

Quarterly Medicaid Assistance Expenditures
For the Medical Assistance Program

State:

Quarter Ended: 03/31/2013

Certification				
CMS 64 Summary Sheet	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)				

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
2. This report only includes expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the Children's Health Insurance Program (CHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the Quarter Ended indicated above under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the CHIP.
3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.
4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. Federal matching funds are not being claimed on this report to match any expenditure under any Medicaid and/or CHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.
6. The information shown above and on the Form CMS-64 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

Date:	Signature:	Title:
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User Performing Certification:

Footnotes:

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

State:

Quarter Ended:

		Medical Assistance Payments					State and Local Administration	
		Total Computable	Federal Share				Total Computable	Federal Share
			Medicaid	ARRA	BIPP	Total		
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
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							
3A	Interest: Received On Medicaid Recoveries							
3B	Interest: Assessed On Disallowances							
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30							
5	Other							
Section B. Expenditures Reported for Period								
6	Expenditures In This Quarter							
7	Adjustments Increasing Claims For Prior Quarters							
8	Other Expenditures							
9A	Collections: Third Party Liability							
9B	Collections: Probate							
9C1	Recoveries: Fraud, Waste and Abuse Efforts							
9C2	Recoveries: OIG Compliant False Claims Act							
9D	Collections: Other							
9E	RAC Collections							
9F	PERM Collections							

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

State:

Quarter Ended:

		Medical Assistance Payments				State and Local Administration	
		Total Computable	Federal Share				
			(A)	Medicaid (B)	ARRA (C)	BIPP (D)	Total (E)
10A	Adjustments Decreasing Claims For Prior Quarters: Federal Audit						
10B	Adjustments Decreasing Claims For Prior Quarters: Other						
10C	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)						
10D	Adjustments/Decreasing Prior Qtrs - Perm						
10E	Adjustments/Decreasing Prior Qtrs - RAC						
10F	Adjustments/Decreasing Prior Qtrs - Fraud, Waste and Abuse Overpayments						
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:** _____

Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
							Prompt Pay (PP)			
		(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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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%									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
18B1c	MCO PAHP - Community First Choice									
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
							Prompt Pay (PP)			
(A)	(B)	(C)	(D)	(E)	(F)		(G)			
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)		Federal Share (F)
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								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									

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For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
18B1c	MCO PAHP - Community First Choice									
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share		
							Prompt Pay (PP)		(F)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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:
Fiscal Year:

		Line #									
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
		(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										
5B	Physician and Surgical Services - Supplemental Payments										
5C	Physician & Surgical Services - Evaluation and Management										
5D	Physician & Surgical Services - Vaccine codes										
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										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
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									
17C1	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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
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									
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33	Prosthetic Devices, Dentures, Eyeglasses									
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34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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41	Private Duty Nursing									
42	Freestanding Birth Center									

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		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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
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State:

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		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
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1A	Inpatient Hospital Services: Regular Payments									
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4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
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5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
6B	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate - National Agreement									
7A2	Drug Rebate - State Sidebar Agreement									
7A3	MCO - National Agreement									

**Medical Assistance Expenditures By Type Of Service
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		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth)	Federal Share (F)			
							Prompt Pay (PP)				
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										
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14	Abortions										
15	EPSDT Screening Services										
16	Rural Health Clinic Services										
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17B	Medicare Health Insurance Payments: Part B Premiums										
17C1	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										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth)	Federal Share (F)	Prompt Pay (PP)		
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B1	Prepaid Ambulatory Health Plan										
18B1 a	MCO PAHP - Evaluation and Management										
18B1 b	MCO PAHP - Vaccine codes										
18B1 c	MCO PAHP - Community First Choice										
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B2	Prepaid Inpatient Health Plan										
18B2 a	MCO PIHP - Evaluation and Management										
18B2 b	MCO PIHP - Vaccine codes										
18B2 c	MCO PIHP - Community First Choice										
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										
19D	Home and Community Based Services State Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth)	Federal Share (F)	Prompt Pay (PP)		
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										
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

Line #		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Waiver Type: Waiver Number: Waiver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)	Federal Share		
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)
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:

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

Fraud, Waste & Abuse Amounts Overpayments - Federal Credit Due
From Medicaid Program Integrity Activities

State:

Medical Assistance Payments	Total Computable	Medicaid Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)
1. Amounts Identified from State PI activities					
1A. Data mining activities					
1B. PI Provider audits					
1C. Other					
2. MFCU Investigations					
3. Settlements/Judgements					
4. Civil Monetary Penalties					
5. CMS Medicaid Integrity Contractors (MICs)					
6. Other					
7. Sub-Total					
8. Decreasing Adjustments to Amounts Previously Reported on Line 7					
9. Decreasing Adjustments - Amounts Previously Reported Overpayments to Providers Certified this Quarter as Bankrupt or Out of Business					
10. Total					

Medicaid Overpayment Adjustment

State:

Quarter Ended:

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

Medicaid Overpayment Adjustment

State:

Quarter Ended:

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

Third Party Liability Collections And Cost Avoidance

State:	Quarter Ended:				
	Total Computable (A)	Medicaid FS (B)	ARRA FS (C)	BIPP FS (D)	Federal Share (E)
A. Third Party Liability Collections					
1.a. Medicare Collections					
b.1. Other Collection - Health Insurance					
2. Other Collections - Casualty Insurance					
c. Total Collections - Cooperative Agreements & Assign of Rights					
1. 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					
2. Total TPL Collections					
B. Cost Avoidance					
1. Medicare Title XVIII					
2. Health Insurance					
3. Other Cost Avoidance					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments		Total Comp. (A)	Federal Share matched at 100%					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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%									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments		Total Comp. (A)	Federal Share matched at 100%					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments		Total Comp. (A)	Federal Share matched at 100%					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
18B1c	MCO PAHP - Community First Choice									
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
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									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments		Total Comp. (A)	Federal Share matched at 100%					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share		
							Prompt Pay (PP)		(F)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments		Federal Share matched at 100%						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
(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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

Line #		Federal Share matched at 100%							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay				
						Other % (Oth) Prompt Pay (PP)	Federal Share			
	(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
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									
17C1	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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

Line #		Federal Share matched at 100%							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay				
						Other % (Oth) Prompt Pay (PP)	Federal Share			
	(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments		Federal Share matched at 100%						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

All columns matched at 100%, State Share applied to 200K

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

Line #		Federal Share matched at 100%							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay				
						Other % (Oth) Prompt Pay (PP)	Federal Share			
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

All columns matched at 100%, State Share applied to 200K

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

State: _____ **Quarter Ended:** _____

		Total Computable	Federal Share			Total Federal Share	
			FFP Rate	Federal Share	0.0%		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)						
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						

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

State: _____ **Quarter Ended:** _____

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	Federal Share	
			(A)	(B)	(C)	(D)	
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						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
29	Other Financial Participation						
30	Total						

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

State: _____ Quarter Ended: _____

Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	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)						
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						

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

State: _____ **Quarter Ended:** _____

Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.0%	Federal Share	
			(B)		(C)		
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						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
29	Other Financial Participation						
30	Total						

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #		Total Computable (A)	Federal Share			Total Federal Share (D)	Deferral Or C.I.N. Number (E)	
			FFP Rate	Federal Share	0.0%			Federal Share
			(B)		(C)			
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							
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%)							

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #							
		Total Computable (A)	Federal Share			Total Federal Share (D)	Deferral Or C.I.N. Number (E)		
			FFP Rate (B)	Federal Share	0.0% (C)			Federal Share	
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								
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								
24E	HIT Incentive Payments - Eligible Professionals								
24F	HIT Incentive Payments - Eligible Hospitals								
25	Citizenship Verification Technology - CHIPRA								
25A	CVT Development - CHIPRA								
25B	CVT Operation - CHIPRA								
26	Planning for Health Homes for Enrollees with Chronic Conditions								
27	Recovery Audit Contractors State Administration								
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities								

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						Total Federal Share	Deferral Or C.I.N. Number
		Total Computable	Federal Share			0.0%	Federal Share		
(A)	FFP Rate		Federal Share	(B)	(C)			(D)	(E)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors								
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities								
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors								
29	Other Financial Participation								
30	Total								

