1996-1998 SMRF IP Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	91,259	N/A	56,579	N/A	50,721	N/A	-38.00	-10.35	No
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Total FFS Claims	N/A	91,259	N/A	56,579	N/A	50,721	N/A	-38.00	-10.35	No
% Crossover	5-20	72.47	No	68.76	No	54.60	No	-5.13	-20.58	No
% Adjusted Claims	> 1%	0.78	No	0.34	No	1.38	Yes	-55.87	301.35	No
% of all Adjusted Claims with Standard Adjustmemt (Type of Claim=5)	N/A	41.61	N/A	40.72	N/A	55.87	N/A	-2.13	37.21	No
% of all Adjusted Claims with Partial Adjustmemt (Type of Claim=2)	N/A	58.39	N/A	59.28	N/A	44.13	N/A	1.52	-25.56	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$10,177	N/A	$7,397	N/A	$8,774	N/A	-27.32	18.61	No
FFS Non-Crossover Claims (Type of Claim=1,2,5, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	25,124	N/A	17,678	N/A	23,026	N/A	-29.64	30.25	No
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Aver. Medicaid Amount Paid (excluding claims with $0 paid)	$2000 - $7000	$5,380	Yes	$4,665	Yes	$4,609	Yes	-13.29	-1.19	Yes
Aver. Medicaid Amt Paid per Covered Day (excluding $0 paid claims)	N/A	$1,346	N/A	$1,431	N/A	$1,415	N/A	6.32	-1.10	Yes
% Claims with TPL	>0 - 10	6.77	Yes	2.95	Yes	4.11	Yes	-56.36	39.28	No
Aver. TPL Paid for claims with TPL	N/A	$3,849	N/A	$5,040	N/A	$5,722	N/A	30.95	13.52	No
% Stays with Accommodation Charges	95-100	81.29	No	67.78	No	62.87	No	-16.62	-7.25	No
% Stays with Ancillary Charges	95-100	99.59	Yes	99.70	Yes	99.59	Yes	0.11	-0.11	Yes
Average LOS	2-<8	4	Yes	4	Yes	4	Yes	-13.67	-3.91	Yes
Average Covered Days (exclude 0 day)	2-<8	4	Yes	4	Yes	4	Yes	1.68	3.27	Yes
% Begin Date = Admit Date	95-100	97.29	Yes	77.12	No	75.67	No	-20.73	-1.88	No
% IP Claims (SMRF TOS 01)	95-100	100.00	Yes	79.13	No	77.05	No	-20.87	-2.63	No
% Family Planning Claims (SMRF TOS 14)	>0-5	0.00	No	20.87	No	22.95	No	.	9.97	No
% Claims with PDX	98-100	99.93	Yes	99.95	Yes	100.00	Yes	0.03	0.05	Yes
% with 2 DX Codes (for claims with PDX)	20-100	76.66	Yes	63.94	Yes	62.48	Yes	-16.59	-2.29	No
% Claims with PDX, where length=3	5-30	5.38	Yes	4.90	No	5.32	Yes	-8.96	8.59	Yes
% Claims with PDX, where length=4	20-50	32.06	Yes	32.26	Yes	30.68	Yes	0.64	-4.91	Yes
% Claims with PDX, where length=5	20-50	62.56	No	62.84	No	64.01	No	0.44	1.85	Yes
% Claims with a procedure code	35-70	53.11	Yes	42.07	Yes	40.19	Yes	-20.78	-4.47	No
% Claims with 1 Procedure that have 2nd Procedure	>5	52.08	Yes	53.74	Yes	50.50	Yes	3.18	-6.02	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1996-1998 SMRF IP Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Format 3n or 4n	N/A	99.96	N/A	100.00	N/A	100.00	N/A	0.04	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	35.05	N/A	13.92	N/A	11.95	N/A	-60.29	-14.15	No
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	0.00	N/A	10.56	N/A	13.34	N/A	.	26.28	No
Patient Status										
% Home	75-90	75.11	Yes	61.85	No	57.99	No	-17.65	-6.24	No
% Transferred	1-10	5.11	Yes	4.54	Yes	3.96	Yes	-11.16	-12.70	Yes
% Still a Patient	>0 - 2	3.48	No	22.59	No	23.54	No	548.56	4.21	No
% Died	>0 - 3	0.78	Yes	0.58	Yes	0.52	Yes	-25.66	-9.68	No
FFS Crossover Claims (Type of Claim=1,2,5, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	66,135	N/A	38,901	N/A	27,695	N/A	-41.18	-28.81	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Aver. Medicaid Amount Paid (excluding claims with $0 paid)	N/A	$181	N/A	$165	N/A	$298	N/A	-8.62	80.67	No
% Claims with TPL	N/A	94.49	N/A	99.49	N/A	84.98	N/A	5.29	-14.58	Yes
Aver. TPL Paid -claims with TPL	N/A	$608	N/A	$577	N/A	$573	N/A	-5.08	-0.76	Yes
% Stays with Accommodation Charges	95-100	9.68	No	9.30	No	20.20	No	-3.93	117.30	No
% Stays with Ancillary Charges	95-100	100.00	Yes	99.99	Yes	97.71	Yes	-0.01	-2.28	Yes
Average LOS	2-<8	2	Yes	2	Yes	3	Yes	-4.62	29.36	No
% Begin Date = Admit Date	95-100	1.03	No	0.53	No	2.99	No	-48.17	462.53	No
% Claims with IP TOS	95-100	100.00	Yes	99.96	Yes	99.89	Yes	-0.04	-0.07	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% with 2 DX Codes (for claims with PDX)	20-100	46.54	Yes	48.32	Yes	58.03	Yes	3.83	20.10	No
% Claims with PDX, where length=3	5-30	7.19	Yes	7.33	Yes	6.57	Yes	1.92	-10.35	Yes
% Claims with PDX, where length=4	20-50	54.88	No	53.25	No	48.28	Yes	-2.97	-9.33	Yes
% Claims with PDX, where length=5	20-50	37.93	Yes	39.42	Yes	45.15	Yes	3.93	14.53	Yes
% Claims with a procedure code	35-70	5.64	No	5.13	No	12.16	No	-9.03	136.89	No
% Claims with 1 Procedure that have 2nd Procedure	>5	92.68	Yes	96.49	Yes	71.23	Yes	4.11	-26.18	No
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	8.15	N/A	4.26	N/A	61.97	N/A	-47.75	1355.83	No
% Claims with Procedures that have CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Format 3n or 4n	N/A	8.15	N/A	4.26	N/A	61.97	N/A	-47.75	1355.83	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1996-1998 SMRF LT Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Change Within Expected Range (+/-15%)
All LT Claims										
Total Number of Claims	N/A	205,159	N/A	189,940	N/A	181,942	N/A	-7.42	-4.21	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Total FFS Claims	N/A	205,159	N/A	189,940	N/A	181,942	N/A	-7.42	-4.21	Yes
% Crossover	5-20	1.63	No	2.39	No	2.65	No	46.14	11.21	No
% Adjusted Claims	> 1%	1.66	Yes	1.50	Yes	1.46	Yes	-9.44	-2.64	Yes
% of all Adjusted Claims with Standard Adjustmemt (Type of Claim=5)	95-100	53.90	No	39.57	No	77.30	No	-26.58	95.33	No
% of all Adjusted Claims with Partial Adjustmemt (Type of Claim=2)	0-5	46.10	No	60.43	No	22.70	No	31.08	-62.43	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$1,353	N/A	$1,246	N/A	$1,411	N/A	-7.88	13.25	Yes
FFS Non-Crossover Claims (Type of Claim=1,2,5, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	201,808	N/A	185,406	N/A	177,112	N/A	-8.13	-4.47	Yes
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Average Medicaid Amount Paid Per Covered Day (excluding claims with $0 paid)										
NF (TOS 07)	$50-$100	$93	Yes	$90	Yes	$92	Yes	-3.51	1.86	Yes
ICF/MR (TOS 05)	N/A	$202	N/A	$201	N/A	$210	N/A	-0.68	4.63	Yes
Aged/MH (TOS 02)	N/A	$355	N/A	$375	N/A	$436	N/A	5.52	16.25	No
IP Psych. < 21 (TOS 04)	N/A	$607	N/A	$698	N/A	$611	N/A	15.01	-12.42	No
% NF (SMRF TOS 07)	75-99	87.60	Yes	89.89	Yes	91.10	Yes	2.62	1.34	Yes
% NF claims with NF Covered Days	N/A	99.42	N/A	99.51	N/A	99.82	N/A	0.09	0.32	Yes
Avg days for NF claims with Covered Days	N/A	11	N/A	11	N/A	11	N/A	4.12	0.11	Yes
% ICF/MR (SMRF TOS 05)	>0-20	9.00	Yes	8.87	Yes	7.09	Yes	-1.43	-20.12	No
% ICF/MR claims with ICF/MR Covered Days	N/A	95.56	N/A	98.91	N/A	98.46	N/A	3.51	-0.45	Yes
Avg days for ICF/MR claims with Covered Days	N/A	9	N/A	9	N/A	10	N/A	5.54	9.00	Yes
% Aged/MH (SMRF TOS 02)	>0-10	0.05	Yes	0.03	Yes	0.15	Yes	-50.15	478.96	No
% Aged/MH claims with Aged/MH Covered Days	N/A	52.34	N/A	69.39	N/A	17.34	N/A	32.58	-75.01	No
Avg days for Aged/MH claims with Covered Days	N/A	18	N/A	24	N/A	16	N/A	37.56	-32.95	No
% IP Psych. < 21 (SMRF TOS 04)	>0-5	3.35	Yes	1.21	Yes	1.66	Yes	-63.78	37.02	No
% IP Psych. < 21 claims with IP Psych Covered Days	N/A	88.76	N/A	83.16	N/A	90.97	N/A	-6.31	9.39	Yes
Avg days for IP Psych. < 21 claims with Covered Days	N/A	6	N/A	18	N/A	19	N/A	207.20	10.21	No
% Claims with Leave Days	1-20	0.01	No	0.01	No	0.00	No	30.62	-86.91	No
% Claims with DX	95-100	99.99	Yes	99.96	Yes	99.99	Yes	-0.03	0.03	Yes
% Claims with DX, where length=3	5-30	19.66	Yes	19.86	Yes	20.66	Yes	1.00	4.03	Yes
% Claims with DX, where length=4	20-50	66.41	No	67.81	No	66.76	No	2.11	-1.54	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1996-1998 SMRF LT Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Change Within Expected Range (+/-15%)
% Claims with DX, where length=5	20-50	13.93	No	12.34	No	12.58	No	-11.46	1.96	Yes
Patient Status										
% Home	1-5	0.66	No	0.59	No	0.76	No	-10.22	29.21	No
% Still a Patient	8-98	98.40	No	98.32	No	98.10	No	-0.08	-0.22	Yes
% Died	>0-5	0.62	Yes	0.70	Yes	0.72	Yes	11.70	2.58	Yes
FFS Crossover Claims (Type of Claim=1,2,5, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,351	N/A	4,534	N/A	4,830	N/A	35.30	6.53	No
% Claims with> $0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
Aver. Medicaid Amount Paid (excluding claims with $0 paid)	N/A	$651	N/A	$527	N/A	$622	N/A	-19.07	18.10	No
% NF (SMRF TOS 07)	75-99	92.72	Yes	85.27	Yes	90.33	Yes	-8.04	5.94	Yes
% ICF/MR (SMRF TOS 05)	>0-20	0.03	Yes	0.00	No	0.00	No	-100.00	.	No
% Aged/MH (SMRF TOS 02)	>0-10	7.19	Yes	14.73	No	9.63	Yes	104.86	-34.66	No
% IP Psych. < 21 (SMRF TOS 04)	>0-5	0.06	Yes	0.00	No	0.04	Yes	-100.00	.	No
% Claims with DX	95-100	100.00	Yes	99.78	Yes	99.42	Yes	-0.22	-0.36	Yes
% Claims with DX, where length=3	5-30	18.71	Yes	16.38	Yes	17.18	Yes	-12.46	4.89	Yes
% Claims with DX, where length=4	20-50	55.98	No	54.95	No	56.58	No	-1.84	2.96	Yes
% Claims with DX, where length=5	20-50	25.31	Yes	28.67	Yes	26.24	Yes	13.29	-8.48	Yes
Patient Status										
% Home	1-5	0.00	No	0.00	No	2.36	Yes	.	.	N/A
% Still a Patient	8-98	63.06	Yes	75.21	Yes	43.04	Yes	19.27	-42.77	No
% Died	>0-5	0.00	No	0.00	No	0.41	Yes	.	.	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

