Department of Health and Human Services Centers for Medicare & Medicaid Services OMB No. 0938-0067 Expires 6/30/2008

# Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program

State: Quarter Ended:

	Certificati	on			
CMS 64 Summary Sheet	Medical Assista	ance Payments	State and Local Administration		
	Total Computable	Federal Share	Total Computable	Federal Share	
	(A)	(B)	(C)	(D)	
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)					

I certify that:

- I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
- 2. This report only includes expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the Quarter Ended indicated above under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the SCHIP.
- 3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.
- 4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.
- 5. Federal matching funds are not being claimed on this report to match any expenditure under any Medicaid and/or SCHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.

6. The information	shown above and on the Form CMS-64 Summary Sheet and the Supporting Scheo	dules is correct to the best of my knowledge and belief.
Date:	Signature:	Title:

User Performing Certification:

Footnotes:

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

### Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program Summary Sheet

		Medical Assi	stance Payments S	State and Loc	al Administration
		Total	Federal Share	Total	Federal Share
		(A)	(B)	(C)	(D)
Sect	ion A. Quarterly Status of Funding		•		•
1	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters				
2	Awards Received During The Quarter For Subsequent Quarters				
ЗА	Interest: Received On Medicaid Recoveries				
3B	Interest: Assessed On Disallowances				
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30				
5	Other				
Sect	ion B. Expenditures Reported for Period				
6	Expenditures In This Quarter				
7	Adjustments Increasing Claims For Prior Quarters				
8	Other Expenditures				
9A	Collections: Third Party Liability				
9B	Collections: Probate				
9C	Collections: Identified Through Fraud And Abuse Effort		1 1		
9D	Collections: Other				
9E	Misc.				
10A	Adjustments Decreasing Claims For Prior Quarters: Federal Audit				
10B	Adjustments Decreasing Claims For Prior Quarters: Other				
10C	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)				
11	Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)				

## Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

Peyments Marrial treatility Services Marrial treatility Services Marrial treatility Services Marrial fractility Services Marrial fractility Services Marrial fractility Services Marrial fraction Fluidio Providors Marrial fraction Fluidio Providors Physician's Services  Outpatient Hospital Services  Outpatient Hospital Services  Prescribed Drugs  7A1 Drug Retation Offset - National Agreement 7A2 Drug Retation Offset - State Stitebar Agreement 8 Demial Services  Other Practitioner's Services  Other Practitioner's Services  Other Practitioner's Services  Other Practitioner's Services  In Demial Services  Services  Other Practitioner's Services  Other Practitioner's Services  Services  Other Practitioner's Services  Fig. 1 Laboratory And Radiological Services  Services  Retail Servi										
Total					IHS Facility	Fam. Plan.	Optional			Total
Comp.   100%   90%   Services   0.00%   Share   Share	l Med	dical Assistance Payments	Total	FMAP	Services	Services	Breast or		Federal	Federal
		2.04.7.00.014.100 1 4J			1					
1. In proposal Services - Regular Peymons   1. Peymons				(D)				0.0070		
Primers B register Hospital Services - OSH Adjustment Playments Advanted Headin Services - Regular Programs B Advanted Headin Services - OSH Adjustment Playments B Adjustments B Adjustment Headin Services B Outpatient Heapital Services B Outpatient Heapital Services B Outpatient Heapital Services B Outpatient Heapital Services B Oental Serv	1Δ	Innationt Hospital Services - Regular	(A)	(B)	(C)	(D)	(E)		(F)	(G)
2/A Montain Health Facility Services - Regular Polymerics   2/B Adjustment Polymerics   3/B Adjustment Polymerics   3/B Adjustment Polymerics   4/B Montain Health Facility Services   4/B Montain Health Facility Services   4/B Montain Health Facility Services   4/B Montain Services   5/B Physicians Services   6/B Outpatient Hospital Services   6/B Outpatient Hospital Services   7/B Programment   7/B Drug Rebate Offiser - National Agreement   7/B Drug Rebate Offiser - National Agreement   7/B Drug Rebate Offiser - State Sidobar   7/B Drug		Payments								
Peyments  Martial Health Facility Services  Mortial Health Facility Services  Nutremediate Care Facility Services  Mortial Petradisch Public Providins  Minimal Petradisch Public Providins  Minimal Petradisch Public Providins  Mortial Petradisch Public Providins  Mortial Petradisch Public Providins  Mortial Petradisch Public Providins  Mortial Petradisch Provide Providers  Dispersions Services  Outpatient Hospital Services  Outpatient Hospital Services  Prescribed Drugs  All Drug Rebate Offset - National Agreement  PA2 Drug Rebate Offset - State Sidebar Agreement  Agreement  Dispersions Services  Other Practitioners' Services  Other Practitioners' Services  Other Practitioners' Services  In Laboratory And Radiological Services  In Laboratory And Radiological Services  Services  Services  PROST Screening Services  Rural Health Clinic Screening  Rural Health Clinic Screening  Modicar Health Insurance Payments - Part Permiums	1B	Inpatient Hospital Service - DSH Adjustment Payments								
Nursing Facility Services An Intermediate Care Facility Services - Montally Related Care Facility Services  Physicians' Services  Outpatient Hospital Services  Prescribed Drugs  And Drug Rebate Offset - National Agreement  Agreement  Agreement  Dental Services  Other Practitioners' Services  Other Practitioners' Services  Care Facility Services  Laboratory And Radiological Services  Laboratory And Radiological Services  Sterifications  Sterifications  Sterifications  Rural Health Cinic Services  Rural Health Cinic Services  Rural Health Cinic Services  Medicare Health Insurance Payments - Part A Permiums  Part B Premiums  Medicare Health Insurance Payments - Part A Permiums  Medicare Health Insurance Payments - Part B Premiums  Medicare Health Insurance Payments - Part B Premiums  TCS 135% - 175% Of Poverty	2A	Mental Health Facility Services - Regular Payments								
An Intermediate Care Facility Services - Mentally Retarried: Public Providers	2B	Mental Health Facility Services - DSH Adjustment Payments								
B Intermediate Care Facility Services - Membraly Related Cifvine Providers - Services -	3	Nursing Facility Services								
5 Physicians' Services 6 Outpatient Hospital Services 7 Prescribed Drugs 7 Prescribed Drugs 7 Drug Rebate Offiset - National Agreement 7 Drug Rebate Offiset - State Sidebar Agreement 8 Dental Services 9 Other Practitioners' Services 10 Clinic Services 11 Laboratory And Radiological Services 11 Laboratory And Radiological Services 12 Home Health Services 13 Stenilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rurel Health Clinic Screening 17 Rurel Health Clinic Screening 17 Rurel Health Clinic Screening 18 Medicare Health Insurance Payments - Part A Prentiums 19 Medicare Health Insurance Payments - Payments - Payments - Payments - Payments - Payments - Payments	4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
6 Outpatient Hospital Services 7 Prescribed Drugs 7A1 Drug Rebate Offset - National Agreement 7A2 Drug Rebate Offset - National Agreement 8 Dental Services 9 Other Practitioners' Services 10 Clinic Services 11 Laboratory And Radiological Services 11 Laboratory And Radiological Services 12 Home Health Services 13 Sterilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part & Permums 17B Part & Permums 17C1 120% - 134% Of Poverty	4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
Prescribed Drugs  7 Prescribed Drugs  8 Prescribed Drugs  8 Prescribed Drugs  9 Prescr	5	Physicians' Services								
7A1 Drug Rebate Offset - National Agreement 7A2 Drug Rebate Offset - State Sidebar Agreement 8 Dental Services 9 Other Practitioners' Services 10 Clinic Services 11 Laboratory And Radiological Services 11 Laboratory And Radiological Services 11 Home Health Services 13 Sterilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part A Premiums 17B Medicare Health Insurance Payments - Part A Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	6	Outpatient Hospital Services								
7A2 Drug Rebate Offset - State Sidebar Agrierment	7	Prescribed Drugs								
Agréement  8 Dental Services  9 Other Practitioners' Services  10 Clinic Services  11 Laboratory And Radiological Services  12 Home Health Services  13 Sterilizations  14 Abortions No.  15 EPSDT Screening Services  16 Rural Health Clinic Screening  17A Medicare Health Insurance Payments - Part A Premiums  17B Medicare Health Insurance Payments - Part B Premiums  17C1 120% - 134% Of Poverty  17C2 135% - 175% Of Poverty	7A1	Drug Rebate Offset - National Agreement								
9 Other Practitioners' Services 10 Clinic Services 11 Laboratory And Radiological Services 12 Home Health Services 13 Sterilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part & Premiums 17B Medicare Health Insurance Payments - Part & Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	7A2	Drug Rebate Offset - State Sidebar Agreement								
10 Clinic Services 11 Laboratory And Radiological Services 12 Home Health Services 13 Sterilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Part A Premiums 17B Medicare Health Insurance Payments - Part B Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	8	Dental Services								
11 Laboratory And Radiological Services 12 Home Health Services 13 Sterilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part A Premiums 17B Medicare Health Insurance Payments - Part B Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	9	Other Practitioners' Services								
12   Home Health Services	10	Clinic Services								
13 Sterilizations 14 Abortions No. 15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part A Premiums 17B Medicare Health Insurance Payments - Part B Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	11	Laboratory And Radiological Services								
14       Abortions No.	12	Home Health Services								
15 EPSDT Screening Services 16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part A Premiums 17B Medicare Health Insurance Payments - Part B Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	13	Sterilizations								
16 Rural Health Clinic Screening 17A Medicare Health Insurance Payments - Part A Premiums 17B Medicare Health Insurance Payments - Part B Premiums 17C1 120% - 134% Of Poverty 17C2 135% - 175% Of Poverty	14	Abortions No.								
17A Medicare Health Insurance Payments - Part A Premiums  17B Medicare Health Insurance Payments - Part B Premiums  17C1 120% - 134% Of Poverty  17C2 135% - 175% Of Poverty	15	EPSDT Screening Services								
17B       Medicare Health Insurance Payments - Part B Premiums         17C1       120% - 134% Of Poverty         17C2       135% - 175% Of Poverty	16	Rural Health Clinic Screening								
Part B Premiums       17C1     120% - 134% Of Poverty       17C2     135% - 175% Of Poverty	17A	Medicare Health Insurance Payments - Part A Premiums								
17C2 135% - 175% Of Poverty	17B	Medicare Health Insurance Payments - Part B Premiums								
	17C1	120% - 134% Of Poverty								
17D Coinsurance And Deductibles	17C2	135% - 175% Of Poverty								
	17D	Coinsurance And Deductibles								

## Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

				IHS Facility	Fam. Plan.	Optional			Total
Me	dical Assistance Payments	Total	FMAP	Services	Services	Breast or Cerv. Cancer		Federal	Federal
		Comp.		100%	90%	Services	0.00%	Share	Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

## Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

State.							<del>Quui t</del>	ei Liided.	
Ме	dical Assistance Payments				Federal Sh	nare			
Waiver	Type:			IHS Facility	Family Plan.				Total
Waiver	Name:	Total	FMAP	Services	Services	& Cerv.		Federal	Federal
Waiver	Number:	Comp		100%	90%	Cancer	0.00%	Share	Share
	ŀ	(A)	(B)	(C)	(D)	Services (E)		(F)	(G)
1A In	patient Hospital Services - Regular Payments	(/\)	(D)	(0)	(5)	(=)		(1 )	(0)
	patient Hospital Service - DSH Adjustment			1					
l IP:	avments lental Health Facility Services - Regular Payments			-					
	lental Health Facility Services - DSH Adjustment			1					
P	ayments ursing Facility Services			-					
	• •								
l Ir	ntermediate Care Facility Services - Mentally etarded: Public Providers								
4B In	ntermediate Care Facility Services - Mentally etarded: Private Providers								
5 PI	hysicians' Services								
6 O	outpatient Hospital Services								
7 P	rescribed Drugs								
7A1 D	rug Rebate Offset - National Agreement								
7A2 D	rug Rebate Offset - State Sidebar Agreement			1					
8 D	ental Services			†	<del> </del>				
9 0	ther Practitioners' Services								
10 C	linic Services			+					
	aboratory And Radiological Services			1					
	lome Health Services			-					
	terilizations			1					
				-					
	bortions No.								
	PSDT Screening Services			1					
	ural Health Clinic Screening								
IΡ	ledicare Health Insurance Payments - Part A remiums								
P	ledicare Health Insurance Payments - Part B remiums								
17C1 12	20% - 134% Of Poverty								
17C2 1	35% - 175% Of Poverty								
17D C	oinsurance And Deductibles								
	ledicaid Health Insurance Payments: Managed Care								
18B1 P	rganizations (MCO) repaid Ambulatory Health Plan			1					
18B2 P	repaid Inpatient Health Plan			1	<del> </del>	<b> </b>			
	ledicaid Health Insurance Payments: Group Health			+	-				
18D M	lan Pavments ledicaid Health Insurance Payments: Coinsurance				-	-			
Δ	nd Deductibles ledicaid Health Insurance Payments: Other			-					
	ome And Community-Based Services			+	-	-			
	ome And Community-Based Care For Functionally			1	-	ļ			
<b>I</b> D	isabled Elderly			<del>                                     </del>		ļ			
	rograms Of All-Inclusive Care Elderly			1					
	ersonal Care Services								
	argeted Case Management Services								
	rimary Care Case Management Services								
26 H	ospice Benefits								
27 E	mergency Services Undocumented Aliens								
28 F	ederally-Qualified Health Center			1	<u> </u>	<u> </u>			
29 O	other Care Services			1					
30 To	otal			+			$\vdash$		

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Prior Period Adjustments In This Quarter

								FISCE	ai Year:	
			1	L	ine #					
					Federa	l Share				]
Me	edical Assistance Payments	Total Comp.	FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments	(7.1)	(3)	(0)		(=)		(, )	(3)	(1.)
1B	Inpatient Hospital Services: DSH Adjustment Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
3	Nursing Facility Services									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
5	Physicians' Services									
6	Outpatient Hospital Services									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
8	Dental Services									
9	Other Practitioners' Services									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Prior Period Adjustments In This Quarter

Total Comp.  I.H.S Fac. Fam. Pln. Opt. Brst or Cerv. Cancer Services 90% Services O.00% Share Share Number 100% Services Services O.00% Share Share Number 100% Services O.00% Share Share Share Number 100% Services O.00% Share Sh					L	ine #				ai i cai.	
Total							l Share				
Inc.	Me	edical Assistance Payments		FMAP	Services	Services	Cerv. Cancer	0.00%		Federal	Deferral Or C.I.N. Number
Qualifying Individuals/120% - 134% of Poverty Proceedings of Poverty Procedure Health Insurance Payments: Poverty Individuals/135% - 175% of Poverty Individuals/135% of Poverty Individuals/13			(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
Qualifying Individuals/135%- 175% of Poverty P		Qualifying Individuals/120% - 134% of Poverty									
Coinsurance and Deductibles  18A Medicald Health Insurance Payments: Managed Care Organizations  18B1 Prepaid Ambulatory Health Plan  18B2 Prepaid Inpatient Health Plan  18B2 Prepaid Inpatient Health Plan  18B2 Prepaid Inpatient Health Plan  18B3 Medicald Health Insurance Payments: Group Health Plan Payments  18D Medicald Health Insurance Payments: Coinsurance and Deductibles  18D Medicald Health Insurance Payments: Coinsurance and Peductibles  18D Medicald Health Pian  18D Medicald Hea		Qualifying Individuals/135% - 175% of Poverty									
Managed Care Organizations    Second Health Plan		Coinsurance and Deductibles									
1882 Prepaid Inpatient Health Plan		Managed Care Organizations									
ISC Medicaid Health Insurance Payments: Group Health Plan Payments  ISD Medicaid Health Insurance Payments: Coinsurance and Deductibles  ISE Medicaid Health Insurance Program: Other Other Other Other Other Other Other Other Functionally Disabled Elderfy  Personal Care Services  I Targeted Case Management S	18B	Prepaid Ambulatory Health Plan									
Group Health Plan Payments	18B2	Prepaid Inpatient Health Plan									
Coinsurance and Deductibles	18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
Other  Other  Home And Community-Based Services  Description of All-Inclusive Care For Functionally Disabled Elderly  Programs Of All-Inclusive Care Elderly  Targeted Case Management Services  Targeted Case Management Services  Finary Care Case Management Services  Emergency Services Undocumented Aliens  Federally-Qualified Health Center  Other Care Services	18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
Home And Community-Based Care For Functionally Disabled Elderly  2 Programs Of All-Inclusive Care Elderly  2 Personal Care Services  2 Targeted Case Management Services  5 Primary Care Case Management Services  6 Hospice Benefits  7 Emergency Services Undocumented Allers  28 Federally-Qualified Health Center  29 Other Care Services	18E										
Functionally Disabled Elderly  22 Programs Of All-Inclusive Care Elderly  23 Personal Care Services  24 Targeted Case Management Services  25 Primary Care Case Management  26 Hospice Benefits  27 Emergency Services Undocumented Aliens  28 Federally-Qualified Health Center  29 Other Care Services	19	Home And Community-Based Services									
23 Personal Care Services 24 Targeted Case Management Services 25 Primary Care Case Management Services 26 Hospice Benefits 27 Emergency Services Undocumented Aliens 28 Federally-Qualified Health Center 29 Other Care Services	20	Home And Community-Based Care For Functionally Disabled Elderly									
24 Targeted Case Management Services 25 Primary Care Case Management Services 26 Hospice Benefits 27 Emergency Services Undocumented Aliens 28 Federally-Qualified Health Center 29 Other Care Services	22	Programs Of All-Inclusive Care Elderly									
25 Primary Care Case Management Services  26 Hospice Benefits  27 Emergency Services Undocumented Aliens  28 Federally-Qualified Health Center  29 Other Care Services	23	Personal Care Services									
Services  26 Hospice Benefits  27 Emergency Services Undocumented Aliens  28 Federally-Qualified Health Center  29 Other Care Services	24	Targeted Case Management Services									
27 Emergency Services Undocumented Aliens	25	Primary Care Case Management Services									
Aliens  28 Federally-Qualified Health Center  29 Other Care Services	26	Hospice Benefits									
29 Other Care Services	27	Emergency Services Undocumented Aliens									
	28	Federally-Qualified Health Center									
30 Total	29	Other Care Services									
	30	Total									

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Prior Period Adjustments In This Quarter

				L	ine#					
	Medical Assistance				Federa	l Share				Deferral
Waiv	er Type:		FMAP	I.H.S Fac.	Fam. Plan.	Opt. Brst &			Total	Or
ı	rer Name:	Total	'''''	1	Services	Cerv.		Federal	Federal	C.I.N.
	rer Number:	Comp.		100%	90%	Cancer	0.00%		Share	Number
		Comp.		10070	3070	Services	0.0070	Onarc	Onarc	Namber
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments									
1B	Inpatient Hospital Services: DSH Adjustment Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
3	Nursing Facility Services									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
5	Physicians' Services									
6	Outpatient Hospital Services									
7	Prescribed Drugs									
7A1	Drug Rebate - National Agreement									
7A2	Drug Rebate - State Sidebar Agreement									
8	Dental Services									
9	Other Practitioners' Services									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Prior Period Adjustments In This Quarter

				L	ine #				i rear.	
	Medical Assistance				Federa	l Share				Deferral
Waiv	er Type:		FMAP	I.H.S Fac.	Fam. Plan.	Opt. Brst &			Total	Or
Waiv	er Name:	Total		Services	Services	Cerv. Cancer		Federal	Federal	C.I.N.
Waiv	er Number:	Comp.		100%	90%	Services	0.00%	Share	Share	Number
							•			
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
17B	Medicare Health Insurance	(7.1)	(5)	(0)	(2)	(=)		(, )	(0)	(1.1)
	Payments: Part B Premiums									
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty									
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty									
17D	Medicare Health Insurance									
	Payments: Coinsurance and Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care									
	Organizations									
18B1	Prepaid Ambulatory Health Plan									
18B2	Prepaid Inpatient Health Plan									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19	Home And Community-Based Services									
20	Home And Community-Based Care For Functionally Disabled Elderly									
22	Programs Of All-Inclusive Care Elderly									
23	Personal Care Services									
24	Targeted Case Management Services									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Other Care Services									
30	Total									
	I								l	I

#### Medicaid Overpayment Adjustment

		Total		Federa	l Share		Total Fed
	Overpayment Activity	Computable	FY	FY	FY	FY	Share
		(A)	(B)	(C)	(D)	(E)	(F)
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit						
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
3	Subtotal						
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5	Total Overpayment Adjustments This Quarter						

# Third Party Liability Collections And Cost Avoidance

Stat	e:	Quarter Ended:					
		Total Computable	Federal Share				
		(A)	(B)				
A. T	hird Party Liability Collections						
A1A	Amount Of Third Liabilty Collections Made In This Quarter By Source: Medicare Title XVIII						
A1B1	Other Collections: Health Insurance						
A1B2	Other Collections: Casualty Insurance						
A1C	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912						
A1C1	Total Collections: Less Excess Paid To Individuals						
A1C2	Net Collections To Reimburse State Title XIX Medical Payments						
A1C3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)						
A1C <sup>2</sup>	Net Federal Share Of Collections Reportable						
A2	Total Third Party Liabilty Collections						
B. C	ost Avoidance						
B1	Medicare Title XVIII						
B2	Health Insurance						
ВЗ	Other Cost Avoidance						