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share			Total Federal Share (D)	Deferral Or C.I.N. Number (E)	
			FFP Rate	Federal Share	0.0%			Federal Share
			(B)		(C)			
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							
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%)							

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #							
Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number	
			FFP Rate	Federal Share	0.0%	Federal Share			
			(A)	(B)	(C)	(D)			(E)
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								
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								
24E	HIT Incentive Payments - Eligible Professionals								
24F	HIT Incentive Payments - Eligible Hospitals								
25	Citizenship Verification Technology - CHIPRA								
25A	CVT Development - CHIPRA								
25B	CVT Operation - CHIPRA								
26	Planning for Health Homes for Enrollees with Chronic Conditions								
27	Recovery Audit Contractors State Administration								
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities								

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number	
			FFP Rate	Federal Share	0.0%			Federal Share
			(A)	(B)	(C)			(D)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors							
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities							
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors							
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)	

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

Actual Receipts By Plan Name

State:

CODE:

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

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

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Inpatient Hospital		Mental Health Facility Services		1115 DSH Diversion		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
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								
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								

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

	Inpatient Hospital		Mental Health Facility Services		1115 DSH Diversion		Total	
	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)

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 2010 Allotment							
11	Additional Increased FFY 2010 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 2010 Increased Allotment							
16	Excess Expenditures							

FFY 2011 (10/01/2010 - 09/30/2011)

1	FFY 2011 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 2011 Allotment							
10	Excess Expenditures							

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Inpatient Hospital		Mental Health Facility Services		1115 DSH Diversion		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FFY 2012 (10/01/2011 - 09/30/2012)									
1	FFY 2012 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 2012 Allotment								
10	Excess Expenditures								
FFY 2013 (10/01/2012 - 09/30/2013)									
1	FFY 2013 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 2013 Allotment								
10	Excess Expenditures								

Medicaid Drug Rebate Schedule

State:

Quarter Ended:

Drug Rebate		Total Computable					
		Qtr. Ending 03/31/2013	Qtr. Ending 12/31/2012	Qtr. Ending 09/30/2012	Qtr. Ending 06/30/2012	Qtr. Ending 03/31/2012 and Prior	Total
		(A)	(B)	(C)	(D)	(E)	(F)
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: _____

Narrative

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

State: _____ Quarter Ended: _____

Type of Eligible:		Total Computable	Federal Share			Total Federal	
			FMAP **	IHS Facility Services 100 %	Fam. Plan Services 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 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						

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

State: _____ Quarter Ended: _____

Type of Eligible:		Total Computable	Federal Share			Total Federal	
			FMAP **	IHS Facility Services 100 %	Fam. Plan Services 90%		Prompt Pay
			(A)	(B)	(C)		(D)
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						
21A	Home and Community-Based Services - Regular Payment (WAIVER)						
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**

**Quarter Ended:
Fiscal Year: /**

State:

Type of Eligible:		Line #						Total Federal Share	Deferral or C.I.N. Number
		Total Computable	Federal Share						
			FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 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								
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								

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

**Quarter Ended:
Fiscal Year: /**

State:

Type of Eligible:		Line #						
		Total Computable	Federal Share				Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay		
(A)	(B)	(C)	(D)	(E)	(F)	(G)		
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							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
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: _____

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share			Total Federal	
			FMAP **	IHS Facility Services 100 %	Fam. Plan Services 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 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						

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

State: _____ Quarter Ended: _____

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share			Total Federal	
			FMAP **	IHS Facility Services 100 %	Fam. Plan Services 90%		Prompt Pay
			(A)	(B)	(C)		(D)
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						
21A	Home and Community-Based Services - Regular Payment (WAIVER)						
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**

**Quarter Ended:
Fiscal Year: /**

State:

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Line #						Total Federal Share	Deferral or C.I.N. Number	
		Total Computable	Federal Share				Total Federal Share			Deferral or C.I.N. Number
			FMAP	I.H.S Facility	Fam. Plan	Prompt Pay				
			Incr. FMAP **	Services 100%	Services 90%					
(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									
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									

