

Quarterly Medicaid Statement of Expenditures
For the Medical Assistance Program

State:

Quarter Ended:

Certification				
CMS 64 Summary Sheet	Medical Assistance 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:

1. 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 Schedules 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**

State:

Quarter Ended:

		Medical Assistance Payments		State and Local Administration	
		Total	Federal Share	Total	Federal Share
		(A)	(B)	(C)	(D)
Section 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				
3A	Interest: Received On Medicaid Recoveries				
3B	Interest: Assessed On Disallowances				
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30				
5	Other				
Section 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				
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**

State:

Quarter Ended:

Medical Assistance Payments	Total Comp.	Federal Share						Total Federal Share
		FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services - Regular 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							
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 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							
17D	Coinsurance And Deductibles							

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

State:

Quarter Ended:

Medical Assistance Payments	Total Comp.	Federal Share					Federal Share	Total Federal Share
		FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%		
		(A)	(B)	(C)	(D)	(E)		
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:

Quarter Ended:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Comp (A)	Federal Share					Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Family Plan. Services 90% (D)	Opt. Brst. & Cerv. Cancer Services (E)	0.00% (F)	
1A	Inpatient Hospital Services - Regular 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							
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 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							
17D	Coinsurance And Deductibles							
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**

State:

Quarter Ended:

Fiscal Year:

Line #		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
Medical 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			
								(A)		
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 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**

State:

Quarter Ended:

Fiscal Year:

Line #									
Medical Assistance Payments	Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
		FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)	(F)		
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								

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

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Waiver Type: Waiver Name: Waiver Number:		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number	
			FMAP	I.H.S Fac. Services 100%	Fam. Plan. Services 90%	Opt. Brst & Cerv. Cancer Services	0.00%			Federal Share
			(A)	(B)	(C)	(D)	(E)			(F)
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**

State:

Quarter Ended:

Fiscal Year:

		Line #								
Medical Assistance Waiver Type: Waiver Name: Waiver Number:		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number	
			FMAP	I.H.S Fac. Services 100%	Fam. Plan. Services 90%	Opt. Brst & Cerv. Cancer Services	0.00%			Federal Share
			(A)	(B)	(C)	(D)	(E)			(F)
17B	Medicare Health Insurance 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									

Medicaid Overpayment Adjustment

State:

Quarter Ended:

Overpayment Activity	Total Computable	Federal Share				Total Fed Share	
		FY	FY	FY	FY		
		(A)	(B)	(C)	(D)		(E)
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

State:

Quarter Ended:

		Total Computable	Federal Share
		(A)	(B)
A. Third Party Liability Collections			
A1A	Amount Of Third Liability 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)		
A1C4	Net Federal Share Of Collections Reportable		
A2	Total Third Party Liability Collections		
B. Cost Avoidance			
B1	Medicare Title XVIII		
B2	Health Insurance		
B3	Other Cost Avoidance		

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

State:

Quarter Ended:

		Total Computable (A)	Federal Share			Total Federal Share (D)	
			FFP Rate	Federal Share	0.00%		Federal Share
			(B)		(C)		
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						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

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

State: _____ Quarter Ended: _____

Waiver Type: Waiver Name: Waiver Number:	Total Computable (A)	Federal Share				Total Federal Share (D)
		FFP Rate	Federal Share	0.00%	Federal Share	
		(B)		(C)		
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						
18 Enrollment Brokers						
19 Other Financial Participation						
20 Total						

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
		Total Computable (A)	Federal Share			Total Federal Share (D)	Deferral Or C.I.N. Number (E)	
			FFP Rate	Federal Share	0.00%			Federal Share
			(B)		(C)			
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							

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
Waiver Type:		Total Computable (A)	Federal Share				Total Federal Share (D)	Deferral Or C.I.N. Number (E)
Waiver Name:			FFP	Federal	0.00%	Federal		
Waiver Number:			Rate	Share		Share		
			(B)		(C)			
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							

Summary Total Of Receipts From Form CMS 64.11A

State:

Quarter Ended:

Category	Total Receipts
(A)	(B)
Section Heading	

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Inpatient Hospital		Mental Health Fac. Serv.		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal 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:

Drug Rebate		Total Computable					Total
		Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	
						and Prior	
		(A)	(B)	(C)	(D)	(E)	
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

State:

Quarter Ended:

Type of Eligible:	Total Comp. (A)	Federal Share			Total Federal Share (E)
		FMAP 0.00% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	
		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				
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	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				
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				

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

State:

Quarter Ended:

Fiscal Year:

Line #						
Type of Eligible:	Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
		FMAP 0.00%	I.H.S Facility Services 100%	Fam. Plan. Services 90%		
		(A)	(B)	(C)		
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					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

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

State:

Quarter Ended:

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share			Total Federal Share (E)
			FMAP	I.H.S Facility Services 100%	Fam. Plan. Services 90%	
			(B)	(C)	(D)	
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					
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	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					
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					

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

State:

Quarter Ended:

Fiscal Year:

