OMB NO. 0938-0067 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE STATE FOR THE MEDICAL ASSISTANCE PROGRAM **AGENCY** OUARTER ENDED EXPENDITURES IN THIS OUARTER FEDERAL SHARE TOTAL MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING COMPUTABLE FMAP I.H.S. FACILITY FAMILY PLANNING BREAST & CERVICAL TOTAL TYPE OF PROGRAM ____% **SERVICES SERVICES** CANCER **FEDERAL FEDERAL** 100% 90% PRESUMPTIVE ELIGIBILITY SHARE SHARE (d) (a) (b) (c) (e) (f) (g) 1. INPATIENT HOSPITAL SERVICES Enhanced I.H.S. A. Regular Payments B. DSH Adjustment Payments 2. MENTAL HEALTH FACILITY SERVICES A. Regular Payments B. DSH Adjustment Payments 3. NURSING FACILITY SERVICES 4. INTERMEDIATE CARE FACILITY SERVICES - MENTALLY RETARDED: A. PUBLIC PROVIDERS B. PRIVATE PROVIDERS 5. PHYSICIANS' SERVICES 6. OUTPATIENT HOSPITAL SERVICES 7. PRESCRIBED DRUGS 7A. DRUG REBATE OFFSET 1. NATIONAL AGREEMENT 2. STATE SIDEBAR AGREEMENT 8. DENTAL SERVICES 9. OTHER PRACTITIONERS' SERVICES 10. CLINIC SERVICES 11. LABORATORY AND RADIOLOGICAL SERVICES

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12. HOME HEALTH SERVICES
13. STERILIZATIONS