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

**Quarter Ended:
Fiscal Year: /**

State:

Line #		Federal Share						Total Federal Share (F)	Deferral or C.I.N. Number (G)
Type of Eligible: Waiver Type: Waiver Name: Waiver Number:	Total Computable (A)	FMAP	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share (F)	Deferral or C.I.N. Number (G)		
		Incr. FMAP ** (B)	(C)	(D)	(E)				
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								
21A	Home and Community-Based Services - Regular Payment (WAIVER)								
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:

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP	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				

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

State:

Quarter Ended:

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP	Enhanced FMAP	
			(A)	(B)	
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				
21A	Home and Community-Based Services - Regular Payment (WAIVER)				
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:

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share		Total Federal Share
			FMAP	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				

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

State:

Quarter Ended:

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share		Total Federal Share
			FMAP	Enhanced FMAP	
			(A)	(B)	
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				
21A	Home and Community-Based Services - Regular Payment (WAIVER)				
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

Quarter Ended:
Qtr/Fiscal Year:

State:

		Line #				
Type of Eligible:		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr FMAP	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 Adjustments 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					

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

**Quarter Ended:
Qtr/Fiscal Year:**

State:

Type of Eligible:		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share		Total Federal Share	
			FMAP Incr FMAP	Enhanced FMAP		
		(A)	(B)	(C)	(D)	(E)
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					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
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**

**Quarter Ended:
Qtr/Fiscal Year:**

State:

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

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

**Quarter Ended:
Qtr/Fiscal Year:**

State:

		Line #				
Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr FMAP	Enhanced FMAP		
			(A)	(B)		
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					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
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:** _____

Section C Expenditures Reported for Period By Form Number	Medicaid Assist. Payments		Medicaid/CHIP			State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
6. Expenditures In This Quarter							
From Form CMS-64.9/CMS-64.10							
From Form CMS-64.9T							
From Form CMS-64.9E/CMS-64.9PE							
From Form CMS-64.21							
From Form CMS-64.21U							
7. Adjustments Increasing Claims For Prior Quarters:							
From Form CMS 64.9P/CMS 64.10							
From Form CMS-64.9TP							
From Form CMS-64.9EP/CMS-64.9PEP							
From Form CMS-64.21P							
From Form CMS-64.21UP							
8. Other Expenditures							
From Form CMS 64.9P/CMS 64.10P							
From Form CMS-64.9TP							
From Form CMS-64.9EP/CMS-64.9PEP							
From Form CMS-64.21P							
From Form CMS-64.21UP							
9. Collections							
From Form CMS-64.9 Summary							
10. Adjustments Decreasing Claims For Prior Quarters: A. Federal Audit							
From Form CMS 64.9P/CMS 64.10P							
From Form CMS-64.9TP							
From Form CMS-64.9EP/CMS-64.9PEP							
From Form CMS 64.21P							
From Form CMS 64.21UP							
10. Adjustments Decreasing Claims For Prior Quarters: B. Other							
From Form CMS 64.9P/CMS 64.10P							
From Form CMS-64.9TP							
From Form CMS-64.9EP/CMS-64.9PEP							
From Form CMS 64.21P							

**Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet**

State:

Quarter Ended:

Section C Expenditures Reported for Period By Form Number	Medicaid Assist. Payments		Medicaid/CHIP			State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
From Form CMS 64.21UP							
10. Adjustments Decreasing Claims For Prior Quarters: C. State and MIC Overpayment Adjustments							
From Form CMS-64.90/64.90 ARRA							
10. Adjustments Decreasing Claims For Prior Quarters: D. PERM-Identified Overpayments							
From Form CMS-64.90Perm							
10. Adjustments Decreasing Claims For Prior Quarters: E. RAC-Identified Overpayments							
From Form CMS-64.9ORAC							
10. Adjustments Decreasing Claims For Prior Quarters: F. Fraud, Waste, and Abuse Overpayments							
From Form CMS-64.9OFWA							
11. Net Expenditures Reported In This Period:							
Net Expenditures Reported This Period							