# Expenditures for State and Local Administration For the Medical Assistance Program Expenditures In This Quarter

	ate.			Quarter Ended.				
		<b>-</b>	Federal Share			Total		
		Total	FFP	Federal		Federal	Federal	
		Computable	Rate	Share	0.00%	Share	Share	
		(A)		(B)	<u> </u>	(C)	(D)	
	Family Planning							
Α	Design Development Or Installation Of MMIS: Cost of In-House Activities							
В	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors							
С	Design Development Or Installation Of MMIS: Drug Claims System							
1	Skilled Professional Medical Personnel							
·A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions							
В	Operation Of An Approved MMIS: Cost of Private Sector Contractors							
iΑ	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities							
iΒ	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
	Peer Review Organizations							
Α	Third Party Liability: Recovery Procedure - Billing Offset							
Β	Third Party Liability: Assignment Of Rights - Billing Offset							
1	Immigration Status Verification System Costs (100% FFP)							
)	Nurse Aide Training Costs							
0	Preadmission Screening Costs							
1	Resident Review Activities Costs							
2	Drug Use Review Program							
3	Outstationed Eligibility Workers							
4	TANF Base							
5	TANF Secondary 90%							
6	TANF Secondary 75%							
7	External Review							
8	Enrollment Brokers							
9	Other Financial Participation							
20	Total				† †			

# Expenditures for State and Local Administration For the Medical Assistance Program Expenditures In This Quarter

State: Quarter Ended:								
Wai	ver Type:		Federal Share Total					
Wai	ver Name:	Total	FFP	Federal		Federal	Federal	
Waiver Number:		Computable	Rate	Share	0.00%	Share	Share	
		(A)		(B)		(C)	(D)	
1	Family Planning	( )				· /		
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities							
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors							
2C	Design Development Or Installation Of MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions							
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors							
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6	Peer Review Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training Costs							
10	Preadmission Screening Costs							
11	Resident Review Activities Costs							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary 90%							
16	TANF Secondary 75%							
17	External Review				$\dagger$			
18	Enrollment Brokers				<del>                                     </del>			
19	Other Financial Participation							
20	Total				+			
			<u> </u>					

# Expenditures for State and Local Administration For the Medical Assistance Program Prior Period Adjustments

			Line #	£				
				Federa	Federal Share			Deferral Or
		Total	FFP	Federal		Federal	Federal	C.I.N.
		Computable	Rate	Share	0.00%	Share	Share	Number
		(A)		(B)		(C)	(D)	(E)
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
2C	Design Development Or Installation Of MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6	Peer Review Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	Other Financial Participation							
20	Total							
		ı		l	l .		I	1

# Expenditures for State and Local Administration For the Medical Assistance Program Prior Period Adjustments

Waiver Number:  Computable Rate Share 0.00% Sh (A) (B) (C)    Family Planning   C   C	THOT HISCAL TEAL.	
Waiver Number:  Computable Rate Share 0.00% Sh  (A) (B) (C)  A Pesign Development Or Installation Of MMIS: Costs Of In-House Activities  Be Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors  Computable Rate Share 0.00% Sh  Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors  A Robited Professional Medical Personnel Claims System Only Approved MMIS: Cost Of In-House Activities Activities Cost Of Private Sector Contractors  A Robital Of An Approved MMIS: Cost Of Private Sector Contractors  A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities Procedures: Costs Of In-House Activities Procedures: Cost Of Private Sector Contractors  B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Peer Review Organizations  Third Party Liability: Recovery Procedure - Billing Offset  B Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  O Preadmission Screening Costs  The Resident Review Activities Cost  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offset  Third Party Liability: Assignment of Rights - Billing Offse	Total [	Deferral Or
(A) (B) (C)  Family Planning (A) (B) (C)  Parily Planning (A) (B) (C)  Parily Planning (A) (B) (C)  Parily Planning (A) (B) (B) (C)  Parily Planning (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	deral Federal	C.I.N.
1 Family Planning 2 Design Development Or Installation Of MMIS: Costs Of In-House Activities 2 Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors 3 Skilled Professional Medical Personnel 4 Operation Of An Approved MMIS: Cost Of In-House Activities 5 Operation Of An Approved MMIS: Cost Of In-House Activities 6 Operation Of An Approved MMIS: Cost Of Private Sector Contractors 7 Mechanized Systems, not Approved Inder MMIS Procedures: Cost Of In-House Activities 8 Mechanized Systems, not Approved Under MMIS Procedures: Cost Of Private Sector Contractors 9 Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors 9 Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors 9 Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors 10 Peer Review Organizations 11 Third Party Liability: Recovery Procedure - Billing Offset 12 Immigration Status Verification System Costs (100% FFP) 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%)	hare Share	Number
2A Design Development Or Installation Of MMIS: Costs Of In-House Activities 2B Design Development or Installation Of MMIS: Costs Of Private Sector Contractors 2C Design Development or Installation Of MMIS: Drug 2C Design Development Or Installation Of MMIS: Drug 3 Skilled Professional Medical Personnel 4A Operation Of An Approved MMIS: Cost Of In-House Activities 4B Operation Of An Approved MMIS: Cost Of Private Sector Contractors 5A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities 5B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors 6 Peer Review Organizations 7A Third Party Liability: Recovery Procedure - Billing Offset 8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (75%) 17 External Review	(D)	(E)
In-House Activities  Besign Development Or Installation Of MMIS: Costs Of Private Sector Contractors  Claims System  Skilled Professional Medical Personnel  AA Operation Of An Approved MMIS: Cost Of In-House Activities  Skilled Professional Medical Personnel  AB Operation Of An Approved MMIS: Cost Of In-House Activities  AB Operation Of An Approved MMIS: Cost Of Private Sector Contractors  AB Operation Of An Approved MMIS: Cost Of Private Sector Contractors  AB Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  AB Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  AB Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  BE Procedures: Cost Of Private Sector Contractors  A Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Be Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Dereadmission Screening Costs  Resident Review Activities Cost  The Procedures Cost Offset Procedure - Billing Offset  Tank Base  Tank Secondary (175%)		
In-House Activities  Besign Development Or Installation Of MMIS: Costs Of Private Sector Contractors  Comments Sector Contractors  Skilled Professional Medical Personnel  Activities  Approved MMIS: Cost Of In-House Activities  Contractors  Contractors  Contractors  A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  A Mechanized Systems, not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  A Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Recovery Procedure - Billing Offset  In migration Status Verification System Costs (100% FFP)  Nurse Aide Training  Nurse Aide Training  Resident Review Activities Cost  The Proadmission Screening Costs  The Resident Review Activities Cost  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Third Party Liability: Assignment Offset  Third Party Liability: Assignmen		
Private Sector Contractors    Private Sector Contractors		
Claims System   Skilled Professional Medical Personnel   Skilled Procedures Costs Of In-House Activities   Skilled Procedures Costs Of In-House Activities   Skilled Procedures Scots Of In-House Activities   Skilled Procedures Skilled Procedure		
AA Operation Of An Approved MMIS: Cost Of In-House Activities  BO Operation Of An Approved MMIS: Cost Of Private Sector Contractors  AB Operation Of An Approved MMIS: Cost Of Private Sector Contractors  AB Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  BM Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  AB Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  AB Peer Review Organizations  AB Third Party Liability: Recovery Procedure - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  BI Immigration Status Verification System Costs (100% FFP)  ANUTE AID APPLY Liability: Assignment Of Rights - Billing Offset  AD APPLY Liability: Assignment Off		
Activities  ACTIVITIES  ADJORATION OF AN Approved MMIS: Cost Of Private Sector Contractors  AMECHANIZED Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  BMECHANIZED Systems, Not Approved Under MMIS Procedures: Cost of Private Sector Contractors  BMECHANIZED Systems, Not Approved Under MMIS Procedures: Cost of Private Sector Contractors  APPROCEDURE: Cost Of Private Sector Contractors  Third Party Liability: Recovery Procedure - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Inmigration Status Verification System Costs (100% FFP)  Preadmission Screening Costs  In Resident Review Activities Cost  The Procedure - State System System System Costs (100% FPP)  Third Party Liability: Assignment Of Rights - Billing Offset  BILLING OFFSET SYSTEMS S		
Contractors  Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Peer Review Organizations  TA Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Inmigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Preadmission Screening Costs  The Resident Review Activities Cost  The Drug Use Review Program  Outstationed Eligibility Workers  TANF Base  TANF Base  TANF Secondary (90%)  External Review  External Review		
Procedures: Costs Of In-House Activities  Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Peer Review Organizations  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Preadmission Screening Costs  Preadmission Screening Costs  Prug Use Review Activities Cost  TANF Base  TANF Base  TANF Base  TANF Secondary (90%)  TANF Secondary (75%)  External Review		
6 Peer Review Organizations 7A Third Party Liability: Recovery Procedure - Billing Offset 8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 17 External Review		
Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Preadmission Screening Costs  Resident Review Activities Cost  Drug Use Review Program  Outstationed Eligibility Workers  TANF Base  TANF Secondary (90%)  TANF Secondary (75%)  External Review  External Review		
Third Party Liability: Assignment Of Rights - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Preadmission Screening Costs  Resident Review Activities Cost  Drug Use Review Program  Annual Country of the Control of		
8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%) 17 External Review		
FFP)  9 Nurse Aide Training  10 Preadmission Screening Costs  11 Resident Review Activities Cost  12 Drug Use Review Program  13 Outstationed Eligibility Workers  14 TANF Base  15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review		
10 Preadmission Screening Costs  11 Resident Review Activities Cost  12 Drug Use Review Program  13 Outstationed Eligibility Workers  14 TANF Base  15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review		
11 Resident Review Activities Cost  12 Drug Use Review Program  13 Outstationed Eligibility Workers  14 TANF Base  15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review		
Drug Use Review Program  Outstationed Eligibility Workers  TANF Base  TANF Secondary (90%)  TANF Secondary (75%)  External Review		
13       Outstationed Eligibility Workers		
14       TANF Base                       15       TANF Secondary (90%)                     16       TANF Secondary (75%)                     17       External Review		
15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review		
TANF Secondary (75%)		
17 External Review		
18 Enrollment Brokers		
19 Other Financial Participation		
20 Total		

