OMB No. 0938-0067 Expires 8/31/2011

Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program

State:

Quarter Ended: 12/31/2010

Certification										
	Medical Assit	ance Payments	State and Loc	al Administration						
	Total	Federal Share	Total	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 office 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 Children's Health Insurance Program (CHIP) 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 CHIP.
- 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 CHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended.
- 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:			

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

State:

		Med	ical Assista	nts	State and Administ		
		Total Computable	Medicaid Federal Share	ARRA Federal Share	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
	Section A: Quarterly Status of Funding						
	Awards Received During The Quarter For						
	The Quarter Being Reported And Prior						
1	Quarters						
•	Awards Received During The Quarter For						
2	Subsequent Quarters						
_							
3.A.	Interest: Received On Medicaid Recoveries						
3.B.	Interest: Assessed On Disallowances						
	Medicare Overpayment Collection Under						
4	Sec. 1914 and 42 CFR 447.30						
5	Other						
	Section B: Expenditures Reported for				l		
	the Period						
6	Expenditures In This Quarter						
	Adjustments Increasing Claims For Prior						
7	Quarters						
8	Other Expenditures						
9.A.	Collections: Third Party Liability						
9.B.	Collections: Probate						
	Recoveries: Fraud, Waste and Abuse						
9.C.1.	Efforts						
	Recoveries: OIG Compliant False Claims						
9.C.2.	Act						
9.D.	Collections: Other						
9.E.	Misc.						
	Adjustments Decreasing Claims For Prior						
10.A.	Quarters: Federal Audit						
	Adjustments Decreasing Claims For Prior						
10.B.	Quarters: Other						
	Adjustments Decreasing Claims For Prior						
	Quarters: Overpayment Adjustments						
10.C.	(Attach 64.9O)						
10.D.	Adjustments/Decreasing Prior Qtrs - Perm						
	Net Expenditures Reported In This Period						
11	(Sum of Items 6, 7 and 8 Less 9 and 10)						

State:

Quai	ter Ended: 12/31/2010 Medical Assistance Payments	Total Computable				Federa	al Share				Total Federal Share
	·	·	FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	
		(A)	(B)	(C)	(D)	(I	Ė)		(F)	•	(G)
	Inpatient Hospital Services - Regular										
1A	Payments										
	Inpatient Hospital Service - DSH										
1B	Adjustment Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
	Inpatient Hospital Services - GME										
1D	Payments										
	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Nursing Facility Services - Regular										
3A	Payments										
0.0	Nursing Facility Services - Supplemental										
3B	Payments Comp Facility Compined										
4.0	Intermediate Care Facility Services -										
4A	Mentally Retarded: Public Providers Intermediate Care Facility Services -										
4B	Mentally Retarded: Private Providers										
4D	Intermediate Care Facility Services -										
	Mentally Retarded: Supplemental										
4C	Payments										
	Physician and Surgical Services - Regular										
5A	Payments										
5, (Physician and Surgical Services -										
5A	Supplemental Payments										
	Outpatient Hospital Services - Regular										
6A	Payments										
	Outpatient Hospital Services -										
6b	Supplemental Payments										
7	Prescribed Drugs										

State:

Quart	er Ended: 12/31/2010	Total									Total Federal
	Medical Assistance Payments	Computable				Federa	al Share				Share
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	
		(A)	(B)	(C)	(D)	(I	E)		(F)	_	(G)
-											
7A1	Drug Rebate Offset - National Agreement										
740	Drug Rebate Offset - State Sidebar										
7A2	Agreement										
	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
	Increased ACA OFFSET - Fee for Service -										
7A5	100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
	Other Practitioners Services - Regular										
9A	Payments										
	Other Practitioners Services -										
9B	Supplemental Payments										
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										
	Medicare Health Insurance Payments -										
17A	Part A Premiums										
	Medicare Health Insurance Payments -										
17B	Part B Premiums										
	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations (MCO)										
	Prepaid Ambulatory Health Plan										
	Prepaid Inpatient Health Plan										

State:

Quar	er Ended: 12/31/2010 Medical Assistance Payments	Total Computable				Federa	al Share				Total Federal Share
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	
		(A)	(B)	(C)	(D)	(I	Ė)		(F)	•	(G)
	Medicaid Health Insurance Payments:										
18C	Group Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18E	Other										
	Home and Community-Based Services -										
19A	Regular Payment (Waiver)										
	Home and Community-Based Services -										
19B	State Plan 1915(i) Only Payment										
	Home and Community-Based Services -										
19C	State Plan 1915(j) Only Payment										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
	Emergency Services for Undocumented										
27	Aliens										
28	Federally-Qualified Health Center										
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
	Services for Speech, Hearing and										
32	Language										
33	Prosthetic Devices, Dentures, Eyeglasses										

State:

		Total										
	Medical Assistance Payments	Computable				Federa	al Share				Share	
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment		
		(A)	(B)	(C)	(D)	(1	E)		(F)	-	(G)	
34	Diagnostic Screening & Preventive Services											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37	Critical Access Hospitals											
38	Nurse Practitioner Services											
39	School Based Services											
40	Rehabilitative Services (non-school-based)											
41 42	Private Duty Nursing											
42	Freestanding Birth Center Health Home for Enrollees w Chronic											
43	Conditions											
44	Tobacco Cessation for Preg Women											
49	Other Care Services											
50	Total											

State:

wuai	ter Ended: 12/31/2010	Total									Total Federal
	Medical Assistance Payments	Computable				Federa	al Share				Share
	Waiver Type: Waiver Number: Waiver Name:	·	FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	
		(A)	(B)	(C)	(D)	(I	Ξ)		(F)		(G)
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH										
1B	Adjustment Payments										
1.0	Inpatient Hospital Services - Supplemental										
1C	Payments Inpatient Hospital Services - GME										
1D	Payments										
טו	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Nursing Facility Services - Regular										
3A	Payments										
	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services -										
4A	Mentally Retarded: Public Providers										
l	Intermediate Care Facility Services -										
4B	Mentally Retarded: Private Providers										
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments										
5A	Physician and Surgical Services - Regular Payments										
	Physician and Surgical Services -										
5A	Supplemental Payments										
	Outpatient Hospital Services - Regular										
6A	Payments										

State:

quar	er Ended: 12/31/2010	Total									Total Federal
	Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:	Computable	FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Rate)	Other %	Federal Share	Prompt Payment	
		(A)	(B)	(C)	(D)	(E	Ξ)		(F)		(G)
6b	Outpatient Hospital Services - Supplemental Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement										
7A3	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
7A5	Increased ACA OFFSET - Fee for Service - 100%										
	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
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										

State:

Quait	er Ended: 12/31/2010										Total
		Total									Federal
	Medical Assistance Payments	Computable				Federa	al Share				Share
	Waiver Type: Waiver Number: Waiver Name:		FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	
		(A)	(B)	(C)	(D)	(I	Ε)		(F)		(G)
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations (MCO)										
	Prepaid Ambulatory Health Plan										
18B2	Prepaid Inpatient Health Plan										
	Medicaid Health Insurance Payments:										
18C	Group Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18E	Other										
	Home and Community-Based Services -										
19A	Regular Payment (Waiver)										
	Home and Community-Based Services -										
19B	State Plan 1915(i) Only Payment										
	Home and Community-Based Services -										
19C	State Plan 1915(j) Only Payment										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
	Emergency Services for Undocumented										
27	Aliens										

OMB No. 0938-0067 Expires 8/31/2011

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

	Medical Assistance Payments Waiver Type:	Total Computable				Federa Opt. Breast	al Share				Total Federal Share
	Waiver Number: Waiver Name:	(A)	FMAP (B)	Family Planning Services 90% (C)	100%	or Cervical Cancer Srvcs (ENH Rate)	or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share (F)	Prompt Payment	(G)
28	Federally-Qualified Health Center	(A)	(B)	(0)	(D)	(1	- <i>)</i> I		(F)	1	(6)
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
	Services for Speech, Hearing and										
32	Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
35	Nurse Mid-Wife										
36	Emergency Hospital Services										
37	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
43	Health Home for Enrollees w/ Chronic Conditions										
44	Tobacco Cessation for Preg Women										
49	Other Care Services										
50	Total										

State:

Quarter Ended: 12/31/2010

1130	al Year:				Line #							
	Medical Assistance Payments	Total Computable			Lille #	Federa	al Share				Total Federal Share	Deferral or
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %		Prompt Payment		
	1	(A)	(B)	(C)	(D)	(I	≣)		(F)	1	(G)	(H)
l	Inpatient Hospital Services: Regular											
1A	Payments											
4.5	Inpatient Hospital Services: DSH											
1B	Adjustment Payments											
1C	Inpatient Hospital Services - Supplemental Payments											
	Inpatient Hospital Services - GME											
1D	Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											
	Nursing Facility Services - Regular											
ЗА	Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services -											
4A	Mentally Retarded: Public Providers											
	Intermediate Care Facility Services -											
4B	Mentally Retarded: Private Providers											
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments											
5A	Physician and Surgical Services - Regular Payments											
E ^	Physician and Surgical Services -											
5A	Supplemental Payments											
6.4	Outpatient Hospital Services - Regular											
6A	Payments									L		

State:

Quarter Ended: 12/31/2010

	ai Year:				Line #							
	Medical Assistance Payments	Total Computable				Federa	al Share				Total Federal Share	Deferral or CIN Number
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %		Prompt Payment		
		(A)	(B)	(C)	(D)	(I	E)		(F)		(G)	(H)
6b	Outpatient Hospital Services - Supplemental Payments											
7	Prescribed Drugs											
7A1	Drug Rebate Offset - National Agreement											
7A2	Drug Rebate Offset - State Sidebar Agreement											
	MCO - National Agreement											
	MCO - State Sidebar Agreement											
	Increased ACA OFFSET - Fee for Service - 100%											
	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
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											
	Medicare Health Insurance Payments: Part B Premiums											