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) (F)	
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							
5B	Physician and Surgical Services - Supplemental Payments							
5C	Physician & Surgical Services - Evaluation and Management							
5D	Physician & Surgical Services - Vaccine codes							
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%							

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(A)	(B)	(C)	(D)	(E)		(F)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
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								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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:
Fiscal Year:

		Line #									
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number		
		Total Comp.	FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *			Other % (Oth)	Federal Share
			Incr FMAP								
(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										
5B	Physician and Surgical Services - Supplemental Payments										
5C	Physician & Surgical Services - Evaluation and Management										
5D	Physician & Surgical Services - Vaccine codes										
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										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP	(C)	(D)	(E)	(F)			(G)
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
17C1	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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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:** _____

Administration Special Issue Reporting Program:		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	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)						
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						

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

State: _____ **Quarter Ended:** _____

Administration Special Issue Reporting Program:		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.0%	Federal Share	
			(B)		(C)		
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						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
29	Other Financial Participation						
30	Total						

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
Administration Special Issue Reporting Program:		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number	
			FFP Rate	Federal Share	0.0%			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							
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%)							

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #							
Administration Special Issue Reporting Program:		Total Computable (A)	Federal Share				Total Federal Share (D)	Deferral Or C.I.N. Number (E)	
			FFP Rate	Federal Share	0.0%	Federal Share			
			(B)		(C)				
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								
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								
24E	HIT Incentive Payments - Eligible Professionals								
24F	HIT Incentive Payments - Eligible Hospitals								
25	Citizenship Verification Technology - CHIPRA								
25A	CVT Development - CHIPRA								
25B	CVT Operation - CHIPRA								
26	Planning for Health Homes for Enrollees with Chronic Conditions								
27	Recovery Audit Contractors State Administration								
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of In-house Activities								

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #					
Administration Special Issue Reporting Program:		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	0.0%		
		(A)	(B)	(C)	(D)	(E)	
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
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:

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	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				
5B	Physician and Surgical Services - Supplemental Payments				
5C	Physician & Surgical Services - Evaluation and Management				
5D	Physician & Surgical Services - Vaccine codes				
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%				

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
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)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
18B1	Prepaid Ambulatory Health Plan				
18B1 a	MCO PAHP - Evaluation and Management				
18B1 b	MCO PAHP - Vaccine codes				

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
18B1 c	MCO PAHP - Community First Choice				
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
18B2	Prepaid Inpatient Health Plan				
18B2 a	MCO PIHP - Evaluation and Management				
18B2 b	MCO PIHP - Vaccine codes				
18B2 c	MCO PIHP - Community First Choice				
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
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				
19D	Home and Community Based Services State Plan 1915(k) Community First Choice				
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:

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
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				
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
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**

**Quarter Ended:
Fiscal Year:**

State:

Medical Assistance Payments		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
(A)	(B)	(C)	(D)	(E)		
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					
5B	Physician and Surgical Services - Supplemental Payments					
5C	Physician & Surgical Services - Evaluation and Management					
5D	Physician & Surgical Services - Vaccine codes					
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%					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

		Line #				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
			(A)	(B)	(C)	
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)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B1	Prepaid Ambulatory Health Plan					
18B1 a	MCO PAHP - Evaluation and Management					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

		Line #				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
			(A)	(B)	(C)	
18B1 b	MCO PAHP - Vaccine codes					
18B1 c	MCO PAHP - Community First Choice					
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B2	Prepaid Inpatient Health Plan					
18B2 a	MCO PIHP - Evaluation and Management					
18B2 b	MCO PIHP - Vaccine codes					
18B2 c	MCO PIHP - Community First Choice					
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
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					
19D	Home and Community Based Services State Plan 1915(k) Community First Choice					
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					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

Medical Assistance Payments		Line #				
		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
(A)	(B)	(C)	(D)	(E)		
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					
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
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**

**Quarter Ended:
Fiscal Year:**

State:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Line #				Deferral or C.I.N. Number (E)
		Total Computable (A)	Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(B)	(C)	(D)	(E)	
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					
5B	Physician and Surgical Services - Supplemental Payments					
5C	Physician & Surgical Services - Evaluation and Management					
5D	Physician & Surgical Services - Vaccine codes					
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%					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