Department of Health and Human Services Centers for Medicare & Medicaid Services Provider-Related Donations And OMB No. 0938-0067 Expires 6/30/2008

Health Care Related Taxes, Fees, And Assessments Received Under Public Law 102-234

## Summary Total Of Receipts From Form CMS 64.11A

Category	Total Receipts
(A)	(B)
Section Heading	

#### Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

		Inpatient	Inpatient Hospital		Mental Health Fac. Serv.		tal
		Total	Total Federal		Total Federal		Federal
		Computable	Share	Computable	Share	Computable	Share
		(A)	(B)	(C)	(D)	(E)	(F)
1	FFY Allotment						
2	Amount Previously Reported						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6						
3A	Line 6 - CHIP Related - PE						
4	Line 7						
4A	Line 7 - CHIP Related - PE						
5	Line 8						
5A	Line 8 - CHIP Related - PE						
6	Line 10						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY Allotment	_					

#### Medicaid Drug Rebate Schedule

State: Quarter Ended:

		Total Computable					
		Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Total
	Drug Rebate					and Prior	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3	Rebates Invoiced In This Quarter						
4	Subtotal						
5	Rebates Reported On This Expenditure Report						
6	Balance As Of The End Of The Quarter						

FOOTNOTE:

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories

				Federal Share	)	
				IHS Facility	Fam. Plan.	Total
	Type of Eligible:	Total	FMAP	Services	Services	Federal
		Comp.	0.00%	100%	90%	Share
		(A)	(B)	(C)	(D)	(E)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments		1	1		
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4	Nursing Care Services					
5	Physican And Surgical Services		-			
6	Outpatient Hospital Services		-			
7	Outpatient Mental Health Facility Services		-			
8	Prescribed Drugs		-			
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement		-			
9	Dental Services		-			
10	Vision Services		-			
11	Other Practitioners' Services		-			
12	Clinic Services		<del> </del>	-		
13	Therapy Services		1			
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services		<del> </del>	-		
19	Home Health					
20	Medicare Payments		1			
21	Home And Community-Based Services	1	<del> </del>	†		
22	Hospice		1	†		
23	Medical Transportation	1	<del>                                     </del>	†		
24	Case Management		<del> </del>	+		
25	Other Services		<del>                                     </del>	+		
1	I		1	1		

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Line #  Federal Share  I.H.S Facility Fam. Plan.	Total	Deferral
I.H.S Facility Fam. Plan.	Total	1
l l l l 'l 'l		Or
Type of Eligible: Total FMAP Services Services	Federal	C.I.N.
Computable 0.00%   100%   90%	Share	Number
(A) (B) (C) (D)	(E)	(F)
1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid		
1B Premiums Up To 150% Of Poverty Level - Cost Sharing Offset		
1C Premiums Over 150% Of Poverty Level - Gross Premiums Paid		
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offset		
2 Inpatient Hospital Services - Regular Payments		
2A Inpatient Hospital Services - DSH Adjustments Payments		
3 Inpatient Mental Health Facility Services - Regular Payments		
3A Inpatient Mental Health Facility Services - DSH Adjustments Payments		
4 Nursing Care Services		
5 Physician And Surgical Services		
6 Outpatient Hospital Services		
7 Outpatient Mental Health Facility Services		
8 Prescribed Drugs		
8A1 Drug Rebate - National Agreement		
8A2 Drug Rebate - State Sidebar Agreement		
9 Dental Services		
10 Vision Services		
11 Other Practitioners' Services		
12 Clinic Services		
13 Therapy Services		
14 Laboratory And Radiological services		
15 Durable And Disposable Medical Equipment		
16 Family Planning		
17 Abortions		
18 Screening Services		
19 Home Health		
20 Medicare Payments		
21 Home And Community-Based Services		
22 Hospice		-
23 Medical Transportation		-
24 Case Management		
26 Balance		
27 Collections		
28 Total		

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories

Туре с	of Eligible:					
	r Type:			I.H.S Facility	Fam. Plan.	Total
Waive	r Name:	Total	FMAP	Services	Services	Federal
Waive	r Number:	Computable		100%	90%	Share
la		(A)	(B)	(C)	(D)	(E)
	remiums: Up To 150% of Poverty Level - Gross Premiums Paid					
	remiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C Pr	remiums Over 150% of Poverty Level - Gross Premiums Paid					
1D Pr	remiums Over 150% of Poverty Level: Cost Sharing Offsets					
2 In	patient Hospital Services - Regular Payments					
2A In	patient Hospital Services - DSH Adjustments Payments					
3 In	patient Mental Health Facility Services - Regular Payments					
3A In	patient Mental Health Facility Services - DSH Adjustment Payments					
4 Nu	ursing Care Services					
5 Pr	nysican And Surgical Services					
6 Oı	utpatient Hospital Services					
7 Ou	utpatient Mental Health Facility Services					
8 Pr	escribed Drugs					
8A1 Dr	rug Rebate - National Agreement					
8A2 Dr	rug Rebate - State Sidebar Agreement					
9 De	ental Services					
10 Vi:	sion Services					
11 Ot	ther Practitioners' Services					
12 CI	inic Services					
13 Th	nerapy Services					
14 La	aboratory And Radiological Services					
15 Du	urable And Disposable Medical Equipment					
16 Fa	amily Planning					
17 Ab	portions					
18 Sc	creening Services					
19 Ho	ome Health					
20 Me	edicare Payments					
21 Ho	ome And Community-Based Services					
22 Ho	ospice	1				
23 Me	edical Transportation					
24 Ca	ase Management					
25 Ot	ther Services	1		1		
26 To	otal	+				

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

		Li	ne #				
Туре	e Of Eligible:			Federal Share	Э		Deferral
Waiv	ver Type:			I.H.S Facility	Fam. Plan.	Total	Or
1	ver Name:	Total	FMAP	Services	Services	Federal	C.I.N.
Wai	ver Number:	Computable		100%	90%	Share	Number
	Description III To 4500/ Of Description I could be a Description Desired	(A)	(B)	(C)	(D)	(E)	(F)
	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset						
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
ЗА	Inpatient Mental Health Facility Services - DSH Adjustments Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs			<b>†</b>			
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
14	Laboratory And Radiological services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services			<u> </u>			
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Balance						
27	Collections						
28	Total						

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories

Stat	e.				Quarter Li
			Federa	al Share	
				Enhanced	Total
	Type of Eligible:	Total	FMAP	FMAP	Federal
	. ) p = 0. =g				Share
		Comp.	(D)	(0)	
		(A)	(B)	(C)	(D)
IA	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
3A1	Drug Rebate - National Agreement				
3A2	Drug Rebate - State Sidebar Agreement				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total			<del> </del>	

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories

Тур	e of Eligible:		Federa	al Share	
	ver Type:			Enhanced	Total
Nai	ver Name:	Total	FMAP	FMAP	Federal
Nai	ver Number:	Comp.			Share
		(A)	(B)	(C)	(D)
IA	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid		, ,		
В	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
IC	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
ID	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
1	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
3	Prescribed Drugs				
A1	Drug Rebate - National Agreement				
3A2	Drug Rebate - State Sidebar Agreement				
)	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
8	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total			<del>                                     </del>	

