2008

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>
Nevada	66,278	90.3	\$ 161	2.0	\$ 438	0.0	\$ 0	7.7	\$ 357	100.0	0.1	100.0	100.0
New Hampshire	77,401	99.1	\$ 126	0.4	\$ 379	0.0	\$ 0	0.5	\$ 642	100.0	0.0	99.8	99.8
New Jersey	445,316	80.7	\$ 183	7.6	\$ 644	0.5	\$ 405	11.3	\$ 492	100.0	7.2	89.4	89.2
New Mexico	94,536	90.8	\$ 139	8.3	\$ 239	0.0	\$ 97	0.9	\$ 286	99.6	0.0	91.9	100.0
New York	12,565,213	92.1	\$ 76 P	7.3	\$ 634	0.1	\$ 636	0.5	\$ 585	99.1	1.7	0.5	100.0
North Carolina	930,971	75.5	\$ 123	22.7	\$ 266	0.0	\$ 719	1.8	\$ 477	100.0	1.8	100.0	100.0
North Dakota	48,490	84.9	\$ 142	15.0	\$ 346	0.0	\$ 308	0.1 j	\$ 590	100.0	7.1	100.0	100.0
Ohio	735,661	87.7	\$ 139	12.0	\$ 281	0.0	\$ 295	0.3	\$ 455	88.0	7.1	0.3	0.3
Oklahoma	559,065	85.3	\$ 108	7.8	\$ 209	0.0	\$ 502	6.9	\$ 360	89.3	2.8	100.0	99.9
Oregon	79,809	97.8	\$ 174	0.4	\$ 888	0.4	\$ 465	1.4	\$ 358	99.4	0.0	37.2	99.7
Pennsylvania	714,389	91.4	\$ 159	7.5	\$ 434	0.7	\$ 573	0.4	\$ 481 q	100.0	7.7	100.0	100.0
Rhode Island	90,797	98.7	\$ 209	0.6	\$ 663	0.2	\$ 332	0.6	\$ 720	100.0	0.0 r	97.7	99.8
South Carolina	165,694	83.5	\$ 119	10.8	\$ 264	1.4	\$ 214	4.3	\$ 301	4.3	0.0 m	4.3	4.3
South Dakota	54,989	83.7	\$ 102	3.2	\$ 413	0.6	\$ 391	12.4 f	\$ 344 s	2.7	1.7	100.0	100.0
Tennessee	327,361	95.1	\$ 119	4.9	\$ 574	0.0	\$ 0	0.0	\$ 422	100.0	4.3	100.0	100.0
Texas	3,371,816	90.4	\$ 91	9.4	\$ 238	0.0	\$ 258	0.2	\$ 495	89.8	0.0	0.3	0.3
Utah <sup>l</sup>	54,816	81.8	\$ 137	17.0	\$ 202	0.0	\$ 461	1.2	\$ 752	100.0	0.8	1.3	1.3
Vermont	38,592	99.1	\$ 155	0.9	\$ 559	0.0	\$ 0	0.0	\$ 0	100.0	0.0	100.0	100.0
Virginia	406,654	93.7	\$ 125	5.6	\$ 438	0.4	\$ 482	0.3	\$ 636	99.9	0.2	100.0	100.0
Washington	339,745	99.4	\$ 146 P	0.5	\$ 247	0.1	\$ 387	0.0	\$ 0	19.9	0.0	93.7	100.0
West Virginia	111,308	81.1	\$ 169	5.7	\$ 338	0.5	\$ 910	12.8	\$ 388	100.0	4.9	100.0	99.8
Wisconsin <sup>u</sup>	316,928	93.6	\$ 111	4.8	\$ 445	0.2	\$ 236	1.4	\$ 639	100.0	3.1	100.0	100.0
Wyoming	26,002	78.1	\$ 127	3.9	\$ 289	0.0	\$ 0	18.0	\$ 288	100.0	2.1	100.0	100.0

Note: 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 below the expected level and 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> Claims for Inpatient Psychiatric Facility services for individuals under age 21 increased more than 30 percent in AL, DC, DE, and SD in 2008.

<sup>g</sup> Relatively few Medicaid enrollees had NF claims in AK in 2008 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>h</sup> Average Medicaid paid for Nursing Facility claims in AK in 2008 was consistent with previous years.

<sup>i</sup> There were few FFS claims in AZ in 2008 because AZ covered most LTC under managed care.

<sup>j</sup> Claims for Inpatient Psychiatric Facility services for Individuals under age 21 decreased more than 30 percent in AZ and ND in 2008.

<sup>k</sup> Claims for Mental Hospital for the Aged services decreased more than 30 percent in DC in 2008.

<sup>l</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>m</sup> MD and SC did not report leave days in 2008 even though the states covered leave days under many situations.

<sup>n</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>o</sup> MA did not report leave days in 2008 even though the state covered up to 35 leave days per year.

<sup>p</sup> The bundled NF rate in NY and WA in 2008 included maintenance drugs. Therefore claims for these drugs were not available in the RX files.

<sup>q</sup> Average Medicaid paid for an Inpatient Psychiatric Facility for individuals under age 21 per covered day increased more than 30 percent in PA in 2008.

<sup>r</sup> Leave days were not reported in RI in 2008 because the state plan did not specify coverage of leave days.

<sup>s</sup> SD did not report covered days on most claims for Inpatient Psychiatric Facility services for individuals under age 21 in 2008.

<sup>t</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>u</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

LT Table 3. Other Reporting Issues Among LT Claims in MAX 2008

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	X					Among non-crossover claims with covered days, the average number of days for claims in IP Psychiatric Facility services for individuals under age 21 decreased more than 30 percent in CA in 2008.
Colorado						
Connecticut						
Delaware						
District of Columbia						
Florida						
Georgia						
Hawaii						
Idaho						
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					X	KY reported all claims for people enrolled in waivers as waiver services, including non-waiver services, in 2008. To correct this problem, any LT claim with a Program Type of 6 or 7 was changed to Program Type 0.
Louisiana						
Maine						
Maryland						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Missouri	X					Among non-crossover claims with covered days, the average number of days for claims in MH facilities for the aged decreased more than 30 percent in MO in 2008.
Montana				X		TPL was combined with Patient Liability due to a system reporting constraint in MT.

LT Table 3. Other Reporting Issues Among LT Claims in MAX 2008

State	Covered Days	Program Type	Managed Care	TPL/Patient Liability	Other	Notes
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon				X		Patient Liability was included the TPL amount.
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee			X			TN converted no-risk Managed Care plan's 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						
Wyoming						



OT Table 1. OT Service Claims by Type of Claim, Missing Eligibility, and Type of Capitation Payment in MAX 2008

State	# OT Claims	Type of Claim							Type of Capitation Payment					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Capitation	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>	% HMO	% PHP	% PCCM	Average HMO Capitation Payment	Average PHP Capitation Payment	Average PCCM Capitation Payment
Alabama	28,390,961	67.7	62.4	5.3	32.3	0.0	0.0	0.6	0.8	20.5	10.9	\$ 15	\$ 80	\$ 2
Alaska	4,598,367	100.0	92.5	7.5	0.0	0.0	0.0	0.8	0.0	0.0	0.0	\$ 0	\$ 0	\$ 0
Arizona	70,445,112 <sup>c</sup>	3.4 <sup>d</sup>	2.9	0.5	42.8 <sup>d</sup>	53.8 <sup>d</sup>	0.0	0.1	38.5	54.2	0.0	\$ 409	\$ 61	\$ 0
Arkansas	36,198,122	82.1	71.4	10.7	17.9	0.0	0.0	0.5	0.0	5.2	12.8	\$ 0	\$ 5	\$ 3
California	265,063,083	48.4	46.2	2.2	33.4 <sup>e</sup>	18.2	0.0	1.1	17.6	23.2	0.0	\$ 160	\$ 12	\$ 0
Colorado	19,988,411	69.6	63.6	6.0	29.6 <sup>f</sup>	0.8	0.0	0.5	4.4	25.5	0.0	\$ 217	\$ 40	\$ 0
Connecticut	18,389,455	98.2	90.8	7.4	1.8 <sup>g</sup>	0.0	0.0	0.0	1.8 <sup>g</sup>	0.0	0.0	\$ 190 <sup>g</sup>	\$ 0	\$ 0
Delaware	8,215,175	27.1	22.4	4.7	33.8	39.1	0.0	0.0	25.2	30.3	0.0	\$ 357	\$ 6	\$ 0
District of Columbia	5,954,511	74.9	64.9	10.0	25.1	0.0	0.0	0.8	19.0	6.1 <sup>h</sup>	0.0	\$ 272	\$ 29	\$ 0
Florida	88,679,698	62.4	58.3	4.1	33.1	4.5	0.0	0.9	25.6 <sup>i</sup>	4.3 <sup>j</sup>	4.8	\$ 123 <sup>k</sup>	\$ 39	\$ 3
Georgia	61,834,224	34.8	26.3	8.5	38.2	27.0	0.0	0.2	20.6	28.7	3.1	\$ 237	\$ 5	\$ 22 <sup>l</sup>
Hawaii	7,012,749	37.5	28.4	9.1	26.9	35.6	0.0	0.1	41.1	0.7	0.0	\$ 202	\$ 295	\$ 0
Idaho	12,017,868	73.6	68.2	5.4	26.4 <sup>m</sup>	0.0	0.0	0.1	0.0	12.5 <sup>h</sup>	13.9	\$ 50	\$ 18	\$ 4
Illinois	69,873,925 <sup>c</sup>	72.7	67.9	4.8	25.1 <sup>m</sup>	1.1	1.1	0.1	2.2	0.7	22.7	\$ 105	\$ 102	\$ 2
Indiana	37,191,857	54.2	49.5	4.8	21.2 <sup>n</sup>	24.6	0.0	0.0	26.3	0.0	1.8	\$ 167 <sup>o</sup>	\$ 0	\$ 14
Iowa	18,803,948	68.8	51.5	17.3	27.1	4.1	0.0	0.1	0.3	19.7	8.3	\$ 157	\$ 32	\$ 2
Kansas	15,137,657	39.3	33.9	5.3	42.4 <sup>m</sup>	18.3	0.0	0.2	12.1	38.3 <sup>h</sup>	1.5	\$ 228	\$ 37	\$ 2
Kentucky	40,222,531	57.3	50.8	6.5	30.9	11.8	0.0	0.2	4.6	20.5	9.9	\$ 404	\$ 7	\$ 4
Louisiana	39,875,988	79.8	70.6	9.3	20.2	0.0	0.0	0.4	0.0	0.0	20.2	\$ 3,426	\$ 0	\$ 3
Maine <sup>p</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$ 0	\$ 0	\$ 0
Maryland	26,303,118	58.4	50.6	7.8	13.8	19.9	0.0	0.0	17.2	0.0	0.0	\$ 356	\$ 0	\$ 0
Massachusetts <sup>q</sup>	45,932,012	81.3	73.8	7.6	18.7	0.0	0.0	0.1	10.4	8.3	0.0	\$ 440	\$ 92	\$ 0
Michigan	72,518,092	26.3	23.9	2.4	20.6 <sup>n</sup>	53.1	0.0	0.1	35.1 <sup>i</sup>	8.8 <sup>j</sup>	0.0	\$ 252	\$ 182	\$ 0
Minnesota	33,926,568	57.0	49.1	7.9	12.5	30.5	0.0	0.0	18.0	0.0	0.0	\$ 448	\$ 0	\$ 0
Mississippi	16,840,973	100.0	85.9	14.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$ 0	\$ 0	\$ 0
Missouri	45,444,666	68.2	55.6	12.6	17.1	14.7	0.0	0.1	13.1 <sup>i</sup>	7.0	0.0	\$ 213	\$ 10	\$ 0
Montana	3,693,916	89.6	81.3	8.3	10.0	0.4	0.0	1.3	0.0	0.0	10.0 <sup>r</sup>	\$ 0	\$ 0	\$ 3