State:

Quarter Ended: 12/31/2010

1 130	al Year:				Line #							
	Medical Assistance Payments	Total Computable			Lille #	Federa	al Share				Total Federal Share	Deferral or
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment		
		(A)	(B)	(C)	(D)	(I	E)		(F)	1	(G)	(H)
17C	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments: Managed Care Organizations											
	Prepaid Ambulatory Health Plan											
18B	Prepaid Inpatient Health Plan											
400	Medicaid Health Insurance Payments:											
18C	Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services -											
19A	Regular Payment (Waiver)											
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment											
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment											
22	Programs Of All-Inclusive Care Elderly											
	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services - Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											

State:

Quarter Ended: 12/31/2010

	антеат.				Line #							
	Medical Assistance Payments	Total Computable		Family Planning Services	I.H.S Services	Opt. Breast or Cervical Cancer Srvcs (ENH	Opt. Breast or Cervical Cancer Srvcs (IHS		Federal		Total Federal Share	Deferral or CIN Number
		(A)	FMAP (B)	90% (C)	100% (D)	Rate) (I	Rate)	Other %	Share (F)	Payment	(G)	(H)
26	Hospice Benefits	(A)	(6)	(0)	(D)	(,	- <i>)</i> 		(1-)		(6)	(11)
20	Emergency Services for Undocumented											
27	Aliens											
28	Federally-Qualified Health Center											
29	Non-Emergency Medical Transportation											
30	Physical Therapy											
31	Occupational Therapy											
	Services for Speech, Hearing and											
32	Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37	Critical Access Hospitals											
38	Nurse Practitioner Services											
39	School Based Services											
40	Rehabilitative Services (non-school-based)											
41	Private Duty Nursing											
42	Freestanding Birth Center											
43	Health Home for Enrollees w Chronic Conditions											
44	Tobacco Cessation for Preg Women											
49	Other Care Services											
50	Total											

State:

Quarter Ended: 12/31/2010

1 130	al Year:				Line #							
	Medical Assistance Payments Waiver Type:	Total Computable				Federa Opt. Breast	al Share Opt. Breast				Total Federal Share	Deferral or CIN Number
	Waiver Number: Waiver Name:	(A)	FMAP (B)	Family Planning Services 90% (C)	I.H.S Services 100% (D)	or Cervical Cancer Srvcs (ENH Rate)	or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share (F)	Prompt Payment	(G)	(H)
	Inpatient Hospital Services: Regular	(- 4	(-)	(-)	(-)	\-	_ ,		(- /		(-)	(/
1A	Payments											
1B	Inpatient Hospital Services: DSH Adjustment Payments											
1C	Inpatient Hospital Services - Supplemental Payments											
1D	Inpatient Hospital Services - GME Payments											
2A	Mental Health Facility Services: Regular Payments											
2B	Mental Health Facility Services: DSH Adjustment Payments											
ЗА	Nursing Facility Services - Regular Payments											
3B	Nursing Facility Services - Supplemental Payments											
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers											
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers											
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments											
5A	Physician and Surgical Services - Regular Payments											
5A	Physician and Surgical Services - Supplemental Payments											
6A	Outpatient Hospital Services - Regular Payments											

State:

Quarter Ended: 12/31/2010

	ai Year:				Line #							
	Medical Assistance Payments	Total Computable				Federa	al Share				Total Federal Share	Deferral or CIN Number
	Waiver Type: Waiver Number: Waiver Name:	(A)	FMAP	Family Planning Services 90% (C)	I.H.S Services 100% (D)	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	or Cervical Cancer	Other %	Federal Share (F)	Prompt Payment	(G)	(H)
	Outpatient Hospital Services -	(7.9	(=)	(0)	(2)	ζ-	- <i>,</i>		(.,		(0)	(,
6b	Supplemental Payments											
7	Prescribed Drugs											
7A1	Drug Rebate - National Agreement											
	Drug Rebate - State Sidebar Agreement											
	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											
7A5	Increased ACA OFFSET - Fee for Service - 100%											
	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
	Other Practitioners Services - Regular											
9A	Payments											
	Other Practitioners Services -											
9B	Supplemental Payments											
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											
	Medicare Health Insurance Payments: Part B Premiums											

State:

Quarter Ended: 12/31/2010

Fiscal Year:				Line #							1
Medical Assistance Payments	Total Computable				Federa	al Share				Total Federal Share	Deferral or CIN Number
Waiver Type: Waiver Number: Waiver Name:		FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment		
	(A)	(B)	(C)	(D)	(I	≣)		(F)		(G)	(H)
Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of 17C1Poverty											
Medicare Health Insurance Payments:											
17D Coinsurance and Deductibles											
Medicaid Health Insurance Payments:											
18A Managed Care Organizations											
18B1 Prepaid Ambulatory Health Plan											
18B2 Prepaid Inpatient Health Plan											
Medicaid Health Insurance Payments:											
18C Group Health Plan Payments											
Medicaid Health Insurance Payments:											
18D Coinsurance and Deductibles											
18E Medicaid Health Insurance Program: Other Home and Community-Based Services -											
19A Regular Payment (Waiver)											
Home and Community-Based Services -											
19B State Plan 1915(i) Only Payment											
Home and Community-Based Services -											
19C State Plan 1915(j) Only Payment											
22 Programs Of All-Inclusive Care Elderly											
23A Personal Care Services - Regular Payment											
23B Personal Care Services - SDS 1915(j)											
Targeted Case Management Services -											
24A Community Case-Management											
24B Case Management - State Wide											

State:

Quarter Ended: 12/31/2010

Fisc	al Year:											
					Line #							
	Medical Assistance Payments	Total Computable				Federa	al Share				Total Federal Share	Deferral or CIN Number
	Waiver Type: Waiver Number: Waiver Name:		FMAP	Family Planning Services 90%	100%	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	or Cervical Cancer Srvcs (IHS Rate)	Other %		Prompt Payment		
	1	(A)	(B)	(C)	(D)	(i	≣)		(F)	ı	(G)	(H)
25 26	Primary Care Case Management Services Hospice Benefits											
27	Emergency Services for Undocumented Aliens											
28 29	Federally-Qualified Health Center Non-Emergency Medical Transportation											
30	Physical Therapy Occupational Therapy											
31	Services for Speech, Hearing and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											
35 36	Nurse Mid-Wife Emergency Hospital Services											
37	Critical Access Hospitals											
38 39	Nurse Practitioner Services School Based Services											
40	Rehabilitative Services (non-school-based)											
41 42	Private Duty Nursing Freestanding Birth Center											
43	Health Home for Enrollees w Chronic Conditions											
44	Tobacco Cessation for Preg Women											
49 50	Other Care Services Total											
	1	1	1	1	1			1	1	1		

Medicaid Overpayment Adjustment

State:

	Overpayment Activity	Total Computable			eral Share	_	Total Federal Share
			2008	2009	2010	2011	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit				ARRA:	ARRA:	ARRA:
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
					ARRA:	ARRA:	ARRA:
3	Subtotal				ARRA:	ARRA:	ARRA:
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business				ARRA:	ARRA:	ARRA:
5	Total Overpayment Adjustments This Quarter				ARRA:	ARRA:	ARRA:

Medicaid Overpayment Adjustment

State:

	PERM Activity	Total Computable		Fede	eral Share		Total Federal
				PERM-Identif	fied Overpaymen	ts	
			2008	2009	2010	2011	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60- Day Time Limit						
					ARRA:	ARRA:	ARRA:
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
					ARRA:	ARRA:	ARRA:
3	Subtotal						
					ARRA:	ARRA:	ARRA:
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
					ARRA:	ARRA:	ARRA:
5	Total Overpayment Adjustments This Quarter						
					ARRA:	ARRA:	ARRA:

Third Party Liability Collections and Cost Avoidance

State:

		Total	Medicaid Federal	ARRA Federal	
		Computable	Share	Share	Federal Share
		(A)	(B)	(C)	(D)
A. Th	nird Party Liability Collections				
	Amount Of Third Liabilty Collections Made				
	In This Quarter By Source: Medicare Title				
1.a.	XVIII				
b.1.	Other Collections: Health Insurance				
2	Other Collections: Casualty Insurance				
	Total Collections Under Cooperative				
	Agreements Section 1903(p) And				
C.	Assignment of Right Section 1912				
	Total Collections: Less Excess Paid To				
1	Individuals				
	Net Collections To Reimburse State Title				
2	XIX Medical Payments				
	Less 15% Incentive Actually Paid Under				
3	Section 1903(p)(1)				
	Net Federal Share Of Collections				
4	Reportable				
2	Total Third Party Liabilty Collections				
B. C	ost Avoidance				
1	Medicare Title XVIII				
2	Health Insurance				
3	Other Cost Avoidance				

State:

	rter Ended: 12/31/2010	Total					Total Federal
		Computable		Federal	l Share		Share
		·	FPP Rate	Federal Share	Other %	Federal Share	
		(A)		(B)		(C)	(D)
1	Family Planning						
	Design Development Or Installation Of						
2A	MMIS: Cost of In-House Activities						
	Design Development Or Installation Of						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
26	Skilled Professional Medical Personnel-						
ЗА	Single State Agency						
3/	Skilled Professional Medical Personnel -						
3B	Other Agency						
30	Operation Of An Approved MMIS: Costs of						
	In-House Activities Plus State Agencies						
4A	And Institutions						
	Operation Of An Approved MMIS: Cost of						
4B	Private Sector Contractors						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Costs Of In-House						
5A	Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System						
8	Costs (100% FFP)						