STATE	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						(OMB NO. 0938-0067	
REDICAL A SISTANCE PROBLES IN THIS QUARTER MEDICAL ASSISTANCE PAYMENTS TOTAL COMPUTABLE FEDERAL SHARE REDED		JRES BY TYPE O	F S F R V I C F		ISTATE				
EXPENDITURES IN THIS QUARTER PEDERAL SHARE FOREIGN TOTAL FAMILY PLANNING SERVICES SER				-	1				
PEDICAL ASSISTANCE PAYMENTS TOTAL FEDERAL SHARE									
MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING MEDICAL PROPERTY OF MAINTY PROPERTY PROPERTY OF MAINTY PROPERTY PROPERTY OF MAINTY PROPERTY				FEDERAL SHA	,				
SPECIAL (SSUES REPORTING COMPUTABLE FMAP I.H.S. TACILITY FAMILY PLANNING BREAT & CERVICAL FEDERAL FEDERAL SHARE	MEDICAL ASSISTANCE PAYMENTS	ΤΟΤΔΙ						ļ	
			FMAP	LHS FACILITY	FAMILY PLANNING	BREAST & CERVICAL			TOTAL
1.00% 90% PRESUMPTIVE REGIBILITY 9% SHARE SHARE								FEDERAL	
14. ADORTROIS NO.							%		
14. ABORTONS NO.		(a)	(b)						
15. FPSDT SCREENING SERVICES	14. ABORTIONS NO.	(5)	(4)	(-)	(=)	(5)		-7	(9)
16. RURAL HEALTH CUBIC SERVICES									
17. MEDICAGE HEALTH INSURANCE PAYMENTS: (A) PART A PREMIUMS (B) PART B PREMIUMS (C) QUALIFYING INDIVIDUALS (L) 120% - 134% OF POVERTY (2) 135% - 134% OF POVERTY (2) 135% - 134% OF POVERTY (2) 135% - 134% OF POVERTY (3) 100% - 134% OF POVERTY (4) CONSUMANCE AND DEDUCTIBLES (5) CONSUMANCE AND DEDUCTIBLES (6) PREPAID HEALTH PLANS (PHP) (C) GROUP HEALTH PLANS (PHP) (C) GROUP HEALTH PLANS (PHP) (C) GROUP HEALTH PLANS (PHP) (D) CONSUMANCE AND DEDUCTIBLES (E) OTHER									
(B) PART B PREMIUNS (C) QUALIFYING INDIVIDUALS (1) 120% -134% OF POVERTY (2) 135% -175% OF POVERTY (2) 135% -175% OF POVERTY (3) 135% -175% OF POVERTY (4) CONSUMANCE AND DEUCTRIES (5) CONSUMANCE AND DEUCTRIES (6) CARL SERVICES (7) CONSUMANCE AND DEUCTRIES (8) PREPAID HEALTH PLANS (PHP) (9) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (2) CONSUMANCE AND DEUCTRIES (3) CONSUMANCE AND DEUCTRIES (4) CONSUMANCE AND DEUCTRIES (5) CONSUMANCE AND DEUCTRIES (6) CONTER (7) HOME AND COMMUNITY-BASED SERVICES 1 (8) CONSUMANCE AND DEUCTRIES (9) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (2) CONSUMANCE AND DEUCTRIES (3) CONSUMANCE AND DEUCTRIES (4) CONSUMANCE AND DEUCTRIES (5) CONSUMANCE AND DEUCTRIES (8) CONSUMANCE AND DEUCTRIES (9) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (2) CONSUMANCE AND DEUCTRIES (3) CONSUMANCE AND DEUCTRIES (4) CONSUMANCE AND DEUCTRIES (5) CONSUMANCE AND DEUCTRIES (6) CONSUMANCE AND DEUCTRIES (7) CONSUMANCE AND DEUCTRIES (8) CONSUMANCE AND DEUCTRIES (8) CONSUMANCE AND DEUCTRIES (9) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRIES (1) CONSUMANCE AND DEUCTRI	17. MEDICARE HEALTH INSURANCE PAYMENTS:								
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(D) COINSURANCE AND DEDUCTIBLES (E) OTHER (E) OTHER (E) OTHER (E) OTHER (E)	(B) PREPAID HEALTH PLANS (PHP)								
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21. COMMUNITY SUPPORTED LIVING SERVICES 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 (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.4. OR 10.8., COLUMNS (a) AND (b) AS APPROPRIATE).	20. H&CB CARE FOR FUNCTIONALLY								
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 (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.4. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).	DISABLED ELDERLY								
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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 (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).	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 30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).	23. PERSONAL CARE SERVICES								
26. HOSPICE BENEFITS 27. EMERGENCY SERVICES UNDOCUMENTED ALIENS 28. FEDERALLY-QUALIFIED HEALTH CENTER 29. OTHER CARE SERVICES 30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).	24. TARGETED CASE MANAGEMENT SERVICES								
27. EMERGENCY SERVICES UNDOCUMENTED ALIENS 28. FEDERALLY-QUALIFIED HEALTH CENTER 29. OTHER CARE SERVICES 30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).	25. PRIMARY CARE CASE MANAGEMENT SERVICES								
28. FEDERALLY-QUALIFIED HEALTH CENTER 29. OTHER CARE SERVICES 30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).									
29. OTHER CARE SERVICES 30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).	27. EMERGENCY SERVICES UNDOCUMENTED ALIENS								
30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).									
SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).									
COLUMNS (a) AND (b) AS APPROPRIATE).									

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DEPARTMENT OF HEALTH AND HUMAN SERVICES								OMB NO. 0938-0067	
CENTERS FOR MEDICARE & MEDICAID SERVICES									
MEDICAL ASSISTANCE EXPENDITU		OFSERV	CE	STATE					
FOR THE MEDICAL ASSISTANC				QUARTER ENDED					
PRIOR PERIOD ADJUSTMENTS IN THIS Q	UARTER			FISCAL YEAR			· · · · · · · · · · · · · · · · · · ·		
CHECK ONE:	LINE 7		LINE 8		LINE 10A		LINE 10B		
FEDERAL SHARE									DEFERRAL
MEDICAL ASSISTANCE PAYMENTS	TOTAL		FEDERAL SHA	KE					OR
SPECIAL ISSUES REPORTING	COMPUTABLE	FMAP	I.H.S. FACILITY	FAMILY PLANNING	BREAST & CERVICAL			TOTAL	C.I.N.
TYPE OF PROGRAM	COMPUTABLE	гма г %	SERVICES	SERVICES	CANCER		FEDERAL	FEDERAL	NUMBER
TIPE OF PROGRAM			100%	90%	PRESUMPTIVE ELIGIBILITY	%	SHARE	SHARE	NOMBER
	(a)	(b)	(c)	(d)	(e)		(f)	(g)	{h}
1. INPATIENT HOSPITAL SERVICES	(u)	(6)	(0)	(4)	Enhanced		(1)	(9)	(,
A. Regular Payments					I.H.S.				
B. DSH Adjustment Payments									
2. MENTAL HEALTH FACILITY SERVICES									
A. Regular Payments									
B. DSH Adjustment Payments									
3. NURSING FACILITY SERVICES									
4. INTERMEDIATE CARE FACILITY SERVICES									
- MENTALLY RETARDED:									
A. PUBLIC PROVIDERS									
B. PRIVATE PROVIDERS									
5. PHYSICIANS' SERVICES									
6. OUTPATIENT HOSPITAL SERVICES									
7. PRESCRIBED DRUGS									
7A. DRUG REBATE OFFSET									
1. NATIONAL AGREEMENT									
2. STATE SIDEBAR AGREEMENT									
8. DENTAL SERVICES									
9. OTHER PRACTITIONERS' SERVICES									
10. CLINIC SERVICES									
11. LABORATORY AND RADIOLOGICAL SERVICES									
12. HOME HEALTH SERVICES									
13. STERILIZATIONS									