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Paid   Premiums Up To 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Of Powerty Level - Cost Sharing Offsets   Premiums Over 150% Over 150% Offsets   Premiums Over 150% Offsets   Premiums Over 150% Ov				Line #			
Total Comp. (B) FMAP Federal Share Number (C) (D) (E)  Apeniums Up To 150% Of Poverty Level - Gross Premiums Part (B) (C) (D) (E)  Application of the property				Federa	l Share		Deferral
Comp. Share Number  (A) (B) (C) (D) (E)  1A Premiums Up To 150% Of Poverty Level - Gross Premiums Paid Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets  1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets  1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets  1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets  2 Inpatient Hospital Services - Regular Payments  3 Inpatient Hospital Services - DSH Adjustments Payments  4 Inpatient Mental Health Facility Services - DSH Adjustments Payments  5 Physician And Surgical Services  6 Outpatient Hospital Services  7 Outpatient Mental Health Facility Services  8 Prescribed Drugs  8A1 Drug Rebate - National Agreement  9 Dental Services  10 Vision Services  11 Other Practitioners' Services  12 Clinic Services  13 Therapy Services  15 Druzble And Disposable Medical Equipment  16 Family Planning  17 Abortions  18 Screening Services  19 Home Health  Surgening Services  19 Home Health  Surgening Services  10 Medicare Payments  10 Medicare Payments  11 Services  12 Clinic Services  13 Therapy Services  14 Laboratory And Radiological Services  15 Durable And Disposable Medical Equipment  16 Family Planning  17 Abortions  18 Screening Services  19 Home Health  10 Medicare Payments					Enhanced	Total	Or
(A) (B) (C) (D) (E)  A Premiums Up To 150% Of Poverty Level - Gross Premiums Part of Tomation (Contest)  Contest (Contes)  Contest (Contest)  Contest (Contest)  Contest (Contest)  Cont	Туј	pe of Eligible:	Total	FMAP	FMAP	Federal	C.I.N.
1A			Comp.			Share	Number
Paid Permiums Up To 150% Of Poverty Level - Cost Sharing Olfaets CPermiums Over 150% Of Poverty Level - Gross Premiums Paid Premiums Over 150% Of Poverty Level - Cost Sharing Premiums Over 150% Of Poverty Level - Cost Sharing Inpatient Hospital Services - Regular Payments Inpatient Hospital Services - DSH Adjustments Payments Inpatient Mental Health Facility Services - Regular Payments Health Facility Services - DSH Adjustments Payments Inpatient Mental Health Facility Services - DSH Adjustments Payments Adjustments Payments Health Facility Services - DSH Adjustments Payments Inpatient Mental Health Facility Services - DSH Adjustments Payments Inpatient Mental Health Facility Services - DSH Adjustments Payments Inpatient Mental Health Facility Services Inpatient Mental Health Facility Services Inpatient Hospital Services Inpatient Mental Health Facility Services Inpatient Hospital Services Inpatient Mental Health Facility Services Inpatient				(B)	(C)	(D)	(E)
Offsets Offsets Offsets Offsets Off Premiums Over 150% Of Poverty Level - Gross Premiums Paid Prize Paid Paid Paid Paid Paid Paid Paid Paid	1A						
10 Premiums Over 150% Of Poverty Level - Gross Premiums Paid Paid Premiums Over 150% Of Poverty Level - Cost Sharing Offsets Offsets   10 Premiums Over 150% Of Poverty Level - Cost Sharing Offsets   2 Inpatient Hospital Services - Regular Payments   2A Inpatient Hospital Services - DSH Adjustments Payments   3A Inpatient Mental Health Facility Services - Regular Payments   3A Inpatient Mental Health Facility Services - DSH Adjustments Payments   4 Nursing Care Services   5 Physician And Surgical Services   6 Outpatient Hospital Services   7 Outpatient Hospital Services   8 Prescribed Drugs   8A1 Drug Rebate - National Agreement   8A2 Drug Rebate - State Sidebar Agreement   9 Dental Services   10 Vision Services   11 Other Practitioners' Services   12 Clinic Services   13 Therapy Services   14 Laboratory And Radiological Services   15 Durable And Disposable Medical Equipment   16 Family Planning   17 Abortions   18 Screening Services   19 Home Health   20 Medicare Payments   21 Home And Community-Based Services	1B						
1D Premiums Over 150% Of Poverty Level - Cost Sharing Offsets: 2 Inpatient Hospital Services - Regular Payments 2 Inpatient Hospital Services - Regular Payments 3 Inpatient Mental Health Facility Services - Regular Payments 4 Nursing Care Services 5 Physician And Surgical Services 6 Outpatient Hospital Services 7 Outpatient Mental Health Facility Services 8 Prescribed Drugs 8 Prescribed Drugs 8 Prescribed Drugs 8 Prescribed Services 9 Outpatient Mental Health Facility Services 10 Outpatient Mental Health Facility Services 11 Outpatient Mental Health Facility Services 12 Offsets - National Agreement 13 Offsets - State Sidebar Agreement 14 Urision Services 15 Outpatient Agreement 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 19 Medicare Payments 19 Medicare Payments 10 Medicare Payments 10 Medicare Payments 10 Medicare Payments	1C	Premiums Over 150% Of Poverty Level - Gross Premiums					
2 Inpatient Hospital Services - Regular Payments 2A. Inpatient Montal Health Facility Services - Regular Payments 3 Inpatient Mental Health Facility Services - Regular Payments 4 Nursing Care Services 5 Physician And Surgical Services 6 Outpatient Hospital Services 7 Outpatient Hospital Services 8 Prescribed Drugs 8 Prescribed Drugs 8 Prescribed Drugs 8 Drug Rebate - National Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	1D	Premiums Over 150% Of Poverty Level - Cost Sharing					
3 Inpatient Mental Health Facility Services - Regular Payments 3A Inpatient Mental Health Facility Services - DSH Adjustments Payments 4 Nursing Care Services 5 Physician And Surgical Services 6 Outpatient Hospital Services 7 Outpatient Mental Health Facility Services 8 Prescribed Drugs 8 Prescribed Drugs 8 Prescribed Drugs 8 Drug Rebate - National Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 4 Home And Community-Based Services	2						
Payments A Adjustments Payments A Inpatient Mental Health Facility Services - DSH Adjustments Payments Payments Physician And Surgical Services Physician And Surgical Services  Cuptatient Hospital Services Prescribed Drugs Perscribed Drugs Perscribed Drugs Payments Prescribed Drugs Payments Payme	2A	Inpatient Hospital Services - DSH Adjustments Payments					
3A. Inpatient Mental Health Facility Services - DSH Adjustments Payments 4 4 Nursing Care Services 5 Physician And Surgical Services 6 Outpatient Hospital Services 7 Outpatient Hental Health Facility Services 8 Prescribed Drugs 8A1 Drug Rebate - National Agreement 9A2 Drug Rebate - National Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	3	Inpatient Mental Health Facility Services - Regular Payments					
4 Nursing Care Services 5 Physician And Surgical Services 6 Outpatient Hospital Services 7 Outpatient Mental Health Facility Services 8 Prescribed Drugs 8A1 Drug Rebate - National Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	3A	Inpatient Mental Health Facility Services - DSH					
6 Outpatient Hospital Services 7 Outpatient Mental Health Facility Services 8 Prescribed Drugs 8A1 Drug Rebate - National Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	4						
7 Outpatient Mental Health Facility Services 8 Prescribed Drugs 8A1 Drug Rebate - National Agreement 8A2 Drug Rebate - State Sidebar Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	5	Physician And Surgical Services					
8A1 Drug Rebate - National Agreement 8A2 Drug Rebate - State Sidebar Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	6	Outpatient Hospital Services					
BA1 Drug Rebate - National Agreement BA2 Drug Rebate - State Sidebar Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	7	Outpatient Mental Health Facility Services					
BA2 Drug Rebate - State Sidebar Agreement 9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	8	Prescribed Drugs					
9 Dental Services 10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	8A1	Drug Rebate - National Agreement					
10 Vision Services 11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	8A2	Drug Rebate - State Sidebar Agreement					
11 Other Practitioners' Services 12 Clinic Services 13 Therapy Services 14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	9	Dental Services					
Clinic Services  13 Therapy Services  14 Laboratory And Radiological Services  15 Durable And Disposable Medical Equipment  16 Family Planning  17 Abortions  18 Screening Services  19 Home Health  20 Medicare Payments  21 Home And Community-Based Services	10	Vision Services					
Therapy Services  14 Laboratory And Radiological Services  15 Durable And Disposable Medical Equipment  16 Family Planning  17 Abortions  18 Screening Services  19 Home Health  20 Medicare Payments  21 Home And Community-Based Services	11	Other Practitioners' Services					
14 Laboratory And Radiological Services 15 Durable And Disposable Medical Equipment 16 Family Planning 17 Abortions 18 Screening Services 19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	12	Clinic Services					
15 Durable And Disposable Medical Equipment  16 Family Planning  17 Abortions  18 Screening Services  19 Home Health  20 Medicare Payments  21 Home And Community-Based Services	13	Therapy Services					
Family Planning  17 Abortions  18 Screening Services  19 Home Health  20 Medicare Payments  21 Home And Community-Based Services	14	Laboratory And Radiological Services					
Abortions  Screening Services  Home Health  Medicare Payments  Home And Community-Based Services	15	Durable And Disposable Medical Equipment					
18 Screening Services  19 Home Health  20 Medicare Payments  21 Home And Community-Based Services	16	Family Planning					
19 Home Health 20 Medicare Payments 21 Home And Community-Based Services	17	Abortions					
20 Medicare Payments 21 Home And Community-Based Services	18	Screening Services					
21 Home And Community-Based Services	19	Home Health					
	20	Medicare Payments					
22 Hospice	21	Home And Community-Based Services					
	22	Hospice					
23 Medical Transportation	23	Medical Transportation					
24 Case Management	24	Case Management					
25 Other Services	25	Other Services					
26 Balance	26	Balance					
27 Collections	27	Collections					
28 Total	28	Total					$\vdash$

# Quarterly Medical Assistance Expenditures By State Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

			Line #			
Турє	of Eligible:		Federa	al Share		Deferral
	er Type:			Enhanced	Total	Or
	er Name:	Total	FMAP	FMAP	Federal	C.I.N.
Waiv	er Number:	Comp.			Share	Number
		(A)	(B)	(C)	(D)	(E)
	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
3	Prescribed Drugs					
3A1	Drug Rebate - National Agreement					
3A2	Drug Rebate - State Sidebar Agreement					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
22	Hospice					
	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

#### Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program Summary Sheet

Section C	Medical Assi	st. Payments	ı	Medicaid/CHII	)	State and L	ocal Admin.
Expenditures Reported for Period	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Fed. Share
By Form Number	(A)	(B)	(C)	(D)	(E)	(F)	(G)
6. Expenditures In This Quarter							
From Form CMS-64.9/CMS-64.10							
From Form CMS-64.9T							
From Form CMS-64.21							
From Form CMS-64.21U							
7. Adjustments Increasing Claims	For Prior Qua	arters:					
From Form CMS 64.9P/CMS 64.10		Ī					
From Form CMS-64.9TP							
From Form CMS-64.21P							
From Form CMS-64.21UP							
8. Other Expenditures							
From Form CMS 64.9P/CMS 64.10P							
From Form CMS-64.9TP		1					
From Form CMS-64.21P							
From Form CMS-64.21UP							
9. Collections	_	•	•	•			
From Form CMS-64.9 Summary							
10. Adjustments Decreasing Claim A. Federal Audit	s For Prior Q	uarters:			-		
From Form CMS 64.9P/CMS 64.10P							
From Form CMS-64.9TP							
From Form CMS 64.21P							
From Form CMS 64.21UP							
10. Adjustments Decreasing Claim B. Other	s For Prior Q	uarters:					
From Form CMS 64.9P/CMS 64.10P							
From Form CMS-64.9TP							
From Form CMS 64.21P							
From Form CMS 64.21UP							
10.C. Adjustments Decreasing Clai	ms For Prior	Quarters:					
From Form CMS-64.9O		Ī					
11. Net Expenditures Reported In T	his Period:	•					
Net Expenditures Reported This Period							

## Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

State	e: 						Quarte	er Ended:	
Med	ical Assistance Payments				Federal				
Spe	cial Issue Reporting gram:	Total	FMAP	IHS Facility Services	Services	Optional Breast or Cerv. Cancer Services	0.000/	Federal	Total Federal
		Comp. (A)	(B)	100% (C)	90% (D)	(E)	0.00%	Share (F)	Share (G)
1A	Inpatient Hospital Services - Regular	(^)	(D)	(0)	(D)	( )		(1)	(0)
	Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement			1					
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services			1					
13	Sterilizations			†					
14	Abortions No.			†					
15	EPSDT Screening Services			†					
16	Rural Health Clinic Screening			1					
17A	Medicare Health Insurance Payments - Part A Premiums			1					
17B	Medicare Health Insurance Payments - Part B Premiums			1					
17C1	120% - 134% Of Poverty			1					
17C2	135% - 175% Of Poverty			1					
17D	Coinsurance And Deductibles								

## Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

Med	ical Assistance Payments				Federal	Share			
	cial Issue Reporting			IHS Facility	Fam. Plan.	Optional			Total
	gram:	Total	FMAP	Services	Services	Breast or Cerv. Cancer		Federal	Federal
ΓΙΟ	ji aiii.	Comp.		100%	90%	Services	0.00%	Share	Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Prior Period Adjustments In This Quarter

dical Assistance Payments			1	ine#					
dical Assistance Payments			L	me #					
arour ricordianco i ayimonico				Federa	l Share				
ecial Issue Reporting gram:									Deferral
	Total			l	Cerv.		Federal		Or C.I.N.
		FMAP		l		0.00%			Number
		(B)				0.0070			(H)
Inpatient Hospital Services: Regular Payments	( )	( )	,	( )	( )			, ,	, ,
Inpatient Hospital Services: DSH Adjustment Payments									
Mental Health Facility Services: Regular Payments									
Mental Health Facility Services: DSH Adjustment Payments									
Nursing Facility Services									
Intermediate Care Facility Services - Mentally Retarded: Public Providers									
Intermediate Care Facility Services - Mentally Retarded: Private Providers									
Physicians' Services									
Outpatient Hospital Services									
Prescribed Drugs									
Drug Rebate Offset - National Agreement									
Drug Rebate Offset - State Sidebar Agreement									
Dental Services									
Other Practitioners' Services									
Clinic Services									
Laboratory And Radiological Services									
Home Health Services									
Sterilizations									
Abortions									
EPSDT Screening Services									
Rural Health Clinic Services									
Medicare Health Insurance Payments: Part A Premiums									
Medicare Health Insurance Payments: Part B Premiums									
	Inpatient Hospital Services: Regular Payments  Inpatient Hospital Services: DSH Adjustment Payments  Mental Health Facility Services: Regular Payments  Mental Health Facility Services: DSH Adjustment Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Physicians' Services  Outpatient Hospital Services  Prescribed Drugs  Drug Rebate Offset - National Agreement  Dental Services  Other Practitioners' Services  Clinic Services  Laboratory And Radiological Services  Home Health Services  Sterilizations  Abortions  EPSDT Screening Services  Medicare Health Insurance Payments: Part A Premiums  Medicare Health Insurance Payments:	Inpatient Hospital Services: Regular Payments  Inpatient Hospital Services: DSH Adjustment Payments  Mental Health Facility Services: Regular Payments  Mental Health Facility Services: Regular Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Physicians' Services  Outpatient Hospital Services  Prescribed Drugs  Drug Rebate Offset - National Agreement  Drug Rebate Offset - State Sidebar Agreement  Dental Services  Clinic Services  Laboratory And Radiological Services  Home Health Services  Sterilizations  Abortions  EPSDT Screening Services  Medicare Health Insurance Payments: Part A Premiums  Medicare Health Insurance Payments:	Inpatient Hospital Services: Regular Payments  Inpatient Hospital Services: DSH Adjustment Payments  Inpatient Hospital Services: DSH Adjustment Payments  Mental Health Facility Services: Regular Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Physicians' Services  Outpatient Hospital Services  Prescribed Drugs  Drug Rebate Offset - National Agreement  Dental Services  Other Practitioners' Services  Clinic Services  Laboratory And Radiological Services  Home Health Services  Sterilizations  Abortions  EPSDT Screening Services  Medicare Health Insurance Payments: Part A Premiums  Medicare Health Insurance Payments:	Total FMAP Services Services (A) (B) (C)  Inpatient Hospital Services: Regular Payments Inpatient Hospital Services: DSH Adjustment Payments Mental Health Facility Services: Regular Payments Mental Health Facility Services: DSH Adjustment Payments Mental Health Facility Services: DSH Adjustment Payments Nursing Facility Services Intermediate Care Facility Services Mentally Retarded: Public Providers Intermediate Care Facility Services Mentally Retarded: Private Providers Physicians' Services Outpatient Hospital Services Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar Agreement Dental Services Clinic Services Clinic Services Home Health Services Sterilizations Abortions EPSDT Screening Services Rural Health Clinic Services Medicare Health Insurance Payments: Medicare Health Insurance Payments:	Total Comp.  Total Comp.  Total Comp.  (A) (B) (C) (D)  Impatient Hospital Services: Regular Payments: Impatient Hospital Services: DSH Adjustment Payments Intermediate Care Facility Services - Mentally Retarded: Public Providers Intermediate Care Facility Services - Mentally Retarded: Public Providers Intermediate Care Facility Services Intermediate Care Facility Services - Mentally Retarded: Private Providers Intermediate Care Facility Services - Mentally Retarded: Private Providers Intermediate Care Facility Services Outpatient Hospital Services  Outpatient Hospital Services  Outpatient Hospital Services  Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar Agreement Drug Reb	Total Comp. Total	Total Comp.  Total FMAP  Total Comp.  Total FMAP  Total Services Services Services Services 100%  (A) (B) (C) (D) (E)  Inpatient Hospital Services: Regular Payments  Inpatient Hospital Services: DSH Adjustment Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services: DSH Adjustment Payments  Nursing Facility Services  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Physicians' Services  Outpatient Hospital Services  Other Practitioners' Services  Other Practitioners' Services  Sterilizations  Abortions  EPSDT Screening Services  Medicare Health Insurance Payments:  Medicare Health Insurance Payments:	Total Comp.  Total	Total FMAP Comp.  Total FMAP C

### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Prior Period Adjustments In This Quarter

								<u> </u>	al Year:	
				L	ine#					
Med	dical Assistance Payments				Federa	l Share				
	ecial Issue Reporting									Deferral
Pro	gram:	Total Comp.	FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share	Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty									
	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty									
	Medicare Health Insurance Payments: Coinsurance and Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations									
18B1	Prepaid Ambulatory Health Plan									
18B2	Prepaid Inpatient Health Plan									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19	Home And Community-Based Services									
20	Home And Community-Based Care For Functionally Disabled Elderly									
22	Programs Of All-Inclusive Care Elderly									
23	Personal Care Services									
24	Targeted Case Management Services									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Other Care Services									
30	Total									
					•					

# Expenditures for State and Local Administration For the Medical Assistance Program Expenditures In This Quarter

			l	F-1	I Ol		T-4-1
	inistration	Total	FFP	Federal	l Share	Federal	Total Federal
Spe	cial Issue Reporting	Total	l		0.00%		
Prog	gram:	Computable	Rate	Share	0.00%	Share	Share
1	Family Planning	(A)		(B)		(C)	(D)
	, ,						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
C.	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
Α	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
łВ	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
δA	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
БВ	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
Ά	Third Party Liability: Recovery Procedure - Billing Offset						
′B	Third Party Liability: Assignment Of Rights - Billing Offset						
3	Immigration Status Verification System Costs (100% FFP)						
)	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
1	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
4	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

# Expenditures for State and Local Administration For the Medical Assistance Program Prior Period Adjustments

			Line #	<u>t</u>				
Administration		Federal Share				Total	Deferral Or	
Spe	cial Issue Reporting	Total	FFP	Federal		Federal	Federal	C.I.N.
· -		Computable		Share	0.00%	Share	Share	Number
' ' '	g. a	(A)	. 10.10	(B)		(C)	(D)	(E)
1	Family Planning	( )				(-)	(- /	(-/
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
2C	Design Development Or Installation Of MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6	Peer Review Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	Other Financial Participation							
20	Total							
	ļ			<u> </u>		l	<u> </u>	L

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

otate.	I	Quarter Ended:						
	Federal Share							
				Applied Agains				
Medical Assistance Payments		Medicaid and SCHIP	Medicaid	the 20% Limit				
		Enhanced FMAP	FMAP					
	Total Computable	%	%	SCHIP Amoun				
	(A)	(B)	(C)	(D)				
Inpatient Hospital Services - Regular	( )	(-)	(-)	(-)				
Payments								
Inpatient Hospital Service - DSH Adjustment Payments								
Mental Health Facility Services - Regular Payments								
Mental Health Facility Services - DSH Adjustment Payments								
Nursing Facility Services								
Intermediate Care Facility Services - Mentally Retarded: Public Providers								
Intermediate Care Facility Services - Mentally Retarded: Private Providers								
Physicians' Services								
Outpatient Hospital Services								
Prescribed Drugs								
Drug Rebate Offset - National Agreement								
Drug Rebate Offset - State Sidebar Agreement								
Dental Services								
Other Practitioners' Services								
Clinic Services								
Laboratory And Radiological Services								
Home Health Services								
Sterilizations								
Abortions No.								
EPSDT Screening Services								
Rural Health Clinic Screening								
Medicare Health Insurance Payments - Part A Premiums								
Medicare Health Insurance Payments - Part B Premiums								

State:			Quarter End	ied:
			Federal Share	
				Applied Against
Medical Assistance Payments		Medicaid and SCHIP		the 20% Limit
		Enhanced FMAP	FMAP	
	Total Computable	%	%	SCHIP Amount
	(A)	(B)	(C)	(D)
120% - 134% Of Poverty				
135% - 175% Of Poverty				
Coinsurance And Deductibles				
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)				
Prepaid Ambulatory Health Plan				
Prepaid Inpatient Health Plan				
Medicaid Health Insurance Payments: Group Health Plan Payments				
Medicaid Health Insurance Payments: Coinsurance And Deductibles				
Medicaid Health Insurance Payments: Other				
Home And Community-Based Services				
Home And Community-Based Care For Functionally Disabled Elderly				
Programs Of All-Inclusive Care Elderly				
Personal Care Services				
Targeted Case Management Services				
Primary Care Case Management Services				
Hospice Benefits				
Emergency Services Undocumented Aliens				
Federally-Qualified Health Center				
Other Care Services				
Total				
<del></del>	<u> </u>	ıl		1