1996-1998 SMRF OT Validation Table
STATE: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998
All OT Claims									
Total Number of Claims	N/A	3,976,670	N/A	4,711,566	N/A	5,338,886	N/A	18.48	13.31
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.
% Cap Claims (Claim Type=1,2,5, and SMRF TOS 20) **	N/A	0.00	N/A	0.36	N/A	1.38	N/A	.	285.98
Total FFS Claims	N/A	3,976,670	N/A	4,711,566	N/A	5,338,886	N/A	18.48	13.31
% Crossover	5-20	3.64	NO	10.53	YES	10.51	YES	189.17	-0.17
% Adjusted Claims	> 1%	0.80	NO	0.74	NO	0.89	NO	-6.86	20.18
% of all Adjusted Claims with Standard Adjustmemt (Type of Claim=5)	N/A	28.82	N/A	24.64	N/A	36.89	N/A	-14.52	49.71
% of all Adjusted Claims with Partial Adjustmemt (Type of Claim=2)	N/A	71.18	N/A	75.36	N/A	63.11	N/A	5.88	-16.25
Aver. Amt. Pd Adjust. (include $0)	N/A	$134	N/A	$125	N/A	$167	N/A	-6.83	34.14
FFS Non-Crossover Claims (Type of Claim=1,2,5, Crossover Claim Indicator=0)									
Total Number of Claims	N/A	3,831,892	N/A	4,215,542	N/A	4,777,774	N/A	10.01	13.34
% Claims with> $0 Paid	>95%	100.00	YES	100.00	YES	100.00	YES	0.00	0.00
% Claims with Span Bill	N/A	5.63	N/A	6.58	N/A	8.69	N/A	16.84	32.03
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	4.76	N/A	4.83	N/A	6.24	N/A	1.32	29.20
% HH Claims with Span Bill/All HH Claims (TOS	N/A	29.72	N/A	27.28	N/A	0.29	N/A	-8.22	-98.93
% Other Claims with Span Bills/All Other Claims	N/A	3.94	N/A	5.60	N/A	9.27	N/A	42.21	65.46
% Claims W/ Service Place 1- Office	50-90	25.12	NO	24.12	NO	22.22	NO	-3.97	-7.90
% Claims W/ Service Place 2 - Home	>0-5	9.43	NO	10.24	NO	10.24	NO	8.53	0.05
% Claims W/ Service Place 3 - Hospital	>0-5	3.19	YES	3.22	YES	2.65	YES	0.88	-17.71
% Claims W/ Service Place 4 - NF	>0-5	0.51	YES	0.51	YES	0.46	YES	-0.13	-9.84
% Claims W/ Service Place 6 - Other	<5	30.89	NO	38.39	NO	29.32	NO	24.28	-23.62
% Claims W/ Service Place 9 - Unknown	<5	0.02	YES	0.01	YES	14.95	NO	-26.81	107261.93
% Claims with TPL	>0 - 15	2.43	YES	1.45	YES	0.92	YES	-40.33	-36.55
Aver. TPL Paid -claims with TPL	N/A	$58	N/A	$46	N/A	$47	N/A	-20.63	1.49
% claims SMRF TOS 20: Premium Payment	N/A	0.00	N/A	0.40	N/A	1.54	N/A	.	285.90
Percent Claims Per SMRF TOS (excluding TOS 20)									
% claims SMRF TOS 08: Physicians	10-35	12.10	YES	11.68	YES	11.39	YES	-3.45	-2.49
% claims SMRF TOS 09: Dental	2-20	2.67	YES	2.67	YES	3.63	YES	0.22	35.93
% claims SMRF TOS 10: Other Practioner	0.5-8	6.68	YES	6.69	YES	5.31	YES	0.02	-20.53
% claims SMRF TOS 11: OPD	3-25	19.86	YES	11.44	YES	8.73	YES	-42.38	-23.71
% claims SMRF TOS 12: Clinic	2-25	0.03	NO	0.03	NO	3.66	YES	18.01	11192.73
% claims SMRF TOS 13: HH	>0-25	5.93	YES	4.94	YES	3.60	YES	-16.64	-27.13
% claims SMRF TOS 14: Family Planning	>0	0.65	YES	0.41	YES	0.07	YES	-36.96	-83.32
% claims SMRF TOS 15: Lab/Xray	4-20	6.92	YES	6.80	YES	9.77	YES	-1.68	43.64
% claims SMRF TOS 16: Drugs	<3	0.07	YES	0.01	YES	0.00	YES	-90.23	-99.08
% claims SMRF TOS 17: EPSDT	>1-10	4.25	YES	4.34	YES	2.35	YES	2.08	-45.80

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1996-1998 SMRF OT Validation Table
STATE: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998
% claims SMRF TOS 18: RHC/FQHC	>0-5	2.21	YES	2.36	YES	1.23	YES	6.71	-47.79
% claims SMRF TOS 19: Other Services	<25	14.83	YES	18.70	YES	20.10	YES	26.16	7.48
% claims SMRF TOS 21: DME/Supplies	1-5	3.37	YES	3.39	YES	2.91	YES	0.79	-14.06
% claims SMRF TOS 22: Case Management	<10	3.04	YES	3.90	YES	4.42	YES	28.53	13.31
% claims SMRF TOS 23: Transportation	0.5-10	17.40	NO	22.62	NO	22.74	NO	30.00	0.55
% claims SMRF TOS 99: Unknown	<1	0.00	YES	0.00	YES	0.06	YES	.	.
Average Medicaid Amount Paid Per SMRF TOS (excluding claims with $0 paid)									
Total	N/A	$73	N/A	$80	N/A	$93	N/A	9.61	16.87
08: Physicians	$20-90	$37	YES	$38	YES	$44	YES	0.09	15.98
09: Dental	$10-60	$24	YES	$26	YES	$40	YES	7.91	55.85
10: Other Practioner	$10-100	$37	YES	$37	YES	$36	YES	-0.67	-0.82
11: OPD	$20-100	$71	YES	$74	YES	$108	NO	4.87	45.67
12: Clinic	$20-100	$20	NO	$252	NO	$113	NO	1186.74	-55.33
13: HH	N/A	$259	N/A	$256	N/A	$73	N/A	-1.09	-71.49
14: Family Planning	N/A	$97	N/A	$80	N/A	$37	N/A	-17.08	-54.33
15: Lab/Xray	10-60	$17	YES	$17	YES	$16	YES	0.42	-8.58
16: Drugs	10-60	$130	NO	$175	NO	$21	YES	33.91	-87.79
17: EPSDT	N/A	$17	N/A	$16	N/A	$20	N/A	-3.23	18.52
18: RHC/FQHC	N/A	$63	N/A	$66	N/A	$67	N/A	5.21	0.98
19: Other Services	N/A	$151	N/A	$198	N/A	$270	N/A	31.07	36.77
20: Premium Payment	$20-300	.	NO	$58	YES	$68	YES	.	15.84
21: DME/Supplies	$20-150	$58	YES	$50	YES	$58	YES	-13.42	15.37
22: Case Management	N/A	$165	N/A	$156	N/A	$171	N/A	-5.16	9.51
23: Transportation	N/A	$14	N/A	$11	N/A	$11	N/A	-18.16	-0.76
% Claims with DX	> 60	73.04	YES	67.07	YES	65.62	YES	-8.18	-2.16
% Claims with DX (SMRF TOS 8, 11, 12, 18)	85-100	100.00	YES	100.00	YES	99.99	YES	0.00	-0.01
% Claims with DX, where length=3	5-30	10.23	YES	9.82	YES	10.39	YES	-3.95	5.80
% Claims with DX, where length=4	20-50	56.11	NO	53.77	NO	51.28	NO	-4.17	-4.64
% Claims with DX, where length=5	20-50	33.66	YES	36.40	YES	38.33	YES	8.16	5.28
% OPD Claims with Service Code/OPD Claims (TOS 11)	NA	0.01	N/A	0.00	N/A	1.57	N/A	-75.84	83769.82
% HH Claims with Service Code/HH Claims (TOS13)	NA	100.00	N/A	100.00	N/A	48.15	N/A	0.00	-51.85
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	99.55	YES	99.38	YES	98.03	YES	-0.17	-1.36
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	13.78	N/A	.	.
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	100.00	N/A	100.00	N/A	67.19	N/A	0.00	-32.81
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	2.13	-65.80

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1996-1998 SMRF OT Validation Table
STATE: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	19.03	N/A	.	.
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	.	NO	.	NO	100.00	YES	.	.
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	26.36	NO	23.93	NO	33.38	NO	-9.24	39.53
FFS Crossover Claims (Type of Claim=1,2,5, Crossover Claim Indicator=1)									
Total Number of Claims	N/A	144,778	N/A	496,024	N/A	561,112	N/A	242.61	13.12
% Claims with> $0 Paid	>95%	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00
% Claims with Span Bill	N/A	3.26	N/A	3.32	N/A	7.10	N/A	1.97	113.56
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.55	N/A	2.15	N/A	9.15	N/A	39.03	325.30
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	80.89	N/A	84.88	N/A	91.54	N/A	4.94	7.84
% Other Claims with Span Bills/All Other Claims	N/A	3.22	N/A	3.33	N/A	6.71	N/A	3.60	101.10
% claims SMRF TOS 08: Physicians	N/A	29.94	N/A	51.19	N/A	47.94	N/A	70.95	-6.35
% claims SMRF TOS 09: Dental	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-50.38	-61.00
% claims SMRF TOS 10: Other Practioner	N/A	5.12	N/A	8.35	N/A	7.55	N/A	62.91	-9.61
% claims SMRF TOS 11: OPD	N/A	9.15	N/A	4.51	N/A	14.01	N/A	-50.74	210.66
% claims SMRF TOS 12: Clinic	N/A	0.00	N/A	0.00	N/A	3.47	N/A	.	430276.26
% claims SMRF TOS 13: HH	N/A	0.25	N/A	0.05	N/A	0.06	N/A	-79.14	13.41
% claims SMRF TOS 15: Lab/Xray	N/A	10.13	N/A	14.23	N/A	11.91	N/A	40.51	-16.35
% claims SMRF TOS 18: RHC/FQHC	N/A	17.61	N/A	6.83	N/A	3.44	N/A	-61.22	-49.64
% claims SMRF TOS 19: Other Services	N/A	25.02	N/A	12.49	N/A	9.67	N/A	-50.09	-22.54
% claims SMRF TOS 21: DME/Supplies	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.
% claims SMRF TOS 22: Case Management	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.
% claims SMRF TOS 23: Transportation	N/A	0.00	N/A	0.00	N/A	1.21	N/A	.	.
% claims SMRF TOS 99: Unknown	N/A	0.00	N/A	0.00	N/A	0.01	N/A	.	.
% claims All Other Services	N/A	2.75	N/A	2.34	N/A	0.73	N/A	-14.87	-68.80
Average Amount Paid	N/A	$34	N/A	$19	N/A	$28	N/A	-43.95	46.40
% Claims with DX	N/A	91.08	N/A	85.53	N/A	88.83	N/A	-6.09	3.85
% Claims with DX (SMRF TOS 8, 11, 12, 18)	85-100	97.66	YES	87.13	YES	92.24	YES	-10.79	5.87
% Claims with DX, where length=3	5-30	11.70	YES	10.44	YES	10.18	YES	-10.72	-2.51
% Claims with DX, where length=4	20-50	54.87	NO	49.61	YES	48.18	YES	-9.59	-2.88
% Claims with DX, where length=5	20-50	33.43	YES	39.95	YES	41.64	YES	19.48	4.23
% OPD Claims with Service Code/OPD Claims (TOS 11)	NA	0.33	N/A	0.28	N/A	0.15	N/A	-15.16	-47.15
% HH Claims with Service Code/HH Claims (TOS13)	NA	25.21	N/A	22.09	N/A	1.51	N/A	-12.36	-93.16
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	16.56	NO	27.34	NO	12.02	NO	65.13	-56.04

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1996-1998 SMRF OT Validation Table
STATE: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	99.90	N/A	99.95	N/A	99.77	N/A	0.05	-0.18
% Other Codes Indicator /Claims with Service Codes	N/A	0.10	N/A	0.05	N/A	0.23	N/A	-49.40	349.51

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

Cross Year Change Within Expected Range (+/-15%)
NO
N/A
NO
NO
NO
NO
NO
NO
NO
YES
YES
NO
NO
NO
NO
YES
YES
NO
YES
NO
NO
NO
NO
NO
YES
NO
NO
NO
NO
NO
NO
NO
NO
NO

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

Cross Year Change Within Expected Range (+/-15%)
NO
NO
YES
NO
NO
N/A
NO
NO
NO
YES
NO
NO
NO
NO
YES
NO
NO
YES
NO
NO
NO
YES
NO
YES
YES
YES
YES
YES
NO
NO
YES
N/A
NO
NO

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

Cross Year Change Within Expected Range (+/-15%)
N/A
N/A
NO
NO
YES
NO
NO
YES
NO
NO
NO
NO
NO
NO
NO
NO
NO
NO
N/A
N/A
N/A
NO
NO
YES
YES
YES
YES
NO
NO
NO
NO

