

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

State:
Quarter Ended: 12/31/2010

	Certification			
	Medical Assistance Payments		State and Local 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)				
<p>I certify that:</p> <ol style="list-style-type: none"> I am the executive officer of the state agency or his/her designate authorized by the state to submit this form. 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. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates. 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. 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. 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:
Quarter Ended: 12/31/2010

		Medical Assistance Payments				State and Local Administration	
		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							
1	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters						
2	Awards Received During The Quarter For Subsequent Quarters						
3.A.	Interest: Received On Medicaid Recoveries						
3.B.	Interest: Assessed On Disallowances						
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30						
5	Other						
Section B: Expenditures Reported for the Period							
6	Expenditures In This Quarter						
7	Adjustments Increasing Claims For Prior Quarters						
8	Other Expenditures						
9.A.	Collections: Third Party Liability						
9.B.	Collections: Probate						
9.C.1.	Recoveries: Fraud, Waste and Abuse Efforts						
9.C.2.	Recoveries: OIG Compliant False Claims Act						
9.D.	Collections: Other						
9.E.	Misc.						
10.A.	Adjustments Decreasing Claims For Prior Quarters: Federal Audit						
10.B.	Adjustments Decreasing Claims For Prior Quarters: Other						
10.C.	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)						
10.D.	Adjustments/Decreasing Prior Qtrs - Perm						
11	Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)						

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

State:
Quarter Ended: 12/31/2010

Medical Assistance Payments		Total Computable	Federal 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
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										
5A	Physician and Surgical Services - Supplemental Payments										
6A	Outpatient Hospital Services - Regular Payments										
6b	Outpatient Hospital Services - Supplemental Payments										
7	Prescribed Drugs										

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

State:
Quarter Ended: 12/31/2010

Medical Assistance Payments		Total Computable	Federal Share							Total Federal Share	
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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%										
7A6	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										
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)										
18B1	Prepaid Ambulatory Health Plan										
18B2	Prepaid Inpatient Health Plan										

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For the Medical Assistance Program
Expenditures in This Quarter**

State:
Quarter Ended: 12/31/2010

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		(A)	(B)	(C)	(D)	(E)	(F)	(G)		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - 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									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
24A	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									

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

State:
Quarter Ended: 12/31/2010

Medical Assistance Payments		Total Computable	Federal Share							Total Federal Share
			FMAP	Family Planning Services 90%	I.H.S Services 100%	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	
		(A)	(B)	(C)	(D)	(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	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									

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

State:
Quarter Ended: 12/31/2010

Medical Assistance Payments Waiver Type: Waiver Number: Name:		Waiver	Total Computable	Federal 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)	(E)	(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											
5A	Physician and Surgical Services - Supplemental Payments											
6A	Outpatient Hospital Services - Regular Payments											

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

State:
Quarter Ended: 12/31/2010

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			(A)	(B)	(C)	(D)	(E)	(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%										
7A6	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										

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

State:
Quarter Ended: 12/31/2010

Medical Assistance Payments Waiver Type: Waiver Number: Name:	Waiver	Total Computable	Federal 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)	(E)	(F)	(G)		
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)										
18B1	Prepaid Ambulatory Health Plan										
18B2	Prepaid Inpatient Health Plan										
18C	Medicaid Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
19A	Home and Community-Based Services - 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										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
24A	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										

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

State:
Quarter Ended: 12/31/2010

Medical Assistance Payments Waiver Type: Waiver Number: Name:	Waiver	Total Computable	Federal 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)	(E)	(F)	(G)		
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										
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										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									Total Federal Share	Deferral or CIN Number
Medical Assistance Payments		Total Computable	Federal Share							Prompt Payment		
			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			
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											
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											
5A	Physician and Surgical Services - Supplemental Payments											
6A	Outpatient Hospital Services - Regular Payments											