OT Table 1. OT Service Claims by Type of Claim, Missing Eligibility, and Type of Capitation Payment in MAX 2008

State	# OT Claims	Type of Claim							Type of Capitation Payment					
		% FFS	% FFS Non-Crossover	% FFS Crossover <sup>a</sup>	% Capitation	% Encounter	% Supplemental	% Missing Eligibility <sup>b</sup>	% HMO	% PHP	% PCCM	Average HMO Capitation Payment	Average PHP Capitation Payment	Average PCCM Capitation Payment
Nebraska	8,927,000	84.3	70.9	13.4	8.9	6.8	0.0	0.1	4.3	0.0	5.2	\$ 205	\$ 0	\$ 2
Nevada	6,804,402	52.6	44.7	7.9	45.3	2.1	0.0	0.3	15.9	30.4	0.0	\$ 142	\$ 4	\$ 0
New Hampshire	6,460,396	100.0	96.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$ 0	\$ 0	\$ 0
New Jersey	47,517,323	51.8	49.2	2.6	16.6	30.7	0.9 <sup>s</sup>	0.6	24.3	0.0 <sup>j</sup>	0.0	\$ 200	\$ 0	\$ 0
New Mexico	21,172,884	27.7	22.9	4.8	34.7	37.6	0.0	0.0	29.3	26.4	0.0	\$ 350	\$ 68	\$ 0
New York	204,181,576	50.4	43.2	7.2	15.0	31.9	2.6	0.0	22.9 <sup>t</sup>	0.0 <sup>t</sup>	0.0	\$ 254	\$ 0	\$ 0
North Carolina	95,247,596	77.6	69.1	8.5	22.4	0.0	0.0	0.0	0.0	0.9	21.6	\$ 3,289	\$ 133	\$ 3
North Dakota	2,396,907	87.7	77.9	9.8 <sup>u</sup>	12.3	0.0	0.0	0.2 <sup>v</sup>	0.0	0.0	12.3	\$ 0	\$ 0	\$ 2
Ohio	76,464,581	81.7	73.4	8.3	18.3	0.0	0.0	0.2	18.3	0.0	0.0	\$ 283	\$ 0	\$ 0
Oklahoma	35,027,591	65.3	57.0	8.3	31.2	3.4 <sup>w</sup>	0.0	0.1	0.0	31.9	0.4	\$ 0	\$ 11	\$ 3
Oregon	22,065,914	22.7	21.1	1.5	48.6	28.8	0.0	0.1	20.5	47.4	0.3	\$ 290	\$ 35	\$ 6
Pennsylvania	54,775,903	32.1	30.9	1.2	67.9	0.0	0.0	0.1	23.6	37.9	6.4	\$ 383	\$ 113	\$ 5
Rhode Island	6,012,856	48.9	45.8	3.1	20.7	30.4	0.1	0.0	29.7	0.0	0.0	\$ 251	\$ 0	\$ 0
South Carolina	31,991,628	68.5	61.4	7.0	31.5 <sup>m</sup>	0.0	0.0	0.0	5.8 <sup>i</sup>	23.7 <sup>h</sup>	2.1	\$ 190 <sup>o</sup>	\$ 7	\$ 10
South Dakota	2,994,207	72.1	58.7	13.4	27.9 <sup>x</sup>	0.0	0.0	0.0	0.0	10.6 <sup>j</sup>	17.3	\$ 0	\$ 6	\$ 3
Tennessee	41,140,720	41.0	40.5	0.5	37.5	21.5 <sup>y</sup>	0.0	0.4	16.6 <sup>i</sup>	31.1	0.0	\$ 259 <sup>o</sup>	\$ 50	\$ 0
Texas	130,262,220	59.1	59.1	0.0	18.3	22.6	0.0	0.3	15.5	4.0	4.2	\$ 235	\$ 12	\$ 4
Utah <sup>z aa</sup>	7,618,445 <sup>c</sup>	49.3	45.7	3.6	37.8	12.9	0.0	1.4	0.0	43.3	0.0	\$ 0	\$ 43	\$ 0
Vermont	5,920,265	82.7	75.6	7.1	17.3	0.0	0.0	0.1	0.0	0.0	17.3	\$ 0	\$ 0	\$ 5
Virginia	25,772,623	42.3	37.1	5.2	26.1	31.5	0.0	0.1	35.2	0.0	2.9	\$ 277	\$ 0	\$ 4
Washington	31,700,082	55.2	52.5	2.7	30.6	14.1 <sup>w</sup>	0.0	2.7	33.2	0.0	2.5	\$ 139	\$ 0	\$ 3
West Virginia	11,449,792	83.4	75.0	8.4	16.6	0.0	0.0	0.0	14.6	0.0	2.0	\$ 137	\$ 0	\$ 3
Wisconsin <sup>bb</sup>	32,014,135	53.7	48.7	5.1	18.3	28.0	0.0	0.2	23.6	1.7 <sup>h</sup>	0.0	\$ 193	\$ 1,327	\$ 0
Wyoming	2,110,993	100.0	81.3	18.7	0.0	0.0	0.0	0.2	0.0	0.0	0.0	\$ 0	\$ 0	\$ 0

Note: 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> Total number of OT claims increased more than 30 percent in AZ, IL, and UT in 2008.

<sup>d</sup> Most people in AZ were enrolled in managed care in 2008.

<sup>e</sup> It often takes up to a year before dental capitation payments in CA are finalized. The MAX OT file may not include all dental capitation claims for 2008 as a result.

<sup>f</sup> CO purchased private health insurance for some enrollees in 2008. The premium payments were reported with a Type of Claim of Capitation and a Type of Service of Other Services (MSIS TOS = 19).

<sup>g</sup> HMO/HIO capitation claims and payments decreased more than 30 percent in CT in 2008. In CT, all HMO enrollment ceased in December 2007. Starting in August 2008, CT began gradually enrolling beneficiaries back into managed care. The resulting period of transition from HMO to FFS and back to HMO caused fluctuations in services

and payments between 2007 and 2008.

<sup>h</sup> Number of PHP capitation claims increased more than 30 percent in DC, ID, KS, SC, and WI in 2008.

<sup>i</sup> Number of HMO/HIO capitation claims increased more than 30 percent in FL, MI, MO, SC, and TN in 2008.

<sup>j</sup> Number of PHP capitation claims decreased more than 30 percent in FL, MI, NJ, and SD in 2008.

<sup>k</sup> Average HMO/HIO capitation payments decreased more than 30 percent in FL in 2008.

<sup>l</sup> GA reported BHO (PSARR) capitation claims as PCCM in 2008, resulting in a higher average Medicaid paid per PCCM capitation claim than expected.

<sup>m</sup> The number of capitation claims increased more than 30 percent in ID, IL, KS, and SC in 2008.

<sup>n</sup> The number of capitation claims decreased more than 30 percent in IN and MI in 2008.

<sup>o</sup> Average HMO/HIO capitation payments increased more than 30 percent in IN, SC, and TN in 2008.

<sup>p</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>q</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>r</sup> Although managed care enrollment increased in MT in 2008, the number of PCCM capitation claims and payments decreased.

<sup>s</sup> NJ submitted supplemental payments with Type of Service HMO/HIO (MSIS TOS=20) for payments to HMOs that were above the monthly capitation fee in 2008. There were three types of payments - those for EPSDT incentives, the Maternity Kick program, and pharmacy blood products.

<sup>t</sup> NY incorrectly reported their LT managed care capitation claims as HMO, rather than PHP, in 2008.

<sup>u</sup> The number of crossover claims increased more than 30 percent in ND in 2008.

<sup>v</sup> The number of claims with missing Medicaid eligibility decreased more than 30 percent in ND in 2008.

