DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE STATE AGENCY FOR THE MEDICAL ASSISTANCE PROGRAM QUARTER ENDED EXPENDITURES IN THIS QUARTER FEDERAL SHARE MEDICAL ASSISTANCE PAYMENTS TOTAL COMPUTABLE I.H.S. FACILITY FAMILY PLANNING BREAST & CERVICAL SPECIAL ISSUES REPORTING FMAP TOTAL TYPE OF PROGRAM _ __% SERVICES SERVICES CANCER FEDERAL FEDERAL 90% PRESUMPTIVE ELIGIBILITY % SHARE 100% SHARE (a) (b) (c) (d) (f) (q) (e) Enhanced **1. INPATIENT HOSPITAL SERVICES** I.H.S. A. Regular Payments B. DSH Adjustment Payments 2. MENTAL HEALTH FACILITY SERVICES A. Regular Payments B. DSH Adjustment Payments 3. NURSING FACILITY SERVICES 4. INTERMEDIATE CARE FACILITY SERVICES - MENTALLY RETARDED: A. PUBLIC PROVIDERS **B. PRIVATE PROVIDERS** 5. PHYSICIANS' SERVICES 6. OUTPATIENT HOSPITAL SERVICES 7. PRESCRIBED DRUGS 7A. DRUG REBATE OFFSET 1. NATIONAL AGREEMENT 2. STATE SIDEBAR AGREEMENT 8. DENTAL SERVICES 9. OTHER PRACTITIONERS' SERVICES 10. CLINIC SERVICES 11. LABORATORY AND RADIOLOGICAL SERVICES 12. HOME HEALTH SERVICES 13. STERILIZATIONS

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Appendix F

Appendix F								
DEPARTMENT OF HEALTH AND HUMAN SERVICES							OMB NO. 0938-0067	
ENTERS FOR MEDICARE & MEDICAID SERVICES								
MEDICAL ASSISTANCE EXPENDITUR	RES BY TYPE (DFSERVIC	E	STATE				
FOR THE MEDICAL ASSISTANCE PROGRAM				AGENCY				
EXPENDITURES IN THIS QUA	A R T E R			QUARTER ENDED				
			FEDERAL SH	ARF				
MEDICAL ASSISTANCE PAYMENTS								
SPECIAL ISSUES REPORTING	COMPUTABLE	FMAP	I.H.S. FACILITY	FAMILY PLANNING	BREAST & CERVICAL			TOTAL
TYPE OF PROGRAM	CONTOTABLE		SERVICES	SERVICES	CANCER		FEDERAL	FEDERAL
		%			PRESUMPTIVE ELIGIBILITY	%	SHARE	SHARE
-	(-)	4-)	100%	90%				
	(a)	(b)	(c)	(d)	(e)		(f)	(g)
4. ABORTIONS NO								
5. EPSDT SCREENING SERVICES								
6. RURAL HEALTH CLINIC SERVICES					+			
7. MEDICARE HEALTH INSURANCE PAYMENTS:								
(A) PART A PREMIUMS								
(B) PART B PREMIUMS								
(C) QUALIFYING INDIVIDUALS								
(1) 120%-134% OF POVERTY								
(2) 135%-175% OF POVERTY								
(D) COINSURANCE AND DEDUCTIBLES								
8. MEDICAID HEALTH INSURANCE PAYMENTS:								
(A) MANAGED CARE ORGANIZATIONS (MCO)								
(B) PREPAID HEALTH PLANS (PHP)								
(C) GROUP HEALTH PLAN PAYMENTS								
(D) COINSURANCE AND DEDUCTIBLES								
(E) OTHER								
9. HOME AND COMMUNITY-BASED SERVICES 1								
20. H&CB CARE FOR FUNCTIONALLY								
DISABLED ELDERLY								
21. COMMUNITY SUPPORTED LIVING SERVICES								
22. PROGRAMS OF ALL-INCLUSIVE CARE ELDERLY								
23. PERSONAL CARE SERVICES								
24. TARGETED CASE MANAGEMENT SERVICES								
25. PRIMARY CARE CASE MANAGEMENT SERVICES			1		1			
26. HOSPICE BENEFITS								
27. EMERGENCY SERVICES UNDOCUMENTED ALIENS								
22. EMERGENCY SERVICES UNDOCUMENTED ALIENS 28. FEDERALLY-QUALIFIED HEALTH CENTER								
29. OTHER CARE SERVICES								
30. TOTAL (ENTER COLUMNS (a) AND (f) ON								
SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B.,								
COLUMNS (a) AND (b) AS APPROPRIATE).								

