Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI Summary Sheet

State: Quarter Ended: 12/31/2010									
Expenditures Reported for Period	Title XXI Expe	dituros							
Expenditures Reported for Period	Total Computable	Federal Share							
	(A)	(B)							
1 Expenditures In This Quarter (Form CMS 21 Base)	(?)	(8)							
Adjustments Increasing Claims For Prior Quarters (Form CMS 21P) Adjustments Decreasing Claims For Prior Quarters (Form CMS 21P)									
Adjustments/Decreasing Claims - Perm (Form CMS 21Perm)									
 Adjustments - Decreasing Claims - Perm (Form CMS 2 (Perm)) Adjustments - Decreasing Claims - Overpayments 									
6 Net Expenditures Reported In This Period									
I certify that:									
1. I am the executive officer of the state agency or his/her designate a	uthorized by the state to submit this form.								
2. This report only includes expenditures under the Children's Health I	nsurance Program (CHIP) under Title XXI	of the Act that							
	o ()								
are allowable in accordance with applicable implementing federal, state									
Children's Health Plan approved by the Secretary and in effect in the C	Quarter Ended indicated above under litle	XXI of the Act.							
3. The expenditures included in this report are based on the state's ac based on estimates.	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 included in the report, and such state and/or local funds were in accord 									
non-federal share match of expenditures.									
5. Federal matching funds are not being claimed on the report to match	ch any expenditures under any Children He	ealth Plan							
amendment that was submitted after January 2, 2001, and that has no									
Ended indicated above.									
6. The information shown above and on the form CMS-21 Summary S	Sheet and the Supporting Schedules is cor	rect to the best of my							
knowledge and belief.	3	·····,							
Date:	Signature:	Title:							
User Performing Certification:									
Footnotes:									

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers of Medicare & Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

State:

				10% Limit:		
		Total		Total	10% Limit:	Total Federal
	Program Code	Computable	Federal Share	Computable	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)
	Premiums Up To 150% Of Poverty Level -					
1A	Gross Premiums Paid					
	Premiums Up To 150% Of Poverty Level -					
1B	Cost Sharing Offsets					
	Premiums Over 150% Of Poverty Level -					
1C	Gross Premiums Paid					
	Premiums Over 150% Of Poverty Level -					
1D	Cost Sharing Offsets					
2	Inpatient Hospital Services					
3	Inpatient Mental Health Facility Services					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A	Drug Rebate					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
	Durable And Disposable Medical					
15	Equipment					
16	Family Planning					

State:

				10% Limit:		
		Total		Total	10% Limit:	Total Federal
	Program Code	Computable	Federal Share	Computable	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)
17	Abortions No.					
18	Screening Services					
19	Home Health					
20	Reserved					
21	Home And Community-Based Services					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Translation and Interpretation					
31	Other Services					
32	Outreach					
	Increased Outreach and Enrollment of					
32A	Indians					
	Increase Outreach and Enrollment of					
32B	children through premium subsidies					
33	Administration					
34	PERM Administration					
	Citizenship Verification Technology-					
35	CHIPRA					
35A	CVT Development					
35B	CVT Operation					
48	Balance					
49	Less: Collections					
50	Total					

State:

				10% Limit:		
		Total		Total	10% Limit:	Total Federal
	Program Code	Computable	Federal Share	Computable	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)
	Premiums Up To 150% Of Poverty Level -					
1A	Gross Premiums Paid					
	Premiums Up To 150% Of Poverty Level -					
1B	Cost Sharing Offsets					
	Premiums Over 150% Of Poverty Level -					
1C	Gross Premiums Paid					
	Premiums Over 150% Of Poverty Level -					
1D	Cost Sharing Offsets					
2	Inpatient Hospital Services					
3	Inpatient Mental Health Facility Services					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A	Drug Rebate					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
	Durable And Disposable Medical					
15	Equipment					
16	Family Planning					

State:

				10% Limit:		
		Total		Total	10% Limit:	Total Federal
	Program Code	Computable	Federal Share	Computable	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)
17	Abortions No.					
18	Screening Services					
19	Home Health					
20	Reserved					
21	Home And Community-Based Services					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Translation and Interpretation					
31	Other Services					
32	Outreach					
	Increased Outreach and Enrollment of					
32A	Indians					
	Increase Outreach and Enrollment of					
32B	children through premium subsidies					
33	Administration					
34	PERM Administration					
	Citizenship Verification Technology-					
35	CHIPRA					
35A	CVT Development					
35B	CVT Operation					
48	Balance					
49	Less: Collections					
50	Total					