State:

	rter Ended: 12/31/2010	Total					Total Federal
		Computable		Federa	l Share		Share
			FPP Rate	Federal Share	Other %	Federal Share	
		(A)		(B)		(C)	(D)
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	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs (State Level)						
23	Translation and Interpretation						
	Health Information Technology						
24	Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
	HIT: Implementation and Operation: Cost of						
24C	In-house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
	Citizenship Verification Technology -						
	CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						

State:

		Total					Total Federal
		Computable		Share			
			FPP Rate	Federal Share	Other %	Federal Share	
		(A)		(B)		(D)	
29	Other Financial Participation						
30	Total						

State:

	Waiver Type:						
	Waiver Name:	Total					Total Federal
	Waiver Number:	Computable		Federa	al Share		Share
				Federal		Federal	
			FPP Rate	Share	Other %	Share	
		(A)	(I	3)	(0	C)	(D)
1	Family Planning						
	Design Development Or Installation Of						
2A	MMIS: Cost of In-House Activities						
	Design Development Or Installation Of						
2B	MMIS: Cost of Private Sector Contractors						
	Skilled Professional Medical Personnel-						
3A	Single State Agency						
	Skilled Professional Medical Personnel -						
3B	Other Agency						
	Operation Of An Approved MMIS: Costs of						
	In-House Activities Plus State Agencies						
4A	And Institutions						
	Operation Of An Approved MMIS: Cost of						
4B	Private Sector Contractors						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Costs Of In-House						
5A	Activities						
	Mechanized Systems, Not Approved Under	_					
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						

State:

Waiver Type: Waiver Name: Waiver Number:	Total Computable		Total Federal Share			
		FPP Rate	Federal Share	Other %	Federal Share	
	(A)	(1	B)	(0	(D)	
Third Party Liability: Recovery Procedure -						
7A Billing Offset						
Third Party Liability: Assignment Of Rights -						
7B Billing Offset						
Immigration Status Verification System						
8 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 School Based Administration						
Program Integrity/Fraud, Waste, and Abuse						
20 Activities						
21 County/Local ADM Costs						
22 Interagency Costs						
23 Translation and Interpretation						
Health Information Technology						
24 Administration						

State:

	Waiver Type: Waiver Name: Waiver Number:	Total Computable		Total Federal Share			
			FPP Rate	Federal Share	Other %	Federal Share	
		(A)	(I	3)	(0	C)	(D)
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
	CVT Operation - CHIPRA						
29	Other Financial Participation						
30	Total						

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

State:

Quarter Ended: 12/31/2010

			Line #					
		Total Computable		F	ederal Sha	re		Deferral or CIN Number
			FFP Rate	Federal Share	Other %	Federal Share	Total 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							
ЗА	Skilled Professional Medical Personnel- Single State Agency							
3B	Skilled Professional Medical Personnel - Other Agency							
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							
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							
6	Quality Improvement Organizations							

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

State:

Quarter Ended: 12/31/2010

			Line #					
		Total Computable		F	ederal Sha	re		Deferral or CIN Number
		•	FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	
		(A)	(B)	(C)		(D)	(E)
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	School Based Administration							
20	Program Integrity/Fraud, Waste, and Abuse Activities							
21	County/Local ADM Costs							
22	Interagency Costs							
23	Translation and Interpretation							

OMB No. 0938-0067 Expires 8/31/2011

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

State:

Quarter Ended: 12/31/2010

	i i iscai i cai.		Line #					
		Total Computable		F	ederal Sha	re		Deferral or CIN Number
			FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	-
		(A)	(B)	(0	()	(D)	(E)
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities							
24B	HIT: Planning: Cost of Private Contractors							
24C	HIT: Implementation and Operation: Cost of In-house Activities							
24D	HIT: Implementation and Operation: Cost of Private Contractors							
25	Citizenship Verification Technology - CHIPRA							
	CVT Development - CHIPRA							
	CVT Operation - CHIPRA							
29	Other Financial Participation							
30	Total							

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

State:

Quarter Ended: 12/31/2010

	r FISCAL TEAT:		Line #					
	Waiver Type: Waiver Name: Waiver Number:	Total Computable		Federal S	Total Federal Share	Deferral or CIN Number		
			FFP Rate	Federal Share	Other %	Federal Share		
		(A)	(B)		(0	()	(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							
	Skilled Professional Medical Personnel-							
ЗА	Single State Agency							
	Skilled Professional Medical Personnel -							
3B	Other Agency							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House							
5A	Activities							
	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector							
5B	Contractors							
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							

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

State:

Quarter Ended: 12/31/2010

<u> </u>	r Fiscai Tear:		Line #					
	Waiver Type: Waiver Name: Waiver Number:	Total Computable		Federal S	Total Federal Share	Deferral or CIN Number		
			FFP Rate	Federal Share	Other %	Federal Share		
		(A)	(B)	•	(C)		(D)	(E)
6	Quality Improvement Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
	Immigration Status Verification System							
8	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	School Based Administration							
	Program Integrity/Fraud, Waste, and Abuse							
20	Activities							
21	County/Local ADM Costs							
22	Interagency Costs							

OMB No. 0938-0067 Expires 8/31/2011

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

State:

Quarter Ended: 12/31/2010

	riscarrear.		Line #					
	Waiver Type: Waiver Name: Waiver Number:	Total Computable		Federal \$	Total Federal Share	Deferral or CIN Number		
				Federal		Federal		
			FFP Rate	Share	Other %	Share		
		(A)	(B)		(0	()	(D)	(E)
23	Translation and Interpretation							
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities							
24B	HIT: Planning: Cost of Private Contractors							
24C	HIT: Implementation and Operation: Cost of In-house Activities							
24D	HIT: Implementation and Operation: Cost of Private Contractors							
25	Citizenship Verification Technology - CHIPRA							
	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
29	Other Financial Participation							
30	Total		-					

Department of Health and Human Services Centers for Medicare & Medicaid Services

OMB No. 0938-0067 Expires 8/31/2011

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

Summary Total of Receipts From Form CMS 64.11 A

State:

Quarter Ended:

	Plan Name	Receipts						
	(A)	(B)						
Dona	ations							
1	Donations - Medicaid							
1.A.	Donations - CHIP							
2	Donations- Outstationed Eligibility Workers - Medicaid							
2.A.	Donations- Outstationed Eligibility Workers - CHIP							
Taxe	es							
3	Taxes							
Fees		·						
4	Fees							
Asse	essments							
5	Assessments							
Tota	otals							
6	Total Donations (Lines 1 + 1.A. + 2 + 2.A.)							
7	Total Taxes, Fees, and Assessments (Lines 3 + 4 + 5)							

Form CMS 64.11 Report Date: Friday, November 12, 2010 - 12:00 AM

Department of Health and Human Services Centers for Medicare & Medicaid Services

OMB No. 0938-0067 Expires 8/31/2011

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

Actual Receipts By Plan Name

Code:

- 1. Donations Medicaid
- 1.A. Donations CHIP
- 2. Donations Outstanding Eligibility Workers Medicaid
- 2.A. Donations Outstanding Eligibility Workers CHIP
- 3. Taxes
- 4. Fees
- 5. Assessments

Code	Plan Name	Receipts
(A)	(B)	(C)

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State:

		Inpatient Hospital		Mental Health Facility Services		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY	2000 (10/01/1999 - 09/30/2000)	(^)	(6)	(0)	(D)	(L)	(1)
1	FFY 2000 Allotment						
2	Amount Previously Reported - Title XIX						
	Amount Previously Reported - CHIP Related - PE						
2A	Line 6 - Title XIX						
3							
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX Line 7 - CHIP Related - PE						
4A							
5	Line 8 - Title XIX						
	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
	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 2000 Allotment						<u>l</u>
FFY	2001 (10/01/2000 - 09/30/2001)	1	T	T	T		T
1	FFY 2001 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
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						

State:

Qua	rter Ended: 12/31/2010	T		Ι			
		Inpatient	t Hospital	Mental Health I	Facility Services	To	otal
		Total	Federal Share	Total	Federal Share	Total	Federal Share
		Computable		Computable		Computable	
		(A)	(B)	(C)	(D)	(E)	(F)
9	Unused FFY 2001 Allotment						
FFY	2002 (10/01/2001 - 09/30/2002)						
1	FFY 2002 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
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 2002 Allotment						
FFY	2003 (10/01/2002 - 09/30/2003)						
1	FFY 2003 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX					<u> </u>	

State:

	Inpatien	t Hospital	Mental Health	Facility Services	To	otal
	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
8A Total - CHIP Related - PE						
9 Unused FFY 2003 Allotment						
FFY 2004 (10/01/2003 - 09/30/2004)						
1 FFY 2004 Allotment						
2 Amount Previously Reported - Title XIX						
2A Amount Previously Reported - CHIP Related - PE						
3 Line 6 - Title XIX						
3A Line 6 - CHIP Related - PE						
4 Line 7 - Title XIX						
4A Line 7 - CHIP Related - PE						
5 Line 8 - Title XIX						
5A Line 8 - CHIP Related - PE						
6 Line 10 - Title XIX						
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 2004 Allotment						
FFY 2005 (10/01/2004 - 09/30/2005)						
1 FFY 2005 Allotment						
2 Amount Previously Reported - Title XIX						
2A Amount Previously Reported - CHIP Related - PE						
3 Line 6 - Title XIX						
3A Line 6 - CHIP Related - PE						
4 Line 7 - Title XIX						
4A Line 7 - CHIP Related - PE						
5 Line 8 - Title XIX						
5A Line 8 - CHIP Related - PE						
6 Line 10 - Title XIX						
6A Line 10 - CHIP Related - PE						
7 Subtotal - Title XIX						
7A Subtotal - CHIP Related - PE					•	