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

Cross Year Change Within Expected Range (+/-15%)
N/A
YES
NO

* Cross year change for encounter claims is expected to be +15%, no negative.
** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1996-1998 SMRF RX Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Change Within Expected Range (+/-15%)
All RX Claims										
Total Number of Claims	N/A	2,638,827	N/A	2,793,325	N/A	2,976,782	N/A	5.85	6.57	Yes
% Encounter Claims *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Total FFS Claims	N/A	2,638,827	N/A	2,793,325	N/A	2,976,782	N/A	5.85	6.57	Yes
% Adjusted Claims	> 1%	0.28	No	0.29	No	0.30	No	5.22	2.64	Yes
% of all Adjusted Claims with Standard Adjustmemt (Type of Claim=5)	N/A	100.00	N/A	99.57	N/A	100.00	N/A	-0.43	0.43	Yes
% of all Adjusted Claims with Partial Adjustmemt (Type of Claim=2)	N/A	0.00	N/A	0.43	N/A	0.00	N/A	.	-100.00	No
Aver. Amt. Pd Adjust. (include $0)	N/A	$73	N/A	$106	N/A	$131	N/A	45.54	23.38	No
FFS Claims (Type of Claim=1,2,5)										
Total Number of Claims	N/A	2,638,827	N/A	2,793,325	N/A	2,976,782	N/A	5.85	6.57	Yes
% Claims with> $0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Aver. Medicaid Amount Paid (excluding claims with $0 paid)	$15-$60	$35	Yes	$37	Yes	$42	Yes	6.26	12.81	Yes
% Claims with TPL	>0 - 15	0.00	Yes	0.00	Yes	0.11	Yes	88.94	75063.49	No
Aver. TPL Paid for claims with TPL	N/A	$3	N/A	$24	N/A	$5,352	N/A	700.00	22199.32	No
% Family Planning Claims (SMRF TOS 14)	N/A	0.00	N/A	0.00	N/A	0.33	N/A	-100.00	.	No
% Drug Claims (SMRF TOS 16)	95-99	100.00	No	100.00	No	99.67	No	0.00	-0.33	Yes
% DME Claims (SMRF TOS 21)	>0 - 6	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims with HICL	98-100	99.74	Yes	99.73	Yes	99.80	Yes	-0.01	0.07	Yes
% Claims with Medispan	98-100	99.67	Yes	99.69	Yes	99.75	Yes	0.01	0.06	Yes
% Claims with AHFS	98-100	99.74	Yes	99.73	Yes	99.80	Yes	-0.01	0.07	Yes
% Claims with Generic (GTC)	98-100	99.74	Yes	99.73	Yes	99.80	Yes	-0.01	0.07	Yes
% Claims with GC3	98-100	99.74	Yes	99.73	Yes	99.80	Yes	-0.01	0.07	Yes
NDC Configuration Indicator										
% Prescription (codes 0-3)	N/A	99.16	N/A	99.17	N/A	99.24	N/A	0.01	0.07	Yes
% OTC (codes 4-6)	N/A	0.03	N/A	0.04	N/A	0.05	N/A	14.74	28.41	No
% HRI (code 7)	N/A	0.55	N/A	0.52	N/A	0.51	N/A	-4.40	-1.86	Yes
% Claims with Smart Key	98-100	99.74	Yes	99.73	Yes	99.80	Yes	-0.01	0.07	Yes
% OTC-Drug Class	N/A	3.32	N/A	3.26	N/A	3.18	N/A	-1.84	-2.56	Yes
% Prescription-Drug Class	N/A	96.42	N/A	96.47	N/A	96.62	N/A	0.05	0.16	Yes
% Generic, multiple source	N/A	74.25	N/A	70.40	N/A	66.25	N/A	-5.18	-5.89	Yes
% Brand, single source	N/A	25.49	N/A	29.33	N/A	33.55	N/A	15.06	14.39	No

* Cross year change for encounter claims is expected to be +15%, no negative.

1996-1998 SMRF PSF Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
ALL Records											
Total Number of Records	NA	196,199	N/A	196,606	N/A	203,616	N/A	0.21	3.57	10% (+/-)	Yes
% Recipients with at least one month of eligibility	99-100%	98.85	No	98.58	No	98.85	No	-0.28	0.28	15% (+/-)	Yes
TOTAL ENROLLEES (excluding ineligible recipients)											
Total Enrollees	NA	194,293	N/A	194,239	N/A	201,641	N/A	-0.03	3.81	10% (+/-)	Yes
Total PYE	NA	155,774	N/A	153,750	N/A	159,409	N/A	-1.30	3.68	10% (+/-)	Yes
Total EDB Crossover Enrollees	N/A	41,293	N/A	41,658	N/A	46,192	N/A	0.88	10.88	10% (+/-)	No
% Records with Valid SSN Format	>=90%	97.78	Yes	97.66	Yes	97.70	Yes	-0.12	0.03	10% (+/-)	Yes
#SSNs with duplicate records	N/A	6	N/A	4	N/A	5	N/A	-33.33	25.00	N/A	No
% with County Code	>=95%	99.30	Yes	99.42	Yes	99.21	Yes	0.12	-0.21	10% (+/-)	Yes
% with Valid 5 Digit Zip Code Format	>=95%	99.54	Yes	99.55	Yes	99.50	Yes	0.01	-0.05	10% (+/-)	Yes
% Enrollees who Died During Year	0.1-3%	0.00	No	0.00	No	0.00	No	.	.	10% (+/-)	N/A
% Age 0	2-8%	2.89	Yes	2.84	Yes	2.74	Yes	-1.77	-3.60	10% (+/-)	Yes
% Age 0-20 Years	49-74%	49.80	Yes	49.00	No	47.83	No	-1.62	-2.39	10% (+/-)	Yes
% Age > 64 Years	5-18%	13.55	Yes	13.47	Yes	14.26	Yes	-0.58	5.87	10% (+/-)	Yes
% Age > 64 Years who are EDB Crossovers	>=90%	96.46	Yes	96.26	Yes	96.00	Yes	-0.20	-0.27	10% (+/-)	Yes
% SMRF Aged Groups (11,21,31,41) who are EDB Crossovers	>=90%	95.97	Yes	95.71	Yes	95.15	Yes	-0.27	-0.58	10% (+/-)	Yes
% SMRF Disabled Groups (12,22,32,42) who are EDB Crossovers	30-55%	43.76	Yes	44.91	Yes	48.49	Yes	2.64	7.97	10% (+/-)	Yes
% SMRF Aged Groups (11,21,31,41) >64 yrs.	>=99%	89.90	No	90.01	No	93.77	No	0.12	4.18	10% (+/-)	Yes
% SMRF Child Groups (14,16, 24, 34, 44, 48) and Age <20 Years.	>=99%	99.12	Yes	99.22	Yes	97.05	No	0.10	-2.20	10% (+/-)	Yes
% SMRF Adult Groups (15,17,25,35,45) > 19 Years	>=80%	96.27	Yes	96.41	Yes	96.53	Yes	0.14	0.13	10% (+/-)	Yes
SMRF Aged Total	N/A	24,610	N/A	24,216	N/A	25,361	N/A	-1.60	4.73	10% (+/-)	Yes
11: Aged, Cash	N/A	4,522	N/A	4,221	N/A	6,088	N/A	-6.66	44.23	10% (+/-)	No
21: Aged, MN	N/A	411	N/A	552	N/A	600	N/A	34.31	8.70	10% (+/-)	No
31: Aged, Poverty	N/A	9,190	N/A	9,403	N/A	8,943	N/A	2.32	-4.89	10% (+/-)	Yes
41: Other Aged	N/A	10,487	N/A	10,040	N/A	9,730	N/A	-4.26	-3.09	10% (+/-)	Yes
SMRF Disabled Total	N/A	39,726	N/A	40,367	N/A	44,605	N/A	1.61	10.50	10% (+/-)	No
12: Blind/Disabled, Cash	N/A	26,665	N/A	26,930	N/A	30,098	N/A	0.99	11.76	10% (+/-)	No
22: Blind/Disabled, MN	N/A	668	N/A	674	N/A	552	N/A	0.90	-18.10	10% (+/-)	No
32: Blind/Disabled, Poverty	N/A	5,893	N/A	6,609	N/A	8,188	N/A	12.15	23.89	10% (+/-)	No
42: Other Blind/Disabled	N/A	6,500	N/A	6,154	N/A	5,767	N/A	-5.32	-6.29	10% (+/-)	Yes
SMRF Child Total	N/A	89,868	N/A	88,009	N/A	91,309	N/A	-2.07	3.75	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	34,632	N/A	30,191	N/A	25,712	N/A	-12.82	-14.84	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	0	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	730	N/A	657	N/A	440	N/A	-10.00	-33.03	10% (+/-)	No

1996-1998 SMRF PSF Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
34: Child Poverty	N/A	31,278	N/A	33,864	N/A	32,947	N/A	8.27	-2.71	10% (+/-)	Yes
44: Other Child	N/A	21,349	N/A	21,216	N/A	29,685	N/A	-0.62	39.92	10% (+/-)	No
48: Foster Care Child	N/A	1,879	N/A	2,081	N/A	2,525	N/A	10.75	21.34	10% (+/-)	No
SMRF Adult Total	N/A	40,089	N/A	41,647	N/A	40,365	N/A	3.89	-3.08	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	24,644	N/A	26,704	N/A	23,237	N/A	8.36	-12.98	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	0	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	510	N/A	428	N/A	228	N/A	-16.08	-46.73	10% (+/-)	No
35: Adult, Poverty	N/A	3,721	N/A	3,965	N/A	3,857	N/A	6.56	-2.72	10% (+/-)	Yes
45: Other Adult	N/A	11,214	N/A	10,550	N/A	13,043	N/A	-5.92	23.63	10% (+/-)	No
MANAGED CARE INFORMATION (excludes enrollees in PCCM only)											
# Total Managed Care Enrollees	N/A	0	N/A	0	N/A	10,184	N/A	.	.	25% (+)	N/A
% Enrollees in Managed Care Sometime During Year	N/A	0.00	N/A	0.00	N/A	5.05	N/A	.	.	25% (+)	N/A
Total Medicaid Paid to Enrollees with Any Managed Care Enrollment	N/A	$0	N/A	$0	N/A	$18,871,136	N/A	.	.	20%(+/-)	N/A
Total Capitation Payments	N/A	$0	N/A	$0	N/A	$5,393,429	N/A	.	.	20%(+/-)	N/A
Total FFS Payments	N/A	$0	N/A	$0	N/A	$13,477,707	N/A	.	.	20%(+/-)	N/A
IP	N/A	$0	N/A	$0	N/A	$1,760,331	N/A	.	.	20%(+/-)	N/A
LTC	N/A	$0	N/A	$0	N/A	$1,152,823	N/A	.	.	20%(+/-)	N/A
Drug	N/A	$0	N/A	$0	N/A	$1,498,655	N/A	.	.	20%(+/-)	N/A
All Other FFS	N/A	$0	N/A	$0	N/A	$9,065,898	N/A	.	.	20%(+/-)	N/A
% Total MC Enrollees	N/A	.	N/A	.	N/A	100.00	N/A	.	.	25% (+)	N/A
% Total MC Enrollees - Aged	N/A	.	N/A	.	N/A	0.00	N/A	.	.	25% (+)	N/A
% Total MC Enrollees - B/D	N/A	.	N/A	.	N/A	0.92	N/A	.	.	25% (+)	N/A
% Total MC Enrollees - Child	N/A	.	N/A	.	N/A	74.62	N/A	.	.	25% (+)	N/A
% Total MC Enrollees - Adult	N/A	.	N/A	.	N/A	24.46	N/A	.	.	25% (+)	N/A
CAPITATION CLAIMS (PCCM only is not counted as MC enrollment)											
Ratio of Cap Clms (TOS 20) to Months All MC Enrollment	.9 - 2	.	No	.	No	1.08	Yes	.	.	15% (+/-)	N/A
% MC enrollees with Cap Claims (TOS 20)	90-100%	.	No	.	No	99.96	Yes	.	.	15% (+/-)	N/A
% non-MC enrollees with Cap Claims (TOS 20)	0%	0.00	Yes	3.13	No	0.12	No	.	-96.05	15% (+/-)	No
RECIPIENT INFORMATION											
Total Number of Recipients	N/A	164,443	N/A	163,894	N/A	170,353	N/A	-0.33	3.94	15% (+/-)	Yes
% Enrollees who are Recipients	65-90%	84.64	Yes	84.38	Yes	84.48	Yes	-0.31	0.13	15% (+/-)	Yes
% Aged who are Recipients	90-100%	92.07	Yes	92.71	Yes	84.80	No	0.69	-8.53	15% (+/-)	Yes
% Disabled who are Recipients	85-100%	90.85	Yes	91.70	Yes	91.49	Yes	0.94	-0.23	15% (+/-)	Yes
% Child who are Recipients	80-100%	82.96	Yes	85.46	Yes	87.15	Yes	3.02	1.97	15% (+/-)	Yes
%Adults who are Recipients	80-100%	77.68	No	70.14	No	70.51	No	-9.70	0.53	15% (+/-)	Yes
NON-EDB Crossover ENROLLEES (excluding ineligible recipients, and Managed Care Enrollees)											
# Non-EDB Crossover Enrollees	N/A	153,000	N/A	152,581	N/A	145,284	N/A	-0.27	-4.78	15% (+/-)	Yes
# Non-EDB Crossover Recipients	N/A	126,217	N/A	124,997	N/A	119,580	N/A	-0.97	-4.33	15% (+/-)	Yes