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FOR THE MEDICAL ASSISTANCE PROGRAM PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER				QUARTER ENDED							
				FISCAL YEAR							
CHECK ONE:	LINE 7		LINE 8		LINE 10A		LINE 10B				
		FEDERAL SHARE							DEFERRA		
MEDICAL ASSISTANCE PAYMENTS	TOTAL								OR		
SPECIAL ISSUES REPORTING	COMPUTABLE	FMAP	I.H.S. FACILITY	FAMILY PLANNING	BREAST & CERVICAL			TOTAL	C.I.N.		
TYPE OF PROGRAM		%	SERVICES	SERVICES	CANCER		FEDERAL	FEDERAL	NUMBER		
			100%	90%	PRESUMPTIVE ELIGIBILITY	%	SHARE	SHARE			
	(a)	(b)	(c)	(d)	(e)		(f)	(g)	{h}		
1. INPATIENT HOSPITAL SERVICES					Enhanced						
A. Regular Payments					I.H.S.						
B. DSH Adjustment Payments											
2. MENTAL HEALTH FACILITY SERVICES											
A. Regular Payments											
B. DSH Adjustment Payments											
3. NURSING FACILITY SERVICES											
4. INTERMEDIATE CARE FACILITY SERVICES											
- MENTALLY RETARDED:											
A. PUBLIC PROVIDERS											
B. PRIVATE PROVIDERS											
5. PHYSICIANS' SERVICES											
6. OUTPATIENT HOSPITAL SERVICES											
7. PRESCRIBED DRUGS											
7A. DRUG REBATE OFFSET											
1. NATIONAL AGREEMENT											
2. STATE SIDEBAR AGREEMENT											
8. DENTAL SERVICES											
9. OTHER PRACTITIONERS' SERVICES											
10. CLINIC SERVICES											
11. LABORATORY AND RADIOLOGICAL SERVICES											
12. HOME HEALTH SERVICES											
13. STERILIZATIONS											
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STATE

OMB NO. 0938-0067

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE

CENTERS FOR MEDICARE & MEDICAID SERVICES

Appendix F												
DEPARTMENT OF HEALTH AND HUMAN SERVICES					OMB NO. 0938-0067							
HEALTH CARE FINANCING ADMINISTRATION				I								
MEDICAL ASSISTANCE EXPENDITU		E OF SERV	ICE	STATE								
FOR THE MEDICAL ASSISTANC				QUARTER ENDED								
PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER			FISCAL YEAR									
CHECK ONE:	LINE 7		LINE 8		LINE 10A		LINE 10B					
								1				
	TOTAL		•		1		1		DEFERRAL			
MEDICAL ASSISTANCE PAYMENTS	COMPUTABLE	FMAP	I.H.S. FACILITY	FAMILY PLANNING	BREAST & CERVICAL			TOTAL	OR			
SPECIAL ISSUES REPORTING		%	SERVICES	SERVICES	CANCER		FEDERAL	FEDERAL	C.I.N.			
TYPE OF PROGRAM			100%	90%	PRESUMPTIVE ELIGIBILITY	%	SHARE	SHARE	NUMBER			
	(a)	(b)	(c)	(d)	(e)		(f)	(g)	{h}			
15. EPSDT SCREENING SERVICES												
16. RURAL HEALTH CLINIC SERVICES												
17. MEDICARE HEALTH INSURANCE PAYMENTS:												
(A) PART A PREMIUMS												
(B) PART B PREMIUMS												
(C) QUALIFYING INDIVIDUALS												
(1) 120% -134% OF POVERTY												
(2) 135% -175% OF POVERTY												
(D) COINSURANCE AND DEDUCTIBLES												
18. MEDICAID HEALTH INSURANCE PAYMENTS:												
(A) MANAGED CARE ORGANIZATIONS (MCO)												
(B) PREPAID HEALTH PLANS (PHP)												
(C) GROUP HEALTH PLAN PAYMENTS												
(D) COINSURANCE AND DEDUCTIBLES												
(E) OTHER												
19. HOME AND COMMUNITY-BASED SERVICES 1												
20. H&CB CARE FOR FUNCTIONALLY												
DISABLED ELDERLY												
21. COMMUNITY SUPPORTED LIVING SERVICES												
22. PROGRAMS OF ALL-INCLUSIVE CARE ELDERLY												
23. PERSONAL CARE SERVICES												
24. TARGETED CASE MANAGEMENT SERVICES												
25. PRIMARY CARE CASE MANAGEMENT SERVICES												
26. HOSPICE BENEFITS												
27. EMERGENCY SERVICES UNDOCUMENTED ALIENS												
28. FEDERALLY-QUALIFIED HEALTH CENTER												
29. OTHER CARE SERVICES												
30. TOTAL (ENTER COLUMNS (a) AND (f) ON							<u> </u>					
SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B.,												
COLUMNS (a) AND (b) AS APPROPRIATE). 1 IF STATE HAS MORE THAN ONE APPROVED HCBS W					/FD		1	<u> </u>				
I I STATE HAS MORE THAN ONE AFFROVED HUBS W	ANER, ATTACH SCH	LDULE SHOWIN	G LAFENDII UKES F	ON LACH AFFROVED WAN								