<sup>w</sup> Some encounter claims in OK and WA in 2008 were erroneously reported with type of service of PHP or HMO.

<sup>x</sup> The number of capitation claims decreased more than 30 percent in SD in 2008 as a result of corrections made to the claims reporting of dental managed care, which ended in late 2007.

<sup>y</sup> Encounter claims increased by more than 30 percent in TN in 2008 because TN was shifting from a non-risk to risk-based managed care.

<sup>z</sup> UT began to submit both encounter claims and capitation claims with TOS = 21 in 2008. This resulted in changes of 30% or more in many of the values in this table.

<sup>aa</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>bb</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

OT Table 2. 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 2008

State	Program Type										Average Home- and Community-Based Services (HCBS) Waiver Amount (Pgm Type = 6, 7)
	# 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	% 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	17,728,791	94.7	0.3	90.2	99.8	100.0	3.9	1.2	1.5	0.0	\$ 739
Alaska	4,254,684	91.5	0.4	56.7	96.6	99.4 <sup>c</sup>	0.1	0.0	0.4	3.6	\$ 234
Arizona	2,031,627	100.0	0.0	100.0	31.7	94.0	0.0	0.0	0.0 <sup>d</sup>	54.6	\$ 0 <sup>e</sup>
Arkansas	25,849,970	96.8	0.2	100.0	97.4	100.0	1.3	0.5	0.3	0.0	\$ 85
California	122,480,463	80.0	0.0	82.2	97.2	79.2	9.4	1.5	5.1	0.1	\$ 705
Colorado	12,712,122	100.0	0.2	87.5 <sup>f</sup>	79.6 <sup>g</sup>	100.0	0.5	0.3	0.4	0.0	\$ 382
Connecticut	16,701,012	97.8	0.0	95.7	95.1	56.0	0.0	0.0	1.7	0.0	\$ 125
Delaware	1,842,323	61.3	0.2	94.2	98.3	100.0	0.1	0.0 <sup>h</sup>	0.2	0.0	\$ 343
District of Columbia	3,864,335	92.6	0.0	97.2	99.1	100.0	0.0	0.0	1.4	0.0	\$ 204 <sup>i</sup>
Florida	51,727,157	86.8	0.1	78.3	95.0	100.0	0.0	0.4	1.0	0.0	\$ 132
Georgia	16,257,751	87.8	0.0	94.8	95.9	100.0	0.1	0.1	0.3	0.0	\$ 273
Hawaii	1,988,685	76.9	0.1	75.2	96.0	100.0	0.1	0.0	1.8	0.0	\$ 599
Idaho	8,191,112	80.8	0.4	100.0	95.1	44.1	0.3	0.9	0.7	0.1	\$ 148
Illinois	47,429,641	95.5	0.2	84.1	97.0	100.0	0.3	1.1	2.5	0.0	\$ 160
Indiana	18,397,278	99.2	0.5	82.3	95.2	100.0	0.1	0.1	0.3	0.0	\$ 414
Iowa	9,691,508	94.8	1.1	88.6	100.0	93.0	3.0	1.2	1.3	0.0	\$ 573
Kansas	5,139,156	90.2	0.8	85.8	100.0	100.0	0.0	1.4	0.4	0.0	\$ 568
Kentucky	20,435,033	73.6	0.2	92.7	92.5	100.0	0.3	2.2	2.0	0.0	\$ 93 <sup>j</sup>
Louisiana	28,142,968	91.3	0.2	88.5	98.7	97.8	1.2	1.2	0.6	0.0	\$ 184 <sup>i</sup>
Maine <sup>k</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$ 0
Maryland	13,305,471	98.7	0.1	96.5	97.0	100.0	0.2	0.0	0.3	0.0	\$ 121

OT Table 2. 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 2008

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	% Family Planning (Pgm Type = 2)	% Rural Health Clinic (Pgm Type = 3)	Program Type			Average Home- and Community- Based Services (HCBS) Waiver Amount (Pgm Type = 6, 7)
									% Federally Qualified Health Center (Pgm Type = 4)	% Indian Health Service (Pgm Type = 5)		
Massachusetts <sup>l</sup>	33,882,046	59.5 <sup>m</sup>	0.4	44.6	99.9	100.0	0.1	0.0	1.1	0.0		\$ 396 <sup>i</sup>
Michigan	17,351,864	95.5	0.3	79.5	100.0	95.8	0.6	0.8	2.2	0.0		\$ 32
Minnesota	16,655,515	88.7	0.4	99.4	98.9	100.0	1.2	0.2	0.4	0.2		\$ 448
Mississippi	14,459,641	71.9	0.2	90.6	94.5	100.0	1.7	2.6	1.3	0.1		\$ 333
Missouri	25,245,844	82.7	0.1	97.5	100.0	100.0	0.2	2.4	1.6	0.0		\$ 145
Montana	3,004,642	97.6	0.1	94.0	92.3	100.0	0.4	1.1	1.7	3.3		\$ 164
Nebraska	6,326,468	94.7	1.3	98.2	99.6	91.9	0.7	1.0	0.4	0.2		\$ 1,024
Nevada	3,041,152	97.0	0.6	80.5	96.2	89.3	0.2	0.2	0.6	0.5		\$ 838
New Hampshire	6,202,561	66.3	0.4	79.3	94.9	100.0	0.3	1.2	0.3	0.0		\$ 128
New Jersey	23,377,821	92.1	0.1	83.5	97.4	100.0	0.3	0.0	0.4	0.0		\$ 369
New Mexico	4,839,587	89.1	0.7	54.7	94.6	100.0	0.8	0.0	0.6	3.8		\$ 245
New York	88,248,581	92.8	0.2	86.1	97.4	16.2 <sup>n</sup>	0.3	0.0	1.7	0.0		\$ 457
North Carolina	65,794,672	92.2	0.2	92.0	93.9	97.7	0.5	0.4	0.6	0.0		\$ 89
North Dakota	1,867,003	100.0	1.0 <sup>o</sup>	92.8	96.2	86.1	0.1	1.1	0.5	1.2		\$ 279
Ohio	56,097,106	97.6	1.1	93.5	98.0	48.8	0.0	0.1	0.8	0.0		\$ 57
Oklahoma	19,965,799	94.7	0.3	88.0	97.2	100.0	1.2	0.1	0.5	0.9		\$ 72
Oregon	4,663,205	86.8	0.7	50.6	98.3	84.3	0.4	0.5	1.4	0.4		\$ 408
Pennsylvania	16,920,748	96.8	1.6	79.9	100.0	75.9	1.0	0.5	1.0	0.0		\$ 408
Rhode Island	2,755,223	100.0	0.8	100.0	99.1	100.0	0.0	0.0	3.0	0.0		\$ 193
South Carolina	19,653,463	90.3	0.6	70.4	97.1	92.0	3.1	1.1	0.8	0.0		\$ 40
South Dakota	1,757,369	93.7	1.2	90.1	84.8	99.4	0.3	1.6	2.5	7.6		\$ 3,257
Tennessee	16,667,218	99.5	0.4	85.3	99.0	100.0	0.7	0.1	0.0 <sup>p</sup>	0.0		\$ 1,173

OT Table 2. 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 2008

State	Program Type										Average Home- and Community-Based Services (HCBS) Waiver Amount (Pgm Type = 6, 7)
	# 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	% Family Planning (Pgm Type = 2)	% Rural Health Clinic (Pgm Type = 3)	% Federally Qualified Health Center (Pgm Type = 4)	% Indian Health Service (Pgm Type = 5)	
Texas	77,029,786	80.4	0.1	66.2	90.2	82.4	0.8	0.7	0.5	0.0	\$ 154
Utah <sup>d</sup>	3,481,261	94.8	1.2	78.8	95.6	100.0	0.3	0.3	0.3	0.0	\$ 540
Vermont	4,475,658	84.8	0.4	99.4	91.5	100.0	0.7	1.2	1.6	0.0	\$ 462
Virginia	9,567,788	98.9	0.6	80.7	99.5	77.6	0.1	0.7	0.4	0.0	\$ 381
Washington	16,647,980	93.5	0.8	71.3	99.1	81.0	1.7	0.6	8.7	0.8	\$ 1,231
West Virginia	8,591,623	94.9	0.2	90.4	99.0	100.0	0.0	0.8	1.7	0.0	\$ 261
Wisconsin <sup>r</sup>	15,587,312	95.9	0.3	97.2	97.5	100.0	3.6	0.2	2.5	0.0	\$ 0
Wyoming	1,715,237	96.3	0.8	82.8	99.8	100.0	0.2	0.7	0.8	1.4	\$ 522

Note: 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 2008 were incorrectly reported with a Procedure Code Indicator of HCPCS.

<sup>d</sup> AZ did not have an FOHC program in 2008.

<sup>e</sup> There were no FFS claims with a Program Type of Waiver Services in AZ in 2008 because AZ covered HCBS as part of managed care.

<sup>f</sup> Lab and X-Ray claims in CO in 2008 have diagnosis codes as reported by providers.

<sup>g</sup> Procedure codes were not reported on Home Health, Waiver, Hospice and Outpatient Hospital claims in CO in 2008 as they were reported only on the UB-04 form.

<sup>h</sup> DE did not report RHC claims in 2008.

<sup>i</sup> Average Medicaid paid for Section 1915(c) waiver claims (Program Type = 6, 7) decreased more than 30 percent in DC, LA, and MA in 2008.

<sup>j</sup> KY reported all claims for people enrolled in waivers as waiver services, including non-waiver services, in 2008. To correct this problem, any LT claim with a Program Type of 6 or 7 was changed to Program Type 0. However, non-waiver services for waiver enrollees in the OT and RX files cannot be identified and corrected.

<sup>k</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>l</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>m</sup> Place of service was missing mostly on Outpatient Hospital and Lab/X-Ray claims in MA in 2008.