State:	Quarter Ended
	Fiscal Vear

Medical Assistance Payments   Federal Share   Medicaid and SCHIP   Medicaid the 20% Limit	ferral or C.I.N. Number (E)
Medical Assistance Payments  Total Computable  Total Computable  (A)  Inpatient Hospital Services - Regular Payments  Inpatient Hospital Services - Regular Payments  REG INC  Inpatient Hospital Service - DSH Adjustment Payments  Mental Health Facility Services - Regular Payments  REG INC  Mental Health Facility Services - DSH Adjustment Payments  REG INC  Intermediate Care Facility Services - REG Inc  Intermediate Care Facility Services - REG Inc  Intermediate Care Facility Services - REG Inc  Inc  Intermediate Care Facility Services - REG Inc  Intermediate Care Facility Services - REG Inc  Inc  Intermediate Care Facility Services - REG Inc  Inc  Intermediate Care Facility Services - REG Inc  Inc  Inc  Inc  Inc  Inc  Inc  Inc	Number
Medical Assistance Payments   SCHIP   Medicaid   the 20% Limit	Number
Medical Assistance Payments   SCHIP   Medicaid   the 20% Limit	Number
Total Computable  (A) (B) (C) (D)  Inpatient Hospital Services - Regular Payments  Inpatient Hospital Service - DSH Adjustment Payments  Inpatient Hospital Service - DSH Adjustment Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services  REG INC  Intermediate Care Facility Services - REG INC  Physicians' Services  REG INC	Number
Total Computable	Number
Computable   %   INC	Number
Inpatient Hospital Services - Regular Payments   REG INC	
Inpatient Hospital Services - Regular Payments INC  Inpatient Hospital Service - DSH REG INC  Inpatient Hospital Service - DSH REG INC  Mental Health Facility Services - Regular Payments INC  Mental Health Facility Services - DSH REG INC  Mental Health Facility Services - DSH REG INC  Mursing Facility Services REG INC  Intermediate Care Facility Services - REG INC	(E)
Payments INC  Inpatient Hospital Service - DSH Adjustment Payments INC  Mental Health Facility Services - Regular Payments INC  Mental Health Facility Services - DSH Adjustment Payments INC  Mental Health Facility Services - DSH Adjustment Payments INC  Nursing Facility Services REG INC  Intermediate Care Facility Services - REG INC  Physicians' Services REG INC	
Mental Health Facility Services - Regular Payments REG INC  Mental Health Facility Services - DSH Adjustment Payments REG INC  Nursing Facility Services REG INC  Intermediate Care Facility Services - REG INC  Physicians' Services REG INC	
Payments INC  Mental Health Facility Services - DSH Adjustment Payments REG INC  Nursing Facility Services REG INC  Intermediate Care Facility Services - REG INC  Intermediate Care Facility Providers INC  Intermediate Care Facility Services - REG INC  Physicians' Services REG	
Payments INC  Mental Health Facility Services - DSH Adjustment Payments REG INC  Nursing Facility Services REG INC  Intermediate Care Facility Services - REG INC  Intermediate Care Facility Providers INC  Intermediate Care Facility Services - REG INC  Physicians' Services REG	
Nursing Facility Services REG INC  Intermediate Care Facility Services - REG INC  Intermediate Care Facility Providers INC  Intermediate Care Facility Services - REG INC  Intermediate Care Facility Services - REG INC  Physicians' Services REG	
Nursing Facility Services  REG INC  Intermediate Care Facility Services - Mentally Retarded: Public Providers INC  Intermediate Care Facility Services - Mentally Retarded: Private Providers INC  Physicians' Services  REG INC	
INC Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  REG INC  Physicians' Services  REG INC	
INC Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  REG INC  Physicians' Services  REG  REG INC	
Mentally Retarded: Public Providers  INC  Intermediate Care Facility Services - REG Mentally Retarded: Private Providers  INC  Physicians' Services  REG	
Intermediate Care Facility Services - Mentally Retarded: Private Providers  Physicians' Services  REG  REG	
Mentally Retarded: Private Providers INC  Physicians' Services REG	
Physicians' Services REG	
l l'	
I I I I I I I I I I I I I I I I I I I	
Outpatient Hospital Services REG INC	
Prescribed Drugs REG	
INC	
Drug Rebate Offset - National Agreement REG	
Drug Rebate Offset - State Sidebar REG	
Agreement	
Dental Services REG	
INC INC	
Other Practitioners' Services REG	
INC	
Clinic Services REG	
INC	
Laboratory And Radiological Services REG	
INC	
Home Health Services REG INC	
Sterilizations REG	
INC	
Abortions No. REG	
INC	
EPSDT Screening Services REG	
INC	
Rural Health Clinic Screening REG	
INC INC	
Medicare Health Insurance Payments - REG	
Part A Premiums INC	

State: Quarter Ended: Fiscal Year:

					riscai reai.	
			Line #			
				Federal Share	e	
			Medicaid and		Applied Against	]
Μe	edical Assistance Payments		SCHIP	Medicaid	the 20% Limit	
	outed resistance rayments		Enhanced	FMAP	10 20 / 0 2	1
			FMAP	REG		
		Total	%	INC %	SCHIP Amount	Deferral or C.I.N Number
		Computable		/*		
		(A)	(B)	(C)	(D)	(E)
ĺ	Medicare Health Insurance Payments - Part B Premiums	REG				
		INC				
	120% - 134% Of Poverty	REG				
	14050V 4750V 0VD	INC				
	135% - 175% Of Poverty	REG INC				
	Osiosausa And Dadustibles					
	Coinsurance And Deductibles	REG INC				
	Madiasid Haalib Insurance Dougsonto	REG				
	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	INC				
	Prepaid Ambulatory Health Plan	REG				
		INC				
	Prepaid Inpatient Health Plan	REG				
		INC				
	Medicaid Health Insurance Payments: Group Health Plan Payments	REG				
		INC				
	Medicaid Health Insurance Payments: Coinsurance And Deductibles	REG INC				
	Medicaid Health Insurance Payments:	REG				
	Other	INC				
	Home And Community-Based Services	REG				
		INC				
	Home And Community-Based Care For Functionally Disabled Elderly	REG				
		INC				
	Programs Of All-Inclusive Care Elderly	REG				
		INC				
	Personal Care Services	REG INC				
	Targeted Case Management Services	REG				
	rargeted Case Management Services	INC				
	Primary Care Case Management Services					
	i ilinary Care Case Management Services	INC				
	Hospice Benefits	REG				
	,	INC				
	Emergency Services Undocumented	REG				
	Aliens	INC				
	Federally-Qualified Health Center	REG				
		INC				<u> </u>
	Other Care Services	REG				
		INC				
	Total	REG				
		INC				

State: Quarter Ended:

Fiscal Year:

					Fiscal Year:
		Line #			
Medical Assistance Payments			Federal Shar	e	
		Medicaid and		Applied Against	1
Waiver Type: WaivType		SCHIP	Medicaid	the 20% Limit	
Waiver Name: WaivAdditional		Enhanced	FMAP		
Waiver Number: WaivNum	Total	FMAP	REG		Deferral or C.I.N
	Computable	%	INC %	SCHIP Amount	
	(A)	(B)	(C)	(D)	(E)
Inpatient Hospital Services - Regular	REG	, ,	,	· /	, ,
Payments	INC				
Inpatient Hospital Service - DSH	REG				
Adjustment Payments	INC				
Mental Health Facility Services - Regular	REG				
Payments	INC				
Mental Health Facility Services - DSH	REG				
Adjustment Payments	INC				
Nursing Facility Services	REG				
	INC				
Intermediate Care Facility Services - Mentally Retarded: Public Providers	REG				
Mentally Retaided. Public Providers	INC				
Intermediate Care Facility Services - Mentally Retarded: Private Providers	REG INC				
Physicians' Services	REG				
Thysisians convises	INC				
Outpatient Hospital Services	REG				
December of December 1	INC REG				
Prescribed Drugs	INC				
Drug Rebate Offset - National Agreement	REG				
	INC				
Drug Rebate Offset - State Sidebar Agreement	REG				
Agreement	INC				
Dental Services	REG				
	INC				
Other Practitioners' Services	REG				
	INC				
Clinic Services	REG INC				
Laboratory And Radiological Services	REG				
	INC				
Home Health Services	REG				
	INC				
Sterilizations	REG				
	INC				
Abortions No.	REG				
	INC				
EPSDT Screening Services	REG				
	INC				
Rural Health Clinic Screening	REG				
	INC			1	

State: Quarter Ended:

Fiscal Year:

						Fiscal Year:
			Line #			
Medical	Assistance Payments			Federal Shar	e	
	, , io e io i al monito		Medicaid and		Applied Against	-
Waiver Typ	oe: WaivType		SCHIP	Medicaid	the 20% Limit	
  Waiver Nar	me: WaivAdditional		Enhanced	FMAP		1
		T-4-1	FMAP	REG		Deferred or CIN
Iwalver nur	mber: WaivNum	Total Computable	%	INC %	SCHIP Amount	Deferral or C.I.N Number
IN A series	and the olds to account a Decimal of the	(A)	(B)	(C)	(D)	(E)
Part A	are Health Insurance Payments - Remiums	REG INC				
NA - di -						
Part E	2 Promiume	REG INC				
4000/						
120%	- 134% Of Poverty	REG INC				
4050/	AZEO/ Of Devents					
135%	- 175% Of Poverty	REG INC				
0.:	And Deductible					
Coins	urance And Deductibles	REG INC				
NA - III						
Mana	and Care Organizations (MCO)	REG INC				
Door						
Prepa	id Ambulatory Health Plan	REG INC				
D						
Prepa	id Inpatient Health Plan	REG INC				
Modic		REG				
Group	Hoolth Dlan Daymonte	INC				
Modic		REG				
Coins	urance And Deductibles	INC				
Medic		REG				
Other	,	INC				
Home		REG				
	•	INC				
Home		REG			+	
Functi	ionally Dicabled Elderly	INC				
Progra		REG			+	
	· ·	INC				
Perso	nal Care Services	REG				
		INC				
Targe	ted Case Management Services	REG				
	tou outo management ou vices	INC				
Prima	ry Care Case Management Services					
	-	INC				
Hospi	ce Benefits	REG				
		INC				
Emer		REG				
Aliens		INC				
Feder	ally-Qualified Health Center	REG				
	·	INC				
Other	Care Services	REG				
1 10000		INC	I	I	1	I

State: Quarter Ended:

Fiscal Year:

			Line #			
Medical Ass	istance Payments			Federal Share		
			Medicaid and		Applied Against	
Waiver Type:	WaivType		SCHIP	Medicaid	the 20% Limit	
Waiver Name:	WaivAdditional		Enhanced	FMAP		
Waiver Number:	WaivNum	Total	FMAP	REG		Deferral or C.I.N.
		Computable	%	INC %	SCHIP Amount	Number
		(A)	(B)	(C)	(D)	(E)
Total		REG				
		INC				

State:			Quarter En	<del>ueu.</del>
Medical Assistance Payments			Federal Share	
				Applied Against
Waiver Type: WaivType		Medicaid and SCHIP	Medicaid	the 20% Limit
Waiver Name: WaivAdditional		Enhanced FMAP	FMAP	
Naiver Number: WaivNum	Total Computable	%	%	SCHIP Amount
	(A)		(C)	
Inpatient Hospital Services - Regular	(A)	(B)	(C)	(D)
Payments				
Inpatient Hospital Service - DSH Adjustment Payments				
Mental Health Facility Services - Regular Payments				
Mental Health Facility Services - DSH Adjustment Payments				
Nursing Facility Services				
Intermediate Care Facility Services - Mentally Retarded: Public Providers				
Intermediate Care Facility Services - Mentally Retarded: Private Providers				
Physicians' Services				
Outpatient Hospital Services				
Prescribed Drugs				
Drug Rebate Offset - National Agreement				
Drug Rebate Offset - State Sidebar Agreement				
Dental Services				
Other Practitioners' Services				
Clinic Services				
Laboratory And Radiological Services				
Home Health Services				
Sterilizations				
Abortions No.				
EPSDT Screening Services				
Rural Health Clinic Screening				
Medicare Health Insurance Payments - Part A Premiums				
Medicare Health Insurance Payments - Part B Premiums				