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

	Line:										
				10% Limit:			Deferral				
		Total		Total	10% Limit:	Total Federal	Disallowance				
	Program Code:	Computable	Federal Share	Computable	Federal Share	Share	C.I.N. No.				
		(A)	(B)	(C)	(D)	(E)	(F)				
	Premiums Up To 150% Of Poverty Level -										
1A	Gross Premiums Paid										
	Premiums Up To 150% Of Poverty Level -										
1B	Cost Sharing Offsets										
	Premiums Over 150% Of Poverty Level -										
1C	Gross Premiums Paid										
	Premiums Over 150% Of Poverty Level -										
1D	Cost Sharing Offsets										
2	Inpatient Hospital Services										
3	Inpatient Mental Health Facility Services										
4	Nursing Care Services										
5	Physician And Surgical Services										
6	Outpatient Hospital Services										
7	Outpatient Mental Health Facility Services										
8	Prescribed Drugs										
	Drug Rebate										
9	Dental Services										
10	Vision Services										
11	Other Pracitioners' Services										
12	Clinic Services										
	Therapy Services										
14	Laboratory And Radiological Services										
	Durable And Disposable Medical										
15	Equipment										

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

	Line:										
				10% Limit:			Deferral				
		Total		Total	10% Limit:	Total Federal	Disallowance				
	Program Code:	Computable	Federal Share	Computable	Federal Share	Share	C.I.N. No.				
		(A)	(B)	(C)	(D)	(E)	(F)				
	Family Planning										
17	Abortions No.										
18	Screening Services										
19	Home Health										
20	Reserved										
21	Home And Community-Based Services										
22	Hospice										
	Medical Transportation										
24	Case Management										
25	Translation and Interpretation										
31	Other Services										
32	Outreach										
	Increased Outreach and Enrollment of										
32A	Indians										
	Increase Outreach and Enrollment of										
32B	children through premium subsidies										
33	Administration										
34	PERM Administration										
	Citizenship Verification Technology-										
35	CHIPRA										
35A	CVT Development										
	CVT Operation										
48	Balance										
49	Less: Collections										
50	Total										

Children's Health Insurance Program Expenditures For the Title XXI Program Calclulation of 10% Limit

State:

		Total Computable	Federal Share
		(A)	(B)
1A	Previously Claimed Expenditures - Section 2105(a)(1)(C)		
1B	Previously Claimed Expenditures - Section 2105(a)(1)(A)		
	Expenditures Claimed In The Current Quarter - Section		
2A	2105(a)(1)(C)		
	Expenditures Claimed In The Current Quarter - Sections		
2B	2105(a)(1)(A)		
3	Total Of Column (a) Lines 1A & B And 2A & B		
4	10% Limit (Divide Line 3 Column (a) By 9)		
	Total Computable - Allotment (Allotment Divided By The Enhanced		
5	FMAP)		
6	10% Of The Allotment - Total Computable (10% Times Line 5)		
7	10% Limit (Lesser Of Lines 4 Column (a) Or 6 Column (a))		
8A	Expenditures Previously Claimed Under Section 2105(a)(2)		
8B	Expenditures Currently Claimed Under Section 2105(a)(2)		
9	Total Of Lines 8A And 8B		
	Expenditures Previously Claimed for Outreach to Children (Line		
9A	32B of 21)		
	Expenditures Currently claimed for Outreach to Children (Line 32B		
9B	of 21)		
9C	Total of lines 9A and 9B		
	Outreach and enrollment for children 1.25% of 10% limit of		
9D	allotment (Line 6)		
	Expenditures for children outreach (9C) minus Outreach allotment		
9E	(9D)		
9F	Total of lines 8A, 8B and 9E.		
10	Amount Under/(Over) Limit (Line 7 Minus 9)		