DEARPHENIS FHEALTH AND HUMAN SERVICES	OMB NO. 0938-	0. 0938-0067					
CENTERS FOR MEDICARE & MEDICAID SERVICES				T			
EXPENDITURES FOR STATE			ΟN	STATE			
FOR THE MEDICAL AS	SSISTANCE PRO	GRAM					
EXPENDITURES	QUARTER END	DED					
ADMINISTRATION	IINISTRATION FEDERAL SHARE						
SPECIAL ISSUES REPORTING					FEDERAL		
TYPE OF PROGRAM	TOTAL COMPUTABLE	90%	75%	50%	%	SHARE	SHARE
	(a)	(b)	(C)	(d)		(e)	(f)
1. FAMILY PLANNING							U U
2. DESIGN DEVELOPMENT OR INSTALLATION OF MMIS							
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER							
STATE AGENCIES AND INSTITUTIONS							
B. COST OF PRIVATE SECTOR CONTRACTORS							
C. DRUG CLAIMS SYSTEM		Ī				1	
3. SKILLED PROFESSIONAL MEDICAL PERSONNEL							
4. OPERATION OF AN APPROVED MMIS:							
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER							
STATE AGENCIES AND INSTITUTIONS							
B. COST OF PRIVATE SECTOR CONTRACTORS							
5. MECHANIZED SYSTEMS, NOT APPROVED UNDER							
MMIS PROCEDURES:							
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER							
STATE AGENCIES AND INSTITUTIONS							
B. COST OF PRIVATE SECTOR CONTRACTORS							
6. PEER REVIEW ORGANIZATIONS (PRO)							
7. A. THIRD PARTY LIABILITY							
RECOVERY PROCEDURE - BILLING OFFSET							
B. ASSIGNMENT OF RIGHTS - BILLING OFFSET							
8. IMMIGRATION STATUS VERIFICATION SYSTEM COSTS					* *		
(100% FFP)					8 8		
9. NURSE AIDE TRAINING COSTS							
10. PREADMISSION SCREENING COSTS							
11. RESIDENT REVIEW ACTIVITIES COSTS			1				
12. DRUG USE REVIEW PROGRAM							
13. OUTSTATIONED ELIGIBILITY WORKERS							
14. TANF BASE							
15. TANF SECONDARY 90%							
16. TANF SECONDARY 75%			1				
17. EXTERNAL REVIEW							
18. ENROLLMENT BROKERS							
19. OTHER FINANCIAL PARTICIPATION							
20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY							
SHEET LINE 6 COLUMNS (c) AND (d))							

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DEPARTMEAND PERFECTION FAND HUMAN SERVICES						OMB NO. 09	938-0067	
EXPENDITURES FOR STATE AND LOC								
FOR THE MEDICAL ASSISTANCE PROGRAM QUART							NDED	
PRIOR PERIOD ADJUSTMENTS					F	ISCAL YEAF	3	
ADMINISTRATION	LINE 7.	LINE 8.	LINE 10.A.	LINE 10.B.				
SPECIAL ISSUES REPORTING	FEDERAL SHARE							DEFERRAL,
TYPE OF PROGRAM	TOTAL						TOTAL	DISALLOWANCE
	COMPUTABLE					FEDERAL	FEDERAL	OR
	CONT OTTIDEE	90%	750/	50%		SHARE		C.I.N. NO.
	(a)	90% (b)	75% (c)	(d)	7	(e)	SHARE (f)	(g)
1. FAMILY PLANNING								
2. DESIGN DEVELOPMENT OR INSTALLATION OF MMIS:								
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER								
STATE AGENCIES AND INSTITUTIONS								
B. COSTS OF PRIVATE SECTOR CONTRACTORS								
C. DRUG CLAIMS SYSTEM								
3. SKILLED PROFESSIONAL MEDICAL PERSONNEL					1			
4. OPERATION OF AN APPROVED MMIS:								
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER					1			
STATE AGENCIES AND INSTITUTIONS					1			
B. COST OF PRIVATE SECTOR CONTRACTORS								
5. MECHANIZED SYSTEMS, NOT APPROVED UNDER								
MMIS PROCEDURES:								
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER								
STATE AGENCIES AND INSTITUTIONS								
B. COST OF PRIVATE SECTOR CONTRACTORS								
6. PEER REVIEW ORGANIZATIONS (PRO)								
7. A. THIRD PARTY LIABILITY								
RECOVERY PROCEDURE - BILLING OFFSET								
B. ASSIGNMENT OF RIGHTS - BILLING OFFSET								
8. IMMIGRATION STATUS VERIFICATION SYSTEM COSTS								
(100% FFP)								
9. NURSE AIDE TRAINING COSTS								
10. PREADMISSION SCREENING COSTS					1			
11. RESIDENT REVIEW ACTIVITIES COST								
12. DRUG USE REVIEW PROGRAM					1			
13. OUTSTATIONED ELIGIBILITY WORKERS								
14. TANF BASE					1			
15. TANF SECONDARY 90%								
16. TANF SECONDARY 75%								
17. EXTERNAL REVIEW					}			
18. ENROLLMENT BROKERS								
19. OTHER FINANCIAL PARTICIPATION								
20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY								
SHEET LINE 7, 8, 10.A., OR 10.B. COLUMNS								
(c) AND (d))								

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