State:

		Inpatient	t Hospital	Mental Health I	Facility Services	To	otal
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2005 Allotment						
FFY	2006 (10/01/2005 - 09/30/2006)						
1	FFY 2006 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
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 2006 Allotment						
FFY	2007 (10/01/2006 - 09/30/2007)						
1	FFY 2007 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						

State:

	rter Ended: 12/31/2010						
		Inpatien	t Hospital	Mental Health I	Facility Services	To	otal
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2007 Allotment						
FFY	2008 (10/01/2007 - 09/30/2008)						
1	FFY 2008 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
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 2008 Allotment						
FFY	2009 (10/01/2008 - 09/30/2009)						
1	FFY 2009 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
3A	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						

State:

	Inpatien	t Hospital	Mental Health	Facility Services	Total	
	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
7 Subtotal - Title XIX						
7A Subtotal - CHIP Related - PE						
8 Total To Date - Title XIX						
8A Total - CHIP Related - PE						
9 Unused FFY 2009 Allotment						
10 Amount Over FFY 2009 Allotment						
11 Additional Increased FFY 2009 DSH Allotment						
12 Amount Previously Reported - Inc Allotment						
13 Increased Amount Applied to Allotment (roll frwd)						
14 Reduction to Increased Allotment (roll back)						
15 Unused FFY 2009 Increased Allotment						
16 Excess Expenditures						
FFY 2010 (10/01/2009 - 09/30/2010)						
1 FFY 2010 Allotment						
2 Amount Previously Reported - Title XIX						
2A Amount Previously Reported - CHIP Related - PE						
3 Line 6 - Title XIX						
3A Line 6 - CHIP Related - PE						
4 Line 7 - Title XIX						
4A Line 7 - CHIP Related - PE						
5 Line 8 - Title XIX						
5A Line 8 - CHIP Related - PE						
6 Line 10 - Title XIX						
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 2010 Allotment						
10 Amount Over FFY 2009 Allotment						
11 Additional Increased FFY 2010 DSH Allotment						
12 Amount Previously Reported - Inc Allotment						
13 Increased Amount Applied to Allotment (roll frwd)						

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2010

		Inpatient Hospital		Mental Health Facility Services		Total	
		Total	Federal Share	Total	Federal Share	Total	Federal Share
		Computable		Computable		Computable	
		(A)	(B)	(C)	(D)	(E)	(F)
14	Reduction to Increased Allotment (roll back)						
15	Unused FFY 2010 Increased Allotment						
16	Excess Expenditures						

Form CMS 64.9D Report Date: Friday, November 12, 2010 - 12:00 AM

Medicaid Drug Rebate Schedule

State:

Quarter Ended: 12/31/2010

		Total Computable						
	Drug Rebate	Quarter Ending 09/30/2010	Quarter Ending 06/30/2010	Quarter Ending 03/31/2010	Quarter Ending 12/31/2010	Quarter Ending 09/30/2009 and Prior	Total	
	-	(A)	(B)	(C)	(D)	(E)	(F)	
1	Balance Of The Beginning Of The Quarter							
	Adjustments To Previously Reported Rebates							
2	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:

Department of Health and Human Services Centers for Medicare & Medicaid Services OMB No. 0938-0067 Expires 8/31/2011

Medicaid Program Expenditure Report Other Narrative Explanations

State:	

Quarter Ended: 12/31/2010

Narrative

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

State:

	Type of Eligible:	Total Computable	e Federal Share				Total Federal
			FMAP Percent	I.H.S. Facility Services 100%	Family Planning Services 90%	Prompt Pay	
		(A)	(B)	(C)	(D)	(E)	(F)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets						
	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						
ЗА	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						

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

State:

	nter Ended. 12/31/2010	Total					
	Type of Eligible:	Computable		Fede	eral Share		Total Federal
			FMAP Percent	I.H.S. Facility Services 100%	Family Planning Services 90%	Prompt Pay	
		(A)	(B)	(C)	(D)	(E)	(F)
	MCO - National Agreement						
8A4	MCO - State Sidebar Agreement						
	Increased ACA OFFSET - Fee for Service -						
8A5	100%						
8A6	Increased ACA OFFSET - MCO - 100%						
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						

State:

Quarter Ended: 12/31/2010

ferral wance or N. No.
(G)

State:

Quarter Ended: 12/31/2010

			Line #					
Туре	e of Eligible:	Total Computable		Federa	I Share		Total Federal Share	Deferral Disallowance or C.I.N. No.
		FM/ Perc]		Prompt Pay		
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
8A1	Drug Rebate - National Agreement							
8A2	Drug Rebate - State Sidebar Agreement							
8A3	MCO - National Agreement							
8A4	MCO - State Sidebar Agreement							
	Increased ACA OFFSET - Fee for Service -							
8A5	100%							
8A6	Increased ACA OFFSET - MCO - 100%							
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							
	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home and Community-Based Services							

State:

Quarter Ended: 12/31/2010

			Line #					
Type of Eligible:		Total Computable		Federa	I Share	Total Federal Share	Deferral Disallowance or C.I.N. No.	
			FMAP Percent	I.H.S. Services 100%	Family Planning 90%	Prompt Pay		
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
26	Balance							
27	Collections							
28	Total							

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

State:

	Type of Eligible.	Total Computable		Federa	l Chara		Total Federal Share
	Type of Eligible:	Computable		reuera			Silare
	Waiver Type: Waiver Number:						
	Waiver Number: Waiver Name:		FMAP	I.H.S. Services	Family	Prompt	
	waiver name:		Percent	100%	Planning 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
	Premiums: Up To 150% of Poverty Level -						
1A	Gross Premiums Paid						
	Premiums Up To 150% of Poverty Level:						
1B	Cost Sharing Offsets						
	Premiums Over 150% of Poverty Level -						
1C	Gross Premiums Paid						
	Premiums Over 150% of Poverty Level:						
1D	Cost Sharing Offsets						
	Inpatient Hospital Services - Regular						
2	Payments						
	Inpatient Hospital Services - DSH						
2A	Adjustments Payments						
	Inpatient Mental Health Facility Services -						
3	Regular Payments						
	Inpatient Mental Health Facility Services -						
ЗА	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						

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

State:

Type of Eligible:	Total Computable		Federa	I Share		Total Federal Share
Waiver Type: Waiver Number: Waiver Name:	Companions	FMAP Percent	I.H.S. Services	Family Planning 90%	Prompt Pay	. Gilland
	(A)	(B)	(C)	(D)	(E)	(F)
8A2 Drug Rebate - State Sidebar Agreement						
8A3 MCO - National Agreement						
8A4 MCO - State Sidebar Agreement						
Increased ACA OFFSET - Fee for Service -						
8A5 100%						
8A6 Increased ACA OFFSET - MCO - 100%						
9 Dental Services						
10 Vision Services						
11 Other Practitioners' Services						
12 Clinic Services						
13 Therapy Services						
14 Laboratory And Radiological Services						
Durable And Disposable Medical						
15 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						

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

State:

	Type of Eligible:	le: Federal Share					Total Federal Share
	Waiver Type: Waiver Number: Waiver Name:		FMAP Percent	I.H.S. Services 100%	Family Planning 90%	Prompt Pay	
		(A)	(B)	(C)	(D)	(E)	(F)
25	Other Services						
26	Total						

State:

Quarter Ended: 12/31/2010

Fiscal Year:

			Line #					
	Type of Eligible:	Total Computable		Federa	ıl Share		Total Federal Share	Deferral Disallowance or C.I.N. No.
	Waiver Type: Waiver Number: Waiver Name:	·	FMAP Percent	I.H.S. Services 100%	Family Planning 90%	Prompt Pay		
		(A)	(B)	(C)	(D)	(E)	(G)	(H)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset							
	Premiums Over 150% Of Poverty Level -							
1C	Gross Premiums Paid							
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
	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							

Form CMS 64.21P WAIVER

Report Date: Friday, November 12, 2010 - 12:00 AM

State:

Quarter Ended: 12/31/2010

			Line #					
	Type of Eligible:	Total Computable		Federa	al Share		Total Federal Share	Deferral Disallowance or C.I.N. No.
	Waiver Type: Waiver Number: Waiver Name:	(A)	FMAP Percent (B)	I.H.S. Services 100% (C)	Family Planning 90% (D)	Prompt Pay (E)	(G)	(H)
8	Prescribed Drugs	(- 4	(-)	(-)	(- /	(-/	(-)	()
8A1	Drug Rebate - National Agreement							
	Drug Rebate - State Sidebar Agreement MCO - National Agreement							
	MCO - State Sidebar Agreement							
8A5	Increased ACA OFFSET - Fee for Service - 100%							
8A6	Increased ACA OFFSET - MCO - 100%							
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							

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

State:

Quarter Ended: 12/31/2010

	ar rour.		,					
			Line #					
							Total	Deferral
		Total					Federal	Disallowance
	Type of Eligible:	Computable		Federa	I Share		Share	or C.I.N. No.
	Waiver Type:			I.H.S.	Family			
	Waiver Number:		FMAP	Services	Planning	Prompt		
	Waiver Name:		Percent	100%	90%	Pay		
		(A)	(B)	(C)	(D)	(E)	(G)	(H)
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 Children's Health Insurance Program Expenditure Categories

