

Quarterly Medicaid Assistance Expenditures
For the Medical Assistance Program

State:

Quarter Ended: 06/30/2017

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 (A)	Federal Share			Total Computable (F)	Federal Share (G)
			Medicaid (B)	ARRA (C)	BIPP (D)		
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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
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)	
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									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									

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For The Medical Assistance Program
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

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			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)	
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

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

State: _____ **Quarter Ended:** _____

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			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)	
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
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
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)	
43	Health Home for Enrollees wChronic 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.	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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		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)	
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									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									

**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.	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)	
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

**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.	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)	
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
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
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		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)	
43	Health Home for Enrollees wChronic 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										
2C	Certified Community Behavior Health Clinic Payments										
3A	Nursing Facility Services - Regular Payments										
3B	Nursing Facility Services - Supplemental Payments										
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers										
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers										
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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										

**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	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)	
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
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									

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

State:

Quarter Ended:
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Line #		Federal Share							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)	
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

**Medical Assistance Expenditures By Type Of Service
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Line #		Federal Share							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)	
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									
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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									

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Line #										
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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)		
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									

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Prior Period Adjustments In This Quarter**

State:

Quarter Ended:
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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)
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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

**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)
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health									
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									

**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.	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)		
18A3	Medicaid MCO - Community First Choice										
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments										
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										
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments										
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										
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments										
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										

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)	Federal Share		
									Prompt Pay (PP)	
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
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									
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									

**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				
						Federal Share	Other % (Oth)			
							Prompt Pay (PP)			
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

Medicaid Overpayment Adjustment

State:

Quarter Ended:

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		VIII:	VIII:	VIII:	VIII:	VIII: 0
2 Decreasing Adjustments To Amounts Previously Reported On Line 1		VIII:	VIII:	VIII:	VIII:	VIII: 0
3 Subtotal		VIII:	VIII:	VIII:	VIII:	VIII: 0
4 Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business		VIII:	VIII:	VIII:	VIII:	VIII: 0
5 Total Overpayment Adjustments This Quarter		VIII:	VIII:	VIII:	VIII:	VIII: 0

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

State:

Medical Assistance Payments	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)

*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.

Medicaid Overpayment Adjustment

State:

Quarter Ended:

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

Medicaid Overpayment Adjustment

State:

Quarter Ended:

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

Third Party Liability Collections And Cost Avoidance

State:

Quarter Ended:

	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
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.	Federal Share matched at 100%					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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments		Total Comp.	Federal Share matched at 100%					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)	
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									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									

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.	Federal Share matched at 100%					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)	
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

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.	Federal Share matched at 100%					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)	
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
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
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments		Total Comp.	Federal Share matched at 100%					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)	
43	Health Home for Enrollees wChronic 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 #		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)	
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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

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)		
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
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									

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)	
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

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)	
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									
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									

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)	
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

**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						
28E	Eligibility Determination Staff - Cost of In-house Activities						
28F	Eligibility Determination Staff - Cost of Private Sector Contractors						
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP						
28H	Eligibility Determination Staff - Cost of Private Sector Contractors - 50% FFP						
29	Non-Emergency Medical Transportation						

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

State: _____ **Quarter Ended:** _____

		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.0%	Federal Share	
			(B)		(C)		
49	Other Financial Participation						
50	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 (A)	Federal Share			Total Federal Share (D)	
			FFP Rate	Federal Share	0.0%		Federal Share
			(B)		(C)		
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						
28E	Eligibility Determination Staff - Cost of In-house Activities						
28F	Eligibility Determination Staff - Cost of Private Sector Contractors						
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP						
28H	Eligibility Determination Staff - Cost of Private Sector Contractors - 50% FFP						
29	Non-Emergency Medical Transportation						

**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)		
49	Other Financial Participation						
50	Total						

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #		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%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							

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)	(C)	(C)		
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							
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							
28E	Eligibility Determination Staff - Cost of In-house Activities							
28F	Eligibility Determination Staff - Cost of Private Sector Contractors							
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP							

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)			
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP							
29	Non-Emergency Medical Transportation							
49	Other Financial Participation							
50	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	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%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							

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)
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							
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							
28E	Eligibility Determination Staff - Cost of In-house Activities							
28F	Eligibility Determination Staff - Cost of Private Sector Contractors							
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP							

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)	
Waiver Type: Waiver Name: Waiver Number:			FFP Rate (B)	Federal Share	0.0% (C)			Federal Share
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP							
29	Non-Emergency Medical Transportation							
49	Other Financial Participation							
50	Total							