Children's Health Insurance Program Expenditures For the Title XXI Program

State: Quarter Ended: 12/31/2010

	Application of 10% Outreach Allowance For FY 1998 Retained Allotment States Used in the Calculation of 10% Fiscal Year Limit	Retained Allotment and Expenditure Amounts	Remaining Outreach Allowance or Expenditure Amount	Fed Share of Outreach Expend Subj. to 10% FY Limit	Tot. Comp of Outreach Expend Subj. to 10% FY Limit
		(A)	(B)	(C)	(D)
1	Beginning Balance				
	Previously Claimed Sections 1905(u)(2) and				
2	1905(u)(3) M-CHIP Expenditures in Fiscal Year				
3	Previously Claimed Section 1920A Expenditures in Fiscal Year				
	Previously Claimed Section 2105(a)(1)(C) CHIP				
4	Expenditures in Fiscal Year				
	Previously Claimed Section 2105(a)(1)(D) CHIP				
_	Expenditures in Fiscal Year - Net of Outreach &				
5	Admin				
	Previously Claimed Section 2105(a)(1)(D) CHIP				
6	Expenditures in Fiscal Year - Outreach				
7	Previously Claimed Section 2105(a)(1)(D) CHIP Expenditures in Fiscal Year - Administration				
7 8	Balance From Previous Quarter				
0					
9	Currently Claimed Sections 1905(u)(2) and 1905(u)(3) M-CHIP Expenditures in Fiscal Year				
_	Currently Claimed Section 1920A Expenditures in				
10	Fiscal Year				
	Currently Claimed Section 2105(a)(1)(C) CHIP				
11	Expenditures in Fiscal Year				
	Currently Claimed Section 2105(a)(1)(D) CHIP Expenditures in Fiscal Year - Net of Outreach &				
12	Admin				
13	Balance				
	Currently Claimed Section 2105(a)(1)(D) CHIP				
14	Expenditures in Fiscal Year - Outreach				
15	Currently Claimed Section 2105(a)(1)(D) CHIP Expenditures in Fiscal Year - Administration				
16	Net				
10		I		1	1

Allocation of the Title XIX and Title XXI Expenditures To CHIP Fiscal Year Allotment

State:

Prist Quarter 2006 Image: Construction of the second of the	Qua	rter Ended: 12/31/2010								
Dualitying Name 1995(u)2(3) PE 2195(u)(1) 2105(u)(1) Total Baince Unueed FY 2005 (1001/2005-00/30206) ()			Federal Share Expenditures Only							
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PY 2006 (1001/2006 - 00902006)			Qualifying State	1905(u)(2)(3)		2105(a)(1)(C)	2105(a)(1)(D)	Total	Balance	Unused
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2 FY 2006 Allotrent					•	•				
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6 FY 2006 Allotment	3									
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10 Fourth Quarter 2006 Image Allotment Image Allotment 12 Unused Allotment added to Redistribution Pool Image Allotment Image Allotment 12 Unused Allotment added to Redistribution Pool Image Allotment Image Allotment 14 FYY 2007 (100/1/2006 - 09/30/2007) Image Allotment Image Allotment 15 FYY 2007 Allotment Image Allotment Image Allotment 16 FYY 2007 Allotment Image Allotment Image Allotment 17 FYY 2005 Allotment Image Allotment Image Allotment 10 Image Allotment Image Allotment Image Allotment 10 Image Allotment Image Allotment Image Allotment 11 Image Allotment Image Allotment Image Allotment 12 Unused FY 2005 Allotment Image Allotment Image Allotment 13 Excess Freewoally Callined In Pror Years Image Allotment Image Allotment 14 Image Allotment Image Allotment Image Allotment Image Allotment 14 Image Allotment Image Allotment </td <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	8									
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1 FFY 2004 Redistributed Allotment		FYY 2007 (10/01/2006 - 09/30/2007)								
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3 FFY 2007 Shortall Image of the second sec	2									
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5 Unused FY 2005 Allotment Image fFY 2005 Allotment	4									
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10 Second Quarter 2007 Imit Im	8	Excess Previously Claimed in Prior Years								
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1 FY 2005 Redistributed Allotment	16	FFY 2005 Allotment added to Redistribution Pool								
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5 FY 2008 Shortfall Image: Shortfalllithetting Shortfall	4									
6 Excess Previously Claimed in Prior Years Image: Constraint of the system of the	5									
7 First Quarter 2008 Image: Constraint of the constraint of	6		1							
3 Second Quarter 2008 Image: Constraint of the constraint o	7							l .		
9 Third Quarter 2008 Image: Constraint of the constraint of	8		1							
10 Fourth Quarter 2008 Image: Constraint of the constraint of t	9		1							
In Excess 10% Limit Interview	10		1							
12 Unused Allotment	11									
13 Excess Expenditures	12									
	13	Excess Expenditures								