State:

Quarter Ended: 12/31/2010

<u>wual</u>	ter Ended: 12/31/2010				
	Type of Eligible:	Total Computable	Feder FMAP	al Share Enhanced	Total Federal Share
			Percent	FMAP	
		(A)	(B)	(C)	(D)
	Premiums Up To 150% Of Poverty Level -		, ,	` ,	. ,
1A	Gross Premiums Paid				
	Premiums Up To 150% Of Poverty Level -				
1B	Cost Sharing Offsets				
	Premiums Over 150% Of Poverty Level -				
1C	Gross Premiums Paid				
	Premiums Over 150% Of Poverty Level -				
1D	Cost Sharing Offsets				
	Inpatient Hospital Services - Regular				
2	Payments				
	Inpatient Hospital Services - DSH				
2A	Adjustments Payments				
	Inpatient Mental Health Facility Services -				
3	Regular Payments				
	Inpatient Mental Health Facility Services -				
3A	DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpotiont Montal Health Facility Comiting				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs			-	
8A1	Drug Rebate - National Agreement			-	
842	Drug Rebate - State Sidebar Agreement				
843	MCO - National Agreement				
	MCO - National Agreement MCO - State Sidebar Agreement				
U/\ \\	Increased ACA OFFSET - Fee for Service -				
8A5	100%				
	Increased ACA OFFSET - MCO - 100%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
· ·				<u> </u>	

Form CMS 64.21U

Report Date: Friday, November 12, 2010 - 12:00 AM

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

State:

Quarter Ended: 12/31/2010

	Type of Eligible:	Total Computable	Feder	al Share	Total Federal Share
			FMAP Percent	Enhanced FMAP	
		(A)	(B)	(C)	(D)
	Durable And Disposable Medical				
15	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				

Form CMS 64.21U

Report Date: Friday, November 12, 2010 - 12:00 AM

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

State:

	1		1		T-4-1
		Total			Total Federal
	Time of Elizibles	Computable	Fadan	al Chara	Share
	Type of Eligible:	Computable	Feder	al Share	Share
	Waiver Type:		FMAD	Fuhanaad	
	Waiver Number: Waiver Name:		FMAP	Enhanced FMAP	
	waiver name:	(A)	Percent		(D)
	D : 11 T 4500/ O/D : 1 1 0	(A)	(B)	(C)	(D)
4.0	Premiums Up To 150% Of Poverty Level - Gross				
1A	Premiums Paid				
4 D	Premiums Up To 150% Of Poverty Level - Cost Sharing				
1B	Offsets				
40	Premiums Over 150% Of Poverty Level - Gross Premiums				
1C	Paid Promitime Over 150% Of Paverty Level Coat Sharing				
4 D	Premiums Over 150% Of Poverty Level - Cost Sharing				
	Offsets				
2	Inpatient Hospital Services - Regular Payments				
21	Innationt Hospital Sarvices DSH Adjustments Designants				
2A	Inpatient Hospital Services - DSH Adjustments Payments Inpatient Mental Health Facility Services - Regular				
3	Payments				
J	Inpatient Mental Health Facility Services - DSH Adjustment				
ЗА	Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
	Drug Rebate - National Agreement				
	Drug Rebate - State Sidebar Agreement				
	MCO - National Agreement				
	MCO - State Sidebar Agreement				
	Increased ACA OFFSET - Fee for Service - 100%				
	Increased ACA OFFSET - MCO - 100%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments	_			
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

State:

Quarter Ended: 12/31/2010

	Fiscal Year:	Line #				
	Type of Eligible:	Total Computable	Feder FMAP	al Share Enhanced	Total Federal Share	Deferral or C.I.N Number
			Percent	FMAP		
		(A)	(B)	(C)	(D)	(E)
	Premiums Up To 150% Of Poverty Level -					
1A	Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
_	Premiums Over 150% Of Poverty Level -					
1C	Gross Premiums Paid					
4.5	Premiums Over 150% Of Poverty Level -					
1D	Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular					
2	Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
_	Inpatient Mental Health Facility Services -					
3	Regular Payments					
	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					
	MCO - National Agreement					
	MCO - State Sidebar Agreement					
	Increased ACA OFFSET - Fee for Service -					
8A5	100%					
8A6	Increased ACA OFFSET - MCO - 100%					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
	Therapy Services					
14	Laboratory And Radiological Services					
	Durable And Disposable Medical					
	Equipment					
	Family Planning					
	Abortions					
	Screening Services					
	Home Health					
20	Medicare Payments					

State:

Quarter Ended: 12/31/2010

		Line #	_	<u> </u>	<u> </u>	
	Type of Eligible:	Total Computable	Feder FMAP	al Share Enhanced	Total Federal Share	Deferral or C.I.N Number
			Percent	FMAP		
21	Home And Community-Based Services					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

State:

Quarter Ended: 12/31/2010

Qti /	Fiscal Year:	Line #				
	Type of Eligible: Waiver Type:	Total Computable	Feder	al Share	Total Federal Share	Deferral or C.I.N Number
	Waiver Number: Waiver Name:	(4)	FMAP Percent	Enhanced FMAP	(D)	(F)
	Description of Description	(A)	(B)	(C)	(D)	(E)
4.0	Premiums Up To 150% Of Poverty Level -					
1A	Gross Premiums Paid Premiums Up To 150% Of Poverty Level -					
1B	Cost Sharing Offsets					
40	Premiums Over 150% Of Poverty Level -					
1C	Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
	Inpatient Hospital Services - Regular					
2	Payments					
	Inpatient Hospital Services - DSH					
2A	Adjustments Payments					
	Inpatient Mental Health Facility Services -					
3	Regular Payments					
	Inpatient Mental Health Facility Services -					
3A	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					
	MCO - National Agreement					
	MCO - State Sidebar Agreement					
	Increased ACA OFFSET - Fee for Service - 100%					
	Increased ACA OFFSET - MCO - 100%					
	Dental Services					
	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
<u> </u>	Durable And Disposable Medical					
15	Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					

State:

Quarter Ended: 12/31/2010

		Line #				
	Type of Eligible:	Total Computable	Feder	al Share	Total Federal Share	Deferral or C.I.N Number
	Waiver Type: Waiver Number: Waiver Name:		FMAP Percent	Enhanced FMAP		
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 For the Medical Assistance Program Summary Sheet

State:

		Medical A	ssist.				State and	Local
	Section C	Paymei	nts	Medi	caid / CHI	Р	Admii	n.
						20%		
		Total	Federal	Total	Federal	Federal	Total	Federal
	Expenditures Reported by Period	Computable	Share	Computable	Share	Share	Computable	Share
	By Form Number	(A)	(B)	(C)	(D)	(E)	(F)	(G)
6.A.	From Form CMS-64.9/CMS-64.10							
6.A.1.	From Form CMS-64.9T							
6.B.	From Form CMS-64.21							
6.C.	From Form CMS-64.21U							
7.A.	From Form CMS 64.9P/CMS 64.10							
7.A.1.	From Form CMS-64.9TP							
7.B.	From Form CMS-64.21P							
7.C.	From Form CMS-64.21UP							
8.A.	From Form CMS 64.9P/CMS 64.10P							
8.A.1.	From Form CMS-64.9TP							
8.B.	From Form CMS-64.21P							
8.C.	From Form CMS-64.21UP							
9	From Form CMS-64.9 Summary							
10.A.1.	From Form CMS 64.9P/CMS 64.10P							
10.A.1.a	From Form CMS-64.9TP							
10.A.2.	From Form CMS 64.21P							
10.A.3.	From Form CMS 64.21UP							
10.B.1.	From Form CMS 64.9P/CMS 64.10P							
10.B.1.a	From Form CMS-64.9TP							
10.B.2.	From Form CMS 64.21P							
10.B.3.	From Form CMS 64.21UP							
10.C.	From Form CMS-64.9O/64.9O ARRA							
10.D.	From Form CMS-64.9OPerm							
11	Net Expenditures Reported This Period							

State:

	Medical Assistance Payments	Total								Federal
	Special Issue Reporting Program	Computable				Federal Sha	ire			Share
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	
		(A)	(B)	(C)	(D)	, (E	<u> </u>	(F	·)	(G)
1A	Inpatient Hospital Services - Regular Payments									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services - Regular Payments									
2B	Mental Health Facility Services - DSH Adjustment Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									

State:

Medical Assistance Payments Special Issue Reporting Program	Total Computable	e Federal Share									
Special issue (tepoliting i rogialii	Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Share		
	(A)	(B)	(C)	(D)	(I	Ξ)	(F	-)	(G)		
Physician and Surgical Services - Supplemental Payments											
Outpatient Hospital Services - Regular											
6A Payments											
Outpatient Hospital Services -											
6b Supplemental Payments											
7 Prescribed Drugs											
7A1 Drug Rebate Offset - National Agreeme	ent										
Drug Rebate Offset - State Sidebar											
7A2 Agreement											
7A3 MCO - National Agreement											
7A4 MCO - State Sidebar Agreement											
Increased ACA OFFSET - Fee for Serv	/ice -										
7A5 100%											
7A6 Increased ACA OFFSET - MCO - 1009	%										
8 Dental Services											
Other Practitioners Services - Regular											
9A Payments											
Other Practitioners Services -											
9B Supplemental Payments											
10 Clinic Services											
11 Laboratory And Radiological Services											
12 Home Health Services											
13 Sterilizations											
14 Abortions No.											