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# Non-EDB Crossover PYE	N/A	119,736	N/A	117,446	N/A	110,755	N/A	-1.91	-5.70	15% (+/-)	Yes
SMRF Aged Total	N/A	991	N/A	1,039	N/A	1,230	N/A	4.84	18.38	10% (+/-)	No
11: Aged, Cash	N/A	220	N/A	209	N/A	222	N/A	-5.00	6.22	10% (+/-)	Yes
21: Aged, MN	N/A	9	N/A	20	N/A	24	N/A	122.22	20.00	10% (+/-)	No
31: Aged, Poverty	N/A	219	N/A	336	N/A	508	N/A	53.42	51.19	10% (+/-)	No
41: Other Aged	N/A	543	N/A	474	N/A	476	N/A	-12.71	0.42	10% (+/-)	No
SMRF Disabled Total	N/A	22,343	N/A	22,237	N/A	22,888	N/A	-0.47	2.93	10% (+/-)	Yes
12: Blind/Disabled, Cash	N/A	16,010	N/A	16,307	N/A	17,360	N/A	1.86	6.46	10% (+/-)	Yes
22: Blind/Disabled, MN	N/A	318	N/A	299	N/A	243	N/A	-5.97	-18.73	10% (+/-)	No
32: Blind/Disabled, Poverty	N/A	1,911	N/A	2,040	N/A	2,032	N/A	6.75	-0.39	10% (+/-)	Yes
42: Other Blind/Disabled	N/A	4,104	N/A	3,591	N/A	3,253	N/A	-12.50	-9.41	10% (+/-)	No
SMRF Child Total	N/A	89,859	N/A	87,996	N/A	83,663	N/A	-2.07	-4.92	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	34,631	N/A	30,189	N/A	23,469	N/A	-12.83	-22.26	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	0	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	729	N/A	656	N/A	430	N/A	-10.01	-34.45	10% (+/-)	No
34: Child Poverty	N/A	31,276	N/A	33,861	N/A	30,006	N/A	8.27	-11.38	10% (+/-)	No
44: Other Child	N/A	21,345	N/A	21,210	N/A	27,327	N/A	-0.63	28.84	10% (+/-)	No
48: Foster Care Child	N/A	1,878	N/A	2,080	N/A	2,431	N/A	10.76	16.88	10% (+/-)	No
SMRF Adult Total	N/A	39,807	N/A	41,309	N/A	37,502	N/A	3.77	-9.22	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	24,436	N/A	26,440	N/A	21,755	N/A	8.20	-17.72	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	0	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	497	N/A	423	N/A	223	N/A	-14.89	-47.28	10% (+/-)	No
35: Adult, Poverty	N/A	3,714	N/A	3,955	N/A	3,640	N/A	6.49	-7.96	10% (+/-)	Yes
45: Other Adult	N/A	11,160	N/A	10,491	N/A	11,884	N/A	-5.99	13.28	10% (+/-)	No
Total Medicaid Amt Paid	N/A	$406,826,856	N/A	$389,694,467	N/A	$488,819,787	N/A	-4.21	25.44	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$2,659	N/A	$2,554	N/A	$3,365	N/A	-3.95	31.74	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$3,223	N/A	$3,118	N/A	$4,088	N/A	-3.28	31.12	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SMRF ELIGIBILITY GROUPS											
All Aged	N/A	$13,690	N/A	$11,243	N/A	$11,451	N/A	-17.88	1.85	15% (+/-)	No
11: Aged, Cash	N/A	$5,852	N/A	$7,549	N/A	$6,733	N/A	29.01	-10.81	15% (+/-)	No
21: Aged, MN	N/A	$8,023	N/A	$7,878	N/A	$3,898	N/A	-1.81	-50.52	15% (+/-)	No
31: Aged, Poverty	N/A	$1,840	N/A	$2,062	N/A	$2,154	N/A	12.06	4.42	15% (+/-)	Yes
41: Other Aged	N/A	$21,740	N/A	$19,521	N/A	$23,954	N/A	-10.21	22.71	15% (+/-)	No
All Blind/Disabled	N/A	$9,135	N/A	$8,928	N/A	$11,256	N/A	-2.26	26.08	15% (+/-)	No
12: B/D, Cash	N/A	$8,773	N/A	$9,041	N/A	$11,102	N/A	3.05	22.79	15% (+/-)	No
22: B/D, MN	N/A	$10,854	N/A	$7,151	N/A	$18,278	N/A	-34.12	155.60	15% (+/-)	No
32: B/D, Poverty	N/A	$7,036	N/A	$5,190	N/A	$7,810	N/A	-26.23	50.47	15% (+/-)	No
42: Other B/D	N/A	$11,388	N/A	$10,684	N/A	$13,708	N/A	-6.18	28.30	15% (+/-)	No
All Child	N/A	$1,345	N/A	$1,426	N/A	$1,940	N/A	6.08	36.02	15% (+/-)	No
14: AFDC Child, Cash	N/A	$1,099	N/A	$1,025	N/A	$1,406	N/A	-6.71	37.22	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A

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24: AFDC Child, MN	N/A	$2,110	N/A	$1,496	N/A	$3,109	N/A	-29.12	107.82	15% (+/-)	No
34: Child, Poverty	N/A	$866	N/A	$839	N/A	$1,145	N/A	-3.10	36.38	15% (+/-)	No
44: Other Child	N/A	$1,676	N/A	$1,837	N/A	$2,196	N/A	9.57	19.57	15% (+/-)	No
48: Foster Care Child	N/A	$9,779	N/A	$12,598	N/A	$13,822	N/A	28.83	9.71	15% (+/-)	No
All Adult	N/A	$1,717	N/A	$1,307	N/A	$1,461	N/A	-23.89	11.82	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,723	N/A	$1,265	N/A	$1,352	N/A	-26.62	6.92	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$3,111	N/A	$1,631	N/A	$2,593	N/A	-47.58	58.98	15% (+/-)	No
35: Adult, Poverty	N/A	$2,500	N/A	$1,760	N/A	$2,269	N/A	-29.58	28.90	15% (+/-)	No
45: Other Adult	N/A	$1,380	N/A	$1,228	N/A	$1,392	N/A	-10.97	13.32	15% (+/-)	Yes
EXPENDITURES AND USERS BY SMRF TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$126,820,782	N/A	$76,055,226	N/A	$100,004,287	N/A	-40.03	31.49	15% (+/-)	No
IP: Number of Users	N/A	14,774	N/A	8,914	N/A	10,870	N/A	-39.66	21.94	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$8,584	N/A	$8,532	N/A	$9,200	N/A	-0.61	7.83	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	6	N/A	6	N/A	6	N/A	-4.76	6.45	15% (+/-)	Yes
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$66,297	N/A	$66,000	N/A	$144,098	N/A	-0.45	118.33	15% (+/-)	No
MH Aged: Number of Users	N/A	5	N/A	4	N/A	67	N/A	-20.00	1575.00	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$13,259	N/A	$16,500	N/A	$2,151	N/A	24.44	-86.97	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$21,000,772	N/A	$23,197,189	N/A	$31,035,693	N/A	10.46	33.79	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	907	N/A	584	N/A	682	N/A	-35.61	16.78	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$23,154	N/A	$39,721	N/A	$45,507	N/A	71.55	14.57	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$13,175,519	N/A	$12,391,564	N/A	$10,893,953	N/A	-5.95	-12.09	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	157	N/A	159	N/A	130	N/A	1.27	-18.24	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$83,921	N/A	$77,934	N/A	$83,800	N/A	-7.13	7.53	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$9,723,003	N/A	$10,352,663	N/A	$10,748,287	N/A	6.48	3.82	15% (+/-)	Yes
NF Number of Users	N/A	436	N/A	554	N/A	630	N/A	27.06	13.72	15% (+/-)	No
NF:Avg Medicaid Pd per User	N/A	$22,300	N/A	$18,687	N/A	$17,061	N/A	-16.20	-8.70	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$16,010,325	N/A	$17,341,451	N/A	$21,552,186	N/A	8.31	24.28	15% (+/-)	No
Physician: Number of Users	N/A	69,707	N/A	75,190	N/A	76,156	N/A	7.87	1.28	15% (+/-)	Yes
Physician: Avg Medicaid Pd per User	N/A	$230	N/A	$231	N/A	$283	N/A	0.42	22.70	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,311,098	N/A	$2,718,412	N/A	$5,886,685	N/A	17.62	116.55	15% (+/-)	No
Dental: Number of Users	N/A	25,332	N/A	26,560	N/A	30,140	N/A	4.85	13.48	15% (+/-)	Yes
Dental: Avg Medicaid Pd per User	N/A	$91	N/A	$102	N/A	$195	N/A	12.19	90.83	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$8,061,302	N/A	$9,185,122	N/A	$8,030,539	N/A	13.94	-12.57	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	32,020	N/A	34,858	N/A	34,406	N/A	8.86	-1.30	15% (+/-)	Yes
Other Practitioner: Avg Medicaid Pd per User	N/A	$252	N/A	$264	N/A	$233	N/A	4.66	-11.42	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$50,388,703	N/A	$33,329,257	N/A	$41,654,156	N/A	-33.86	24.98	15% (+/-)	No
OPD Number of Users	N/A	69,884	N/A	52,347	N/A	56,105	N/A	-25.09	7.18	15% (+/-)	No

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OPD: Avg Medicaid Pd per User	N/A	$721	N/A	$637	N/A	$742	N/A	-11.70	16.61	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$20,588	N/A	$340,948	N/A	$16,680,978	N/A	1556.05	4792.53	15% (+/-)	No
Clinic: Number of Users	N/A	460	N/A	845	N/A	27,618	N/A	83.70	3168.40	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$45	N/A	$403	N/A	$604	N/A	801.52	49.69	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$25,071,133	N/A	$23,023,835	N/A	$6,867,246	N/A	-8.17	-70.17	15% (+/-)	No
HH: Number of Users	N/A	3,756	N/A	4,141	N/A	3,687	N/A	10.25	-10.96	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$6,675	N/A	$5,560	N/A	$1,863	N/A	-16.70	-66.50	15% (+/-)	No
FP: Total Medicaid Pd (TOS 14)	N/A	$2,378,058	N/A	$1,694,700	N/A	$1,152,393	N/A	-28.74	-32.00	15% (+/-)	No
FP: Number of Users	N/A	7,281	N/A	7,450	N/A	8,563	N/A	2.32	14.94	15% (+/-)	Yes
FP: Avg Medicaid Pd per User	N/A	$327	N/A	$227	N/A	$135	N/A	-30.35	-40.84	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$4,149,676	N/A	$4,628,144	N/A	$6,847,863	N/A	11.53	47.96	15% (+/-)	No
Lab/Xray: Number of Users	N/A	52,332	N/A	56,193	N/A	63,496	N/A	7.38	13.00	15% (+/-)	Yes
Lab/Xray:Avg Medicaid Pd per User	N/A	$79	N/A	$82	N/A	$108	N/A	3.87	30.94	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$39,199,555	N/A	$43,176,089	N/A	$51,112,952	N/A	10.14	18.38	15% (+/-)	No
Drugs: Number of Users	N/A	102,701	N/A	99,020	N/A	92,517	N/A	-3.58	-6.57	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$382	N/A	$436	N/A	$552	N/A	14.24	26.70	15% (+/-)	No
EPSDT: Total Medicaid Paid (TOS 17)	N/A	$2,763,419	N/A	$2,988,096	N/A	$2,016,877	N/A	8.13	-32.50	15% (+/-)	No
EPSDT: Number of Users	N/A	44,405	N/A	49,256	N/A	31,270	N/A	10.92	-36.52	15% (+/-)	No
EPSDT: Avg Medicaid Pd per User	N/A	$62	N/A	$61	N/A	$64	N/A	-2.52	6.32	15% (+/-)	Yes
RHC: Total Medicaid Pd (TOS 18)	N/A	$4,915,065	N/A	$6,287,702	N/A	$3,655,092	N/A	27.93	-41.87	15% (+/-)	No
RHC: Number of Users	N/A	19,757	N/A	23,080	N/A	17,499	N/A	16.82	-24.18	15% (+/-)	No
RHC: Avg Medicaid Pd per User	N/A	$249	N/A	$272	N/A	$209	N/A	9.51	-23.33	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$58,691,798	N/A	$96,088,553	N/A	$134,908,315	N/A	63.72	40.40	15% (+/-)	No
Other Services: Number of Users	N/A	16,737	N/A	20,230	N/A	26,582	N/A	20.87	31.40	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,507	N/A	$4,750	N/A	$5,075	N/A	35.45	6.85	15% (+/-)	No
Premium Payment: Total Medicaid Paid (TOS 20)	N/A	$0	N/A	$981,241	N/A	$43,597	N/A	.	-95.56	15% (+/-)	No
Premium Payment: Number of Users	N/A	0	N/A	6,072	N/A	233	N/A	.	-96.16	15% (+/-)	No
Premium Payment: Avg Medicaid Pd per User	N/A	.	N/A	$162	N/A	$187	N/A	.	15.79	15% (+/-)	No
DME: Total Medicaid Paid (TOS 21)	N/A	$3,948,390	N/A	$4,647,654	N/A	$5,466,217	N/A	17.71	17.61	15% (+/-)	No
DME: Number of Users	N/A	17,250	N/A	18,712	N/A	18,442	N/A	8.48	-1.44	15% (+/-)	Yes
DME: Avg Medicaid Pd per User	N/A	$229	N/A	$248	N/A	$296	N/A	8.51	19.33	15% (+/-)	No
Case Management: Total Medicaid Pd (TOS 22)	N/A	$12,364,740	N/A	$14,746,242	N/A	$22,863,607	N/A	19.26	55.05	15% (+/-)	No
Case Management: Number of Users	N/A	9,544	N/A	10,931	N/A	13,862	N/A	14.53	26.81	15% (+/-)	No
Case Management: Avg Medicaid Pd per User	N/A	$1,296	N/A	$1,349	N/A	$1,649	N/A	4.13	22.26	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 23)	N/A	$5,766,633	N/A	$6,454,379	N/A	$7,157,975	N/A	11.93	10.90	15% (+/-)	Yes
Transportation: Number of Users	N/A	16,828	N/A	17,133	N/A	16,962	N/A	1.81	-1.00	15% (+/-)	Yes