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DEPARTMENT OF HEALTH AND HUMAN SERVICES								OMB NO. 0938-006	67		
HEALTH CARE FINANCING ADMINISTRATION MEDICAL ASSISTANCE EXPENDIT	TIDEC DV TVDE O	E C E D VI C E		ISTATE							
		r SERVICE	1	OUARTER ENDED							
FOR THE MEDICAL ASSISTANCE PROGRAM PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER											
PRIOR PERIOD ADJUSTMENTS IN THIS QUA	KIEK			FISCAL YEAR							
CHECK ONE:	LINE 7		LINE 8		LINE 10A		LINE 10B				
	TOTAL								DEFERRAL		
MEDICAL ASSISTANCE PAYMENTS	COMPUTABLE	FMAP	I.H.S. FACILITY	FAMILY PLANNING	BREAST & CERVICAL			TOTAL	OR		
SPECIAL ISSUES REPORTING		%	SERVICES	SERVICES	CANCER		FEDERAL	FEDERAL	C.I.N.		
TYPE OF PROGRAM			100%	90%	PRESUMPTIVE ELIGIBILITY	%	SHARE	SHARE	NUMBER		
	(a)	(b)	(c)	(d)	(e)		(f)	(g)	{h}		
15. EPSDT SCREENING SERVICES								-			
16. RURAL HEALTH CLINIC SERVICES											
17. MEDICARE HEALTH INSURANCE PAYMENTS:											
(A) PART A PREMIUMS											
(B) PART B PREMIUMS											
(C) QUALIFYING INDIVIDUALS											
(1) 120% -134% OF POVERTY											
(2) 135% -175% OF POVERTY											
(D) COINSURANCE AND DEDUCTIBLES											
18. MEDICAID HEALTH INSURANCE PAYMENTS:											
(A) MANAGED CARE ORGANIZATIONS (MCO)											
(B) PREPAID HEALTH PLANS (PHP)											
(C) GROUP HEALTH PLAN PAYMENTS											
(D) COINSURANCE AND DEDUCTIBLES											
(E) OTHER											
19. HOME AND COMMUNITY-BASED SERVICES 1											
20. H&CB CARE FOR FUNCTIONALLY											
DISABLED ELDERLY											
21. COMMUNITY SUPPORTED LIVING SERVICES											
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 (ENTER COLUMNS (a) AND (f) ON											
SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B.,											
COLUMNS (a) AND (b) AS APPROPRIATE).											
1 IE STATE HAS MODE THAN ONE ADDDOVED HODS WAIVED	ATTACH SCHEDIII E SHOWIN	C EVDENDITUDES I	EOD EVCH VDDDOVED W	/AI\/ED							