Allocation of the Title XIX and Title XXI Expenditures To CHIP Fiscal Year Allotment

State:

		Federa	al Share Expenditure	es Only				
		Title XIX		Title	e XXI			
	Qualifying State	1905(u)(2)(3)	PE	2105(a)(1)(C)	2105(a)(1)(D)	Total	Balance	Unused
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FFY 2006 Allotment added to Redistribution Po	ol							
FYY 2009 (10/01/2008 - 09/30/2009)								
FFY 2006 Redistributed Allotment								
Unused FFY 2007 Allotment								
Unused FFY 2008 Allotment								
FFY 2009 Allotment								
FFY 2009 Shortfall								
FFY 2009 CHIPRA (Issued 4/1/2009)								
Excess Previously Claimed in Prior Years								
First Quarter 2009								
Second Quarter 2009								
Third Quarter 2009								
Fourth Quarter 2009								
2 Excess 10% Limit								
3 Unused Allotment								
4 Excess Expenditures								
5 FFY 2007 Allotment added to Redistribution Po	ol							
FYY 2010 (10/01/2009 - 09/30/2010)								
FFY 2007 Redistributed Allotment				[1	1
Unused FFY 2008 Allotment								
Unused FFY 2009 Allotment								
Unused FFY CHIPRA (2009)								
FFY 2010 Allotment								
Excess Previously Claimed in Prior Years								
First Quarter 2010								
Second Quarter 2010								
Third Quarter 2010								1
Fourth Quarter 2010								
Excess 10% Limit								
2 Unused Allotment								
B Excess Expenditures								1
								<u> </u>
FFY 2008 Allotment added to Redistribution Poo	ol							

State:

	Covers:					
	Program Code					
	Waiver Type:			10% Limit:		
	Waiver Name:	Total		Total	10% Limit:	Total Federal
	Waiver Number:	Computable	Federal Share	Computable	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)
	Premiums For Private Health Care					
	Insurance Coverage: Up To 150% Of					
1A	Poverty Level - Gross Premiums Paid					
	Premiums For Private Health Care					
	Insurance Coverage: Up To 150% Of					
1B	Poverty Level - Cost Sharing Offsets					
	Premiums For Private Health Care					
	Insurance Coverage: Over 150% Of					
1C	Poverty Level - Gross Premiums Paid					
	Premiums For Private Health Care					
	Insurance Coverage: Over 150% Of					
1D	Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services					
3	Inpatient Mental Health Facility Services					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A	Drug Rebate					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					

State:

	Covers:					
	Program Code					
	Waiver Type:			10% Limit:		
	Waiver Name:	Total		Total	10% Limit:	Total Federal
	Waiver Number:	Computable	Federal Share	Computable	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
	Durable And Disposable Medical					
15	Equipment					
16	Family Planning					
17	Abortions No.					
18	Screening Services					
19	Home Health					
20	Reserved					
21	Home And Community-Based Services					
	Hospice					
23	Medical Transportation					
24	Case Management					
25	Translation and Interpretation					
31	Other Services					
32	Outreach					
	Increased Outreach and Enrollment of					
32A	Indians					
	Increase outreach and enrollment of					
32B	children through premium subsidies					
33	Administration					
34	PERM Administration					

State:

	Covers: Program Code Waiver Type: Waiver Name: Waiver Number:	Total Computable (A)	Federal Share (B)	10% Limit: Total Computable (C)	10% Limit: Federal Share (D)	Total Federal Share (E)
25	Citizenship Verification Technology-					
35	CHIPRA					
35A	CVT Development					
35B	CVT Operation					
48	Balance					
49	Less: Collections					
50	Total					