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

Summary Total Of Receipts From Form CMS 64.11 A

State:

Quarter Ended:

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

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended:

		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 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								
FFY 2014 (10/01/2013 - 09/30/2014)									
1	FFY 2014 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 2014 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 2015 (10/01/2014 - 09/30/2015)									
1	FFY 2015 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 2015 Allotment								
10	Excess Expenditures								
FFY 2016 (10/01/2015 - 09/30/2016)									
1	FFY 2016 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 2016 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 2017 (10/01/2016 - 09/30/2017)									
1	FFY 2017 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 2017 Allotment								
10	Excess Expenditures								

Medicaid Drug Rebate Schedule

State:

Quarter Ended:

Drug Rebate		Total Computable					Total
		Qtr. Ending 06/30/2017	Qtr. Ending 03/31/2017	Qtr. Ending 12/31/2016	Qtr. Ending 09/30/2016	Qtr. Ending 06/30/2016 and Prior	
		(A)	(B)	(C)	(D)	(E)	
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3	Rebates Invoiced In This Quarter						
4	Subtotal						
5	Rebates Reported On This Expenditure Report						
6	Balance As Of The End Of The Quarter						

FOOTNOTE:

Medicaid Program Expenditure Report
Other Narrative Explanations

State:

Quarter Ended:

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 Share	
			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						
3B	Certified Community Behavior Health Clinic 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

State: _____ Quarter Ended: _____

Type of Eligible:		Total Computable	Federal Share			Total Federal Share	
			FMAP	IHS Facility Services 100 %	Fam. Plan Services 90%		Prompt Pay
			(A)	(B)	(C)		(D)
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	Total						

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	Deferral or C.I.N. Number
Type of Eligible:	Total Computable	FMAP	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share			
		Incr. FMAP							
	(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								
3B	Certified Community Behavior Health Clinic 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								

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

**Quarter Ended:
Fiscal Year: /**

State:

		Line #						
Type of Eligible:		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)		
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
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 Share	
			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						
3B	Certified Community Behavior Health Clinic 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

State: _____ Quarter Ended: _____

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share			Total Federal Share	
			FMAP	IHS Facility Services 100 %	Fam. Plan Services 90%		Prompt Pay
			(A)	(B)	(C)		(D)
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	Total						

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

**Quarter Ended:
Fiscal Year: /**

State:

Line #		Total Computable	Federal Share				Total Federal Share	Deferral or C.I.N. Number
Type of Eligible: Waiver Type: Waiver Name: Waiver Number:	FMAP Incr. FMAP		I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay			
	(A)		(B)	(C)	(D)	(E)		
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing 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							
3B	Certified Community Behavior Health Clinic 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							

**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	Deferral or C.I.N. Number
Type of Eligible: Waiver Type: Waiver Name: Waiver Number:	Total Computable	FMAP	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay			
		Incr. FMAP						
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
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	CHIP	
			(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				
3B	Certified Community Behavior Health Clinic 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

State:

Quarter Ended:

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP	CHIP	
			(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	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	CHIP	
				(A)	
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				
3B	Certified Community Behavior Health Clinic 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

State:

Quarter Ended:

Type of Eligible: Waiver Type: Waiver Name: Waiver Number:		Total Computable	Federal Share		Total Federal Share
			FMAP	CHIP	
				(B)	
		(A)	(B)	(C)	(D)
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	Total				

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	CHIP		
(A)	(B)	(C)	(D)	(E)		
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
3B	Certified Community Behavior Health Clinic 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					

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	CHIP		
(A)	(B)	(C)	(D)	(E)		
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community -Based Services					
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	CHIP		
		(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
3B	Certified Community Behavior Health Clinic 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					

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	CHIP		
		(A)	(B)	(C)	(D)	(E)
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
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-64.9VIII NEWLY							
From Form CMS-64.9VIII NOT NEWLY							
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-64.9VIII NEWLY							
From Form CMS-64.9VIII NOT NEWLY							
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-64.9VIII NEWLY							
From Form CMS-64.9VIII NOT NEWLY							
From Form CMS-64.21P							
From Form CMS-64.21UP							
9. Collections							