State:

Medical Assistance Payments	Total								Federal
Special Issue Reporting Program	Computable				Federal Sha	ire			Share
					Opt. Breast	Opt. Breast			
					or Cervical	or Cervical			
				Family	Cancer	Cancer			
			I.H.S.	Planning	Srvcs (ENH	Srvcs (IHS		Federal	
		FMAP	Services	Services	Rate)	Rate)	Other %	Share	
	(A)	(B)	(C)	(D)	(i	Ξ)	(F	5)	(G)
15 EPSDT Screening Services									
16 Rural Health Clinic Screening									
Medicare Health Insurance Payments - Part									
17A A Premiums									
Medicare Health Insurance Payments - Part									
17B B Premiums									
17C1120% - 134% Of Poverty									
17D Coinsurance And Deductibles									
Medicaid Health Insurance Payments:									
18A Managed Care Organizations (MCO)									
18B1 Prepaid Ambulatory Health Plan									
18B2 Prepaid Inpatient Health Plan									
Medicaid Health Insurance Payments:									
18C Group Health Plan Payments									
Medicaid Health Insurance Payments:									
18D Coinsurance And Deductibles									
Medicaid Health Insurance Payments:									
18E Other									
Home and Community-Based Services -									
19A Regular Payment (Waiver)									
Home and Community-Based Services -									
19B State Plan 1915(i) Only Payment									
Home and Community-Based Services -									
19C State Plan 1915(j) Only Payment		<u> </u>							
22 Programs Of All-Inclusive Care Elderly									

State:

	Medical Assistance Payments Special Issue Reporting Program	Total Computable	Federal Share								
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Share	
		(A)	(B)	(C)	(D)	(I	≣)	(F	-)	(G)	
	Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services - Community Case-Management Case Management - State Wide										
25 26	Primary Care Case Management Services Hospice Benefits										
27	Emergency Services for Undocumented Aliens										
28 29	Federally-Qualified Health Center Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
35	Nurse Mid-Wife										
36 37	Emergency Hospital Services Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

	Medical Assistance Payments Special Issue Reporting Program	Total Computable		Federal Share									
						Opt. Breast	Opt. Breast]			
					l	or Cervical	or Cervical						
					Family	Cancer	Cancer						
				I.H.S.	Planning	Srvcs (ENH	Srvcs (IHS		Federal				
			FMAP	Services	Services	Rate)	Rate)	Other %	Share				
		(A)	, , ,										
40	Rehabilitative Services (non-school-based)												
41	Private Duty Nursing												
42	Freestanding Birth Center												
	Health Home for Enrollees w Chronic												
43	Conditions												
44	Tobacco Cessation for Preg Women												
49	Other Care Services												
50	Total												

State:

Quarter Ended: 12/31/2010

1.00	ai Year:			Lir	ne #						
	Medical Assistance Payments Special Issue Reporting Program	Total Computable				Federal Sha	nre			Total Federal Share	Deferral or CIN Number
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share		
	T	(A)	(B)	(C)	(D)	(1	Ε)	(I	-)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments										
1B	Inpatient Hospital Services: DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital Services - GME Payments										
	Mental Health Facility Services: Regular Payments										
	Mental Health Facility Services: DSH Adjustment Payments										
	Nursing Facility Services - Regular Payments										
	Nursing Facility Services - Supplemental Payments										
	Intermediate Care Facility Services - Mentally Retarded: Public Providers										
	Intermediate Care Facility Services - Mentally Retarded: Private Providers										
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments										
	Physician and Surgical Services - Regular Payments										
5A	Physician and Surgical Services - Supplemental Payments		_	_							

State:

Quarter Ended: 12/31/2010

1.00	al Year:			Lir	ne #						
	Medical Assistance Payments Special Issue Reporting Program	Total Computable				Total Federal Share	Deferral or CIN Number				
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %			
		(A)	(B)	(C)	(D)	(I	Ξ)	(F	-)	(G)	(H)
6A	Outpatient Hospital Services - Regular Payments										
	Outpatient Hospital Services -										
6b	Supplemental Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
	Drug Rebate Offset - State Sidebar										
	Agreement										
	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
	Increased ACA OFFSET - Fee for Service -										
	100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
	Other Practitioners Services - Regular										
9A	Payments										
	Other Practitioners Services -										
	Supplemental Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions										
	EPSDT Screening Services										
16	Rural Health Clinic Services										

State:

Quarter Ended: 12/31/2010

Fiscal Ye				Lir	ne #						
	Medical Assistance Payments pecial Issue Reporting Program	Total Computable				Total Federal Share	Deferral or CIN Number				
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	(2)	4.0
		(A)	(B)	(C)	(D)	(1	=)	(F	-)	(G)	(H)
Med 17A A Pr	licare Health Insurance Payments: Part remiums										
Med	licare Health Insurance Payments: Part										
17B B Pr											
	licare Health Insurance Payments: lifying Individuals/120% - 134% of										
17C1Pove	erty										
	licare Health Insurance Payments:										
	nsurance and Deductibles										
	licaid Health Insurance Payments:										
	aged Care Organizations										
	paid Ambulatory Health Plan										
	paid Inpatient Health Plan										
	licaid Health Insurance Payments:										
	up Health Plan Payments										
	licaid Health Insurance Payments:										
18D Coir	nsurance and Deductibles										
18E Med	licaid Health Insurance Program: Other										
Hom	ne and Community-Based Services -										
	ular Payment (Waiver)										
	ne and Community-Based Services -										
19B State	e Plan 1915(i) Only Payment										
Hom	ne and Community-Based Services -										_
	e Plan 1915(j) Only Payment										
22 Prog	grams Of All-Inclusive Care Elderly	- 									

State:

Quarter Ended: 12/31/2010

	ai Year:			Lir	ne #						
	Medical Assistance Payments Special Issue Reporting Program	Total Computable				Total Federal Share	Deferral or CIN Number				
		(A)	FMAP (B)	I.H.S. Services (C)	Family Planning Services (D)	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %		(G)	(H)
		(^)	(6)	(0)	(0)	Ι,	- <i>)</i> I	(ı	<i>,</i>	(6)	(11)
23A	Personal Care Services - Regular Payment										
	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
	Case Management - State Wide										
	Primary Care Case Management Services										
	Hospice Benefits										
	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
	Non-Emergency Medical Transportation										
	Physical Therapy										
	Occupational Therapy										
	Services for Speech, Hearing and										
32	Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
	Diagnostic Screening & Preventive										
	Services										
	Nurse Mid-Wife										
	Emergency Hospital Services										
	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										

State:

Quarter Ended: 12/31/2010

				Lir	ne #						
	Medical Assistance Payments Special Issue Reporting Program	Total Computable		Federal Share							Deferral or CIN Number
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share		
		(A)	(B)	(C)	(D)	(E) (F))	(G)	(H)	
41	Rehabilitative Services (non-school-based) Private Duty Nursing										
	Freestanding Birth Center										
43	Health Home for Enrollees w Chronic Conditions										
	Tobacco Cessation for Preg Women										
	Other Care Services										
50	Total			ĺ							

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

State:

	Administration	Total					Total Federal
	Special Issue Reporting Program	Computable		Federa	I Share		Share
	opeolar ioode reperting i regram	Computable	FPP	Federal		Federal	Onaro
			Rate	Share		Share	
		(A)	(B)	(0	c)	(D)
1	Family Planning						
	Design Development Or Installation Of						
2A	MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
	Skilled Professional Medical Personnel-						
3A	Single State Agency						
	Skilled Professional Medical Personnel -						
3B	Other Agency						
	Operation Of An Approved MMIS: Costs of						
4A	In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House						
5A	Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						

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

State:

	Administration Special Issue Reporting Program	Total Computable	Federal Share				Total Federal Share
			FPP Rate	Federal Share	Other %	Federal Share	
		(A)		B)	(0		(D)
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System						
8	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	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
	Health Information Technology						
24	Administration						

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

State:

	Administration Special Issue Reporting Program	Total Computable			Total Federal Share		
			FPP	Federal	Other %	Federal	
			Rate	Share		Share	
		(A)	((B) (C)		(D)	
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA	-					
29	Other Financial Participation						
30	Total						

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

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

		L	ine #					
	Administration Special Issue Reporting Program	Total Computable		I	Federal SI	nare		Deferral or CIN Number
			FFP Rate	Federal Share	Other %	Federal Share	Total 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							
3A	Skilled Professional Medical Personnel- Single State Agency							
3B	Skilled Professional Medical Personnel - Other Agency							
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							

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

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

		L	ine #					
	Administration Special Issue Reporting Program	Total Computable		1	Federal Sl	nare		Deferral or CIN Number
			FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	
		(A)	(B)	(0	2)	(D)	(E)
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							
6	Quality Improvement 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	School Based Administration			ļ				

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

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

	riscai fear:	L	ine #					
	Administration Special Issue Reporting Program	Total Computable			Deferral or CIN Number			
			FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	
		(A)	((B)	(0	C)	(D)	(E)
20	Program Integrity/Fraud, Waste, and Abuse Activities							
21	County/Local ADM Costs							
22	Interagency Costs							
23	Translation and Interpretation							
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities							
24B	HIT: Planning: Cost of Private Contractors							
24C	HIT: Implementation and Operation: Cost of In-house Activities							
24D	HIT: Implementation and Operation: Cost of Private Contractors							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
29	Other Financial Participation							
30	Total							