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Transportation: Avg Medicaid Pd per User	N/A	$343	N/A	$377	N/A	$422	N/A	9.93	12.02	15% (+/-)	Yes
Unknown: Total Medicaid Paid (TOS 99)	N/A	$0	N/A	$0	N/A	$96,791	N/A	.	.	15% (+/-)	N/A
Unknown: Number of Users	N/A	0	N/A	0	N/A	18	N/A	.	.	15% (+/-)	N/A
Unknown: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	$5,377	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED SMRF TYPE OF SERVICE											
Inpatient Hospital (TOS 01)	N/A	$829	N/A	$498	N/A	$688	N/A	-39.86	38.09	15% (+/-)	No
Aged	N/A	$4,119	N/A	$1,727	N/A	$2,801	N/A	-58.07	62.16	15% (+/-)	No
Blind/Disabled	N/A	$2,999	N/A	$1,794	N/A	$2,515	N/A	-40.17	40.16	15% (+/-)	No
Child	N/A	$315	N/A	$193	N/A	$251	N/A	-38.92	30.13	15% (+/-)	No
Adult	N/A	$689	N/A	$422	N/A	$481	N/A	-38.75	14.07	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$287	N/A	$302	N/A	$364	N/A	4.93	20.58	15% (+/-)	No
Aged	N/A	$6,475	N/A	$6,418	N/A	$5,425	N/A	-0.88	-15.47	15% (+/-)	No
Blind/Disabled	N/A	$1,132	N/A	$1,097	N/A	$1,130	N/A	-3.02	2.93	15% (+/-)	Yes
Child	N/A	$134	N/A	$169	N/A	$241	N/A	25.76	42.88	15% (+/-)	No
Adult	N/A	$5	N/A	$2	N/A	$3	N/A	-63.86	60.31	15% (+/-)	No
Drugs (TOS=16)	N/A	$256	N/A	$283	N/A	$352	N/A	10.45	24.33	15% (+/-)	No
Aged	N/A	$951	N/A	$915	N/A	$965	N/A	-3.86	5.49	15% (+/-)	Yes
Blind/Disabled	N/A	$1,034	N/A	$1,193	N/A	$1,451	N/A	15.39	21.55	15% (+/-)	No
Child	N/A	$80	N/A	$86	N/A	$103	N/A	7.46	19.16	15% (+/-)	No
Adult	N/A	$199	N/A	$196	N/A	$216	N/A	-1.67	10.50	15% (+/-)	Yes
Family Planning (TOS=14)	N/A	$16	N/A	$11	N/A	$8	N/A	-28.54	-28.58	15% (+/-)	No
Aged	N/A	$0	N/A	$1	N/A	$0	N/A	1832.13	-95.59	15% (+/-)	No
Blind/Disabled	N/A	$6	N/A	$5	N/A	$5	N/A	-20.89	-8.61	15% (+/-)	No
Child	N/A	$3	N/A	$3	N/A	$4	N/A	9.22	4.89	15% (+/-)	Yes
Adult	N/A	$49	N/A	$31	N/A	$20	N/A	-36.94	-35.98	15% (+/-)	No
All Other Services (TOS=08-13,15,17-23, 99)	N/A	$1,271	N/A	$1,460	N/A	$1,953	N/A	14.87	33.77	15% (+/-)	No
Aged	N/A	$2,144	N/A	$2,182	N/A	$2,260	N/A	1.75	3.56	15% (+/-)	Yes
Blind/Disabled	N/A	$3,964	N/A	$4,838	N/A	$6,157	N/A	22.06	27.26	15% (+/-)	No
Child	N/A	$811	N/A	$975	N/A	$1,342	N/A	20.15	37.61	15% (+/-)	No
Adult	N/A	$775	N/A	$657	N/A	$741	N/A	-15.32	12.89	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED SMRF TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	9.66	N/A	5.84	N/A	7.48	N/A	-39.50	28.07	15% (+/-)	No
Aged	N/A	17.15	N/A	9.91	N/A	12.20	N/A	-42.21	23.02	15% (+/-)	No
Blind/Disabled	N/A	15.79	N/A	10.29	N/A	13.10	N/A	-34.82	27.35	15% (+/-)	No
Child	N/A	6.69	N/A	3.86	N/A	5.46	N/A	-42.23	41.45	15% (+/-)	No
Adult	N/A	12.73	N/A	7.56	N/A	8.40	N/A	-40.61	11.07	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	0.98	N/A	0.85	N/A	1.04	N/A	-13.28	21.92	15% (+/-)	No
Aged	N/A	27.85	N/A	28.10	N/A	26.91	N/A	0.91	-4.25	15% (+/-)	Yes
Blind/Disabled	N/A	3.09	N/A	2.88	N/A	3.04	N/A	-6.80	5.51	15% (+/-)	Yes
Child	N/A	0.48	N/A	0.38	N/A	0.54	N/A	-22.06	43.83	15% (+/-)	No

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Adult	N/A	0.25	N/A	0.08	N/A	0.07	N/A	-66.61	-11.88	15% (+/-)	No
% with ratio of LT days/enroll days > 1	N/A	8.59	N/A	7.85	N/A	10.50	N/A	-8.57	33.67	N/A	No
% Enrollees with Drug Claims (TOS=16)	N/A	67.12	N/A	64.90	N/A	63.68	N/A	-3.32	-1.87	15% (+/-)	Yes
Aged	N/A	63.98	N/A	62.56	N/A	54.80	N/A	-2.21	-12.41	15% (+/-)	Yes
Blind/Disabled	N/A	81.35	N/A	82.31	N/A	83.47	N/A	1.18	1.41	15% (+/-)	Yes
Child	N/A	63.37	N/A	62.64	N/A	60.82	N/A	-1.15	-2.90	15% (+/-)	Yes
Adult	N/A	67.70	N/A	60.39	N/A	58.27	N/A	-10.80	-3.51	15% (+/-)	Yes
% Enrollees with FP Claims (TOS=14)	N/A	4.76	N/A	4.88	N/A	5.89	N/A	2.60	20.71	15% (+/-)	No
Aged	N/A	0.10	N/A	0.29	N/A	0.16	N/A	186.14	-43.69	15% (+/-)	No
Blind/Disabled	N/A	2.22	N/A	2.52	N/A	3.83	N/A	13.87	51.88	15% (+/-)	No
Child	N/A	2.33	N/A	2.51	N/A	3.43	N/A	7.67	36.60	15% (+/-)	No
Adult	N/A	11.78	N/A	11.32	N/A	12.84	N/A	-3.90	13.40	15% (+/-)	Yes
% Enrollees with All Other Claims (TOS=08-13,15,17-23, 99)	N/A	68.77	N/A	76.08	N/A	78.93	N/A	10.62	3.76	15% (+/-)	Yes
Aged	N/A	53.58	N/A	61.02	N/A	55.12	N/A	13.88	-9.67	15% (+/-)	Yes
Blind/Disabled	N/A	74.10	N/A	85.43	N/A	89.69	N/A	15.29	4.99	15% (+/-)	No
Child	N/A	70.26	N/A	80.10	N/A	83.13	N/A	14.00	3.79	15% (+/-)	Yes
Adult	N/A	62.80	N/A	62.86	N/A	63.79	N/A	0.10	1.48	15% (+/-)	Yes
Avg # IP Days per User	N/A	6	N/A	6	N/A	6	N/A	-4.76	6.45	15% (+/-)	Yes
Aged	N/A	17	N/A	11	N/A	16	N/A	-37.54	47.39	15% (+/-)	No
Blind/Disabled	N/A	12	N/A	11	N/A	12	N/A	-12.66	8.25	15% (+/-)	Yes
Child	N/A	4	N/A	5	N/A	4	N/A	1.60	-5.91	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	4	N/A	1.51	-1.18	15% (+/-)	Yes
Avg # LT Days per User	N/A	172	N/A	192	N/A	191	N/A	11.61	-0.39	15% (+/-)	Yes
Aged	N/A	289	N/A	290	N/A	288	N/A	0.42	-0.79	15% (+/-)	Yes
Blind/Disabled	N/A	188	N/A	194	N/A	183	N/A	3.69	-5.82	15% (+/-)	Yes
Child	N/A	99	N/A	118	N/A	143	N/A	19.01	21.66	15% (+/-)	No
Adult	N/A	56	N/A	19	N/A	10	N/A	-66.87	-48.39	15% (+/-)	No
% Enrollees with Delivery	N/A	4.88	N/A	2.83	N/A	3.82	N/A	-42.12	35.08	15% (+/-)	No
EDB CrossoverS (DUALLY ENROLLED BENEFICIARIES, excluding ineligible recipients, and Managed Care Enrollees)											
Total EDB Crossover Enrollees	N/A	41,293	N/A	41,658	N/A	46,173	N/A	0.88	10.84	15% (+/-)	Yes
# EDB Crossover Recipients	N/A	38,226	N/A	38,897	N/A	40,591	N/A	1.76	4.36	15% (+/-)	Yes
# EDB Crossover PYE	N/A	36,039	N/A	36,304	N/A	40,657	N/A	0.74	11.99	15% (+/-)	Yes
Type of EDB Crossover Indicator											
% EDB only or EDB and MSIS elig (code 4-5)	0-5%	46.17	No	29.29	No	27.68	No	-36.57	-5.48	15% (+/-)	No
% EDB and MSIS Claims (code 6)	0-5%	6.95	No	5.37	No	0.14	Yes	-22.78	-97.34	15% (+/-)	No
% EDB, MSIS elig and MSIS Claims(code 7)	95-100%	46.88	No	65.35	No	72.18	No	39.38	10.45	15% (+/-)	No
SMRF Aged Total	N/A	23,619	N/A	23,177	N/A	24,131	N/A	-1.87	4.12	10% (+/-)	Yes
11: Aged, Cash	N/A	4,302	N/A	4,012	N/A	5,866	N/A	-6.74	46.21	10% (+/-)	No
21: Aged, MN	N/A	402	N/A	532	N/A	576	N/A	32.34	8.27	10% (+/-)	No

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Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
31: Aged, Poverty	N/A	8,971	N/A	9,067	N/A	8,435	N/A	1.07	-6.97	10% (+/-)	Yes
41: Other Aged	N/A	9,944	N/A	9,566	N/A	9,254	N/A	-3.80	-3.26	10% (+/-)	Yes
SMRF Disabled Total	N/A	17,383	N/A	18,130	N/A	21,623	N/A	4.30	19.27	10% (+/-)	No
12: Blind/Disabled, Cash	N/A	10,655	N/A	10,623	N/A	12,661	N/A	-0.30	19.18	10% (+/-)	No
22: Blind/Disabled, MN	N/A	350	N/A	375	N/A	307	N/A	7.14	-18.13	10% (+/-)	No
32: Blind/Disabled, Poverty	N/A	3,982	N/A	4,569	N/A	6,147	N/A	14.74	34.54	10% (+/-)	No
42: Other Blind/Disabled	N/A	2,396	N/A	2,563	N/A	2,508	N/A	6.97	-2.15	10% (+/-)	Yes
Total Medicaid Amt Paid	N/A	$346,483,820	N/A	$369,227,318	N/A	$426,852,757	N/A	6.56	15.61	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$8,391	N/A	$8,863	N/A	$9,245	N/A	5.63	4.30	15% (+/-)	Yes
Average Medicaid Amt Paid per Recipient (Us	N/A	$9,064	N/A	$9,492	N/A	$10,516	N/A	4.73	10.78	15% (+/-)	Yes
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SMRF ELIGIBILITY GROUP											
All Aged	N/A	$9,416	N/A	$9,519	N/A	$9,760	N/A	1.10	2.53	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,060	N/A	$3,923	N/A	$5,247	N/A	28.19	33.76	15% (+/-)	No
21: Aged, MN	N/A	$4,576	N/A	$5,155	N/A	$6,869	N/A	12.65	33.26	15% (+/-)	No
31: Aged, Poverty	N/A	$2,425	N/A	$2,591	N/A	$1,888	N/A	6.85	-27.12	15% (+/-)	No
41: Other Aged	N/A	$18,668	N/A	$18,676	N/A	$19,977	N/A	0.04	6.97	15% (+/-)	Yes
All Blind/Disabled	N/A	$7,100	N/A	$8,154	N/A	$8,795	N/A	14.85	7.86	15% (+/-)	Yes
12: B/D, Cash	N/A	$6,046	N/A	$7,370	N/A	$8,705	N/A	21.90	18.12	15% (+/-)	No
22: B/D, MN	N/A	$6,981	N/A	$9,249	N/A	$12,595	N/A	32.49	36.18	15% (+/-)	No
32: B/D, Poverty	N/A	$4,059	N/A	$4,550	N/A	$4,535	N/A	12.12	-0.33	15% (+/-)	Yes
42: Other B/D	N/A	$16,860	N/A	$17,672	N/A	$19,228	N/A	4.82	8.80	15% (+/-)	Yes
EXPENDITURES AND USERS BY SMRF TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$20,153,986	N/A	$12,409,441	N/A	$14,034,757	N/A	-38.43	13.10	15% (+/-)	No
IP: Number of Users	N/A	17,772	N/A	13,052	N/A	14,565	N/A	-26.56	11.59	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$1,134	N/A	$951	N/A	$964	N/A	-16.16	1.35	15% (+/-)	No
IP: Average Medicaid Covered Days Per User	N/A	2	N/A	1	N/A	3	N/A	-46.20	233.19	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$375,511	N/A	$344,631	N/A	$451,046	N/A	-8.22	30.88	15% (+/-)	No
MH Aged: Number of Users	N/A	109	N/A	88	N/A	150	N/A	-19.27	70.45	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,445	N/A	$3,916	N/A	$3,007	N/A	13.68	-23.22	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$324,045	N/A	$122,055	N/A	$8,242	N/A	-62.33	-93.25	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	102	N/A	35	N/A	3	N/A	-65.69	-91.43	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$3,177	N/A	$3,487	N/A	$2,747	N/A	9.77	-21.22	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$18,016,957	N/A	$18,102,570	N/A	$15,731,906	N/A	0.48	-13.10	15% (+/-)	Yes
ICF/MR: Number of Users	N/A	226	N/A	246	N/A	200	N/A	8.85	-18.70	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$79,721	N/A	$73,588	N/A	$78,660	N/A	-7.69	6.89	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$169,363,429	N/A	$159,748,255	N/A	$158,993,825	N/A	-5.68	-0.47	15% (+/-)	Yes
NF Number of Users	N/A	7,399	N/A	8,313	N/A	8,521	N/A	12.35	2.50	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$22,890	N/A	$19,217	N/A	$18,659	N/A	-16.05	-2.90	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$3,054,618	N/A	$5,874,052	N/A	$7,159,649	N/A	92.30	21.89	15% (+/-)	No
Physician: Number of Users	N/A	17,372	N/A	27,252	N/A	29,729	N/A	56.87	9.09	15% (+/-)	No

