

Crosswalk for the Implementation of the Affordable Care Act of 2009 and Additional Revisions for Certification (CMS-64) MBES/CBES

Section # on Current CMS-64 (8/31)	Type of Change	Rational for Change
64 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 1C Inpatient Hospital Services – Supplemental Payments, These are payments made in addition to the standard fee schedule or other standard payment for those services. These payments are separate and apart from regular payments and are based on their own payment methodology. Payments may be made to all providers or targeted to specific groups or classes of providers. Groups may be defined by ownership type (state, county or private) and/or by the other characteristics, e.g., caseload, services or costs. The combined standard payment and supplemental payment cannot exceed the upper payment limit described in 42 CFR 447.272.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
65 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 1D Inpatient Hospital Services – Graduate Medical Education Payments, GME payments include supplemental payments for direct medical education (DME) (i.e. costs of training physicians such as resident and teaching physician salaries/benefits, overhead and other costs directly related to the program) and indirect medical education (IME) costs hospitals incur for operating teaching programs. Report all supplemental payments for DME and IME that are provided for in the State plan.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
66 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 3B Nursing Facility Services – Supplemental Payments, These are payments made in addition to the standard fee schedule or other standard payment for those services. These payments are separate and apart from regular payments and are based on their own payment methodology. Payments may be made to all providers or targeted to specific groups or classes of providers. Groups may be defined by ownership type (state, county or private) and/or by the other characteristics, e.g., caseload, services or costs. The combined standard payment and supplemental payment cannot exceed the upper payment limit described in 42 CFR 447.272.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
67 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 4C Intermediate Care Facility Services-Mentally Retarded Supplemental Payments, These are payments made in addition to the standard fee schedule or other standard payment for those services. These payments are separate and apart from regular payments and are based on their own payment methodology. Payments may be made to all providers or targeted to specific groups or classes of providers. Groups may be defined by ownership type (state, county or private) and/or by the other characteristics, e.g., caseload, services or costs. The combined standard payment and supplemental payment cannot exceed the upper payment limit described in 42 CFR 447.272.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 5B Physician and Surgical Services – Supplemental Payments, These are payments for physician and other practitioner services that are made in addition to the standard fee schedule payment for those services. When combined with regular payments, these supplemental payments are equal to or less than the Federal upper payment limit.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 6B Outpatient Hospital Services – Supplemental Payments, These are payments for outpatient hospital services as defined in line 6A that are made in addition to the base fee schedule or other standard payment for those services. These payments are separate and apart from regular payments and are based on their own payment methodology. The combined standard payment and supplemental payment cannot exceed the Federal upper payment limit.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.

68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 7A3 MCO - National Agreement - FMAP Rate, Managed Care Organizations (MCO) - National Agreement: The Affordable Care Act requires manufacturers that participate in the Medicaid Drug Rebate Program to pay rebates for drugs dispensed to individuals enrolled with a Medicaid MCO if the MCO is responsible for coverage of such drugs, effective March 23, 2010. This is a refund from the manufacturer to the State Medical Assistance plan for single source drugs, innovator multiple source drugs, and non-innovator multiple source drugs that are dispensed to Medicaid recipients who are enrolled in a Medicaid MCO. Rebates are to take place quarterly.	Added pursuant to the Affordable care Act of 2009.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 7A5 Increased ACA OFFSETT - Fee for Service - 100%, Fee for Service - 100% Section 2501 of the Affordable Care Act increased the amount of rebates that drug manufacturers are required to pay under the Medicaid drug rebate program, with different formulas for single source and innovator multiple source drugs (brand name drugs) and noninnovator multiple source drugs (generic drugs), and drugs that are line extensions of a single source drug or an innovator multiple source drug, effective January 1, 2010. The Affordable Care Act also required that amounts "attributable" to these increased rebates be remitted to the Federal Government.	Added pursuant to the Affordable care Act of 2009.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 7A6 MCO - Increased ACA OFFSETT-MCO - 100% 100% 7A6. Increased ACA OFFSET - MCO: Similar to the increased ACA offset for fee-for-service, for covered outpatient drugs that are dispensed to Medicaid MCO enrollees, the Affordable Care Act also required that amounts "attributable" to the increased rebates be remitted to the Federal Government.	Previously claimed on a nondescript Line item. Added pursuant to the Affordable care Act of 2009.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 9B Other Practitioner Services - Supplemental Payments, These are payments for other practitioner services as defined in Line 9A that are made in addition to the standard fee schedule payment for those services. When combined with regular payments, these supplemental payments are equal to or less than the Federal upper payment limit. • Line 19B Home and Community-Based Services - State Plan 1915(i) Only Payment, Only the home and community based services elected and defined in the approved State plan may be claimed on this line.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 19C Home & Community-Based Services - St. Plan 1915(j) Only Payments. 42 CFR Part 441 - Self-Directed Personal Assistance Services Program State Plan Option. These are PAS services provided under the self-directed service delivery model authorized by 1915(j) including any approved home and community-based services otherwise available under a 1915(c) waiver.	Previously reported on a nondescript Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
68 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 23B Personal Care Services - Self Directed Services SDS 1915(i), Self-Directed Personal Assistance Services (PAS) State Plan Option. These are PAS provided under the self-directed service delivery model authorized by 1915(j) for State plan personal care and related services.	Previously reported on a nondescript Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
69 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 24B Case Management - State Wide, (See §1915(g)(2) of the Act).--These are services that assist individuals eligible under the State plan in gaining access to needed medical, social, educational and other services. The agency must permit individuals to freely choose any qualified Medicaid provider when obtaining case management services in accordance with 42 CFR 431.51.	Previously claimed on a nondescript Line item. The new line item streamlines data entry and simplifies the identification of these expenditures.