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Qua	rter Ended: 12/31/2010	1	1		
		Total			
	Medical Assistance Payments	Computable		Federal Share	е
					Applied
			Medicaid	Medicaid	against the
			and CHIP	FMAP	20% Limit
			Enhanced	Increased	CHIP
			FMAP Rate	FMAP Rate	Amount
		(A)	(B)	(C)	(D)
	Inpatient Hospital Services - Regular				
1A	Payments				
	Inpatient Hospital Service - DSH				
1B	Adjustment Payments				
	Inpatient Hospital Services - Supplemental				
1C	Payments				
	Inpatient Hospital Services - GME				
1D	Payments				
	Mental Health Facility Services - Regular				
2A	Payments				
	Mental Health Facility Services - DSH				
2B	Adjustment Payments				
l	Nursing Facility Services - Regular				
3A	Payments				
	Nursing Facility Services - Supplemental				
3B	Payments				
l.,	Intermediate Care Facility Services -				
4A	Mentally Retarded: Public Providers				
4.5	Intermediate Care Facility Services -				
4B	Mentally Retarded: Private Providers				
100	Intermediate Care Facility Services -				
4C	Supplemental Payments				
E ^	Physician and Surgical Services - Regular				
5A	Payments				
E ^	Physician and Surgical Services -				
5A	Supplemental Payments				
6A	Outpatient Hospital Services - Regular Payments				
0A	Outpatient Hospital Services -				
6b	Supplemental Payments				
7	Prescribed Drugs				
 	i 1000mbod Diago				
7A1	Drug Rebate Offset - National Agreement				
-,,,	Drug Rebate Offset - State Sidebar				
7A2	Agreement				
	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				
	1	1	1	1	

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Quai	ter Ended: 12/31/2010				
		Total			
	Medical Assistance Payments	Computable		Federal Share	е
					Applied
			Medicaid	Medicaid	against the
			and CHIP	FMAP	20% Limit
			Enhanced	Increased	CHIP
			FMAP Rate	FMAP Rate	Amount
		(A)	(B)	(C)	(D)
	Increased ACA OFFSET - Fee for Service -				
7A5	100%				
	Increased ACA OFFSET - MCO - 100%				
8	Dental Services				
	Other Practitioners Services - Regular				
9A	Payments				
	Other Practitioners Services - Supplemental				
9B	Payments				
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				
171	Medicare Health Insurance Payments - Part A Premiums				
17A	Medicare Health Insurance Payments - Part				
17D	B Premiums				
	120% - 134% Of Poverty				
	Coinsurance And Deductibles				
170	Medicaid Health Insurance Payments:				
18Δ	Managed Care Organizations (MCO)				
	Prepaid Ambulatory Health Plan				
	Prepaid Inpatient Health Plan				
1000	Medicaid Health Insurance Payments:				
18C	Group Health Plan Payments				
	Medicaid Health Insurance Payments:				
18D	Coinsurance And Deductibles				
	Medicaid Health Insurance Payments:				
18E	Other				
	Home and Community-Based Services -				
19A	Regular Payment (Waiver)				
	Home and Community-Based Services -				
19B	State Plan 1915(i) Only Payment				
	Home and Community-Based Services -				
19C	State Plan 1915(j) Only Payment				

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Qua	rter Ended: 12/31/2010				
		Total			
	Medical Assistance Payments	Computable		Federal Share	9
					Applied
			Medicaid	Medicaid	against the
			and CHIP	FMAP	20% Limit
			Enhanced	Increased	CHIP
			FMAP Rate	FMAP Rate	Amount
		(A)	(B)	(C)	(D)
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
	Targeted Case Management Services -				
24A	Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
	Emergency Services for Undocumented				
27	Aliens				
28	Federally-Qualified Health Center				
29	Non-Emergency Medical Transportation				
30	Physical Therapy				
31	Occupational Therapy				
	Services for Speech, Hearing and				
32	Language				
	Burgharia Bariana Bardana Eurolana				
33	Prosthetic Devices, Dentures, Eyeglasses				
24	Diamontia Carannina & Dravantiva Comicas				
34	Diagnostic Screening & Preventive Services Nurse Mid-Wife				
35 36					
	Emergency Hospital Services				
37 38	Critical Access Hospitals Nurse Practitioner Services				
39	School Based Services				
39	Scrioor based Services				
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
42	Freestanding Birth Center				
	Health Home for Enrollees w Chronic				
43	Conditions				
44	Tobacco Cessation for Preg Women				
49	Other Care Services				
50	Total				

State:

Quarter Ended: 12/31/2010

FISC	al Year:					,
		Line #				
						Deferral or
		Total	_			CIN
	Medical Assistance Payments	Computable	Fe	deral Share		Number
					Applied	
					against	
			Medicaid	Medicaid	the 20%	
			and CHIP	FMAP	Limit	
			Enhanced	Increased	CHIP	
		(2)	FMAP Rate	FMAP Rate	Amount	(E)
	T	(A)	(B)	(C)	(D)	(E)
l.,	Inpatient Hospital Services - Regular					
1A	Payments					
4.5	Inpatient Hospital Service - DSH					
1B	Adjustment Payments					
10	Inpatient Hospital Services - Supplemental					
1C	Payments Inpatient Hospital Services - GME					
1D	Payments					
	Mental Health Facility Services - Regular					
2A	Payments					
	Mental Health Facility Services - DSH					
2B	Adjustment Payments					
	Nursing Facility Services - Regular					
ЗА	Payments					
	Nursing Facility Services - Supplemental					
3B	Payments					
	Intermediate Care Facility Services -					
4A	Mentally Retarded: Public Providers					
	Intermediate Care Facility Services -					
4B	Mentally Retarded: Private Providers					
	Intermediate Care Facility Services -					
4C	Supplemental Payments					
_ ,	Physician and Surgical Services - Regular					
5A	Payments					
E ^	Physician and Surgical Services -					
5A	Supplemental Payments Outpatient Haspital Sorvices Regular					
6A	Outpatient Hospital Services - Regular Payments					
UA.	Outpatient Hospital Services -					
6b	Supplemental Payments					
7	Prescribed Drugs					
-	. 100011000 Drugo					
7A1	Drug Rebate Offset - National Agreement					
	Drug Rebate Offset - State Sidebar					
7A2	Agreement					
7A3	MCO - National Agreement					
7A4	MCO - State Sidebar Agreement					

State:

Quarter Ended: 12/31/2010

1 130	al Year:	Line #				
						Deferral or
		Total				CIN
	Medical Assistance Payments	Computable	Fe	deral Share		Number
					Applied	
					against	
			Medicaid	Medicaid	the 20%	
			and CHIP	FMAP	Limit	
			Enhanced	Increased	CHIP	
			FMAP Rate	FMAP Rate	Amount	
		(A)	(B)	(C)	(D)	(E)
	Increased ACA OFFSET - Fee for Service -	, ,	, ,	` ` `	` '	. ,
7A5	100%					
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services					
	Other Practitioners Services - Regular					
9A	Payments					
	Other Practitioners Services -					
9B	Supplemental Payments					
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					
	Medicare Health Insurance Payments -					
17A	Part A Premiums					
	Medicare Health Insurance Payments -					
17B	Part B Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
	Medicaid Health Insurance Payments:					
18A	Managed Care Organizations (MCO)					
	Prepaid Ambulatory Health Plan					
18B2	Prepaid Inpatient Health Plan					
	Medicaid Health Insurance Payments:					
18C	Group Health Plan Payments					
	Medicaid Health Insurance Payments:					
18D	Coinsurance And Deductibles					
	Medicaid Health Insurance Payments:					
18E	Other					
	Home and Community-Based Services -					
19A	Regular Payment (Waiver)					
	Home and Community-Based Services -					
19B	State Plan 1915(i) Only Payment					
	Home and Community-Based Services -					
19C	State Plan 1915(j) Only Payment					

State:

Quarter Ended: 12/31/2010

1 130	al Year:	Line #				
	Medical Assistance Payments	Total Computable	Fe	Federal Share		
			Medicaid and CHIP Enhanced FMAP Rate	Medicaid FMAP Increased FMAP Rate	Applied against the 20% Limit CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
22	Programs Of All-Inclusive Care Elderly					
	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
	Targeted Case Management Services -					
	Community Case-Management					
24B	Case Management - State Wide					
25	Brimary Caro Caco Management Services					
26	Primary Care Case Management Services Hospice Benefits					
20	Emergency Services for Undocumented					
27	Aliens					
27 28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31						
31	Occupational Therapy					
22	Services for Speech, Hearing and					
32	Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
	Diagnostic Screening & Preventive					
34	Services					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37	Critical Access Hospitals					
38	Nurse Practitioner Services					
39	School Based Services					
40	Rehabilitative Services (non-school-based)					
41	Private Duty Nursing					
42	Freestanding Birth Center					
	Health Home for Enrollees w Chronic					
43	Conditions					
44	Tobacco Cessation for Preg Women					
49	Other Care Services					
50	Total					

State:

Fisc	al Year:					
		Line #				
						Deferral or
		Total				CIN
	Medical Assistance Payments	Computable	Fe	Federal Share		
	Waiver Type:				Applied	1
	Waiver Number:				against	
	Waiver Name:		Medicaid	Medicaid	the 20%	
			and CHIP	FMAP	Limit	
			Enhanced	Increased	CHIP	1
			FMAP Rate	FMAP Rate	Amount	
		(A)	(B)	(C)	(D)	(E)
	Inpatient Hospital Services - Regular			, ,		Ì
1A	Payments					
	Inpatient Hospital Service - DSH					
1B	Adjustment Payments					
	Inpatient Hospital Services - Supplemental					
1C	Payments					
	Inpatient Hospital Services - GME					
1D	Payments					
	Mental Health Facility Services - Regular					
2A	Payments					
	Mental Health Facility Services - DSH					
2B	Adjustment Payments					
	Nursing Facility Services - Regular					
3A	Payments					
	Nursing Facility Services - Supplemental					
3B	Payments					
	Intermediate Care Facility Services -					
4A	Mentally Retarded: Public Providers					
	Intermediate Care Facility Services -					
4B	Mentally Retarded: Private Providers					
	Intermediate Care Facility Services -					
4C	Supplemental Payments					
	Physician and Surgical Services - Regular					
5A	Payments					
_ ^	Physician and Surgical Services -					
5A	Supplemental Payments					
6.4	Outpatient Hospital Services - Regular					
6A	Payments Outrotiont Heapital Samines					
6h	Outpatient Hospital Services -					
6b	Supplemental Payments Prescribed Drugs					
'	r resumed Drugs					
7/1	Drug Rebate Offset - National Agreement					
171	Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar					
742	Agreement					
	MCO - National Agreement					
	MCO - National Agreement MCO - State Sidebar Agreement					
1737	MOS State Sidebal Agreement	I .]		I	

State:

Quarter Ended: 12/31/2010

FISC	al Year:	Line #				
	Medical Assistance Payments	Total Computable	Federal Share			Deferral or CIN Number
	Waiver Type: Waiver Number: Waiver Name:		Medicaid and CHIP Enhanced FMAP Rate	Medicaid FMAP Increased FMAP Rate	Applied against the 20% Limit CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
7A5	Increased ACA OFFSET - Fee for Service - 100%					
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services					
	Other Practitioners Services - Regular					
9A	Payments					
	Other Practitioners Services -					
9B	Supplemental Payments					
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					
	Medicare Health Insurance Payments -					
17A	Part A Premiums					
	Medicare Health Insurance Payments -					
17B	Part B Premiums					
	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
	Medicaid Health Insurance Payments:					
	Managed Care Organizations (MCO)					
	Prepaid Ambulatory Health Plan					
18B2	Prepaid Inpatient Health Plan					
	Medicaid Health Insurance Payments:					
18C	Group Health Plan Payments					
	Medicaid Health Insurance Payments:					
18D	Coinsurance And Deductibles Medicaid Health Insurance Payments:					
18E	Other					
	Home and Community-Based Services -					
19A	Regular Payment (Waiver)					
	Home and Community-Based Services -					
19B	State Plan 1915(i) Only Payment					
	Home and Community-Based Services -					
19C	State Plan 1915(j) Only Payment					
22	Programs Of All-Inclusive Care Elderly					

State:

Quarter Ended: 12/31/2010

	ai fear:	Line #				
	Medical Assistance Payments	Total Computable	Federal Share			Deferral or CIN Number
	Waiver Type: Waiver Number: Waiver Name:		Medicaid and CHIP Enhanced	Medicaid FMAP Increased	Applied against the 20% Limit CHIP	
		(A)	FMAP Rate (B)	FMAP Rate (C)	Amount (D)	(E)
23A	Personal Care Services - Regular Payment	()	(-/	(5)	(-,	(-/
23B	Personal Care Services - SDS 1915(j)					
	Targeted Case Management Services -					
	Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
	Diagnostic Screening & Preventive					
34	Services					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37 38	Critical Access Hospitals Nurse Practitioner Services					
39	School Based Services					
33	JUNIOUI DASEU JEIVICES					
40	Rehabilitative Services (non-school-based)					
41 42	Private Duty Nursing Freestanding Birth Center					
42	Health Home for Enrollees w Chronic					
43	Conditions					
44	Tobacco Cessation for Preg Women					
49	Other Care Services					
50	Total					

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Quai	rter Ended: 12/31/2010	Total			
	Medical Assistance Payments	Computable	Federal Share		
	-	Computable	l ederal offare		
	Waiver Type:				Applied
	Waiver Number:		Medicaid	Medicaid	against the
	Waiver Name:		and CHIP	FMAP	20% Limit
			Enhanced	Increased	CHIP
			FMAP Rate	FMAP Rate	Amount
		(A)	(B)	(C)	(D)
	Inpatient Hospital Services - Regular				
1A	Payments				
	Inpatient Hospital Service - DSH				
1B	Adjustment Payments				
	Inpatient Hospital Services - Supplemental				
1C	Payments				
	Inpatient Hospital Services - GME				
1D	Payments				
	Mental Health Facility Services - Regular				
2A	Payments				
	Mental Health Facility Services - DSH				
2B	Adjustment Payments				
	Nursing Facility Services - Regular				
ЗА	Payments				
	Nursing Facility Services - Supplemental				
3B	Payments				
	Intermediate Care Facility Services -				
4A	Mentally Retarded: Public Providers				
	Intermediate Care Facility Services -				
4B	Mentally Retarded: Private Providers				
	Intermediate Care Facility Services -				
4C	Supplemental Payments				
	Physician and Surgical Services - Regular				
5A	Payments				
	Physician and Surgical Services -				
5A	Supplemental Payments				
	Outpatient Hospital Services - Regular				
6A	Payments				
	Outpatient Hospital Services -				
6b	Supplemental Payments				
7	Prescribed Drugs				
7A1	Drug Rebate Offset - National Agreement				
	Drug Rebate Offset - State Sidebar				
	Agreement				
	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				

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Report Date: Friday, November 12, 2010 - 12:00 AM

OMB No. 0938-0067

Expires 8/31/2011

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Qua	rter Ended: 12/31/2010		T		
		Total			
	Medical Assistance Payments	Computable		Federal Share	9
	Waiver Type:				Applied
	Waiver Number:		Medicaid	Medicaid	against the
	Waiver Name:		and CHIP	FMAP	20% Limit
			Enhanced	Increased	CHIP
			FMAP Rate	FMAP Rate	Amount
		(A)	(B)	(C)	(D)
	Increased ACA OFFSET - Fee for Service -	(* -7	(-)	(0)	(-)
7A5	100%				
	Increased ACA OFFSET - MCO - 100%				
8	Dental Services				
	Other Practitioners Services - Regular				
9A	Payments				
	Other Practitioners Services - Supplemental				
9B	Payments				
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				
	Medicare Health Insurance Payments - Part				
17A	A Premiums				
	Medicare Health Insurance Payments - Part				
	B Premiums				
	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
	Medicaid Health Insurance Payments:				
	Managed Care Organizations (MCO)				
	Prepaid Ambulatory Health Plan				
18B2	Prepaid Inpatient Health Plan				
	Medicaid Health Insurance Payments:				
18C	Group Health Plan Payments				
400	Medicaid Health Insurance Payments:				
18D	Coinsurance And Deductibles				
405	Medicaid Health Insurance Payments:				
18E	Other				
104	Home and Community-Based Services -				
19A	Regular Payment (Waiver)				
100	Home and Community-Based Services -				
19B	State Plan 1915(i) Only Payment				
100	Home and Community-Based Services -				
19C	State Plan 1915(j) Only Payment				

Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Qual	rter Ended: 12/31/2010	Total	Ι		
	Madical Assistance Downsets	Total		Federal Share	
	Medical Assistance Payments	Computable		rederai Snare	,
	Waiver Type:				Applied
	Waiver Number:		Medicaid	Medicaid	against the
	Waiver Name:		and CHIP	FMAP	20% Limit
			Enhanced	Increased	CHIP
			FMAP Rate	FMAP Rate	Amount
		(A)	(B)	(C)	(D)
22	Programs Of All-Inclusive Care Elderly		. ,		
00.4	Danier I Com Comittee Danier Danier Danier				
	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
044	Targeted Case Management Services -				
	Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
	Emergency Services for Undocumented				
27	Aliens				
28	Federally-Qualified Health Center				
29	Non-Emergency Medical Transportation				
30	Physical Therapy				
31	Occupational Therapy				
	Services for Speech, Hearing and				
32	Language				
33	Prosthetic Devices, Dentures, Eyeglasses				
34	Diagnostic Screening & Preventive Services				
35	Nurse Mid-Wife				
36	Emergency Hospital Services				
37	Critical Access Hospitals				
38	Nurse Practitioner Services				
39	School Based Services				
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
42	Freestanding Birth Center				
	Health Home for Enrollees w Chronic				
43	Conditions				
44	Tobacco Cessation for Preg Women				
49	Other Care Services				
50	Total				

Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities

State:

			Medicaid	ARRA	
		Total	Federal	Federal	Federal
	Medical Assistance Payments	Computable	Share	Share	Share
		(A)	(B)	(C)	(D)
1	Amounts Identified from State PI activities				
1A	Data mining activities				
1B	PI Provider audits				
1C	Other				
2	MFCU Investigations				
3	Settlements/Judgments				
4	Civil Monetary Penalties				
5	CMS Medicaid Integrity Contractors (MICs)				
6	Other				
50	Total				

^{*} This sheet will calculate the bottom line totals for Total Computable and Federal Share to generate the figures for Line 9C1, Columns A, B, C and D (Medical Assistance Payments) of the CMS-64 Summary Sheet.

RECOVERIES FROM OIG STATE COMPLIANT FCA

State:

		Total	FMAP	Federal
	Medical Assistance Payments		Rate	Share
		(A)		(B)
1	Recoveries from OIG Certified Compliant FCA			
1A	Total Recovery			
	Recovery after 10% FMAP reduction to any amounts			
	recovered under a State action brought under an OIG			
1B	approved State law			
	10% Reduction FMAP Rate (to be used in the grant award			
2	computation)			

^{*} These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste and Abuse

^{*} Recoveries from the State Medicaid Program Integrity Activities Form.