		Line #				
Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
			(A)	(B)	(C)	
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)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B1	Prepaid Ambulatory Health Plan					
18B1	MCO PAHP - Evaluation and Management					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

		Line #				
Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share			Deferral or C.I.N. Number (E)
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
			(B)	(C)	(D)	
18B1 b	MCO PAHP - Vaccine codes					
18B1 c	MCO PAHP - Community First Choice					
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B2	Prepaid Inpatient Health Plan					
18B2 a	MCO PIHP - Evaluation and Management					
18B2 b	MCO PIHP - Vaccine codes					
18B2 c	MCO PIHP - Community First Choice					
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
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					
19D	Home and Community Based Services State Plan 1915(k) Community First Choice					
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					

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Line #				Deferral or C.I.N. Number
		Total Computable	Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
(A)	(B)	(C)	(D)	(E)		
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					
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
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:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(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				
5B	Physician and Surgical Services - Supplemental Payments				
5C	Physician & Surgical Services - Evaluation and Management				
5D	Physician & Surgical Services - Vaccine codes				
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%				

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
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)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
18B1	Prepaid Ambulatory Health Plan				
18B1 a	MCO PAHP - Evaluation and Management				
18B1 b	MCO PAHP - Vaccine codes				

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
18B1 c	MCO PAHP - Community First Choice				
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
18B2	Prepaid Inpatient Health Plan				
18B2 a	MCO PIHP - Evaluation and Management				
18B2 b	MCO PIHP - Vaccine codes				
18B2 c	MCO PIHP - Community First Choice				
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
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				
19D	Home and Community Based Services State Plan 1915(k) Community First Choice				
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:

Medical Assistance Payments Waiver Type: Waiver Name: Waiver Number:		Total Computable (A)	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
			(B)	(C)	(D)
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				
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
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:

Medical Assistance Payments	Total Computable	Medicaid Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)
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

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1. Recoveries from OIG Certified Compliant FCA							
1A. Total Recovery							
1A1. Total Recovery							
1A2. Total Recovery							
1A3. Total Recovery							
1A4. Total Recovery							
1A5. Total Recovery							
1A6. Total Recovery							
1A7. Total Recovery							
1A8. Total Recovery							
1A9. Total Recovery							
1A10. Total Recovery							
1A11. Total Recovery							
1A12. Total Recovery							
1A13. Total Recovery							
1A14. Total Recovery							
1A15. Total Recovery							
1A16. Total Recovery							

*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.

RECOVERIES FROM OIG STATE COMPLIANT FCA

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1A17. Total Recovery							
1A18. Total Recovery							
1A19. Total Recovery							
1A20. Total Recovery							
1A21. Total Recovery							
1A22. Total Recovery							
1A23. Total Recovery							
1A24. Total Recovery							
1A25. Total Recovery							
1B. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B1. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B2. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B3. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B4. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B5. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B6. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B7. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B8. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							

*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.

RECOVERIES FROM OIG STATE COMPLIANT FCA

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1B9. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B10. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B11. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B12. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B13. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B14. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B15. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B16. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B17. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B18. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B19. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B20. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B21. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B22. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B23. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B24. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B25. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1C. 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.

RECOVERIES FROM OIG STATE COMPLIANT FCA

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1C1. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C2. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C3. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C4. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C5. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C6. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C7. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C8. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C9. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C10. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C11. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C12. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C13. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C14. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C15. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C16. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C17. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C18. 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.

RECOVERIES FROM OIG STATE COMPLIANT FCA

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1C19. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C20. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C21. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C22. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C23. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C24. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C25. 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.