<sup>n</sup> NY used local procedure codes or bill rate codes in 2008.

<sup>o</sup> The number of claims with Third Party Liability decreased more than 30 percent in ND in 2008.

<sup>p</sup> TN reported very few FOHC claims in 2008.

<sup>q</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>r</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

OT Table 3. Percent of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (08, 09, 10, 11, 12, 13, 15, 16, 26) in MAX 2008

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	17,728,791	20.4	9.7	1.9	4.5	5.6	1.4	26.5	5.0	0.6
Alaska	4,254,684	11.6	7.7	1.1	2.0	3.5	0.0	7.2	0.0	8.8
Arizona	2,031,627	7.8	0.0	0.9	62.3	0.4	0.0	13.2	0.6	9.0
Arkansas	25,849,970	10.0	6.1	0.9	3.1	11.3	0.5	11.2	2.3	14.7 <sup>a</sup>
California	122,480,463	9.9	0.7	1.3	4.7	14.1 <sup>b</sup>	0.6	23.0	1.9	3.7
Colorado	12,712,122	1.6	12.4	0.3	6.4	23.5	14.1	18.1	0.8	0.9
Connecticut	16,701,012	3.4	3.2	0.5	3.6	2.1	10.2	9.4	0.0	0.4
Delaware	1,842,323	9.0	15.9	22.6	2.3	1.0	2.7	10.2	0.9	2.6
District of Columbia	3,864,335	8.0	2.8 <sup>c</sup>	0.5	2.9	5.2	18.5	9.8	0.1	1.4 <sup>d</sup>
Florida	51,727,157	17.4	4.1	0.7	4.5	2.6	3.5	29.9	2.4	0.4
Georgia	16,257,751	15.2	5.1	1.0	7.9	3.3	0.5	22.9	1.7	0.5
Hawaii	1,988,685	10.2	24.8	0.3	2.0	3.3	8.2	10.0	0.1	12.0
Idaho	8,191,112	9.8	2.3 <sup>e</sup>	1.4	4.2	2.4	0.5	11.3	0.2	5.7
Illinois	47,429,641 <sup>f</sup>	15.6	6.3	1.0	3.7	4.0	0.3	20.3	1.6	9.5
Indiana	18,397,278	7.1	16.5	0.6	3.6	17.2 <sup>b</sup>	5.3	14.0	0.4	5.3
Iowa	9,691,508	18.6	9.6	2.6	11.3	5.7	4.4	23.0	0.7	0.4
Kansas	5,139,156	14.2	13.7	0.8	4.5	2.8	3.5	17.7	0.1	4.3
Kentucky	20,435,033	15.5	7.2	4.1	6.2	5.4	2.4	18.9	1.5	1.0
Louisiana	28,142,968	17.6	6.4	0.9	8.6	2.5	0.9	23.2	0.1	1.9
Maine <sup>g</sup>	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	13,305,471	6.3	0.2	0.0	1.7	0.5	14.3	4.7	0.2	0.2
Massachusetts <sup>h</sup>	33,882,046	8.1	11.7	0.8	4.4	1.3	7.7	15.5	0.1	15.5
Michigan	17,351,864	13.5	16.3	1.0	4.3	3.6	0.3	19.7	0.1	1.6
Minnesota	16,655,515	9.0	3.6	2.3	3.6	0.9	0.8	10.2	0.2	1.0
Mississippi	14,459,641	17.1 <sup>i</sup>	9.4	5.8 <sup>i</sup>	11.4	5.2 <sup>i</sup>	0.3	24.9	0.2	0.4
Missouri	25,245,844	0.9	1.3	0.2	4.0	15.4	0.3	14.2	0.8	0.3

OT Table 3. Percent of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (08, 09, 10, 11, 12, 13, 15, 16, 26) in MAX 2008

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	3,004,642	13.8	6.0	3.7	3.9	2.1	0.0	8.5	0.1	1.0
Nebraska	6,326,468	17.5	13.8	3.1	7.6	2.6	3.7	17.6	3.2	2.9
Nevada	3,041,152	21.6	10.1	0.9	2.1	4.1	0.1	20.0	0.3	0.9
New Hampshire	6,202,561	10.2	5.8	0.7	6.3	11.4	1.2	12.6	0.1	1.4
New Jersey	23,377,821	4.2	2.9	0.3	4.2	4.2	2.3	7.2	0.0	13.6
New Mexico	4,839,587	5.8	4.6	0.6	7.3	0.8	0.1	8.3	0.6	4.3
New York	88,248,581	4.1	5.3	0.1	3.6	3.9	12.1	4.3	0.3	6.8
North Carolina	65,794,672	15.2	7.9	0.8	5.4	4.3	0.9	16.1	0.1	1.2
North Dakota	1,867,003	15.1	6.7	2.8	6.9	5.2	0.9	18.2	0.2	1.7
Ohio	56,097,106	5.2	1.8	0.5	3.0	1.3	6.7	9.0	0.4	4.8
Oklahoma	19,965,799	11.0	11.0	0.3	5.8	2.6	0.5	16.9	0.1	0.9
Oregon	4,663,205	8.8	0.3	2.9	7.5	2.8	0.1	13.1	1.0	27.4
Pennsylvania	16,920,748	14.0	7.0	1.4	5.3	2.5	1.1	21.9	1.7	0.5
Rhode Island	2,755,223	7.2	11.1	0.9	2.7	1.2	6.0	6.3	0.0	15.4
South Carolina	19,653,463	17.5	11.4	1.7	3.5	12.8	0.2	14.4	0.1	1.1
South Dakota	1,757,369	25.6	0.0	7.7	3.4	10.5	0.2	22.6	1.7	2.4
Tennessee	16,667,218	35.4	14.7	0.4	3.8	0.6	3.1	29.6	1.0	4.4
Texas	77,029,786	14.3	19.3	0.7	2.8	1.3	1.6	24.2	0.1	3.0
Utah <sup>j</sup>	3,481,261	7.0	20.5	0.9	3.5	18.9	3.1	25.5	0.3	1.0
Vermont	4,475,658	15.8	6.8	1.2	5.6	3.4	1.2	20.6	0.2	6.9
Virginia	9,567,788	15.8	18.5 <sup>c</sup>	0.5	3.2	3.4	0.2	20.1	2.2	0.2
Washington	16,647,980	14.7	22.1	1.7	7.9	2.1	0.0	21.0	1.4	1.1
West Virginia	8,591,623	15.3	9.6	0.9	7.0	3.0	0.5	25.4	0.1	4.1
Wisconsin <sup>k</sup>	15,587,312	3.2	7.2 <sup>l</sup>	3.4	4.3 <sup>l</sup>	9.3	1.0	12.0 <sup>l</sup>	1.3	8.0
Wyoming	1,715,237	20.7	10.4	1.2	5.6	3.7	0.7	20.6	0.2	0.6

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

<sup>a</sup> AR reported Transportation capitation claims as FFS claims in 2008.

<sup>b</sup> Clinic services increased more than 30 percent in CA and IN in 2008.

<sup>c</sup> Dental services increased more than 30 percent in DC and VA in 2008.



<sup>d</sup> Transportation services decreased more than 30 percent in DC in 2008.

<sup>e</sup> Dental services decreased more than 30 percent in ID in 2008 as a result of a switch to Dental managed care.

<sup>f</sup> The number of non-crossover claims increased more than 30 percent in IL in 2008.

<sup>g</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>h</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>i</sup> Targeted Case Management claims disappeared from MS's MSIS claims file when a new contractor was installed in 2008Q1. Prior to this, the state assigned most T1017 codes to Targeted Case Management. With the change in contractors in 2008, all T1017 were assigned to various TOS codes, namely Physician Services, Other Practitioners, and Clinics. MS fixed this problem starting in 2011 Q1, however MAX business rules for 2008 assigned these claims to Targeted Case Management, resulting in an overcount for Targeted Case Management and a slight undercount for Physician Services, Other Practitioners, and Clinics.

<sup>j</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>k</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>l</sup> The absence of waiver claims among WI 2008 claim data has affected the relative distribution of all types of service causing substantial increases in Dental (MAX TOS=09), Outpatient (MAX TOS=11), and Lab/X-Ray (MAX TOS=15) services.

OT Table 4. Percent of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2008

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	2.8	0.1	3.2	0.3	14.5	0.0	2.5
Alaska	25.3	1.1	0.0	5.1	3.5	14.2	0.3	5.4
Arizona	0.0	0.0	0.1	2.1	0.0	0.4	0.0	2.6
Arkansas	6.2	0.6	0.0	4.0	0.0	16.6	0.1	9.0
California	8.3	4.2	8.3 <sup>c</sup>	7.1	0.7	1.1 <sup>d</sup>	4.7	5.0
Colorado	0.0	0.0	0.0	7.7	0.5	3.1	0.2	9.1
Connecticut	15.1	18.2	9.3	8.9	8.8	4.3	0.8	1.6
Delaware	0.0	0.0	3.3	1.9	0.6	2.5	0.7	17.3
District of Columbia	0.0	0.0	0.0	4.7	5.5 <sup>e</sup>	16.5	0.0	23.9
Florida	0.2	1.1	0.2	5.1	0.2 <sup>f</sup>	4.4 <sup>g</sup>	1.0	18.9
Georgia	0.0	12.7	0.0	5.0	1.4	7.3	0.4	13.1
Hawaii	0.0	0.6	0.0	7.2	0.5	15.3	3.9	0.5
Idaho	7.5	2.7	0.4	3.0	6.9	20.7	0.7	17.0
Illinois	1.2	3.8	0.0	4.0	6.5	9.7	0.0	8.3
Indiana	0.0	1.0	0.1	3.8	1.3	13.8	0.2	6.9
Iowa	0.0	1.4	1.0	7.1	1.7	3.0	0.7	7.4
Kansas	0.2	5.9	0.0	4.8	2.5	1.0 <sup>d</sup>	0.0	22.7
Kentucky	0.0	0.5	0.0	4.4	4.0	9.2	2.4	16.4
Louisiana	12.3	0.5	0.3	3.5	0.0	2.1	0.0	15.0
Maine <sup>h</sup>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maryland	7.9	0.1	0.0	2.7	16.7	11.0	18.4	6.6
Massachusetts <sup>i</sup>	0.4	0.8	0.2	2.5	0.7	5.0	2.0	22.6
Michigan	3.7	0.5	0.1	6.8	0.2	2.3	0.2	20.4 <sup>j</sup>
Minnesota	27.2 <sup>k</sup>	7.6	5.3	6.9	1.3	9.7	0.2	7.7
Mississippi	0.0	3.5 <sup>l</sup>	0.0	5.7	0.0	9.5	0.2	5.2