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

	Line:							
	Covers: Program Code Waiver Type: Waiver Name:	Total		10% Limit: Total	10% Limit:	Total Federal		
	Waiver Number:		Federal Share	•	Federal Share	Share	C.I.N. No.	
		(A)	(B)	(C)	(D)	(E)	(F)	
	Premiums For Private Health Care							
	Insurance Coverage: Up To 150% Of							
1A	Poverty Level - Gross Premiums Paid							
	Premiums For Private Health Care							
	Insurance Coverage: Up To 150% Of							
1B	Poverty Level - Cost Sharing Offsets							
	Premiums For Private Health Care							
	Insurance Coverage: Over 150% Of Poverty							
1C	Level - Gross Premiums Paid							
	Premiums For Private Health Care							
	Insurance Coverage: Over 150% Of Poverty							
1D	Level - Cost Sharing Offsets							
2	Inpatient Hospital Services							
3	Inpatient Mental Health Facility Services							
4	Nursing Care Services							
5	Physician And Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs							
8A	Drug Rebate							
9	Dental Services							
10	Vision Services							
11	Other Pracitioners' Services							

State:

Quarter Ended: 12/31/2010

Prior Fiscal Year:

	Line:							
	Covers: Program Code							
	Waiver Type:	T . (.)		10% Limit:		T () F () ()	Deferral	
	Waiver Name:	Total		Total	10% Limit:	Total Federal		
	Waiver Number:	Computable	Federal Share		Federal Share	Share	C.I.N. No.	
L		(A)	(B)	(C)	(D)	(E)	(F)	
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological Services							
	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions No.							
18	Screening Services							
19	Home Health							
20	Reserved							
21	Home And Community-Based Services							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Translation and Interpretation							
31	Other Services							
32	Outreach							
32A	Increased Outreach and Enrollment of Indians							
	Increase Outreach and Enrollment of							
32B	children through premium subsidies							
33	Administration							
34	PERM Administration							

State:

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

	Line:							
	Covers:							
	Program Code							
	Waiver Type:			10% Limit:			Deferral	
	Waiver Name:	Total		Total	10% Limit:	Total Federal	Disallowance	
	Waiver Number:	Computable	Federal Share	Computable	Federal Share	Share	C.I.N. No.	
		(A)	(B)	(C)	(D)	(E)	(F)	
	Citizenship Verification Technology-							
35	CHIPRA							
35A	CVT Development							
35B	CVT Operation							
48	Balance							
49	Less: Collections							
50	Total							

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

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

Actual Receipts By Plan Name

Code:

- 1. Donations General
- 2. Donations Outstanding Eligibility Workers Specific
- 3. Taxes
- 4. Fees
- 5. Assessments

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

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

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

Summary Total of Receipts From Form CMS21.11 A

State:

	Plan Name	Receipts
	(A)	(B)
	Donations	
1	Donations - General	
2	Donations- Outstationed Eligibility Workers - Specific	
	Taxes	
3	Taxes	
	Fees	
4	Fees	
	Assessments	
5	Assessments	
	Totals	
6	Total Donations (Lines 1 + 2)	
7	Total Taxes, Fees, and Assessments (Lines 3 + 4 + 5)	

Children's Health Expenditures For the Title XXI Program Overpayment Adjustment PERM

State:

PERM Activity		Total Computable		5	Total Federal Share		
			FY 2008	FY 2009	FY 2010	FY 2011	
		(A)	(B)	(C)	(D)	(E)	(J)
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						

Children's Health Insurance Program Expenditures For The Title XXI Program

State:

	Application of Medicaid Qualifying State Allowance For FY 2007 Thru 2009	20% Medicaid FY 2008	Medicaid FY 2009	Non Applicable	Not Applicable
		(A)	(B)	(C)	(D)
1	Beginning Balance				
2	Allotment Remaining				
3	Net Remaining Balance (Lesser of Line 1 or Line 2)				
4	Currently Claimed CHIP Expenditures in Fiscal Year				
5	Ending Balance (Line 3 Minus Line 4)				
	Other CHIP Expenditures claimed this quarter (From 21C, Columns				
6	B, C, D and E)				
7	Allotment remaining at end of quarter (From 21C, Column H)				
8	20% Allowance balance at end of quarter (Lesser of Lines 5 or 7)				

Children's Health Expenditures For the Title XXI Program Overpayment Adjustments

State:

		Total					Total Federal
	Overpayment Activity	Computable	Federal Share				Share
			FY 2008	FY 2009	FY 2010	FY 2011	
		(A)	(B)	(C)	(D)	(E)	(J)
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						