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Physician: Avg Medicaid Pd per User	N/A	$176	N/A	$216	N/A	$241	N/A	22.58	11.73	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$145,620	N/A	$188,107	N/A	$565,214	N/A	29.18	200.47	15% (+/-)	No
Dental: Number of Users	N/A	1,386	N/A	1,668	N/A	2,440	N/A	20.35	46.28	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$105	N/A	$113	N/A	$232	N/A	7.34	105.41	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$1,502,469	N/A	$1,786,931	N/A	$1,826,937	N/A	18.93	2.24	15% (+/-)	No
Other Practitioner: Number of Users	N/A	7,911	N/A	13,264	N/A	14,833	N/A	67.67	11.83	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$190	N/A	$135	N/A	$123	N/A	-29.07	-8.58	15% (+/-)	No
OPD: Total Medicaid Paid (TOS 11)	N/A	$3,596,095	N/A	$2,600,244	N/A	$6,948,131	N/A	-27.69	167.21	15% (+/-)	No
OPD Number of Users	N/A	8,329	N/A	8,749	N/A	20,484	N/A	5.04	134.13	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$432	N/A	$297	N/A	$339	N/A	-31.16	14.13	15% (+/-)	No
Clinic: Total Medicaid Paid (TOS 12)	N/A	$0	N/A	$420	N/A	$2,774,558	N/A	.	660509.05	15% (+/-)	No
Clinic: Number of Users	N/A	0	N/A	17	N/A	8,353	N/A	.	49035.29	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	.	N/A	$25	N/A	$332	N/A	.	1244.47	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$33,857,032	N/A	$30,164,928	N/A	$5,504,316	N/A	-10.90	-81.75	15% (+/-)	No
HH: Number of Users	N/A	2,834	N/A	3,189	N/A	2,558	N/A	12.53	-19.79	15% (+/-)	No
HH: Avg Medicaid Pd per User	N/A	$11,947	N/A	$9,459	N/A	$2,152	N/A	-20.82	-77.25	15% (+/-)	No
FP: Total Medicaid Pd (TOS 14)	N/A	$43,883	N/A	$35,955	N/A	$48,341	N/A	-18.07	34.45	15% (+/-)	No
FP: Number of Users	N/A	227	N/A	254	N/A	537	N/A	11.89	111.42	15% (+/-)	No
FP: Avg Medicaid Pd per User	N/A	$193	N/A	$142	N/A	$90	N/A	-26.78	-36.41	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$916,854	N/A	$1,145,749	N/A	$1,111,478	N/A	24.97	-2.99	15% (+/-)	No
Lab/Xray: Number of Users	N/A	9,289	N/A	18,322	N/A	19,474	N/A	97.24	6.29	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$99	N/A	$63	N/A	$57	N/A	-36.64	-8.73	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$52,224,703	N/A	$58,321,534	N/A	$71,101,708	N/A	11.67	21.91	15% (+/-)	No
Drugs: Number of Users	N/A	36,333	N/A	36,862	N/A	38,240	N/A	1.46	3.74	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$1,437	N/A	$1,582	N/A	$1,859	N/A	10.07	17.52	15% (+/-)	No
EPSDT: Total Medicaid Paid (TOS 17)	N/A	$8,423	N/A	$13,104	N/A	$7,449	N/A	55.57	-43.15	15% (+/-)	No
EPSDT: Number of Users	N/A	851	N/A	2,990	N/A	424	N/A	251.35	-85.82	15% (+/-)	No
EPSDT: Avg Medicaid Pd per User	N/A	$10	N/A	$4	N/A	$18	N/A	-55.72	300.87	15% (+/-)	No
RHC: Total Medicaid Pd (TOS 18)	N/A	$708,613	N/A	$730,715	N/A	$476,075	N/A	3.12	-34.85	15% (+/-)	No
RHC: Number of Users	N/A	4,973	N/A	6,181	N/A	5,524	N/A	24.29	-10.63	15% (+/-)	No
RHC: Avg Medicaid Pd per User	N/A	$142	N/A	$118	N/A	$86	N/A	-17.03	-27.10	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$28,627,544	N/A	$60,402,841	N/A	$120,320,992	N/A	111.00	99.20	15% (+/-)	No
Other Services: Number of Users	N/A	10,181	N/A	14,774	N/A	16,428	N/A	45.11	11.20	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$2,812	N/A	$4,088	N/A	$7,324	N/A	45.40	79.14	15% (+/-)	No
Premium Payment: Total Medicaid Paid (TOS 20)	N/A	$0	N/A	$1,275	N/A	$723	N/A	.	-43.29	15% (+/-)	No
Premium Payment: Number of Users	N/A	0	N/A	9	N/A	4	N/A	.	-55.56	15% (+/-)	No
Premium Payment: Avg Medicaid Pd per User	N/A	.	N/A	$142	N/A	$181	N/A	.	27.59	15% (+/-)	No

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Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
DME: Total Medicaid Paid (TOS 21)	N/A	$3,519,985	N/A	$2,455,078	N/A	$2,570,980	N/A	-30.25	4.72	15% (+/-)	No
DME: Number of Users	N/A	6,025	N/A	6,553	N/A	6,946	N/A	8.76	6.00	15% (+/-)	Yes
DME: Avg Medicaid Pd per User	N/A	$584	N/A	$375	N/A	$370	N/A	-35.87	-1.20	15% (+/-)	No
Case Management: Total Medicaid Pd (TOS 22)	N/A	$6,771,764	N/A	$10,723,313	N/A	$11,925,679	N/A	58.35	11.21	15% (+/-)	No
Case Management: Number of Users	N/A	4,252	N/A	5,343	N/A	6,598	N/A	25.66	23.49	15% (+/-)	No
Case Management: Avg Medicaid Pd per User	N/A	$1,593	N/A	$2,007	N/A	$1,807	N/A	26.02	-9.94	15% (+/-)	No
Transportation: Total Medicaid Paid (TOS 23)	N/A	$3,272,289	N/A	$4,056,120	N/A	$5,239,870	N/A	23.95	29.18	15% (+/-)	No
Transportation: Number of Users	N/A	6,115	N/A	7,116	N/A	10,294	N/A	16.37	44.66	15% (+/-)	No
Transportation: Avg Medicaid Pd per User	N/A	$535	N/A	$570	N/A	$509	N/A	6.52	-10.70	15% (+/-)	Yes
Unknown: Total Medicaid Paid (TOS 99)	N/A	$0	N/A	$0	N/A	$50,881	N/A	.	.	15% (+/-)	N/A
Unknown: Number of Users	N/A	0	N/A	0	N/A	59	N/A	.	.	15% (+/-)	N/A
Unknown: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	$862	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED TYPE OF SERVICE											
Inpatient Hospital (TOS=01)	N/A	$488	N/A	$298	N/A	$304	N/A	-38.97	2.04	15% (+/-)	No
Aged	N/A	$356	N/A	$195	N/A	$229	N/A	-45.24	17.17	15% (+/-)	No
Blind/Disabled	N/A	$664	N/A	$428	N/A	$380	N/A	-35.52	-11.34	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$4,555	N/A	$4,281	N/A	$3,794	N/A	-6.02	-11.36	15% (+/-)	Yes
Aged	N/A	$6,939	N/A	$6,679	N/A	$6,389	N/A	-3.76	-4.34	15% (+/-)	Yes
Blind/Disabled	N/A	$1,391	N/A	$1,297	N/A	$972	N/A	-6.74	-25.05	15% (+/-)	No
Drugs (TOS=16)	N/A	$1,265	N/A	$1,400	N/A	$1,540	N/A	10.70	9.99	15% (+/-)	Yes
Aged	N/A	$1,175	N/A	$1,273	N/A	$1,285	N/A	8.35	0.96	15% (+/-)	Yes
Blind/Disabled	N/A	$1,396	N/A	$1,576	N/A	$1,837	N/A	12.94	16.55	15% (+/-)	No
Family Planning (TOS=14)	N/A	$1	N/A	$1	N/A	$1	N/A	-18.78	21.30	15% (+/-)	No
Aged	N/A	$0	N/A	$0	N/A	$0	N/A	6.31	-23.38	15% (+/-)	No
Blind/Disabled	N/A	$2	N/A	$2	N/A	$2	N/A	-23.98	20.43	15% (+/-)	No
All Other Services (TOS=08-13,15,17-23, 99)	N/A	$2,082	N/A	$2,884	N/A	$3,606	N/A	38.51	25.02	15% (+/-)	No
Aged	N/A	$945	N/A	$1,372	N/A	$1,858	N/A	45.22	35.36	15% (+/-)	No
Blind/Disabled	N/A	$3,647	N/A	$4,851	N/A	$5,605	N/A	33.01	15.53	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	43.04	N/A	31.33	N/A	31.54	N/A	-27.20	0.68	15% (+/-)	No
Aged	N/A	37.08	N/A	24.29	N/A	26.44	N/A	-34.51	8.86	15% (+/-)	No
Blind/Disabled	N/A	51.46	N/A	40.72	N/A	37.49	N/A	-20.88	-7.93	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	18.91	N/A	20.83	N/A	19.20	N/A	10.17	-7.84	15% (+/-)	Yes
Aged	N/A	29.99	N/A	34.27	N/A	33.63	N/A	14.25	-1.85	15% (+/-)	Yes
Blind/Disabled	N/A	4.14	N/A	4.04	N/A	3.45	N/A	-2.39	-14.55	15% (+/-)	Yes
% Enrollees with Drug Claims (TOS=16)	N/A	87.99	N/A	88.49	N/A	82.82	N/A	0.57	-6.41	15% (+/-)	Yes
Aged	N/A	88.93	N/A	89.25	N/A	81.19	N/A	0.35	-9.03	15% (+/-)	Yes