OT Table 4. Percent of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2008

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)
Missouri	22.1	4.6	0.6	2.6	7.7	9.1	0.9	14.9
Montana	10.3	9.6	0.2	4.8	0.1	18.9	0.5	14.1 <sup>m</sup>
Nebraska	0.5	0.0	0.0	7.6	0.5	11.4	0.7	2.4
Nevada	9.5	4.6	3.6	4.8	0.6	11.0	0.5	2.1
New Hampshire	0.1	0.0	0.6	3.0	0.4	17.3	0.6	27.1
New Jersey	25.9	0.3	2.8	2.2	0.7	13.1	9.3	6.2
New Mexico	20.2	0.8	0.0	3.8	5.8	3.4	0.0	25.6
New York	21.7	0.8	4.3	1.2	2.2	10.3	9.9	7.9
North Carolina	13.4	3.6	0.0	3.5	0.0	15.8	0.1	10.3
North Dakota	8.2	4.9	8.9	3.5	0.3	7.9	1.2	4.9
Ohio	0.0	0.0	1.5	3.1	2.1	11.8	4.8	41.4
Oklahoma	14.9	6.0	0.0	5.5	2.1	10.8	0.2	11.1 <sup>m</sup>
Oregon	1.4	3.2	0.7 <sup>n</sup>	4.1	1.6	6.1	0.0	18.1
Pennsylvania	0.0	8.8	1.1	4.4	0.0	1.8	0.1	27.6
Rhode Island	0.8	2.9	4.1	4.1	0.0	21.1	1.2	14.7
South Carolina	19.4	1.4	0.6	4.4	0.0	7.2	2.5	0.1
South Dakota	3.3	0.0	0.1	5.4	0.1	11.1	0.0	1.6
Tennessee	0.0	0.0	0.0	4.1	0.3	1.3	0.0	0.2
Texas	1.2	2.2	2.4	6.4	0.0	2.1	0.9	16.4
Utah <sup>o</sup>	0.5	0.0	0.2	4.1	0.6	6.4	0.0	6.2
Vermont	1.4	2.4	0.0	2.3	0.1	21.0	0.0	9.4
Virginia	5.4	0.4	0.3	5.3	0.0	14.8	0.2	8.1
Washington	1.6	0.0	0.1	9.2	2.7	6.0	0.2	6.7

OT Table 4. Percent of FFS Non-Crossover OT Service Claims by Select MAX Type of Service (30, 31, 33, 51, 52, 53, 54, 19) in MAX 2008

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)
West Virginia	1.2	0.4	8.8	2.7	2.3	8.5	0.0	7.9
Wisconsin <sup>p</sup>	14.3	1.1	0.9	5.4	0.0 <sup>q</sup>	12.8	0.0 <sup>q</sup>	13.0
Wyoming	0.0	1.2	3.6	3.8	2.6	9.5	0.0	14.0

Note: 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> Rehabilitation services increased more than 30 percent in CA in 2008.

<sup>d</sup> Psychiatric services decreased more than 30 percent in CA and KS in 2008.

<sup>e</sup> Residential Care services increased more than 30 percent in DC in 2008.

<sup>f</sup> Residential Care services, particularly claims for supported housing (HCPCS code=H0043), decreased more than 30 percent in FL in 2008.

<sup>g</sup> Psychiatric services decreased more than 30 percent in FL in 2008 as enrollment in behavioral health managed care increased.

<sup>h</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>i</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>j</sup> Other services increased more than 30 percent in MI in 2008 because the state reported missing waiver claims to this Type of Service.

<sup>k</sup> Personal Care services increased more than 30 percent in MN in 2008.

<sup>l</sup> Targeted Case Management claims disappeared from MS's MSIS claims file when a new contractor was installed in 2008Q1. Prior to this, the state assigned most T1017 codes to Targeted Case Management. With the change in contractors in 2008, all T1017 were assigned to various TOS codes, namely Physician Services, Other Practitioners, and Clinics. MS fixed this problem starting in 2011 Q1, however MAX business rules for 2008 assigned these claims to Targeted Case Management, resulting in an overcount for Targeted Case Management and a slight undercount for Physician Services, Other Practitioners, and Clinics.

<sup>m</sup> Other services decreased more than 30 percent in MT and OK in 2008.

<sup>n</sup> Rehabilitation services decreased more than 30 percent in OR in 2008.

<sup>o</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>p</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>q</sup> Residential Care and Adult Day Care services decreased more than 30 percent in WI in 2008. WI did not submit any Section 1915(c) waiver claims in 2008.

OT Table 5. 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 2008

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	\$ 80	\$ 74	\$ 40	\$ 34	\$ 54	\$ 92	\$ 118	\$ 22	\$ 9	\$ 70
Alaska	\$ 141	\$ 129	\$ 85	\$ 87	\$ 551	\$ 276	\$ 790	\$ 109	\$ 85	\$ 139
Arizona	\$ 427	\$ 196	\$ 201	\$ 193	\$ 486	\$ 96	\$ 397	\$ 530	\$ 13	\$ 173
Arkansas	\$ 55	\$ 85	\$ 50	\$ 53	\$ 54	\$ 76	\$ 114	\$ 31	\$ 10	\$ 11 <sup>b</sup>
California	\$ 111	\$ 72	\$ 28	\$ 18	\$ 52	\$ 98	\$ 254	\$ 21	\$ 24	\$ 58
Colorado	\$ 107	\$ 71	\$ 40	\$ 41	\$ 118	\$ 84	\$ 84	\$ 37	\$ 32	\$ 69
Connecticut	\$ 85	\$ 84	\$ 75	\$ 133	\$ 113	\$ 128	\$ 71	\$ 31	\$ 29	\$ 167
Delaware	\$ 160	\$ 96	\$ 84	\$ 44	\$ 218	\$ 257	\$ 101	\$ 37	\$ 12	\$ 70
District of Columbia	\$ 124	\$ 74	\$ 122 <sup>c</sup>	\$ 35	\$ 124	\$ 229	\$ 115	\$ 27	\$ 54	\$ 120
Florida	\$ 73	\$ 75	\$ 35	\$ 30	\$ 161 <sup>d</sup>	\$ 122	\$ 101	\$ 18	\$ 12	\$ 151
Georgia	\$ 98	\$ 88	\$ 51	\$ 82	\$ 72	\$ 89	\$ 68	\$ 38	\$ 20	\$ 249
Hawaii	\$ 151	\$ 67	\$ 42	\$ 44	\$ 429	\$ 180	\$ 664	\$ 24	\$ 4	\$ 51
Idaho	\$ 81	\$ 86	\$ 47	\$ 71	\$ 143	\$ 216	\$ 107	\$ 29	\$ 44	\$ 44
Illinois	\$ 77	\$ 63	\$ 52	\$ 28	\$ 192	\$ 119	\$ 290	\$ 26	\$ 10	\$ 21
Indiana	\$ 92	\$ 78	\$ 53	\$ 32	\$ 85	\$ 64	\$ 117	\$ 30	\$ 16	\$ 38
Iowa	\$ 121	\$ 81	\$ 48	\$ 51	\$ 86	\$ 81	\$ 250	\$ 38	\$ 23	\$ 68
Kansas	\$ 161	\$ 92	\$ 40	\$ 37	\$ 89	\$ 80	\$ 69	\$ 29	\$ 87	\$ 40
Kentucky	\$ 87	\$ 75	\$ 52	\$ 45	\$ 148	\$ 134	\$ 55	\$ 53	\$ 12	\$ 98
Louisiana	\$ 72	\$ 77	\$ 55	\$ 92	\$ 79	\$ 100	\$ 131	\$ 34	\$ 62	\$ 97
Maine <sup>e</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 119	\$ 89	\$ 45	\$ 0	\$ 429	\$ 168	\$ 99	\$ 80	\$ 16	\$ 99
Massachusetts <sup>f</sup>	\$ 92	\$ 72	\$ 63	\$ 66	\$ 228	\$ 135	\$ 94	\$ 30	\$ 52	\$ 23
Michigan	\$ 65	\$ 68	\$ 26	\$ 36	\$ 102	\$ 141	\$ 79	\$ 20	\$ 106	\$ 69
Minnesota	\$ 164	\$ 77	\$ 48	\$ 84	\$ 106	\$ 157	\$ 98	\$ 40	\$ 36	\$ 129
Mississippi	\$ 75	\$ 81 <sup>g</sup>	\$ 43	\$ 34 <sup>g</sup>	\$ 102	\$ 101 <sup>g</sup>	\$ 194	\$ 28	\$ 15	\$ 184
Missouri	\$ 77	\$ 64	\$ 35	\$ 51	\$ 158	\$ 59	\$ 63	\$ 44	\$ 10	\$ 146