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-64.9 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-64.9VIII NEWLY							
From Form CMS-64.9VIII NOT NEWLY							
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-64.9VIII NEWLY							
From Form CMS-64.9VIII NOT NEWLY							
From Form CMS 64.21P							
From Form CMS 64.21UP							
10. Adjustments Decreasing Claims For Prior Quarters: C. State and MIC Overpayment Adjustments							
From Form CMS-64.9O/64.9O ARRA							
10. Adjustments Decreasing Claims For Prior Quarters: D. PERM-Identified Overpayments							
From Form CMS-64.9OPerm							
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.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (0th)		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
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)
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								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								

**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)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments								
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								
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
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								
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
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								

**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)
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
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
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)
43	Health Home for Enrollees wChronic 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 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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

**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 Special Issue Reporting Program		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)	
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
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									

**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 Special Issue Reporting Program		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)			
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

**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		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	(C)	(D)	(E)	(F)			(G)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
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									
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									

**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)			
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									

**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	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						
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						
28E	Eligibility Determination Staff - Cost of In-house Activities						
28F	Eligibility Determination Staff - Cost of Private Sector Contractors						
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP						
28H	Eligibility Determination Staff - Cost of Private Sector Contractors - 50% FFP						
29	Non-Emergency Medical Transportation						

**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)		
49	Other Financial Participation						
50	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%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							

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)
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							
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							
28E	Eligibility Determination Staff - Cost of In-house Activities							
28F	Eligibility Determination Staff - Cost of Private Sector Contractors							
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP							

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)			
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP							
29	Non-Emergency Medical Transportation							
49	Other Financial Participation							
50	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
			CHIP	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				
2C	Certified Community Behavior Health Clinic Payments				
3A	Nursing Facility Services - Regular Payments				
3B	Nursing Facility Services - Supplemental Payments				
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers				
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
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				
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments				
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				
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments				
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				
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments				
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				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
24A	Targeted Case Management Services - Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
27	Emergency Services for Undocumented Aliens				
28	Federally -Qualified Health Center				
29	Non-Emergency Medical Transportation				
30	Physical Therapy				
31	Occupational Therapy				
32	Services for Speech, Hearing and Language				
33	Prosthetic Devices, Dentures, Eyeglasses				
34	Diagnostic Screening & Preventive Services				
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				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
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	
			CHIP	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					
2C	Certified Community Behavior Health Clinic Payments					
3A	Nursing Facility Services - Regular Payments					
3B	Nursing Facility Services - Supplemental Payments					
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers					
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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					

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

**Quarter Ended:
Fiscal Year:**

State:

Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			CHIP	Incr. FMAP	CHIP Amount	
			(A)	(B)	(C)	
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					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					

**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	
			CHIP	Incr. FMAP	CHIP Amount	
(A)	(B)	(C)	(D)	(E)		
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments					
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					
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments					
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					
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments					
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					

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

Quarter Ended:
Fiscal Year:

State:

Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			CHIP	Incr. FMAP	CHIP Amount	
			(A)	(B)	(C)	
23B	Personal Care Services - SDS 1915(j)					
24A	Targeted Case Management Services - Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
34	Diagnostic Screening & Preventive Services					
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
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	
			CHIP	FMAP Incr. FMAP	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
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:

		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	
			CHIP	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					
2C	Certified Community Behavior Health Clinic Payments					
3A	Nursing Facility Services - Regular Payments					
3B	Nursing Facility Services - Supplemental Payments					
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers					
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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					

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	
			CHIP	FMAP		
				Incr. FMAP	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
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					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					

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	
			CHIP	FMAP Incr. FMAP	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments					
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					
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments					
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					
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments					
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					

**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	
			CHIP	FMAP		
				Incr. FMAP	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
23B	Personal Care Services - SDS 1915(j)					
24A	Targeted Case Management Services - Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
34	Diagnostic Screening & Preventive Services					
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
Expenditures In This Quarter**

**Quarter Ended:
Fiscal Year:**

State:

		Line #				
Medical Assistance Payments			Federal Share			
Waiver Type:			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
Waiver Name:				FMAP		
Waiver Number:	Total Computable	CHIP	Incr. FMAP	CHIP Amount	Deferral or C.I.N. Number	
	(A)	(B)	(C)	(D)	(E)	
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	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			CHIP	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				
2C	Certified Community Behavior Health Clinic Payments				
3A	Nursing Facility Services - Regular Payments				
3B	Nursing Facility Services - Supplemental Payments				
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers				
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
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				
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments				
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				
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments				
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				
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments				
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				