Medical Assistance Payments			Federal Share	
Modrodi Acorotanoo i dymonto		I	1 oddrai Onaro	Applied Against
Waiver Type: WaivType		Madiasid and COUD	Medicaid	the 20% Limit
		Medicaid and SCHIP		the 20% Limit
Waiver Name: WaivAdditional		Enhanced FMAP	FMAP	
Waiver Number: WaivNum	Total Computable	%	%	SCHIP Amount
	(A)	(B)	(C)	(D)
120% - 134% Of Poverty				
1050/ 1750/ 0/ 0				
135% - 175% Of Poverty				
Coinsurance And Deductibles				
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)				
Prepaid Ambulatory Health Plan				
Prepaid Inpatient Health Plan				
Medicaid Health Insurance Payments: Group Health Plan Payments				
Medicaid Health Insurance Payments: Coinsurance And Deductibles				
Medicaid Health Insurance Payments: Other				
Home And Community-Based Services				
Home And Community-Based Care For Functionally Disabled Elderly				
Programs Of All-Inclusive Care Elderly				
Personal Care Services				
Targeted Case Management Services				
Primary Care Case Management Services				
Hospice Benefits				
Emergency Services Undocumented Aliens				
Federally-Qualified Health Center				
Other Care Services				
Total				
<u> </u>		<u> </u>		

OMB No. 0938-0731 Expires 6/30/2008

# State Children's Health Insurance Program Expenditures For the Title XXI Program Calculation of 10% Limit

Sta	e:	Quarto	er Ended:
		Total Computable	Federal Share
		(A)	(B)
1A	Previously Claimed Expenditures - Section 2105(a)(1)		
1B	Previously Claimed Expenditures - Section 1905(u)(2) And 1905(u)(3)		
2A	Expenditures Claimed In The Current Quarter - Section 2105(a)(1)		
2B	Expenditures Claimed In The Current Quarter - Sections 1905(u)(2) And 1905(u)(3)		
3	Total Of Column (a) Lines 1A & B And 2A & B		
4	10% Limit (Divide Line 3 Column (a) By 9)		
5	Total Computable - Allotment (Allotment Divided By The Enhanced FMAP)		
6	10% Of The Allotment - Total Computable (10% Times Line 5)		
7	10% Limit (Lesser Of Lines 4 Column (a) Or 6 Column (a))		
8A	Expenditures Previously Claimed Under Section 2105(a)(2)		
8B	Expenditures Currently Claimed Under Section 2105(a)(2)		
9	Total Of Lines 8A And 8B		
10	Amount Under/(Over) Limit (Line 7 Minus 9)		

Quarter Ended: State: Federal Share Expenditures Only Title XXI Title XIX 20% Medicaid 1905(u)(2)/(3) PΕ 2105 (a)(1)(C) 2105(a)(1)(D) Total Balance Unused (B) (C) (D) (E) (F) (G) (H) (A) (10/01/1997 - 09/30/1998) FFY 1998 Allotment First Quarter 1998 Second Quarter 1998 Third Quarter 1998 Fourth Quarter 1998 Excess 10% Limit Unused Allotment Excess Expenditures FFY 1999 (10/01/1998 - 09/30/1999) Unused FFY 1998 Allotment FFY 1999 Allotment Excess Previously Claimed in **Prior Years** First Quarter 1999 Second Quarter 1999 Third Quarter 1999 Fourth Quarter 1999 Excess 10% Limit Unused Allotment 10 Excess Expenditures FFY 2000 (10/01/1999 - 09/30/2000) Unused FFY 1998 Allotment Unused FFY 1999 Allotment FFY 2000 Allotment Excess Previously Claimed in Prior Years First Quarter 2000 Second Quarter 2000 Third Quarter 2000 Fourth Quarter 2000 Excess 10% Limit 10 Unused Allotment 11 Excess Expenditures FFY 1998 Allotment Added to 12 Redistribution Pool

Quarter Ended: State: Federal Share Expenditures Only Title XXI Title XIX 20% Medicaid 1905(u)(2)/(3) PΕ 2105 (a)(1)(C) 2105(a)(1)(D) Total Balance Unused (B) (C) (D) (E) (F) (G) (H) (A) (10/01/2000 - 09/30/2001) FFY 1998 Redistributed Allotment FFY 1998 Retained Amount Unused FFY 1999 Allotment Unused FFY 2000 Allotment FFY 2001 Allotment Excess Previously Claimed in Prior Years First Quarter 2001 Second Quarter 2001 Third Quarter 2001 10 Fourth Quarter 2001 11 Excess 10% Limit 12 Unused Allotment 13 Excess Expenditures FFY 1999 Allotment added to 14 Redistribution Pool (10/01/2001 - 09/30/2002)FFY 2002 Unused FFY 1998 Redistributed Allotment Unused FFY 1998 Retained Amount FFY 1999 Redistributed Allotment FFY 1999 Retained Amount Unused FFY 2000 Allotment Unused FFY 2001 Allotment FFY 2002 Allotment Excess Previously Claimed in **Prior Years** First Quarter 2002 10 Second Quarter 2002 11 Third Quarter 2002 12 Fourth Quarter 2002 Excess 10% Limit 13 14 Unused Allotment 15 **Excess Expenditures** 16 FFY 2000 Allotment added to Redistribution Pool

OMB No. 0938-0731 Expires 6/30/2008

# Allocation of Title XIX and Title XXI Expenditures To SCHIP Fiscal Year Allotment

Otat	<u> </u>							Quarter Lin	<del></del>
				Federal S		ditures Only			
			Title XIX			XXI		<u> </u>	
		20% Medicaid	1905(u)(2)/(3)	PE	2105 (a)(1)(C)	2105(a)(1)(D)	Total	Balance	Unused
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FFY	2003 (10/01/2002 -	09/30/2003		, ,			` '	· · · · ·	` '
1	Unused FFY 1998 Redistributed Allotment								
2	Unused FFY 1998 Retained Amount								
3	Unused FFY 1999 Redistributed Allotment								
4	Unused FFY 1999 Retained Amount								
5	FFY 2000 Redistributed Amount								
6	FFY 2000 Retained Allotment								
7	Unused FFY 2001 Allotment								
8	Unused FFY 2002 Allotment								
9	FFY 2003 Allotment								
10	Excess Previously Claimed in Prior Years								
11	First Quarter 2003								
12	Second Quarter 2003								
13	Third Quarter 2003								
14	Fourth Quarter 2003								
15	Excess 10% Limit			_					
16	Unused Allotment								
17	Excess Expenditures								
18	FFY 2001 Allotment added to Redistribution Pool								

OMB No. 0938-0731 Expires 6/30/2008

# Allocation of Title XIX and Title XXI Expenditures To SCHIP Fiscal Year Allotment

Stat	<u>c.</u>							Qualter Li	ueu.
				Federal S	hare Expend	ditures Only			
			Title XIX			XXI			
		20% Medicaid	1905(u)(2)/(3)	PE	2105 (a)(1)(C)	2105(a)(1)(D)	Total	Balance	Unused
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FY	2004 (10/01/2003 -			· /			. ,	, ,	/
	Unused FFY 1998 Redistributed Allotment								
?	Unused FFY 1998 Retained Amount								
3	Unused FFY 1999 Redistributed Allotment								
l	Unused FFY 1999 Retained Amount								
5	Unused FFY 2000 Redistributed Allotment								
6	Unused FFY 2000 Retained Amount								
•	FFY 2001 Redistributed Amount								
3	FFY 2001 Retained Allotment								
)	Unused FFY 2002 Allotment								
0	Unused FFY 2003 Allotment								
1	FFY 2004 Allotment								
2	Excess Previously Claimed in Prior Years								
3	First Quarter 2004								
4	Second Quarter 2004								
5	Third Quarter 2004								
6	Fourth Quarter 2004								
7	Excess 10% Limit								
8	Unused Allotment								
9	Excess Expenditures								
0	FFY 2002 Allotment added to Redistribution Pool								

Quarter Ended: State: Federal Share Expenditures Only Title XXI Title XIX 20% Medicaid 1905(u)(2)/(3) PΕ 2105 (a)(1)(C) 2105(a)(1)(D) Total Balance Unused (B) (C) (D) (E) (F) (G) (H) (A) (10/01/2004 - 09/30/2005) Unused FFY 2001 Redistributed Amount Unused FFY 2001 Retained Allotment FFY 2002 Redistributed Allotment Unused FFY 2003 Allotment Unused FFY 2004 Allotment FFY 2005 Allotment Excess Previously Claimed in Prior Years First Quarter 2005 Second Quarter 2005 10 Third Quarter 2005 Fourth Quarter 2005 12 Excess 10% Limit 13 Unused Allotment 14 Excess Expenditures 15 FFY 2003 Allotment added to Redistribution Pool FFY 2006 (10/01/2005 - 09/30/2006) FFY 2003 Redistributed Allotment FFY 2006 Shortfall Unused FFY 2004 Allotment Unused FFY 2005 Allotment FFY 2006 Allotment Excess Previously Claimed in **Prior Years** First Quarter 2006 Second Quarter 2006 Third Quarter 2006 10 Fourth Quarter 2006 Excess 10% Limit 11 Unused Allotment 12 13 **Excess Expenditures** 14 FFY 2004 Allotment added to Redistribution Pool

Quarter Ended: State: Federal Share Expenditures Only Title XXI Title XIX 20% Medicaid 1905(u)(2)/(3) PΕ 2105 (a)(1)(C) 2105(a)(1)(D) Total Balance Unused (A) (B) (C) (D) (E) (F) (G) (H) (10/01/2006 - 09/30/2007) FFY 2004 Redistributed Allotment FFY 2005 Redistributed Allotment FFY 2007 Shortfall Negative Adjustment FFY 2005 Allotment Unused FFY 2005 Allotment Unused FFY 2006 Allotment FFY 2007 Allotment Excess Previously Claimed in **Prior Years** First Quarter 2007 10 Second Quarter 2007 Third Quarter 2007 12 Fourth Quarter 2007 13 Excess 10% Limit 14 Unused Allotment 15 Excess Expenditures FFY 2005 Allotment added to 16 Redistribution Pool FFY 2008 (10/01/2007 - 09/30/2008) FFY 2005 Redistributed Allotment Unused FFY 2006 Allotment Unused FFY 2007 Allotment FFY 2008 Allotment Excess Previously Claimed in **Prior Years** First Quarter 2008 Second Quarter 2008 Third Quarter 2008 Fourth Quarter 2008 Excess 10% Limit 10 Unused Allotment 11 12 **Excess Expenditures** 13 FFY 2006 Allotment added to Redistribution Pool