OT Table 5. 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 2008

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>
Montana	\$ 105	\$ 90	\$ 70	\$ 78	\$ 181	\$ 126	\$ 299	\$ 64	\$ 104	\$ 119
Nebraska	\$ 100	\$ 79	\$ 39	\$ 35	\$ 88	\$ 125	\$ 100	\$ 43	\$ 16	\$ 84
Nevada	\$ 162	\$ 89	\$ 54	\$ 82	\$ 282 <sup>d</sup>	\$ 216	\$ 764	\$ 57	\$ 25	\$ 212
New Hampshire	\$ 94	\$ 60	\$ 53	\$ 40	\$ 99	\$ 86	\$ 102	\$ 34	\$ 53	\$ 54
New Jersey	\$ 94	\$ 61	\$ 38	\$ 34	\$ 140	\$ 30	\$ 117	\$ 40	\$ 39	\$ 19
New Mexico	\$ 165	\$ 122	\$ 61	\$ 57	\$ 232	\$ 168	\$ 110	\$ 71	\$ 15	\$ 69
New York	\$ 158	\$ 36	\$ 80	\$ 19	\$ 193	\$ 121	\$ 139	\$ 24	\$ 21	\$ 54
North Carolina	\$ 74	\$ 73	\$ 57	\$ 47	\$ 108	\$ 39	\$ 199	\$ 39	\$ 27	\$ 35
North Dakota	\$ 116	\$ 75	\$ 52	\$ 44	\$ 109	\$ 66	\$ 125	\$ 38	\$ 28	\$ 67
Ohio	\$ 60	\$ 59	\$ 42	\$ 32	\$ 108	\$ 72	\$ 44	\$ 29	\$ 10	\$ 21
Oklahoma	\$ 75	\$ 124	\$ 59	\$ 84	\$ 96	\$ 108	\$ 168	\$ 31	\$ 34	\$ 164
Oregon	\$ 155	\$ 133 <sup>h</sup>	\$ 39	\$ 70	\$ 124	\$ 150	\$ 165	\$ 41	\$ 18	\$ 34
Pennsylvania	\$ 84	\$ 55	\$ 51	\$ 22	\$ 77	\$ 92	\$ 740	\$ 21	\$ 11	\$ 132
Rhode Island	\$ 189	\$ 52	\$ 42	\$ 24	\$ 312	\$ 144	\$ 228	\$ 54	\$ 56	\$ 31
South Carolina	\$ 75	\$ 74	\$ 44	\$ 54	\$ 205 <sup>i</sup>	\$ 45	\$ 96	\$ 33	\$ 226	\$ 55
South Dakota	\$ 170	\$ 77	\$ 175	\$ 42	\$ 460	\$ 219	\$ 204	\$ 49	\$ 53	\$ 95
Tennessee	\$ 123	\$ 73	\$ 60	\$ 78	\$ 365	\$ 66	\$ 874	\$ 50	\$ 26	\$ 57
Texas	\$ 83	\$ 67	\$ 56	\$ 86	\$ 125	\$ 103	\$ 269	\$ 32	\$ 319	\$ 66
Utah <sup>j</sup>	\$ 128	\$ 80	\$ 40	\$ 47	\$ 222	\$ 92	\$ 99	\$ 66	\$ 195	\$ 89
Vermont	\$ 130	\$ 70	\$ 50	\$ 90	\$ 149	\$ 105	\$ 146	\$ 38	\$ 27	\$ 37
Virginia	\$ 178	\$ 82	\$ 57	\$ 60	\$ 302 <sup>d</sup>	\$ 126	\$ 323	\$ 20 <sup>k</sup>	\$ 11	\$ 154
Washington	\$ 132	\$ 80	\$ 37	\$ 41	\$ 98	\$ 112	\$ 0	\$ 31	\$ 11	\$ 81
West Virginia	\$ 97	\$ 67	\$ 47	\$ 63	\$ 99	\$ 102	\$ 87	\$ 30	\$ 21	\$ 62
Wisconsin <sup>l</sup>	\$ 54 <sup>m</sup>	\$ 78	\$ 36	\$ 24	\$ 176	\$ 63	\$ 92	\$ 46 <sup>n</sup>	\$ 12	\$ 20
Wyoming	\$ 146	\$ 118	\$ 62	\$ 86	\$ 117	\$ 237	\$ 154	\$ 38	\$ 80	\$ 319

Note: 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> AR reported transportation capitation claims as FFS in 2008.

<sup>c</sup> Average Medicaid paid for Dental services increased more than 30 percent in DC in 2008.

<sup>d</sup> Average Medicaid paid increased more than 30 percent for Outpatient Hospital services in FL, NV, and VA in 2008.

<sup>e</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>f</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>g</sup> Targeted Case Management claims disappeared from MS's MSIS claims file when a new contractor was installed in 2008Q1. Prior to this, the state assigned most T1017 codes to Targeted Case Management. With the change in contractors in 2008, all T1017 were assigned to various TOS codes, namely Physician Services, Other Practitioners, and Clinics. MS fixed this problem starting in 2011 Q1, however MAX business rules for 2008 assigned these claims to Targeted Case Management, resulting in an overcount for Targeted Case Management and a slight undercount for Physician Services, Other Practitioners, and Clinics.

<sup>h</sup> Average Medicaid paid increased more than 30 percent for Physician services in OR in 2008.

<sup>i</sup> Average Medicaid paid increased more than 30 percent for Outpatient Hospital services in SC in 2008.

<sup>j</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>k</sup> Average Medicaid paid decreased more than 30 percent for Lab/X-Ray services in VA in 2008.

<sup>l</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>m</sup> Average Medicaid paid for all FFS non-Crossover services decreased more than 30 percent in WI in 2008.

<sup>n</sup> Average Medicaid paid for Lab/X-Ray services increased more than 30 percent in WI in 2008.

OT Table 6. 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 2008

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	\$ 152	\$ 832	\$ 57	<b>\$ 4,107</b>	\$ 56	\$ 324	\$ 594
Alaska	\$ 80	\$ 216	\$ 577	\$ 86	\$ 380	\$ 131	\$ 180	\$ 291
Arizona	\$ 0	\$ 0	\$ 90	<b>\$ 763</b>	\$ 0	\$ 106	\$ 0	\$ 124
Arkansas	\$ 36	\$ 19	<b>\$ 2,606</b>	\$ 55	\$ 0	\$ 88	\$ 75	\$ 46
California	\$ 431	\$ 101	\$ 150 <sup>c</sup>	\$ 41	\$ 1,056	\$ 160 <sup>d</sup>	\$ 118	\$ 118
Colorado	\$ 0	\$ 0	\$ 0	\$ 100	\$ 3,162	\$ 66	\$ 345	\$ 258
Connecticut	\$ 59	\$ 11	\$ 107 <sup>c</sup>	\$ 90	\$ 286	\$ 110	\$ 90	\$ 155
Delaware	\$ 0	\$ 0	\$ 148	\$ 93	\$ 2,323	<b>\$ 1,183</b>	\$ 171	\$ 278
District of Columbia	\$ 0	\$ 0	\$ 37	\$ 86	\$ 363	\$ 97	\$ 0	\$ 134
Florida	\$ 143	\$ 39	\$ 182	\$ 84	\$ 902	\$ 74	\$ 175	\$ 98
Georgia	\$ 0	\$ 88	\$ 0	\$ 95	\$ 499	\$ 76 <sup>e</sup>	\$ 212	\$ 179
Hawaii	\$ 0	\$ 53	\$ 45 <sup>f</sup>	\$ 90	\$ 1,940	\$ 169	\$ 265	\$ 81
Idaho	\$ 117	\$ 61	\$ 113	\$ 72	\$ 134	\$ 89	\$ 34	\$ 49
Illinois	\$ 497	\$ 57	\$ 333	\$ 91	\$ 107	\$ 70	\$ 445	\$ 153
Indiana	\$ 0	\$ 48	\$ 37	\$ 118	\$ 1,827	\$ 84	\$ 116	\$ 113
Iowa	\$ 0	\$ 260	\$ 68	\$ 82	\$ 1,542	\$ 220	\$ 436	\$ 267
Kansas	<b>\$ 1,105</b>	\$ 90	\$ 100	\$ 83	\$ 1,262	<b>\$ 845</b>	\$ 222	\$ 306
Kentucky	\$ 0	\$ 241	\$ 0	\$ 95	\$ 172	\$ 102	\$ 61	\$ 95
Louisiana	\$ 67 <sup>g</sup>	\$ 154	\$ 33	\$ 65	\$ 0	\$ 84	\$ 0	\$ 117
Maine <sup>h</sup>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Maryland	\$ 32	\$ 63	\$ 232	\$ 131	\$ 183	\$ 155	\$ 75	\$ 85
Massachusetts <sup>i</sup>	\$ 67	<b>\$ 345</b>	\$ 295	\$ 67	\$ 2,366	\$ 150	\$ 109	\$ 74
Michigan	\$ 368	\$ 210	\$ 77	\$ 56	\$ 177	\$ 89	\$ 71	\$ 28 <sup>j</sup>
Minnesota	\$ 168 <sup>g</sup>	\$ 166	\$ 190	\$ 144	\$ 2,867	\$ 104	\$ 304	\$ 96