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Appendix F						
DEPARTMENT OF HEALTH AND HUMAN SERVICES				OMB NO. 0938	-0067	
CENTERS FOR MEDICARE & MEDICAID SERVICES						
EXPENDITURES FOR STATE	E AND LOCAL ADMIN	NISTRATIO	N	STATE		
FOR THE MEDICAL	ASSISTANCE PROG	RAM				
EXPENDITURE	S IN THIS QUARTER			QUARTER END	ED	
ADMINISTRATION			TOTAL			
SPECIAL ISSUES REPORTING	 	FEDERAL				
TYPE OF PROGRAM	TOTAL COMPUTABLE	90%	75%	50%	FEDERAL SHARE	SHARE
THE OF TROOKAPI	(a)	(b)	(c)	(d)	(e)	(f)
1. FAMILY PLANNING	(a)	(b)	(C)	(u)	(6)	(1)
DESIGN DEVELOPMENT OR INSTALLATION OF MMIS						
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER						
STATE AGENCIES AND INSTITUTIONS						
B. COST OF PRIVATE SECTOR CONTRACTORS						
C. DRUG CLAIMS SYSTEM						
SKILLED PROFESSIONAL MEDICAL PERSONNEL						
4. OPERATION OF AN APPROVED MMIS:	 					
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER						
STATE AGENCIES AND INSTITUTIONS						
B. COST OF PRIVATE SECTOR CONTRACTORS						
5. MECHANIZED SYSTEMS, NOT APPROVED UNDER						
MMIS PROCEDURES:						
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER						
STATE AGENCIES AND INSTITUTIONS						
B. COST OF PRIVATE SECTOR CONTRACTORS						
6. PEER REVIEW ORGANIZATIONS (PRO)						
7. A. THIRD PARTY LIABILITY						
RECOVERY PROCEDURE - BILLING OFFSET						
B. 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

SHEET LINE 6 COLUMNS (c) AND (d))

20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 09	938-0067	
EXPENDITURES FOR STATE AND LOC	TAL ADMINISTR	ATION			STATE		
OR THE MEDICAL ASSISTANCE PRO		ATTON			QUARTER ENI)ED	
	GRAM					<u>רבר</u>	
PRIOR PERIOD ADJUSTMENTS					FISCAL YEAR		
ADMINISTRATION	LINE 7.	LINE 8.	LINE 10.A.	LINE 10.B.			
SPECIAL ISSUES REPORTING			FEDERA	LSHARE		1	DEFERRAL,
TYPE OF PROGRAM	TOTAL				TOTAL	DISALLOWANCE	
	COMPUTABLE				FEDERAL	FEDERAL	OR
	COMINITABLE	000/	750/	F00/	I		_
	(a)	90% (b)	75% (c)	50% (d)	% SHARE (e)	SHARE (f)	C.I.N. NO.
1. FAMILY PLANNING	(a)	(6)	(C)	(u)	(e)	(1)	(9)
2. DESIGN DEVELOPMENT OR INSTALLATION OF MMIS:							
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER							
STATE AGENCIES AND INSTITUTIONS							
B. COSTS OF PRIVATE SECTOR CONTRACTORS							
C. DRUG CLAIMS SYSTEM							
3. SKILLED PROFESSIONAL MEDICAL PERSONNEL							
4. OPERATION OF AN APPROVED MMIS:							
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER							
STATE AGENCIES AND INSTITUTIONS							
B. COST OF PRIVATE SECTOR CONTRACTORS							
5. MECHANIZED SYSTEMS, NOT APPROVED UNDER							
MMIS PROCEDURES:							
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER							
STATE AGENCIES AND INSTITUTIONS							
B. COST OF PRIVATE SECTOR CONTRACTORS							
6. PEER REVIEW ORGANIZATIONS (PRO)							
7. A. THIRD PARTY LIABILITY							
RECOVERY PROCEDURE - BILLING OFFSET							
B. ASSIGNMENT OF RIGHTS - BILLING OFFSET							
8. IMMIGRATION STATUS VERIFICATION SYSTEM COSTS							
(100% FFP)							
9. NURSE AIDE TRAINING COSTS							
LO. PREADMISSION SCREENING COSTS							
11. RESIDENT REVIEW ACTIVITIES COST							
2. DRUG USE REVIEW PROGRAM							
13. OUTSTATIONED ELIGIBILITY WORKERS							
4. TANF BASE							
15. TANF SECONDARY 90%							
L6. TANF SECONDARY 75%							
.7. EXTERNAL REVIEW							
8. ENROLLMENT BROKERS							
9. OTHER FINANCIAL PARTICIPATION							
20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY							
SHEET LINE 7, 8, 10.A., OR 10.B. COLUMNS							
(c) AND (d))							

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