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Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
Blind/Disabled	N/A	87.05	N/A	87.89	N/A	84.96	N/A	0.96	-3.34	15% (+/-)	Yes
% Enrollees with FP Claims (TOS=14)	N/A	0.55	N/A	0.61	N/A	1.16	N/A	10.91	90.74	15% (+/-)	No
Aged	N/A	0.08	N/A	0.09	N/A	0.08	N/A	7.00	-13.10	15% (+/-)	Yes
Blind/Disabled	N/A	1.14	N/A	1.21	N/A	2.32	N/A	6.00	91.32	15% (+/-)	No
% Enrollees with All Other Claims (TOS=08-13,15,17-23, 99)	N/A	67.72	N/A	83.51	N/A	81.06	N/A	23.32	-2.94	15% (+/-)	No
Aged	N/A	63.77	N/A	80.02	N/A	75.35	N/A	25.48	-5.84	15% (+/-)	No
Blind/Disabled	N/A	73.30	N/A	88.44	N/A	87.76	N/A	20.67	-0.77	15% (+/-)	No
Avg # IP Days per User (TOS 01)	N/A	2	N/A	1	N/A	3	N/A	-46.20	233.19	15% (+/-)	No
Aged	N/A	2	N/A	1	N/A	3	N/A	-59.54	396.93	15% (+/-)	No
Blind/Disabled	N/A	2	N/A	1	N/A	3	N/A	-36.58	158.15	15% (+/-)	No
Avg # LT Days per User (TOS 02, 04, 05, 07)	N/A	300	N/A	293	N/A	281	N/A	-2.46	-4.07	15% (+/-)	Yes
Aged	N/A	308	N/A	300	N/A	290	N/A	-2.88	-3.34	15% (+/-)	Yes
Blind/Disabled	N/A	220	N/A	221	N/A	187	N/A	0.39	-15.29	15% (+/-)	No
TOTAL ENROLLEES (EXCLUDING INELIGIBLE RECIPIENTS, and Managed Care Enrollees)											
Total Enrollees	N/A	194,293	N/A	194,239	N/A	191,457	N/A	-0.03	-1.43	15% (+/-)	**Yes**
# Recipients	N/A	164,443	N/A	163,894	N/A	160,171	N/A	-0.33	-2.27	15% (+/-)	Yes
Total PYE	N/A	155,774	N/A	153,750	N/A	151,412	N/A	-1.30	-1.52	15% (+/-)	Yes
SMRF Aged Total	N/A	24,610	N/A	24,216	N/A	25,361	N/A	-1.60	4.73	10% (+/-)	Yes
11: Aged, Cash	N/A	4,522	N/A	4,221	N/A	6,088	N/A	-6.66	44.23	10% (+/-)	No
21: Aged, MN	N/A	411	N/A	552	N/A	600	N/A	34.31	8.70	10% (+/-)	No
31: Aged, Poverty	N/A	9,190	N/A	9,403	N/A	8,943	N/A	2.32	-4.89	10% (+/-)	Yes
41: Other Aged	N/A	10,487	N/A	10,040	N/A	9,730	N/A	-4.26	-3.09	10% (+/-)	Yes
SMRF Disabled Total	N/A	39,726	N/A	40,367	N/A	44,511	N/A	1.61	10.27	10% (+/-)	No
12: Blind/Disabled, Cash	N/A	26,665	N/A	26,930	N/A	30,021	N/A	0.99	11.48	10% (+/-)	No
22: Blind/Disabled, MN	N/A	668	N/A	674	N/A	550	N/A	0.90	-18.40	10% (+/-)	No
32: Blind/Disabled, Poverty	N/A	5,893	N/A	6,609	N/A	8,179	N/A	12.15	23.76	10% (+/-)	No
42: Other Blind/Disabled	N/A	6,500	N/A	6,154	N/A	5,761	N/A	-5.32	-6.39	10% (+/-)	Yes
SMRF Child Total	N/A	89,868	N/A	88,009	N/A	83,710	N/A	-2.07	-4.88	10% (+/-)	Yes
14: AFDC Child, Cash	N/A	34,632	N/A	30,191	N/A	23,469	N/A	-12.82	-22.26	10% (+/-)	No
16: AFDC-U Child, Cash	N/A	0	N/A	0	N/A	0	N/A	.	.	10% (+/-)	N/A
24: AFDC Child, MN	N/A	730	N/A	657	N/A	431	N/A	-10.00	-34.40	10% (+/-)	No
34: Child Poverty	N/A	31,278	N/A	33,864	N/A	30,008	N/A	8.27	-11.39	10% (+/-)	No
44: Other Child	N/A	21,349	N/A	21,216	N/A	27,371	N/A	-0.62	29.01	10% (+/-)	No
48: Foster Care Child	N/A	1,879	N/A	2,081	N/A	2,431	N/A	10.75	16.82	10% (+/-)	No
SMRF Adult Total	N/A	40,089	N/A	41,647	N/A	37,874	N/A	3.89	-9.06	10% (+/-)	Yes
15: AFDC Adult, Cash	N/A	24,644	N/A	26,704	N/A	21,980	N/A	8.36	-17.69	10% (+/-)	No
17: AFDC-U Adult, Cash	N/A	0	N/A	0	N/A	0	N/A	.	.	10% (+/-)	N/A
25: AFDC Adult, MN	N/A	510	N/A	428	N/A	227	N/A	-16.08	-46.96	10% (+/-)	No
35: Adult, Poverty	N/A	3,721	N/A	3,965	N/A	3,658	N/A	6.56	-7.74	10% (+/-)	Yes
45: Other Adult	N/A	11,214	N/A	10,550	N/A	12,009	N/A	-5.92	13.83	10% (+/-)	No

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Total Medicaid Amt Paid	N/A	$753,310,676	N/A	$758,921,785	N/A	$915,672,544	N/A	0.74	20.65	15% (+/-)	No
Average Medicaid Amt Paid per Enrollee	N/A	$3,877	N/A	$3,907	N/A	$4,783	N/A	0.77	22.41	15% (+/-)	No
Average Medicaid Amt Paid per Recipient (User of any service)	N/A	$4,581	N/A	$4,631	N/A	$5,717	N/A	1.08	23.46	15% (+/-)	No
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SMRF ELIGIBILITY GROUP											
All Aged	N/A	$9,588	N/A	$9,593	N/A	$9,842	N/A	0.06	2.60	15% (+/-)	Yes
11: Aged, Cash	N/A	$3,196	N/A	$4,102	N/A	$5,301	N/A	28.36	29.22	15% (+/-)	No
21: Aged, MN	N/A	$4,652	N/A	$5,254	N/A	$6,751	N/A	12.94	28.49	15% (+/-)	No
31: Aged, Poverty	N/A	$2,411	N/A	$2,572	N/A	$1,903	N/A	6.69	-26.00	15% (+/-)	No
41: Other Aged	N/A	$18,827	N/A	$18,716	N/A	$20,171	N/A	-0.59	7.78	15% (+/-)	Yes
All Blind/Disabled	N/A	$8,244	N/A	$8,580	N/A	$10,061	N/A	4.08	17.25	15% (+/-)	No
12: B/D, Cash	N/A	$7,683	N/A	$8,382	N/A	$10,091	N/A	9.09	20.39	15% (+/-)	No
22: B/D, MN	N/A	$8,825	N/A	$8,318	N/A	$15,106	N/A	-5.74	81.60	15% (+/-)	No
32: B/D, Poverty	N/A	$5,024	N/A	$4,748	N/A	$5,349	N/A	-5.50	12.66	15% (+/-)	Yes
42: Other B/D	N/A	$13,405	N/A	$13,594	N/A	$16,111	N/A	1.41	18.51	15% (+/-)	No
All Child	N/A	$1,345	N/A	$1,428	N/A	$1,941	N/A	6.17	35.99	15% (+/-)	No
14: AFDC Child, Cash	N/A	$1,099	N/A	$1,027	N/A	$1,406	N/A	-6.56	37.00	15% (+/-)	No
16: AFDC-U Child,Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
24: AFDC Child, MN	N/A	$2,115	N/A	$1,509	N/A	$3,110	N/A	-28.66	106.14	15% (+/-)	No
34: Child, Poverty	N/A	$866	N/A	$839	N/A	$1,145	N/A	-3.12	36.40	15% (+/-)	No
44: Other Child	N/A	$1,676	N/A	$1,839	N/A	$2,200	N/A	9.72	19.61	15% (+/-)	No
48: Foster Care Child	N/A	$9,774	N/A	$12,597	N/A	$13,822	N/A	28.88	9.72	15% (+/-)	No
All Adult	N/A	$1,721	N/A	$1,311	N/A	$1,472	N/A	-23.83	12.25	15% (+/-)	No
15: AFDC Adult, Cash	N/A	$1,728	N/A	$1,270	N/A	$1,363	N/A	-26.51	7.37	15% (+/-)	No
17: AFDC-U Adult, Cash	N/A	.	N/A	.	N/A	.	N/A	.	.	15% (+/-)	N/A
25: AFDC Adult, MN	N/A	$3,173	N/A	$1,646	N/A	$2,587	N/A	-48.14	57.17	15% (+/-)	No
35: Adult, Poverty	N/A	$2,497	N/A	$1,760	N/A	$2,268	N/A	-29.50	28.81	15% (+/-)	No
45: Other Adult	N/A	$1,383	N/A	$1,233	N/A	$1,406	N/A	-10.83	14.02	15% (+/-)	Yes
EXPENDITURES AND USERS BY SMRF TOS											
IP: Total Medicaid Paid (TOS 01)	N/A	$146,974,768	N/A	$88,464,667	N/A	$114,039,044	N/A	-39.81	28.91	15% (+/-)	No
IP: Number of Users	N/A	32,546	N/A	21,966	N/A	25,435	N/A	-32.51	15.79	15% (+/-)	No
IP: Average Medicaid Pd per User	N/A	$4,516	N/A	$4,027	N/A	$4,484	N/A	-10.82	11.33	15% (+/-)	Yes
IP: Average Medicaid Covered Days Per User	N/A	4	N/A	3	N/A	4	N/A	-21.20	49.14	15% (+/-)	No
MH Aged: Total Medicaid Paid (TOS 02)	N/A	$441,808	N/A	$410,631	N/A	$595,144	N/A	-7.06	44.93	15% (+/-)	No
MH Aged: Number of Users	N/A	114	N/A	92	N/A	217	N/A	-19.30	135.87	15% (+/-)	No
MH Aged: Avg Medicaid Pd per User	N/A	$3,876	N/A	$4,463	N/A	$2,743	N/A	15.17	-38.55	15% (+/-)	No
IP Psych < 21: Total Medicaid Paid (TOS 04)	N/A	$21,324,817	N/A	$23,319,244	N/A	$31,043,935	N/A	9.35	33.13	15% (+/-)	No
IP Psych < 21: Number of Users	N/A	1,009	N/A	619	N/A	685	N/A	-38.65	10.66	15% (+/-)	No
IP Psych<21 :Avg Medicaid Pd per User	N/A	$21,135	N/A	$37,672	N/A	$45,320	N/A	78.25	20.30	15% (+/-)	No
ICF/MR: Total Medicaid Pd (TOS 05)	N/A	$31,192,476	N/A	$30,494,134	N/A	$26,625,859	N/A	-2.24	-12.69	15% (+/-)	Yes

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Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
ICF/MR: Number of Users	N/A	383	N/A	405	N/A	330	N/A	5.74	-18.52	15% (+/-)	No
ICF/MR: Avg Medicaid Pd per User	N/A	$81,442	N/A	$75,294	N/A	$80,684	N/A	-7.55	7.16	15% (+/-)	Yes
NF: Total Medicaid Paid (TOS 07)	N/A	$179,086,432	N/A	$170,100,918	N/A	$169,742,112	N/A	-5.02	-0.21	15% (+/-)	Yes
NF Number of Users	N/A	7,835	N/A	8,867	N/A	9,151	N/A	13.17	3.20	15% (+/-)	Yes
NF:Avg Medicaid Pd per User	N/A	$22,857	N/A	$19,184	N/A	$18,549	N/A	-16.07	-3.31	15% (+/-)	No
Physician: Total Medicaid Paid (TOS 08)	N/A	$19,064,943	N/A	$23,215,503	N/A	$28,711,835	N/A	21.77	23.68	15% (+/-)	No
Physician: Number of Users	N/A	87,079	N/A	102,442	N/A	105,885	N/A	17.64	3.36	15% (+/-)	No
Physician: Avg Medicaid Pd per User	N/A	$219	N/A	$227	N/A	$271	N/A	3.51	19.65	15% (+/-)	No
Dental: Total Medicaid Paid (TOS 09)	N/A	$2,456,718	N/A	$2,906,519	N/A	$6,451,899	N/A	18.31	121.98	15% (+/-)	No
Dental: Number of Users	N/A	26,718	N/A	28,228	N/A	32,580	N/A	5.65	15.42	15% (+/-)	No
Dental: Avg Medicaid Pd per User	N/A	$92	N/A	$103	N/A	$198	N/A	11.98	92.33	15% (+/-)	No
Other Practitioner: Total Medicaid Pd (TOS 10)	N/A	$9,563,771	N/A	$10,972,053	N/A	$9,857,476	N/A	14.73	-10.16	15% (+/-)	Yes
Other Practitioner: Number of Users	N/A	39,931	N/A	48,122	N/A	49,239	N/A	20.51	2.32	15% (+/-)	No
Other Practitioner: Avg Medicaid Pd per User	N/A	$240	N/A	$228	N/A	$200	N/A	-4.80	-12.20	15% (+/-)	Yes
OPD: Total Medicaid Paid (TOS 11)	N/A	$53,984,798	N/A	$35,929,501	N/A	$48,602,287	N/A	-33.45	35.27	15% (+/-)	No
OPD Number of Users	N/A	78,213	N/A	61,096	N/A	76,589	N/A	-21.89	25.36	15% (+/-)	No
OPD: Avg Medicaid Pd per User	N/A	$690	N/A	$588	N/A	$635	N/A	-14.80	7.91	15% (+/-)	Yes
Clinic: Total Medicaid Paid (TOS 12)	N/A	$20,588	N/A	$341,368	N/A	$19,455,536	N/A	1558.09	5599.29	15% (+/-)	No
Clinic: Number of Users	N/A	460	N/A	862	N/A	35,971	N/A	87.39	4072.97	15% (+/-)	No
Clinic: Avg Medicaid Pd per User	N/A	$45	N/A	$396	N/A	$541	N/A	784.83	36.58	15% (+/-)	No
HH: Total Medicaid Paid (TOS 13)	N/A	$58,928,165	N/A	$53,188,763	N/A	$12,371,562	N/A	-9.74	-76.74	15% (+/-)	No
HH: Number of Users	N/A	6,590	N/A	7,330	N/A	6,245	N/A	11.23	-14.80	15% (+/-)	Yes
HH: Avg Medicaid Pd per User	N/A	$8,942	N/A	$7,256	N/A	$1,981	N/A	-18.85	-72.70	15% (+/-)	No
FP: Total Medicaid Pd (TOS 14)	N/A	$2,421,941	N/A	$1,730,655	N/A	$1,200,734	N/A	-28.54	-30.62	15% (+/-)	No
FP: Number of Users	N/A	7,508	N/A	7,704	N/A	9,100	N/A	2.61	18.12	15% (+/-)	No
FP: Avg Medicaid Pd per User	N/A	$323	N/A	$225	N/A	$132	N/A	-30.36	-41.26	15% (+/-)	No
Lab/Xray: Total Medicaid Paid (TOS 15)	N/A	$5,066,530	N/A	$5,773,893	N/A	$7,959,341	N/A	13.96	37.85	15% (+/-)	No
Lab/Xray: Number of Users	N/A	61,621	N/A	74,515	N/A	82,970	N/A	20.92	11.35	15% (+/-)	No
Lab/Xray:Avg Medicaid Pd per User	N/A	$82	N/A	$77	N/A	$96	N/A	-5.76	23.80	15% (+/-)	No
Drugs: Total Medicaid Paid (TOS 16)	N/A	$91,424,258	N/A	$101,497,623	N/A	$122,214,660	N/A	11.02	20.41	15% (+/-)	No
Drugs: Number of Users	N/A	139,034	N/A	135,882	N/A	130,757	N/A	-2.27	-3.77	15% (+/-)	Yes
Drugs: Avg Medicaid Pd per User	N/A	$658	N/A	$747	N/A	$935	N/A	13.59	25.13	15% (+/-)	No
EPSDT: Total Medicaid Paid (TOS 17)	N/A	$2,771,842	N/A	$3,001,200	N/A	$2,024,326	N/A	8.27	-32.55	15% (+/-)	No
EPSDT: Number of Users	N/A	45,256	N/A	52,246	N/A	31,694	N/A	15.45	-39.34	15% (+/-)	No
EPSDT: Avg Medicaid Pd per User	N/A	$61	N/A	$57	N/A	$64	N/A	-6.21	11.19	15% (+/-)	Yes
RHC: Total Medicaid Pd (TOS 18)	N/A	$5,623,678	N/A	$7,018,417	N/A	$4,131,167	N/A	24.80	-41.14	15% (+/-)	No
RHC: Number of Users	N/A	24,730	N/A	29,261	N/A	23,023	N/A	18.32	-21.32	15% (+/-)	No
RHC: Avg Medicaid Pd per User	N/A	$227	N/A	$240	N/A	$179	N/A	5.48	-25.19	15% (+/-)	No
Other Services: Total Medicaid Paid (TOS 19)	N/A	$87,319,342	N/A	$156,491,394	N/A	$255,229,307	N/A	79.22	63.09	15% (+/-)	No