OT Table 6. 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 2008

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>
Mississippi	\$ 1,041	\$ 95 <sup>k</sup>	\$ 0	\$ 61	\$ 416	\$ 82	\$ 300	\$ 214
Missouri	\$ 50	\$ 58	\$ 36	\$ 129	\$ 204	\$ 107	\$ 72	\$ 61
Montana	\$ 98	\$ 52	\$ 36	\$ 150	\$ 1,493	\$ 112	\$ 312	\$ 144
Nebraska	\$ 235	\$ 0	\$ 0	\$ 79	\$ 2,751	\$ 83	\$ 1,048	\$ 535
Nevada	\$ 256	\$ 188	\$ 319	\$ 140	\$ 2,893	\$ 209	\$ 195	\$ 446
New Hampshire	\$ 748	\$ 0	\$ 245	\$ 97	\$ 434	\$ 106	\$ 55	\$ 129
New Jersey	\$ 46	\$ 73	\$ 195	\$ 95	\$ 2,434	\$ 110	\$ 84	\$ 184
New Mexico	\$ 199	\$ 157	\$ 907	\$ 144	\$ 557	\$ 94	\$ 203	\$ 159
New York	\$ 135	\$ 26	\$ 185	\$ 83	\$ 1,805	\$ 135	\$ 148	\$ 103
North Carolina	\$ 58	\$ 58	\$ 0	\$ 81	\$ 190	\$ 119	\$ 42	\$ 91
North Dakota	\$ 85	\$ 44	\$ 82	\$ 55	\$ 2,890	\$ 163	\$ 971	\$ 495
Ohio	\$ 0	\$ 34	\$ 45	\$ 92	\$ 141	\$ 83	\$ 53 <sup>l</sup>	\$ 58
Oklahoma	\$ 40	\$ 90	\$ 0	\$ 73	\$ 429	\$ 84	\$ 88	\$ 43
Oregon	\$ 135	\$ 334	\$ 108	\$ 69	\$ 1,491	\$ 592	\$ 570	\$ 192
Pennsylvania	\$ 576	\$ 51 <sup>m</sup>	\$ 125	\$ 71	\$ 2,553	\$ 121	\$ 616	\$ 142
Rhode Island	\$ 115	\$ 97	\$ 234	\$ 117	\$ 3,743	\$ 309	\$ 1,020	\$ 289
South Carolina	\$ 37	\$ 129	\$ 100	\$ 81	\$ 1,283	\$ 118	\$ 468	\$ 215
South Dakota	\$ 238	\$ 0	\$ 550	\$ 140	\$ 1,989	\$ 188 <sup>d</sup>	\$ 643	\$ 3,102
Tennessee	\$ 0	\$ 0	\$ 55	\$ 136	\$ 5,839	\$ 90	\$ 963 <sup>n</sup>	\$ 209
Texas	\$ 46	\$ 97	\$ 112	\$ 83	\$ 412	\$ 67	\$ 146	\$ 161
Utah <sup>o</sup>	\$ 60	\$ 168 <sup>m</sup>	\$ 112 <sup>c</sup>	\$ 148	\$ 1,742 <sup>p</sup>	\$ 273	\$ 334	\$ 460
Vermont	\$ 282	\$ 72	\$ 0	\$ 104	\$ 699	\$ 244	\$ 0	\$ 310
Virginia	\$ 312	\$ 91	\$ 163	\$ 123	\$ 0	\$ 279	\$ 202	\$ 763
Washington	\$ 1,202	\$ 199	\$ 520	\$ 83	\$ 1,673	\$ 112	\$ 800	\$ 135

OT Table 6. 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 2008

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>
West Virginia	\$ 362	\$ 75	\$ 155	\$ 98	\$ 585	\$ 101	\$ 0	\$ 191
Wisconsin <sup>q</sup>	\$ 53	\$ 192	\$ 45	\$ 60	\$ 57 <sup>r</sup>	\$ 52	\$ 0 <sup>r</sup>	\$ 18 <sup>r</sup>
Wyoming	\$ 0	\$ 69	\$ 51	\$ 123	\$ 1,250	\$ 98	\$ 424	\$ 258

Note: 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 Rehabilitation services increased more than 30 percent in CA, CT, and UT in 2008.

<sup>d</sup> Average Medicaid paid for Psychiatric services increased more than 30 percent in CA and SD in 2008.

<sup>e</sup> Average Medicaid paid for Psychiatric services decreased more than 30 percent in GA in 2008.

<sup>f</sup> Average Medicaid paid for Rehabilitation services increased more than 30 percent in HI in 2008.

<sup>g</sup> Average Medicaid paid for Personal Care services increased more than 30 percent in LA and MN in 2008.

<sup>h</sup> ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

<sup>i</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>j</sup> Other services increased more than 30 percent in MI in 2008 because the state reported missing waiver claims to this Type of Service.

<sup>k</sup> Targeted Case Management claims disappeared from MS's MSIS claims file when a new contractor was installed in 2008Q1. Prior to this, the state assigned most T1017 codes to Targeted Case Management. With the change in contractors in 2008, all T1017 were assigned to various TOS codes, namely Physician Services, Other Practitioners, and Clinics. MS fixed this problem starting in 2011 Q1, however MAX business rules for 2008 assigned these claims to Targeted Case Management, resulting in an overcount for Targeted Case Management and a slight undercount for Physician Services, Other Practitioners, and Clinics.

<sup>l</sup> Average Medicaid paid for Adult Day Care services decreased more than 30 percent in OH in 2008 due to a decrease in the number of claims with procedure code MR957.

<sup>m</sup> Average Medicaid paid for Targeted Case Management increased more than 30 percent in PA and UT in 2008.

<sup>n</sup> Average Medicaid paid for Adult Day Care services increased more than 30 percent in TN in 2008.

<sup>o</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>p</sup> Average Medicaid paid for Residential Care services increased more than 30 percent in UT in 2008.

<sup>q</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

<sup>r</sup> Average Medicaid paid for Residential Care, Adult Day Care, and Other services decreased more than 30 percent in WI in 2008.

OT Table 7. Other Reporting Issues Among OT Service Claims in MAX 2008

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Alabama							
Alaska							
Arizona							
Arkansas			X				The Plan IDs on the PS file did not link with the Plan IDs on the capitation claims. This will be fixed in 2010. AR reported the wrong data into the Service Code Modifier field on OT claims until August 2010.
California							
Colorado			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.
Connecticut							
Delaware							
District of Columbia							
Florida							
Georgia							
Hawaii							
Idaho							
Illinois							
Indiana							
Iowa							
Kansas							
Kentucky						X	KY reported all claims for people enrolled in waivers as waiver services, including non-waiver services, in 2008. To correct this problem, any LT claim with a Program Type of 6 or 7 was changed to Program Type '0'. However, non-waiver services for waiver enrollee in the OT and RX files cannot be identified and corrected.
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							
Maryland							
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					X		There were several shifts in total claims and expenditures by MAX TOS. MI changed MMIS systems at the end of 2007 and according to the states have made corrections/changes in classifying Type of Service in the new system.
Minnesota							
Mississippi						X	The state submitted capitation payments for disease management as service tracking claims in 2008.
Missouri							
Montana							

OT Table 7. Other Reporting Issues Among OT Service Claims in MAX 2008

State	Capitation	Program Type	Plan ID	Managed Care	Procedure Code/TOS	Other	Notes
Nebraska							
Nevada							
New Hampshire							
New Jersey							
New Mexico			X				The first byte of the PS Plan IDs needs to be dropped in order to link to the Plan IDs on capitation claims.
New York			X				The last 2 bytes of the PS Plan IDs need to be dropped in order to link to the Plan IDs on capitation and encounter claims.
North Carolina							
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		There were no claims for PT/OT/Speech/Hearing services because these services were not covered by the state plan.
South Carolina							
South Dakota							
Tennessee				X			TN converted no-risk Managed Care plan's 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.
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					There are no 1915(c) claims (Pgm Type=6,7) in WI in 2008 because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records.
Wyoming							

RX Table 1. RX Claims by Type of Claim and Missing Eligibility in MAX 2008

State	# RX Claims	Type of Claim				% Missing Eligibility <sup>b</sup>
		% FFS Non-Crossover <sup>a</sup>	% Encounter	% Supplemental		
Alabama	7,411,897	100.0	0.0	0.0		0.1
Alaska	960,031	100.0	0.0	0.0		0.4
Arizona	9,635,204	0.5 <sup>c</sup>	99.5 <sup>c</sup>	0.0		0.0
Arkansas	4,663,549	100.0	0.0	0.0		0.1
California	55,680,836	57.2	42.8	0.0		0.4
Colorado	3,116,863	100.0	0.0	0.0		0.2
Connecticut	6,366,233	100.0	0.0	0.0		0.0
Delaware	1,653,620	100.0	0.0	0.0		0.1
District of Columbia	833,199	100.0	0.0	0.0		0.8
Florida	14,109,158	97.7	2.3	0.0		0.6
Georgia	11,243,381	57.6	42.4	0.0		0.0
Hawaii	714,610	100.0	0.0	0.0		0.1
Idaho	1,562,231	100.0	0.0	0.0		0.1
Illinois	20,709,877	100.0	0.0	0.0		0.1
Indiana	9,515,331	52.7	47.3	0.0		0.0
Iowa	3,688,757	100.0	0.0	0.0		0.0
Kansas	3,330,004	74.0	26.0	0.0		0.5
Kentucky	12,723,856	87.8	12.2	0.0		0.2
Louisiana	10,186,764	100.0	0.0	0.0		0.3
Maine	3,485,829	100.0	0.0	0.0		0.4
Maryland	6,635,036	33.7	66.3	0.0		0.1
Massachusetts <sup>d</sup>	8,750,873	100.0	0.0	0.0		0.0
Michigan	16,616,104	38.7	61.3	0.0		0.1
Minnesota	8,932,016	36.6	63.4	0.0		0.0