70 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 29 Non-Emergency Medical Transportation, (see 42CFR431.53; 440.170; 440.170(a); 440.170(a)(4))--A ride, or reimbursement for a ride, provided so that a Medicaid beneficiary with no other transportation resources can receive services from a medical provider. (NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room for life-threatening situations.	Previously claimed on a nondescript Line item as an administrative expense. Added pursuant to the Affordable care Act of 2009, and claimed at State's FMAP.
71 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 30 Physical Therapy, (See 42CFR440.110(a)(1)).--Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
72 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 31 Occupational Therapy, (see 42CFR440.110(b))--Occupational therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified occupational therapist. It includes any necessary supplies and equipment.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
73 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 32 Services for Speech, Hearing and Language, --Services for individuals with speech, hearing, and language disorders (See 42CFR440.110(c)). Services for individuals with speech, hearing, and language disorders means diagnostic, screening, preventive, or correction services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. It includes any necessary supplies and equipment, including hearing aids.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
74 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 34 Diagnostic Screening & Preventive Services, (see 42CFR440.130)--(a) "Diagnostic services", includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in a recipient.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
75 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 35 Nurse Mid-Wife, See 42 CFR 440.165) "Nurse-midwife services" means services that are furnished within the scope or practice authorized by State law or regulation and, in the case of inpatient or outpatient hospital services or clinic services, are furnished by or under the direction of a nurse mid-wife to the extent permitted by the facility. Unless required by required by State law or regulations or a facility, are reimbursed without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider. See 42 CFR 441.21 for provisions on independent provider agreements for nurse-midwives.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
76 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 36 Emergency Hospital Services, Emergency hospital services means services that: 1. Are necessary to prevent the death or serious impairment of the health of the recipient; and 2. Because of the threat to the life or health of the recipient necessitate the use of the most accessible hospital available that is equipped to furnish the services, even if the hospital does not currently meet- (i) The conditions for participation under Medicare; or (ii) The definitions of inpatient or outpatient hospital services under 42 CFR 440.10 and 440.20.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.

77 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 37 Critical Access Hospitals, (See 42 CFR 440.170) -- Critical access hospital services that are furnished by a provider that meet the requirements for participation in Medicare as a CAH (see subpart F of 42 CFR part 485), and (ii) are of a type that would be paid for by Medicare when furnished to a Medicare beneficiary. Inpatient CAH services do not include nursing facility services furnished by a CAH with a swing-bed approval.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
78 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 38 Nurse Practitioner Services, (See 42 CFR 440.166) services that are furnished by a registered professional nurse who meets a State's advanced educational and clinical practice requirements, if any, beyond the 2 to 4 years of basic nursing education required of all registered nurses. See 42 CFR 440.166 for requirements related to certified pediatric nurse practitioner and certified family nurse practitioner.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
79 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 39 School Based Services, (See section 1903(c) of the Act)--These services include medical assistance for covered services (see section 1905(a)) furnished to a child with a disability because such services are included in the child's individualized educational program established pursuant to Part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
80 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 40 Rehabilitative Services (non-school-based), (see 42CFR440.130(d))-- Rehabilitative services includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, with the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.	Previously claimed on a non-specific Line. The new line item streamlines data entry and simplifies the identification of these expenditures.
81 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 41 Private Duty Nursing (see 42CFR440.80)--Nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility. These services are provided: (a) by a registered nurse or a licensed practical nurse; (b) under the direction of the recipient's physician ; and (c) to a recipient in one or more of the following locations at the option of the State: (1) his or her own home; (2) a hospital; or (3) a skilled nursing facility.	To remove this line item from an informational only form and create a separate expenditure line item. This streamlines data entry and simplifies the identification of these expenditures.
82 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 42 Freestanding Birth Centers - A line added to the CMS-37.3 and CMS-64.9 series of forms Form pursuant to Section 2301 of ACA.	Added pursuant to the Affordable care Act of 2009.
83 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 43 Home Health for Enrollees with Chronic Conditions A line added to the CMS-37.3 and CMS-64.9 series of forms Form pursuant to Section 2703 of ACA.	Added pursuant to the Affordable care Act of 2009.
84 series of forms (i.e., 64.9B, 64.9I, 64.9P, 64.9PI, 64.9PI, 64.9 Waiv, and 64.9P Waiv)	New Expenditure Line added - Line 44 Tobacco Cessation for Pregnant Women A line added to the CMS-37.3 and CMS-64.9 series of forms Form pursuant to Section 4107 of ACA.	Historically claimed on nondescript Line item, and added line item pursuant to the Affordable care Act of 2009.