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Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
Other Services: Number of Users	N/A	26,918	N/A	35,004	N/A	43,010	N/A	30.04	22.87	15% (+/-)	No
Other Services: Avg Medicaid Pd per User	N/A	$3,244	N/A	$4,471	N/A	$5,934	N/A	37.82	32.74	15% (+/-)	No
Premium Payment: Total Medicaid Paid (TOS 20)	N/A	$0	N/A	$982,516	N/A	$44,320	N/A	.	-95.49	15% (+/-)	No
Premium Payment: Number of Users	N/A	0	N/A	6,081	N/A	237	N/A	.	-96.10	15% (+/-)	No
Premium Payment: Avg Medicaid Pd per User	N/A	.	N/A	$162	N/A	$187	N/A	.	15.74	15% (+/-)	No
DME: Total Medicaid Paid (TOS 21)	N/A	$7,468,375	N/A	$7,102,732	N/A	$8,037,197	N/A	-4.90	13.16	15% (+/-)	Yes
DME: Number of Users	N/A	23,275	N/A	25,265	N/A	25,388	N/A	8.55	0.49	15% (+/-)	Yes
DME: Avg Medicaid Pd per User	N/A	$321	N/A	$281	N/A	$317	N/A	-12.39	12.61	15% (+/-)	Yes
Case Management: Total Medicaid Pd (TOS 22)	N/A	$19,136,504	N/A	$25,469,555	N/A	$34,789,286	N/A	33.09	36.59	15% (+/-)	No
Case Management: Number of Users	N/A	13,796	N/A	16,274	N/A	20,460	N/A	17.96	25.72	15% (+/-)	No
Case Management: Avg Medicaid Pd per User	N/A	$1,387	N/A	$1,565	N/A	$1,700	N/A	12.83	8.65	15% (+/-)	Yes
Transportation: Total Medicaid Paid (TOS 23)	N/A	$9,038,922	N/A	$10,510,499	N/A	$12,397,845	N/A	16.28	17.96	15% (+/-)	No
Transportation: Number of Users	N/A	22,943	N/A	24,249	N/A	27,256	N/A	5.69	12.40	15% (+/-)	Yes
Transportation: Avg Medicaid Pd per User	N/A	$394	N/A	$433	N/A	$455	N/A	10.02	4.94	15% (+/-)	Yes
Unknown: Total Medicaid Paid (TOS 99)	N/A	$0	N/A	$0	N/A	$147,672	N/A	.	.	15% (+/-)	N/A
Unknown: Number of Users	N/A	0	N/A	0	N/A	77	N/A	.	.	15% (+/-)	N/A
Unknown: Avg Medicaid Pd per User	N/A	.	N/A	.	N/A	$1,918	N/A	.	.	15% (+/-)	N/A
AVERAGE MEDICAID AMOUNT PAID PER ENROLLEE BY SELECTED SMRF TYPE OF SERVICE										15% (+/-)	
Inpatient Hospital (TOS=01)	N/A	$756	N/A	$455	N/A	$596	N/A	-39.79	30.78	15% (+/-)	No
Aged	N/A	$508	N/A	$261	N/A	$353	N/A	-48.63	35.48	15% (+/-)	No
Blind/Disabled	N/A	$1,977	N/A	$1,181	N/A	$1,477	N/A	-40.29	25.15	15% (+/-)	No
Child	N/A	$315	N/A	$193	N/A	$251	N/A	-38.79	30.21	15% (+/-)	No
Adult	N/A	$689	N/A	$420	N/A	$483	N/A	-38.94	14.82	15% (+/-)	No
LTC (TOS=02,04,05,07)	N/A	$1,194	N/A	$1,155	N/A	$1,191	N/A	-3.30	3.12	15% (+/-)	Yes
Aged	N/A	$6,921	N/A	$6,667	N/A	$6,342	N/A	-3.66	-4.88	15% (+/-)	Yes
Blind/Disabled	N/A	$1,245	N/A	$1,187	N/A	$1,053	N/A	-4.65	-11.29	15% (+/-)	Yes
Child	N/A	$134	N/A	$169	N/A	$241	N/A	25.75	42.82	15% (+/-)	No
Adult	N/A	$5	N/A	$2	N/A	$3	N/A	-56.95	31.05	15% (+/-)	No
Drugs (TOS=16)	N/A	$471	N/A	$523	N/A	$638	N/A	11.05	22.16	15% (+/-)	No
Aged	N/A	$1,166	N/A	$1,258	N/A	$1,270	N/A	7.87	0.96	15% (+/-)	Yes
Blind/Disabled	N/A	$1,192	N/A	$1,365	N/A	$1,638	N/A	14.51	20.00	15% (+/-)	No
Child	N/A	$80	N/A	$87	N/A	$104	N/A	7.71	19.49	15% (+/-)	No
Adult	N/A	$203	N/A	$199	N/A	$222	N/A	-1.75	11.53	15% (+/-)	Yes
Family Planning (TOS=14)	N/A	$12	N/A	$9	N/A	$6	N/A	-28.52	-29.61	15% (+/-)	No
Aged	N/A	$0	N/A	$0	N/A	$0	N/A	35.43	-40.13	15% (+/-)	No
Blind/Disabled	N/A	$5	N/A	$4	N/A	$3	N/A	-22.40	-4.84	15% (+/-)	No
Child	N/A	$3	N/A	$3	N/A	$4	N/A	9.14	4.78	15% (+/-)	Yes

1996-1998 SMRF PSF Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
Adult	N/A	$49	N/A	$31	N/A	$20	N/A	-36.97	-36.08	15% (+/-)	No
All Other Services (TOS=08-13,15,17-23, 99)	N/A	$1,443	N/A	$1,765	N/A	$2,351	N/A	22.31	33.20	15% (+/-)	No
Aged	N/A	$993	N/A	$1,407	N/A	$1,877	N/A	41.65	33.40	15% (+/-)	No
Blind/Disabled	N/A	$3,825	N/A	$4,844	N/A	$5,888	N/A	26.63	21.56	15% (+/-)	No
Child	N/A	$811	N/A	$976	N/A	$1,342	N/A	20.23	37.53	15% (+/-)	No
Adult	N/A	$776	N/A	$659	N/A	$744	N/A	-15.14	13.01	15% (+/-)	No
PERCENT OF ENROLLEES WITH CLAIMS BY SELECTED SMRF TYPE OF SERVICE											
% Enrollees with IP Claims (TOS=01)	N/A	16.75	N/A	11.31	N/A	13.28	N/A	-32.49	17.48	15% (+/-)	No
Aged	N/A	36.28	N/A	23.67	N/A	25.75	N/A	-34.76	8.78	15% (+/-)	No
Blind/Disabled	N/A	31.40	N/A	23.96	N/A	24.95	N/A	-23.70	4.15	15% (+/-)	No
Child	N/A	6.69	N/A	3.87	N/A	5.48	N/A	-42.17	41.65	15% (+/-)	No
Adult	N/A	12.81	N/A	7.59	N/A	8.49	N/A	-40.74	11.84	15% (+/-)	No
% Enrollees with LTC Claims (TOS=02,04,05,07)	N/A	4.79	N/A	5.14	N/A	5.42	N/A	7.19	5.47	15% (+/-)	Yes
Aged	N/A	29.91	N/A	34.00	N/A	33.31	N/A	13.70	-2.04	15% (+/-)	Yes
Blind/Disabled	N/A	3.55	N/A	3.40	N/A	3.24	N/A	-4.17	-4.75	15% (+/-)	Yes
Child	N/A	0.48	N/A	0.38	N/A	0.54	N/A	-22.07	43.77	15% (+/-)	No
Adult	N/A	0.26	N/A	0.09	N/A	0.08	N/A	-65.16	-16.08	15% (+/-)	No
% Enrollees with Drug Claims (TOS=16)	N/A	71.56	N/A	69.96	N/A	68.30	N/A	-2.24	-2.37	15% (+/-)	Yes
Aged	N/A	87.93	N/A	88.10	N/A	79.91	N/A	0.20	-9.30	15% (+/-)	Yes
Blind/Disabled	N/A	83.85	N/A	84.82	N/A	84.19	N/A	1.16	-0.74	15% (+/-)	Yes
Child	N/A	63.37	N/A	62.64	N/A	60.84	N/A	-1.14	-2.88	15% (+/-)	Yes
Adult	N/A	67.70	N/A	60.46	N/A	58.33	N/A	-10.70	-3.52	15% (+/-)	Yes
% Enrollees with FP Claims (TOS=14)	N/A	3.86	N/A	3.97	N/A	4.75	N/A	2.64	19.84	15% (+/-)	No
Aged	N/A	0.09	N/A	0.10	N/A	0.08	N/A	16.15	-16.45	15% (+/-)	No
Blind/Disabled	N/A	1.75	N/A	1.93	N/A	3.10	N/A	10.75	60.13	15% (+/-)	No
Child	N/A	2.33	N/A	2.51	N/A	3.43	N/A	7.67	36.53	15% (+/-)	No
Adult	N/A	11.72	N/A	11.26	N/A	12.75	N/A	-3.90	13.27	15% (+/-)	Yes
% Enrollees with All Other Claims (TOS=08-13,15,17-23, 99)	N/A	68.55	N/A	77.67	N/A	79.45	N/A	13.31	2.28	15% (+/-)	Yes
Aged	N/A	63.36	N/A	79.20	N/A	74.37	N/A	25.01	-6.11	15% (+/-)	No
Blind/Disabled	N/A	73.75	N/A	86.78	N/A	88.75	N/A	17.68	2.27	15% (+/-)	No
Child	N/A	70.26	N/A	80.10	N/A	83.13	N/A	14.00	3.79	15% (+/-)	Yes
Adult	N/A	62.75	N/A	62.83	N/A	63.76	N/A	0.13	1.49	15% (+/-)	Yes
Avg # IP Days per User	N/A	4	N/A	3	N/A	4	N/A	-21.20	49.14	15% (+/-)	No
Aged	N/A	2	N/A	1	N/A	3	N/A	-56.24	321.58	15% (+/-)	No
Blind/Disabled	N/A	5	N/A	3	N/A	5	N/A	-28.34	53.04	15% (+/-)	No
Child	N/A	4	N/A	5	N/A	4	N/A	1.52	-5.79	15% (+/-)	Yes
Adult	N/A	4	N/A	4	N/A	4	N/A	0.49	-0.60	15% (+/-)	Yes
Avg # LT Days per User	N/A	279	N/A	280	N/A	268	N/A	0.06	-4.23	15% (+/-)	Yes
Aged	N/A	308	N/A	299	N/A	289	N/A	-2.76	-3.26	15% (+/-)	Yes

1996-1998 SMRF PSF Validation Table
State: ME

Measure	Expected Range	1996 Value	1996 Within Range	1997 Value	1997 Within Range	1998 Value	1998 Within Range	% Change 1996- 1997	% Change 1997- 1998	Cross Year Expected Range	Cross Year Within Range
Blind/Disabled	N/A	204	N/A	209	N/A	185	N/A	2.18	-11.20	15% (+/-)	Yes
Child	N/A	99	N/A	118	N/A	143	N/A	19.01	21.66	15% (+/-)	No
Adult	N/A	58	N/A	17	N/A	9	N/A	-69.86	-46.39	15% (+/-)	No