**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
			CHIP	FMAP Incr FMAP	CHIP Amount
			(A)	(B)	(C)
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
24A	Targeted Case Management Services - Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
27	Emergency Services for Undocumented Aliens				
28	Federally -Qualified Health Center				
29	Non-Emergency Medical Transportation				
30	Physical Therapy				
31	Occupational Therapy				
32	Services for Speech, Hearing and Language				
33	Prosthetic Devices, Dentures, Eyeglasses				
34	Diagnostic Screening & Preventive Services				
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				

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

State:

Quarter Ended:

Medical Assistance Payments			Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
Waiver Type:					
Waiver Name:					
Waiver Number:					
		Total Computable	CHIP	FMAP Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
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 (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
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						
7. Sub-Total						
8. Decreasing Adjustments to Amounts Previously Reported on Line 7						
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	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
1. Recoveries from OIG Certified Compliant FCA						
1A. Total Recovery						
1B. 10% Reduction FMAP Rate (to be used in the grant award computation)						
1C. 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.

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		

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

State: _____ Quarter Ended: _____

		Total Computable	Federal Share
		(A)	(B)
FFY 2014 (10/01/2013 - 09/30/2014)			
1	FFY 2014 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 2014 Allotment		
FFY/CY 2015 (10/01/2014 - 12/31/2015)			
1	FFY/CY 2015 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/CY 2015 Allotment		
CY 2016 (01/01/2016 - 12/31/2016)			
1	CY 2016 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 CY 2016 Allotment		
CY 2017 (01/01/2017 - 12/31/2017)			
1	CY 2017 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 CY 2017 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.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (0th)		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
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)
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								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								

**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)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments								
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								
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
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								
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
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								

**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)
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
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
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)
43	Health Home for Enrollees wChronic 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)		
		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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								

**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 Special Issue Reporting Program		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)	
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									

**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		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	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									

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

State:

Quarter Ended:
Fiscal Year:

Line #										
Medical Assistance Payments Special Issue Reporting Program		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	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
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									
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									

**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)			
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: Eligibility:		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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

**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: Eligibility:	FMAP					Federal Share			
		Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									

**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: Eligibility:		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)	
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									

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

State:

Quarter Ended:
Fiscal Year:

Line #		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Waiver Type: Waiver Number: Waiver Name: Eligibility:	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)		
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									
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									

**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: Eligibility:	FMAP					Other % (Oth)	Federal Share		
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *				
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (0th)		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		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)
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								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								

**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.	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)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments								
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								
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
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								
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
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								

**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.	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)
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
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
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		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)
43	Health Home for Enrollees wChronic 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 % (0th)		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
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)
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								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								

**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)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments								
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								
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
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								
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
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								

**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)
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
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
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)
43	Health Home for Enrollees wChronic 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)		
		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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								

**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 Special Issue Reporting Program		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)	
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									

**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		Total Comp. (A)	Federal Share					Total Federal Share (G)	Deferral Or C.I.N. Number (H)	
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)			Federal Share
			Incr FMAP (B)	(C)	(D)	(E)	(F)			
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									

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

State:

Quarter Ended:
Fiscal Year:

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

**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 Special Issue Reporting Program		FMAP					Federal Share			
		Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
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 #		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: Eligibility:		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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

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: Eligibility:		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)			
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									

**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: Eligibility:		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)	
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									

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

State:

Quarter Ended:
Fiscal Year:

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

**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: Eligibility:	FMAP					Other % (Oth)	Federal Share		
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *				
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
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.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (0th)		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		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)
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								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								

**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.	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)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments								
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								
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
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								
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
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								

**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.	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)
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
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
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name:		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)
43	Health Home for Enrollees wChronic Conditions								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

64.S9RAC - RAC Collections

State:

Quarter Ended:

	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
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		
6.D.	From Form CMS-64.9VIII		
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		
7.D.	From Form CMS-64.9VIIIIP		
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		
8.D.	From Form CMS-64.9VIIIIP		
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		
10.A.4.	From Form CMS-64.9VIIIIP		
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		
10.B.4.	From Form CMS-64.9VIIIIP		
11.	Net Expenditures Reported This Period		
12.	Unused CAP		

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
1A Inpatient Hospital Services - Regular Payments																
1B Inpatient Hospital Service - DSH Adjustment Payments																
1C Inpatient Hospital Services - Supplemental Payments																
1D Inpatient Hospital Services - GME Payments																
2A Mental Health Facility Services - Regular Payments																
2B Mental Health Facility Services - DSH Adjustment Payments																
2C Certified Community Behavior Health Clinic Payments																
3A Nursing Facility Services - Regular Payments																
3B Nursing Facility Services - Supplemental Payments																
4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers																
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers																
4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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																