		Line #					
Type Of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share			Total Federal Share (E)	Deferral Or C.I.N. Number (F)
			FMAP	I.H.S Facility Services 100%	Fam. Plan. Services 90%		
			(B)	(C)	(D)		
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						
25	Other Services						
26	Balance						
27	Collections						
28	Total						

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

State:

Quarter Ended:

Type of Eligible:	Total Comp.	Federal Share		Total Federal Share	
		FMAP	Enhanced FMAP		
		(A)	(B)		(C)
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				
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				
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				
25	Other Services				
26	Total				

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

State:

Quarter Ended:

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Comp. (A)	Federal Share		Total Federal Share (D)
			FMAP	Enhanced FMAP	
			(B)	(C)	
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				
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				
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				
25	Other Services				
26	Total				

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

State:

Quarter Ended:

Fiscal Year:

		Line #				
Type of Eligible:		Total Comp.	Federal Share		Total Federal Share	Deferral Or C.I.N. Number
			FMAP	Enhanced FMAP		
			(A)	(B)		
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					
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					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

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

State:

Quarter Ended:

Fiscal Year:

		Line #			
Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Federal Share		Total Federal Share	Deferral Or C.I.N. Number
		Total Comp.	FMAP		
		(A)	(B)	(C)	(D)
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				
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				
25	Other Services				
26	Balance				
27	Collections				
28	Total				

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

State:

Quarter Ended:

Section C Expenditures Reported for Period By Form Number	Medical Assist. Payments		Medicaid/CHIP			State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Fed. Share
	(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 Quarters:							
From Form CMS 64.9P/CMS 64.10							
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							
From Form CMS-64.21P							
From Form CMS-64.21UP							
9. Collections							
From Form CMS-64.9 Summary							
10. Adjustments Decreasing Claims For Prior Quarters:							
A. Federal Audit							
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 Claims For Prior Quarters:							
B. Other							
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 Claims For Prior Quarters:							
From Form CMS-64.9O							
11. Net Expenditures Reported In This Period:							
Net Expenditures Reported This Period							

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

State:

Quarter Ended:

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%		Federal Share
			(A)	(B)	(C)	(D)	(E)		(F)
1A	Inpatient Hospital Services - Regular 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								
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 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								
17D	Coinsurance And Deductibles								

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

State:

Quarter Ended:

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%		Federal Share
			(A)	(B)	(C)	(D)	(E)		(F)
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**

State:

Quarter Ended:
Fiscal Year:

		Line #							
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number
		Total Comp.	FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%		
		(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 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**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
		Total Comp.	FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)	(F)	(G)		
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									

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

State:

Quarter Ended:

Administration Special Issue Reporting Program:		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal 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						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
Administration Special Issue Reporting Program:		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number	
			FFP Rate	Federal Share	0.00%			Federal Share
		(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							

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

State:

Quarter Ended:

Medical Assistance Payments	Total Computable	Federal Share		
		Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit
		Enhanced FMAP	FMAP	SCHIP Amount
		%	%	
	(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				

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

State:

Quarter Ended:

Medical Assistance Payments	Total Computable	Federal Share		
		Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit
		Enhanced FMAP	FMAP	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				

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

State:

Quarter Ended:
Fiscal Year:

Medical Assistance Payments		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share			
			Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit	
			Enhanced FMAP %	FMAP REG INC %	SCHIP Amount	
(A)	(B)	(C)	(D)	(E)		
Inpatient Hospital Services - Regular Payments	REG INC					
Inpatient Hospital Service - DSH Adjustment Payments	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 - Mentally Retarded: Public Providers	REG INC					
Intermediate Care Facility Services - Mentally Retarded: Private Providers	REG INC					
Physicians' Services	REG INC					
Outpatient Hospital Services	REG INC					
Prescribed Drugs	REG INC					
Drug Rebate Offset - National Agreement	REG INC					
Drug Rebate Offset - State Sidebar Agreement	REG 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					
Medicare Health Insurance Payments - Part A Premiums	REG INC					

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

State:

Quarter Ended:
Fiscal Year:

Medical Assistance Payments		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share			
			Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit	
			Enhanced FMAP %	FMAP REG INC %	SCHIP Amount	
(A)	(B)	(C)	(D)	(E)		
Medicare Health Insurance Payments - Part B Premiums	REG INC					
120% - 134% Of Poverty	REG INC					
135% - 175% Of Poverty	REG INC					
Coinsurance And Deductibles	REG INC					
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	REG 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: Other	REG 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 INC					
Primary Care Case Management Services	REG INC					
Hospice Benefits	REG INC					
Emergency Services Undocumented Aliens	REG INC					
Federally-Qualified Health Center	REG INC					
Other Care Services	REG INC					
Total	REG INC					

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

State:

Quarter Ended:

Fiscal Year:

Medical Assistance Payments Waiver Type: WaivType Waiver Name: WaivAdditional Waiver Number: WaivNum		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share			
			Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit	
			Enhanced FMAP %	FMAP REG INC %	SCHIP Amount	
(A)	(B)	(C)	(D)	(E)		
Inpatient Hospital Services - Regular Payments	REG INC					
Inpatient Hospital Service - DSH Adjustment Payments	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 - Mentally Retarded: Public Providers	REG INC					
Intermediate Care Facility Services - Mentally Retarded: Private Providers	REG INC					
Physicians' Services	REG INC					
Outpatient Hospital Services	REG INC					
Prescribed Drugs	REG INC					
Drug Rebate Offset - National Agreement	REG INC					
Drug Rebate Offset - State Sidebar Agreement	REG 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					

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

State:

Quarter Ended:

Fiscal Year:

Medical Assistance Payments		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share		Applied Against the 20% Limit	
Waiver Type: WaivType	REG INC		Medicaid and SCHIP	Medicaid	SCHIP Amount	
Waiver Name: WaivAdditional		Enhanced FMAP %	FMAP REG INC %			
Waiver Number: WaivNum	(A)	(B)	(C)	(D)	(E)	
Medicare Health Insurance Payments - Part A Premiums	REG INC					
Medicare Health Insurance Payments - Part B Premiums	REG INC					
120% - 134% Of Poverty	REG INC					
135% - 175% Of Poverty	REG INC					
Coinsurance And Deductibles	REG INC					
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	REG 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: Other	REG 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 INC					
Primary Care Case Management Services	REG INC					
Hospice Benefits	REG INC					
Emergency Services Undocumented Aliens	REG INC					
Federally-Qualified Health Center	REG INC					
Other Care Services	REG INC					

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

State:

Quarter Ended:

Fiscal Year:

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

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

State:

Quarter Ended:

Medical Assistance Payments Waiver Type: WaivType Waiver Name: WaivAdditional Waiver Number: WaivNum	Total Computable	Federal Share		
		Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit
		Enhanced FMAP	FMAP	SCHIP Amount
		%	%	
	(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				

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

State:

Quarter Ended:

Medical Assistance Payments Waiver Type: WaivType Waiver Name: WaivAdditional Waiver Number: WaivNum		Total Computable (A)	Federal Share		
			Medicaid and SCHIP	Medicaid	Applied Against the 20% Limit
			Enhanced FMAP	FMAP	
			%	%	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					

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

State:

Quarter 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)		

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

State:

Quarter Ended:

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

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

State:

Quarter Ended:

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

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

State: _____ Quarter Ended: _____

		Federal Share Expenditures Only					Balance Unused		
		Title XIX			Title XXI				Total
		20% Medicaid	1905(u)(2)/(3)	PE	2105 (a)(1)(C)	2105(a)(1)(D)			
		(A)	(B)	(C)	(D)	(E)			
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								

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

State:

Quarter Ended:

		Federal Share Expenditures Only					Balance Unused		
		Title XIX			Title XXI				Total
		20% Medicaid	1905(u)(2)/(3)	PE	2105 (a)(1)(C)	2105(a)(1)(D)			
		(A)	(B)	(C)	(D)	(E)			
FFY 2004 (10/01/2003 - 09/30/2004)									
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	Unused FFY 2000 Redistributed Allotment								
6	Unused FFY 2000 Retained Amount								
7	FFY 2001 Redistributed Amount								
8	FFY 2001 Retained Allotment								
9	Unused FFY 2002 Allotment								
10	Unused FFY 2003 Allotment								
11	FFY 2004 Allotment								
12	Excess Previously Claimed in Prior Years								
13	First Quarter 2004								
14	Second Quarter 2004								
15	Third Quarter 2004								
16	Fourth Quarter 2004								
17	Excess 10% Limit								
18	Unused Allotment								
19	Excess Expenditures								
20	FFY 2002 Allotment added to Redistribution Pool								

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

State:

Quarter Ended:

	Federal Share Expenditures Only						Balance	Unused
	Title XIX			Title XXI				
	20% Medicaid	1905(u)(2)/(3)	PE	2105 (a)(1)(C)	2105(a)(1)(D)	Total		
	(A)	(B)	(C)	(D)	(E)	(F)		

FFY 2005 (10/01/2004 - 09/30/2005)

1	Unused FFY 2001 Redistributed Amount							
2	Unused FFY 2001 Retained Allotment							
3	FFY 2002 Redistributed Allotment							
4	Unused FFY 2003 Allotment							
5	Unused FFY 2004 Allotment							
6	FFY 2005 Allotment							
7	Excess Previously Claimed in Prior Years							
8	First Quarter 2005							
9	Second Quarter 2005							
10	Third Quarter 2005							
11	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)

1	FFY 2003 Redistributed Allotment							
2	FFY 2006 Shortfall							
3	Unused FFY 2004 Allotment							
4	Unused FFY 2005 Allotment							
5	FFY 2006 Allotment							
6	Excess Previously Claimed in Prior Years							
7	First Quarter 2006							
8	Second Quarter 2006							
9	Third Quarter 2006							
10	Fourth Quarter 2006							
11	Excess 10% Limit							
12	Unused Allotment							
13	Excess Expenditures							
14	FFY 2004 Allotment added to Redistribution Pool							

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

State:

Quarter Ended:

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