Allocation of Qualified Individual Part B (QIB) Benefits.
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		Total Computable	Federal Share
		(A)	(B)
FFY 2010 (10/01/2009 - 09/30/2010)			
1	FFY 2010 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2010 Allotment		
FFY 2011 (10/01/2010 - 09/30/2011)			
1	FFY 2011 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2011 Allotment		
FFY 2012 (10/01/2011 - 09/30/2012)			
1	FFY 2012 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2012 Allotment		
FFY 2013 (10/01/2012 - 09/30/2013)			
1	FFY 2013 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2013 Allotment		

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) (F)	
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							
5B	Physician and Surgical Services - Supplemental Payments							
5C	Physician & Surgical Services - Evaluation and Management							
5D	Physician & Surgical Services - Vaccine codes							
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%							

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(A)	(B)	(C)	(D)	(E)		(F)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
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								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #							
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number
		FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share (G)	Deferral Or C.I.N. Number (H)	
		Total Comp. (A)	FMAP		IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)			Other % (Oth) (F)
			Incr FMAP (B)							
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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number		
		Total Comp.	FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *			Other % (Oth)	Federal Share
			Incr FMAP								
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
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)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number	
			FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *				Other % (Oth)
			Incr FMAP								
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
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: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) (F)		Federal Share
18B1c	MCO PAHP - Community First Choice								
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2a	MCO PIHP - Evaluation and Management								
18B2b	MCO PIHP - Vaccine codes								
18B2c	MCO PIHP - Community First Choice								
18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
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								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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:** _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(A)	(B)	(C)	(D)	(E)		(F)
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								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(A)	(B)	(C)	(D)	(E)		(F)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
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								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Special Issue Reporting Program:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Special Issue Reporting Program:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
		Total Comp.	Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number		
		Total Comp.	FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *			Other % (Oth)	Federal Share
			Incr FMAP								
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
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										
5B	Physician and Surgical Services - Supplemental Payments										
5C	Physician & Surgical Services - Evaluation and Management										
5D	Physician & Surgical Services - Vaccine codes										
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										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number		
		Total Comp.	FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *			Other % (Oth)	Federal Share
			Incr FMAP								
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
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)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP							
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		Total Comp.	Federal Share					Total Federal Share	Deferral Or C.I.N. Number		
			FMAP		IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *			Other % (Oth)	Federal Share
			Incr FMAP								
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
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: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) (F)		Federal Share
18B1c	MCO PAHP - Community First Choice								
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2a	MCO PIHP - Evaluation and Management								
18B2b	MCO PIHP - Vaccine codes								
18B2c	MCO PIHP - Community First Choice								
18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
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								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								

64.S9RAC - RAC Collections

State:

Quarter Ended:

	Total Computable	Medicaid Federal Share	ARRA Federal Share	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)
1 Collections Not Previously Reported on CMS-64.9ORAC					
2 Collections on Overpayment previously reported on CMS-64.9ORAC					
3 Total Collections					
4 RAC CONTINGENCY FEES DEDUCTED FROM COLLECTIONS					
5 COLLECTIONS LESS FEES					
6 LESS PREVIOUSLY REPORTED ON 64.9ORAC. (Line 2)					
7 NET COLLECTIONS					

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

State:

Quarter Ended:

Expenditures Reported for Period by Form Number		Medical Assistance Payment and Medicaid CHIP	State and Local Administration
		Federal Share	Federal Share
		(A)	(B)
FFY			
1.	FY YYYY CAP		
2.	Amount Previously reported		
6.	Expenditures in this Quarter		
6.A.	From Form CMS-64.9/CMS-64.10		
6.A.1.	From Form CMS-64.9T		
6.A.2.	From Form CMS-64.9E/CMS-64.9PE		
6.B.	From Form CMS-64.21		
6.C.	From Form CMS-64.21U		
7.	Adjustments Increasing Claims for Prior Quarters		
7.A.	From Form CMS 64.9P/CMS 64.10P		
7.A.1.	From Form CMS-64.9TP		
7.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
7.B.	From Form CMS-64.21P		
7.C.	From Form CMS-64.21UP		
8.	Other Expenditures		
8.A.	From Form CMS 64.9P/CMS 64.10P		
8.A.1.	From Form CMS-64.9TP		
8.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
8.B.	From Form CMS-64.21P		
8.C.	From Form CMS-64.21UP		
10A.	Adjustments Decreasing Claims for Prior Quarters:		
A.	Federal Audit		
10.A.1.	From Form CMS 64.9P/CMS 64.10P		
10.A.1.a.	From Form CMS-64.9TP		
10.A.1.b.	From Form CMS-64.9EP/CMS-64.9PEP		
10.A.2.	From Form CMS 64.21P		
10.A.3.	From Form CMS 64.21UP		
10B.	Adjustments Decreasing Claims for Prior Quarters:		
B.	Federal Audit		
10.B.1.	From Form CMS 64.9P/CMS 64.10P		
10.B.1.a.	From Form CMS-64.9TP		
10.B.1.b.	From Form CMS-64.9EP/CMS-64.9PEP		
10.B.2.	From Form CMS 64.21P		
10.B.3.	From Form CMS 64.21UP		
11.	Net Expenditures Reported This Period		
12.	Unused CAP		

Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Expenditures In This Quarter

State: _____ **Quarter Ended:** _____

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	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)						
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						

**Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	Federal Share	
			(A)	(B)	(C)	(D)	
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						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
29	Other Financial Participation						
30	Total						

**Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Prior Period Adjustments**

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						Total Federal Share	Deferral Or C.I.N. Number
		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number		
			FFP Rate	Federal Share	0.0%				
(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								
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%)								

**Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Prior Period Adjustments**

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						
		Total Computable (A)	Federal Share			Total Federal Share (D)	Deferral Or C.I.N. Number (E)	
			FFP Rate (B)	Federal Share (C)	0.0% (C)			Federal Share
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							
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							
24E	HIT Incentive Payments - Eligible Professionals							
24F	HIT Incentive Payments - Eligible Hospitals							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
26	Planning for Health Homes for Enrollees with Chronic Conditions							
27	Recovery Audit Contractors State Administration							
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities							

**Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Prior Period Adjustments**

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						Total Federal Share	Deferral Or C.I.N. Number
		Total Computable	Federal Share			0.0%	Federal Share		
(A)	FFP Rate		Federal Share	(B)	(C)			(D)	(E)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors								
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities								
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors								
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: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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%									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
18B1c	MCO PAHP - Community First Choice									
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share		
							Prompt Pay (PP)		(F)	
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
(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									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
6B	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate - National Agreement									
7A2	Drug Rebate - State Sidebar Agreement									
7A3	MCO - National Agreement									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							(A)	(B)	(C)	(D)
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									
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									
17C1	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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number		
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay				
							(A)	(B)	(C)	(D)	(E)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B1	Prepaid Ambulatory Health Plan										
18B1 a	MCO PAHP - Evaluation and Management										
18B1 b	MCO PAHP - Vaccine codes										
18B1 c	MCO PAHP - Community First Choice										
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B2	Prepaid Inpatient Health Plan										
18B2 a	MCO PIHP - Evaluation and Management										
18B2 b	MCO PIHP - Vaccine codes										
18B2 c	MCO PIHP - Community First Choice										
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										
19D	Home and Community Based Services State Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
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:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
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								

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp. (A)	Federal Share					Total Federal Share (G)	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		Federal Share
			(B)	(C)	(D)	(E)	(F)		
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							(A)				
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										
5B	Physician and Surgical Services - Supplemental Payments										
5C	Physician & Surgical Services - Evaluation and Management										
5D	Physician & Surgical Services - Vaccine codes										
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										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #								
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
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									
17C1	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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							(F)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B1	Prepaid Ambulatory Health Plan										
18B1 a	MCO PAHP - Evaluation and Management										
18B1 b	MCO PAHP - Vaccine codes										
18B1 c	MCO PAHP - Community First Choice										
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B2	Prepaid Inpatient Health Plan										
18B2 a	MCO PIHP - Evaluation and Management										
18B2 b	MCO PIHP - Vaccine codes										
18B2 c	MCO PIHP - Community First Choice										
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										
19D	Home and Community Based Services State Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth)	Federal Share (F)	Prompt Pay (PP)		
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										
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										

**Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
Fiscal Year:

		Line #									
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth)	Federal Share (F)			
							Prompt Pay (PP)				
43	Health Home for Enrollees w Chronic Conditions										
44	Tobacco Cessation for Preg Women										
49	Other Care Services										
50	Total										