RX Table 1. RX Claims by Type of Claim and Missing Eligibility in MAX 2008

State	# RX Claims	Type of Claim				% Missing Eligibility <sup>b</sup>
		% FFS Non-Crossover <sup>a</sup>	% Encounter	% Supplemental		
Mississippi	4,444,933	100.0	0.0	0.0		0.0
Missouri	11,538,828	82.0	18.0	0.0		0.1
Montana	818,625	100.0	0.0	0.0		0.0
Nebraska	2,637,589	100.0	0.0	0.0		0.1
Nevada	1,447,868	100.0	0.0	0.0		0.2
New Hampshire	1,297,400	100.0	0.0	0.0		0.0
New Jersey	9,779,296	57.7	42.3	0.0		0.9
New Mexico	3,720,336	9.8	90.2	0.0		0.0
New York	46,032,985	90.6	9.1	0.3		0.0
North Carolina	14,221,346	100.0	0.0	0.0		0.0
North Dakota	532,535	100.0	0.0	0.0		0.1 <sup>e</sup>
Ohio	8,186,473	100.0	0.0	0.0		0.1
Oklahoma	4,717,920	100.0	0.0	0.0		0.0
Oregon	2,209,192	83.4	16.6	0.0		0.0
Pennsylvania	7,430,676	100.0	0.0	0.0		0.0
Rhode Island	1,874,029	44.8	55.2	0.0		0.0
South Carolina	5,148,774	100.0	0.0	0.0		0.0
South Dakota	748,783	100.0	0.0	0.0		0.0
Tennessee	11,585,447	100.0	0.0	0.0		1.0
Texas	26,174,545	100.0	0.0	0.0		0.1
Utah <sup>f</sup>	2,041,704	100.0	0.0	0.0		0.0
Vermont	2,178,065	100.0	0.0	0.0		3.5
Virginia	7,986,136	51.5	48.5	0.0		0.0
Washington	13,380,612	81.0	19.0	0.0		1.2

RX Table 1. RX Claims by Type of Claim and Missing Eligibility in MAX 2008

State	# RX Claims	Type of Claim				% Missing Eligibility <sup>b</sup>
		% FFS Non-Crossover <sup>a</sup>	% Encounter	% Supplemental		
West Virginia	5,513,822	100.0	0.0	0.0		0.1
Wisconsin <sup>g</sup>	9,967,614	96.5	3.5	0.0		0.1
Wyoming	508,818	100.0	0.0	0.0		0.0

Note: 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> Most people were enrolled in managed care in AZ and more than half of the other Medicaid enrollees were enrolled in the Indian Health Service in 2008.

<sup>d</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>e</sup> The number of claims with missing Medicaid eligibility decreased more than 30 percent in ND in 2008.

<sup>f</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>g</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

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 2008

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	7,411,897	99.3	0.7	\$ 62	100.0	99.7	100.0	6.1	93.9	99.9	100.0
Alaska	960,031	100.0	0.0	\$ 80	59.3	99.5	0.0	3.6	96.0	100.0	100.0
Arizona	49,165	98.7	1.3	\$ 93	90.0	99.8	100.0	18.8	81.2	100.0	100.0
Arkansas	4,663,549	100.0	0.0	\$ 73	96.3	99.8	0.0	4.5	95.5	99.5	100.0
California	31,867,963	97.3	2.7	\$ 94	99.9	97.0	0.0	23.1	75.2	99.9	100.0
Colorado	3,116,863	99.9	0.0	\$ 89	99.1	99.9	100.0	1.4	98.6	98.1	100.0
Connecticut	6,366,233	100.0	0.0	\$ 63	100.0	99.8	100.0	6.7	93.3	100.0	100.0
Delaware	1,653,620	100.0	0.0	\$ 72 <sup>g</sup>	100.0	99.7	0.0	7.0	92.8	99.9	100.0
District of Columbia	833,199	100.0	0.0	\$ 113	100.0	99.9	100.0	6.5	93.4	99.2	100.0
Florida	13,790,535	100.0	0.0	\$ 78	55.1	98.3	53.6	9.2	90.8	99.9	100.0
Georgia	6,472,078	99.0	1.0	\$ 69	99.8	99.9	0.0	5.7	94.3	98.9	100.0
Hawaii	714,610	100.0	0.0	\$ 74	97.8	98.0	100.0	29.4	70.6	100.0	100.0
Idaho	1,562,231	100.0	0.0	\$ 72	100.0	99.5	0.0	2.4	97.3	99.9	100.0
Illinois	20,709,877	100.0	0.0	\$ 56	100.0	99.5	100.0	16.2	83.6	99.9	100.0
Indiana	5,015,258	79.7	20.3	\$ 61	100.0	99.6	100.0	24.6	75.4	98.9	100.0
Iowa	3,688,757	100.0	0.0	\$ 62	100.0	99.7	100.0	10.9	89.1	99.2	100.0
Kansas	2,464,147	99.8	0.0	\$ 65	99.6	99.8	100.0	6.4	93.6	99.9	100.0
Kentucky	11,165,793	100.0	0.0	\$ 54	68.6	99.3	100.0	18.3	81.7	99.9	100.0
Louisiana	10,186,764	99.2	0.8	\$ 79	100.0	99.8	100.0	3.4	96.6	99.5	100.0
Maine	3,485,829	100.0	0.0	\$ 61	100.0	99.7	100.0	9.8	90.0	100.0	100.0
Maryland	2,235,491	100.0	0.0	\$ 115	99.5	99.5	100.0	2.0	97.7	99.9	100.0
Massachusetts <sup>h</sup>	8,750,873	100.0	0.0	\$ 56	90.7	99.7	100.0	13.0	87.0	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 2008

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	6,422,949	100.0	0.0	\$ 73	100.0	99.8	0.0	11.1	88.9	99.9	100.0
Minnesota	3,268,693	100.0	0.0	\$ 74	96.5	99.4	0.0	17.6	82.4	98.0	100.0
Mississippi	4,444,933	100.0	0.0	\$ 68	100.0	99.7	100.0	5.0	95.0	100.0	100.0
Missouri	9,461,793	100.0	0.0	\$ 71	98.7	99.6	0.0	12.2	87.8	97.9	100.0
Montana	818,625	100.0	0.0	\$ 80	43.1	99.8	100.0	6.2	93.8	100.0	100.0
Nebraska	2,637,589	100.0	0.0	\$ 59	99.5	99.2	100.0	24.6	75.4	100.0	100.0
Nevada	1,447,868	100.0	0.0	\$ 64	100.0	99.7	100.0	5.9	94.1	99.9	100.0
New Hampshire	1,297,400	100.0	0.0	\$ 61	100.0	99.8	100.0	16.1	83.9	99.9	100.0
New Jersey	5,639,087	100.0	0.0	\$ 98	99.7	98.9	0.0	6.0	93.2	99.7	100.0
New Mexico	364,927	100.0	0.0	\$ 41	99.4	99.4	100.0	26.6	73.4	99.3	100.0
New York	41,724,324	100.0	0.0	\$ 83	96.6	99.2	100.0	18.7	81.2	99.4	100.0
North Carolina	14,221,346	100.0	0.0	\$ 75	58.9	99.8	0.0	2.9	97.0	99.9	99.9
North Dakota	532,535	98.3	1.7	\$ 60	98.7	99.7	100.0	6.3	93.7	100.0	100.0
Ohio	8,186,473	100.0	0.0	\$ 61	100.0	99.4	100.0	21.7	78.3	100.0	0.0
Oklahoma	4,717,918	100.0	0.0	\$ 72	100.0	99.7	100.0	4.0	96.0	99.2	100.0
Oregon	1,842,633	100.0	0.0	\$ 75	100.0	99.6	27.4	14.7	85.3	99.9	100.0
Pennsylvania	7,430,676	100.0	0.0	\$ 55	96.9	99.6	99.8	15.3	84.7	99.8	100.0
Rhode Island	839,835	99.9	0.1	\$ 61	98.6	99.4	0.0	16.2	83.6	100.0	100.0
South Carolina	5,148,774	100.0	0.0	\$ 68	100.0	99.6	0.0	5.4	94.5	100.0	100.0
South Dakota	748,783	100.0	0.0	\$ 71	99.3	98.2	0.0	4.9	93.5	99.2	99.3
Tennessee	11,585,447	100.0	0.0	\$ 62	100.0	99.9	100.0	6.7	93.3	99.8	100.0
Texas	26,174,545	99.7	0.3	\$ 73	100.0	99.3	100.0	11.4	88.1	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 2008

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 <sup>i</sup>	2,041,704	100.0	0.0	\$ 69	99.4	99.5	0.0	6.4	93.4	99.1	100.0
Vermont	2,178,065	100.0	0.0	\$ 54	99.9	99.8	0.0	10.8	89.1	100.0	100.0
Virginia	4,114,192	100.0	0.0	\$ 55	75.5	99.5	0.0	27.5	72.5	99.9	100.0
Washington	10,838,228	100.0	0.0	\$ 41	0.8	99.7	94.0	15.0	85.0	99.2	100.0
West Virginia	5,513,822	100.0	0.0	\$ 63	99.7	99.8	100.0	5.5	94.4	99.9	100.0
Wisconsin <sup>j</sup>	9,619,336	99.9	0.1	\$ 60	99.8	99.9	100.0	5.6	94.4	100.0	100.0
Wyoming	508,818	100.0	0.0	\$ 73	99.8	99.0	100.0	8.5	91.2	99.0	100.0

Note: 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> Some drugs were included in the LTC rate in DE in 2008 so specific information on such drugs was not available.

<sup>h</sup> MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

<sup>i</sup> UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

<sup>j</sup> WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

RX Table 3. Other Reporting Issues Among RX Claims in MAX 2008

State	National Drug Code	Program Type	Managed Care	Other	Notes
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky				X	KY reported all claims for people enrolled in waivers as waiver services, including non-waiver services, in 2008. To correct this problem, any LT claim with a Program Type of 6 or 7 was changed to Program Type '0'. However, non-waiver services for waiver enrollee in the OT and RX files cannot be identified and corrected.
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					

RX Table 3. Other Reporting Issues Among RX Claims in MAX 2008

State	National Drug Code	Program Type	Managed Care	Other	Notes
Nebraska					
Nevada					
New Hampshire					
New Jersey					
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 plan's 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				X	Drugs provided under a bundled rate for people who are institutionalized are not separately reported in the RX file.
West Virginia					
Wisconsin					
Wyoming					

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