

**MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE
FOR THE MEDICAL ASSISTANCE PROGRAM
EXPENDITURES IN THIS QUARTER**

STATE _____
AGENCY _____
QUARTER ENDED _____

MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE	FEDERAL SHARE						TOTAL FEDERAL SHARE
		FMAP ____%	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	____%	FEDERAL SHARE	
		(a)	(b)	(c)	(d)	(e)	(f)	
1. INPATIENT HOSPITAL SERVICES A. Regular Payments					Enhanced 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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QUARTER ENDED _____

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		FMAP ____%	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	____%	FEDERAL SHARE	
		(a)	(b)	(c)	(d)	(e)	(f)	
14. ABORTIONS NO. _____								
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 IF STATE HAS MORE THAN ONE APPROVED HCBS WAIVER, ATTACH SCHEDULE SHOWING EXPENDITURES FOR EACH APPROVED WAIVER

**MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE
FOR THE MEDICAL ASSISTANCE PROGRAM
PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER**

STATE _____
QUARTER ENDED _____
FISCAL YEAR _____

CHECK ONE: LINE 7 LINE 8 LINE 10A LINE 10B

MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE	FEDERAL SHARE					FEDERAL SHARE	TOTAL FEDERAL SHARE	DEFERRAL OR C.I.N. NUMBER
		FMAP ____%	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	____%			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	{h}	
1. INPATIENT HOSPITAL SERVICES					Enhanced				
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									

MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE
FOR THE MEDICAL ASSISTANCE PROGRAM
PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER

STATE
QUARTER ENDED
FISCAL YEAR

CHECK ONE: LINE 7 LINE 8 LINE 10A LINE 10B

MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE	FMAP	I.H.S. FACILITY SERVICES	FAMILY PLANNING SERVICES	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	_____%	FEDERAL SHARE	TOTAL FEDERAL SHARE	DEFERRAL OR C.I.N. NUMBER
		____%	100%	90%		_____%	(f)	(g)	{h}
	(a)	(b)	(c)	(d)	(e)				
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									
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19. HOME AND COMMUNITY-BASED SERVICES 1									
20. H&CB CARE FOR FUNCTIONALLY DISABLED ELDERLY									
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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 IF STATE HAS MORE THAN ONE APPROVED HCBS WAIVER, ATTACH SCHEDULE SHOWING EXPENDITURES FOR EACH APPROVED WAIVER

EXPENDITURES FOR STATE AND LOCAL ADMINISTRATION FOR THE MEDICAL ASSISTANCE PROGRAM EXPENDITURES IN THIS QUARTER	STATE QUARTER ENDED
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ADMINISTRATION SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE (a)	FEDERAL SHARE					TOTAL FEDERAL SHARE (f)
		90% (b)	75% (c)	50% (d)	___% (e)	FEDERAL SHARE	
1. FAMILY PLANNING							
2. 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							
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							
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 (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET LINE 6 COLUMNS (c) AND (d))							

**EXPENDITURES FOR STATE AND LOCAL ADMINISTRATION
FOR THE MEDICAL ASSISTANCE PROGRAM
PRIOR PERIOD ADJUSTMENTS**

STATE
QUARTER ENDED
FISCAL YEAR

ADMINISTRATION SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	<input type="checkbox"/> LINE 7. <input type="checkbox"/> LINE 8. <input type="checkbox"/> LINE 10.A. <input type="checkbox"/> LINE 10.B. <input type="checkbox"/>					TOTAL FEDERAL SHARE (f)	DEFERRAL, DISALLOWANCE OR C.I.N. NO. (g)	
	TOTAL COMPUTABLE (a)	FEDERAL SHARE						
		90% (b)	75% (c)	50% (d)	_% (e)			FEDERAL SHARE
1. FAMILY PLANNING								
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								
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 (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET LINE 7, 8, 10.A., OR 10.B. COLUMNS (c) AND (d))								