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #								Total Federal Share	Deferral or CIN Number
Medical Assistance Payments	Total Computable	Federal Share									
			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)	(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										
7A3	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
7A5	Increased ACA OFFSET - Fee for Service - 100%										
7A6	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										
17B	Medicare Health Insurance Payments: Part B Premiums										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									Total Federal Share	Deferral or CIN Number
Medical Assistance Payments	Total Computable	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)	(E)	(F)	(G)	(H)			
17C	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations											
18B1	Prepaid Ambulatory Health Plan											
18B2	Prepaid Inpatient Health Plan											
18C	Medicaid Health Insurance Payments: Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
19A	Home and Community-Based Services - 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											
23A	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
24A	Targeted Case Management Services - Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #								Total Federal Share	Deferral or CIN Number
Medical Assistance Payments	Total Computable	Federal Share									
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		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
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										
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35	Nurse Mid-Wife										
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37	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										
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41	Private Duty Nursing										
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43	Health Home for Enrollees w Chronic 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
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #								Total Federal Share	Deferral or CIN Number
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:	Total Computable	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)	(E)	(F)	(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments										
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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										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #								Total Federal Share	Deferral or CIN Number
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share						Prompt Payment		
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		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
6b	Outpatient Hospital Services - Supplemental Payments										
7	Prescribed Drugs										
7A1	Drug Rebate - National Agreement										
7A2	Drug Rebate - State Sidebar Agreement										
7A3	MCO - National Agreement										
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7A5	Increased ACA OFFSET - Fee for Service - 100%										
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16	Rural Health Clinic Services										
17A	Medicare Health Insurance Payments: Part A Premiums										
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**Medical Assistance Expenditures by Type of Service
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Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

Line #											
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal 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 %	Federal Share	Prompt Payment		
17C Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A Medicaid Health Insurance Payments: Managed Care Organizations											
18B1 Prepaid Ambulatory Health Plan											
18B2 Prepaid Inpatient Health Plan											
18C Medicaid Health Insurance Payments: Group Health Plan Payments											
18D Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E Medicaid Health Insurance Program: Other											
19A Home and Community-Based Services - 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											
23A Personal Care Services - Regular Payment											
23B Personal Care Services - SDS 1915(j)											
24A Targeted Case Management Services - Community Case-Management											
24B Case Management - State Wide											

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Prior Period Adjustments in This Quarter**

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Fiscal Year:

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		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
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										
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32	Services for Speech, Hearing and Language										
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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										

Medicaid Overpayment Adjustment

State:

Quarter Ended: 12/31/2010

Overpayment Activity	Total Computable (A)	Federal Share				Total Federal Share (F)
		2008 (B)	2009 (C)	2010 (D)	2011 (E)	
		1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit			
2	Decreasing Adjustments To Amounts Previously Reported On Line 1			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:

Quarter Ended: 12/31/2010

PERM Activity	Total Computable	Federal Share				Total Federal				
		PERM-Identified Overpayments								
		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									
2	Decreasing Adjustments To Amounts Previously Reported On Line 1									
3	Subtotal									
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business									
5	Total Overpayment Adjustments This Quarter									

Third Party Liability Collections and Cost Avoidance

State:

Quarter Ended: 12/31/2010

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

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

State:

Quarter Ended: 12/31/2010

		Total Computable	Federal Share				Total Federal Share
			FPP Rate	Federal Share	Other %	Federal Share	
			(A)	(B)	(C)	(D)	
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
3A	Skilled Professional Medical Personnel- Single State Agency						
3B	Skilled Professional Medical Personnel - Other Agency						
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
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)						

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

State:

Quarter Ended: 12/31/2010

		Total Computable	Federal Share				Total Federal 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						
20	Program Integrity/Fraud, Waste, and Abuse Activities						
21	County/Local ADM Costs						
22	Interagency Costs (State Level)						
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						

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

State:

Quarter Ended: 12/31/2010

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

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

State:

Quarter Ended: 12/31/2010

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

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

State:

Quarter Ended: 12/31/2010

Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share				Total Federal Share
			FPP Rate	Federal Share	Other %	Federal Share	
			(A)	(B)	(C)	(D)	
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
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						

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

State:

Quarter Ended: 12/31/2010

Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share				Total Federal Share
			FPP Rate	Federal Share	Other %	Federal 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:

		Line #					Deferral or CIN Number	
		Total Computable	Federal Share					
			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							
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

Prior Fiscal Year:

		Line #					Deferral or CIN Number
	Total Computable	Federal Share					
		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						

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

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

		Line #					Deferral or CIN Number
	Total Computable	Federal Share					
		FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	
		(A)	(B)	(C)	(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						
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:

		Line #						
	Waiver Type: Waiver Name: Waiver Number:	Total Computable	Federal Share				Total Federal Share	Deferral or CIN Number
			FFP Rate	Federal Share	Other %	Federal Share		
			(A)	(B)	(C)	(D)		
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							
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

Prior Fiscal Year:

		Line #						
	Waiver Type: Waiver Name: Waiver Number:	Total Computable	Federal Share			Total Federal Share	Deferral or CIN Number	
			FFP Rate	Federal Share	Other %			Federal Share
			(A)	(B)	(C)			(D)
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							
20	Program Integrity/Fraud, Waste, and Abuse Activities							
21	County/Local ADM Costs							
22	Interagency Costs							

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

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

Line #								
	Waiver Type: Waiver Name: Waiver Number:	Total Computable	Federal Share				Total Federal Share	Deferral or CIN Number
			FFP Rate	Federal Share	Other %	Federal Share		
			(A)	(B)	(C)	(D)		
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							

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)
Donations		
1	Donations - Medicaid	
1.A.	Donations - CHIP	
2	Donations- Outstationed Eligibility Workers - Medicaid	
2.A.	Donations- Outstationed Eligibility Workers - CHIP	
Taxes		
3	Taxes	
Fees		
4	Fees	
Assessments		
5	Assessments	
Totals		
6	Total Donations (Lines 1 + 1.A. + 2 + 2.A.)	
7	Total Taxes, Fees, and Assessments (Lines 3 + 4 + 5)	

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2010

		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)							
1	FFY 2000 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 2000 Allotment						
FFY 2001 (10/01/2000 - 09/30/2001)							
1	FFY 2001 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						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2010

		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)
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						
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 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						
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						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2010

		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)
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						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2010

		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)
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						
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 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						
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						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2010

		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)
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						
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 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						

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:
Quarter Ended: 12/31/2010

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

Medicaid Drug Rebate Schedule

State:

Quarter Ended: 12/31/2010

Drug Rebate		Total Computable					Total
		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	
		(A)	(B)	(C)	(D)	(E)	
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3	Rebates Invoiced In This Quarter						
4	Subtotal						
5	Rebates Reported On This Expenditure Report						
6	Balance As Of The End Of The Quarter						

FOOTNOTE:

**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:

Quarter Ended: 12/31/2010

Type of Eligible:		Total Computable	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						
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments						
4	Nursing Care Services						
5	Physician and Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						

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

State:

Quarter Ended: 12/31/2010

Type of Eligible:		Total Computable	Federal Share				Total Federal
			FMAP Percent	I.H.S. Facility Services 100%	Family Planning Services 90%	Prompt Pay	
			(A)	(B)	(C)	(D)	
8A3	MCO - National Agreement						
8A4	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						
20	Medicare Payments						
21	Home and Community-Based Services						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

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

State:

Quarter Ended: 12/31/2010

Fiscal Year:

Line #								
Type of Eligible:		Total Computable	Federal 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)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset							
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid							
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
2A	Inpatient Hospital Services - DSH Adjustments Payments							
3	Inpatient Mental Health Facility Services - Regular Payments							
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments							
4	Nursing Care Services							
5	Physician and Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs							

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

State:

Quarter Ended: 12/31/2010

Fiscal Year:

Line #								
Type of Eligible:	Total Computable	Federal 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)	
8A1	Drug Rebate - National Agreement							
8A2	Drug Rebate - State Sidebar Agreement							
8A3	MCO - National Agreement							
8A4	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							
20	Medicare Payments							
21	Home and Community-Based Services							

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

State:

Quarter Ended: 12/31/2010

Fiscal Year:

Line #								
Type of Eligible:		Total Computable	Federal 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:

Quarter Ended: 12/31/2010

Type of Eligible: Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share				Total Federal Share
			FMAP Percent	I.H.S. Services 100%	Family Planning 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						
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						

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

State:

Quarter Ended: 12/31/2010

Type of Eligible: Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share				Total Federal Share
			FMAP Percent	I.H.S. Services 100%	Family Planning 90%	Prompt Pay	
		(A)	(B)	(C)	(D)	(E)	(F)
8A2	Drug Rebate - State Sidebar Agreement						
8A3	MCO - National Agreement						
8A4	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						
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:

Quarter Ended: 12/31/2010

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

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

State:

Quarter Ended: 12/31/2010

Fiscal Year:

Line #							
Type of Eligible: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal 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)		
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset						
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						

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

State:

Quarter Ended: 12/31/2010

Fiscal Year:

Line #							
Type of Eligible: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal 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)		
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
8A3	MCO - National Agreement						
8A4	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

Fiscal Year:

Line #							
Type of Eligible: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal 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)		
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

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP Percent	Enhanced FMAP	
		(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH 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				
8A3	MCO - National Agreement				
8A4	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				

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

State:

Quarter Ended: 12/31/2010

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP Percent	Enhanced FMAP	
		(A)	(B)	(C)	(D)
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

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

State:
Quarter Ended: 12/31/2010

Type of Eligible: Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share		Total Federal Share
			FMAP Percent	Enhanced FMAP	
		(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH 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				
8A3	MCO - National Agreement				
8A4	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				
20	Medicare Payments				
21	Home And Community-Based Services				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

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

State:

Quarter Ended: 12/31/2010

Qtr / Fiscal Year:

		Line #				
Type of Eligible:		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N Number
			FMAP Percent	Enhanced FMAP		
		(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
8A3	MCO - National Agreement					
8A4	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					
20	Medicare Payments					

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

State:

Quarter Ended: 12/31/2010

Qtr / Fiscal Year:

Line #						
Type of Eligible:		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N Number
			FMAP Percent	Enhanced FMAP		
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
Prior Period Expenditures**

State:

Quarter Ended: 12/31/2010

Qtr / Fiscal Year:

Line #					
Type of Eligible: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N Number
		FMAP Percent	Enhanced FMAP		
		(A)	(B)		
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH 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				
8A3	MCO - National Agreement				
8A4	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

Qtr / Fiscal Year:

Line #						
Type of Eligible: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N Number	
		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:

Quarter Ended: 12/31/2010

Section C Expenditures Reported by Period By Form Number		Medical Assist. Payments		Medicaid / CHIP			State and Local Admin.	
		Total Computable	Federal Share	Total Computable	Federal Share	20% Federal Share	Total Computable	Federal Share
		(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							

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						Federal Share	
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svc's (ENH Rate)	Opt. Breast or Cervical Cancer Svc's (IHS Rate)	Other %		Federal Share
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									

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
5A	Physician and Surgical Services - Supplemental Payments									
6A	Outpatient Hospital Services - Regular Payments									
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%									
7A6	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.									

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

State:

Quarter Ended: 12/31/2010

	Medical Assistance Payments Special Issue Reporting Program	Total Computable	Federal Share						Federal Share	
			FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcvs (ENH Rate)	Opt. Breast or Cervical Cancer Svcvs (IHS Rate)	Other %		Federal Share
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									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18B1	Prepaid Ambulatory Health Plan									
18B2	Prepaid Inpatient Health Plan									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - 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									

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
						(A)	(B)			
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
24A	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									
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									

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
						(A)	(B)			
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									

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									
Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						Total Federal Share	Deferral or CIN Number	
						Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)				Federal Share
			FMAP	I.H.S. Services	Family Planning Services			Other %			
		(A)	(B)	(C)	(D)	(E)		(F)	(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										
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										
5A	Physician and Surgical Services - Supplemental Payments										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									
Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
6A	Outpatient Hospital Services - Regular Payments										
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%										
7A6	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										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									
Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
			(A)	(B)	(C)	(D)	(E)	(F)			(G)
17A	Medicare Health Insurance Payments: Part A Premiums										
17B	Medicare Health Insurance Payments: Part B Premiums										
17C	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty										
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations										
18B1	Prepaid Ambulatory Health Plan										
18B2	Prepaid Inpatient Health Plan										
18C	Medicaid Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles										
18E	Medicaid Health Insurance Program: Other										
19A	Home and Community-Based Services - 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										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									
Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
			(A)	(B)	(C)	(D)	(E)	(F)			(G)
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
24A	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										
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										

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:
Quarter Ended: 12/31/2010
Fiscal Year:

		Line #									
Medical Assistance Payments Special Issue Reporting Program		Total Computable	Federal Share						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
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										

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

State:

Quarter Ended: 12/31/2010

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

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

State:

Quarter Ended: 12/31/2010

Administration Special Issue Reporting Program		Total Computable	Federal Share				Total Federal Share
			FPP Rate	Federal Share	Other %	Federal Share	
			(A)	(B)	(C)	(D)	
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
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						

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

State:

Quarter Ended: 12/31/2010

Administration Special Issue Reporting Program		Total Computable	Federal Share				Total Federal Share
			FPP Rate	Federal Share	Other %	Federal 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:

		Line #						
Administration Special Issue Reporting Program		Total Computable	Federal Share				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:

Line #							
Administration Special Issue Reporting Program	Total Computable	Federal Share					Deferral or CIN Number
		FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	
		(A)	(B)	(C)	(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						

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

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

Line #							
Administration Special Issue Reporting Program	Total Computable	Federal Share					Deferral or CIN Number
		FFP Rate	Federal Share	Other %	Federal Share	Total Federal Share	
		(A)	(B)	(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:

Quarter Ended: 12/31/2010

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount
		(A)	(B)	(C)	(D)
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 - Supplemental Payments				
5A	Physician and Surgical Services - Regular Payments				
5A	Physician and Surgical Services - Supplemental Payments				
6A	Outpatient Hospital Services - Regular Payments				
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				

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount
		(A)	(B)	(C)	(D)
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	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				
17D	Coinsurance And Deductibles				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)				
18B1	Prepaid Ambulatory Health Plan				
18B2	Prepaid Inpatient Health Plan				
18C	Medicaid Health Insurance Payments: Group Health Plan Payments				
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
19A	Home and Community-Based Services - 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				

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

State:

Quarter Ended: 12/31/2010

	Medical Assistance Payments	Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount
			(A)	(B)	(C)
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
24A	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				
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				

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2010

Fiscal Year:

		Line #				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or CIN Number
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit	
			(A)	(B)	(C)	
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 - Supplemental Payments					
5A	Physician and Surgical Services - Regular Payments					
5A	Physician and Surgical Services - Supplemental Payments					
6A	Outpatient Hospital Services - Regular Payments					
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					

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2010

Fiscal Year:

Medical Assistance Payments		Line #				Deferral or CIN Number
		Total Computable	Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit	
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
7A5	Increased ACA OFFSET - Fee for Service - 100%					
7A6	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					
17C	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)					
18B1	Prepaid Ambulatory Health Plan					
18B2	Prepaid Inpatient Health Plan					
18C	Medicaid Health Insurance Payments: Group Health Plan Payments					
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
19A	Home and Community-Based Services - 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					

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2010

Fiscal Year:

		Line #				
	Medical Assistance Payments	Total Computable	Federal Share			Deferral or CIN Number
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit	
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount	
			(A)	(B)	(C)	
22	Programs Of All-Inclusive Care Elderly					
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
24A	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					
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					

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2010

Fiscal Year:

		Line #				
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share			Deferral or CIN Number
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit	
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount	
			(A)	(B)	(C)	
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 - Supplemental Payments					
5A	Physician and Surgical Services - Regular Payments					
5A	Physician and Surgical Services - Supplemental Payments					
6A	Outpatient Hospital Services - Regular Payments					
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					

**Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2010

Fiscal Year:

		Line #				
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share			Deferral or CIN Number
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit	
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount	
			(A)	(B)	(C)	
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
24A	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					
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					

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount
			(A)	(B)	(C)
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 - Supplemental Payments				
5A	Physician and Surgical Services - Regular Payments				
5A	Physician and Surgical Services - Supplemental Payments				
6A	Outpatient Hospital Services - Regular Payments				
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				

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount
		(A)	(B)	(C)	(D)
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	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				
17D	Coinsurance And Deductibles				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)				
18B1	Prepaid Ambulatory Health Plan				
18B2	Prepaid Inpatient Health Plan				
18C	Medicaid Health Insurance Payments: Group Health Plan Payments				
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
19A	Home and Community-Based Services - 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				

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied against the 20% Limit
			Enhanced FMAP Rate	Increased FMAP Rate	CHIP Amount
			(A)	(B)	(C)
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
24A	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				
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				

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

State:

Quarter Ended: 12/31/2010

Medical Assistance Payments		Total Computable	Medicaid Federal Share	ARRA Federal Share	Federal 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:

Quarter Ended: 12/31/2010

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