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
7A2 Drug Rebate Offset - State Sidebar Agreement																
7A3 MCO - National Agreement																
7A4 MCO - State Sidebar Agreement																
7A5 Increased ACA OFFSET - Fee for Service - 100%																
7A6 Increased ACA OFFSET - MCO - 100%																
8 Dental Services																
9A Other Practitioners Services - Regular Payments																
9B Other Practitioners Services - Supplemental Payments																
10 Clinic Services																
11 Laboratory And Radiological Services																
12 Home Health Services																
13 Sterilizations																
14 Abortions No.																
15 EPSDT Screening Services																
16 Rural Health Clinic Screening																
17A Medicare Health Insurance Payments - Part A Premiums																
17B Medicare Health Insurance Payments - Part B Premiums																
17C1 120% - 134% Of Poverty																
17D Coinsurance And Deductibles																
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)																

* = Other

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
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																
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments																
18B1 Prepaid Ambulatory Health Plan																
18B1 MCO PAHP - Evaluation and a Management																
18B1 MCO PAHP - Vaccine codes																
18B1 MCO PAHP - Community First Choice																
18B1 MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin																
18B1 Medicaid PAHP - Certified Community Behavior Health Clinic Payments																
18B2 Prepaid Inpatient Health Plan																
18B2 MCO PIHP - Evaluation and a Management																
18B2 MCO PIHP - Vaccine codes																
18B2 MCO PIHP - Community First Choice																
18B2 MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin																
18B2 Medicaid PIHP - Certified Community Behavior Health Clinic Payments																
18C Medicaid Health Insurance Payments: Group Health Plan Payments																
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles																
18E Medicaid Health Insurance Payments: Other																

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
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																
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																

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	
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																

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP	(C)	(D)	(E)	(F)								
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
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														
2C Certified Community Behavior Health Clinic Payments														
3A Nursing Facility Services - Regular Payments														
3B Nursing Facility Services - Supplemental Payments														
4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers														
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers														
4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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														

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP												
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
7A2 Drug Rebate Offset - State Sidebar Agreement														
7A3 MCO - National Agreement														
7A4 MCO - State Sidebar Agreement														
7A5 Increased ACA OFFSET - Fee for Service - 100%														
7A6 Increased ACA OFFSET - MCO - 100%														
8 Dental Services														
9A Other Practitioners Services - Regular Payments														
9B Other Practitioners Services - Supplemental Payments														
10 Clinic Services														
11 Laboratory And Radiological Services														
12 Home Health Services														
13 Sterilizations														
14 Abortions No.														
15 EPSDT Screening Services														
16 Rural Health Clinic Screening														
17A Medicare Health Insurance Payments - Part A Premiums														
17B Medicare Health Insurance Payments - Part B Premiums														
17C1 120% - 134% Of Poverty														
17D Coinsurance And Deductibles														
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)														

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP												
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
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														
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments														
18B1 Prepaid Ambulatory Health Plan														
18B1 MCO PAHP - Evaluation and a Management														
18B1 _b MCO PAHP - Vaccine codes														
18B1 _c MCO PAHP - Community First Choice														
18B1 MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin														
18B1 Medicaid PAHP - Certified Community Behavior Health Clinic Payments														
18B2 Prepaid Inpatient Health Plan														
18B2 MCO PIHP - Evaluation and a Management														
18B2 _b MCO PIHP - Vaccine codes														
18B2 _c MCO PIHP - Community First Choice														
18B2 MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin														
18B2 Medicaid PIHP - Certified Community Behavior Health Clinic Payments														
18C Medicaid Health Insurance Payments: Group Health Plan Payments														
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles														
18E Medicaid Health Insurance Payments: Other														

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP												
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														
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														

* = Other

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

State:

Quarter Ended:

Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP												
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
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														

* = Other

Type of Eligibility: Newly	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
1A Inpatient Hospital Services - Regular Payments																
1B Inpatient Hospital Service - DSH Adjustment Payments																
1C Inpatient Hospital Services - Supplemental Payments																
1D Inpatient Hospital Services - GME Payments																
2A Mental Health Facility Services - Regular Payments																
2B Mental Health Facility Services - DSH Adjustment Payments																
2C Certified Community Behavior Health Clinic Payments																
3A Nursing Facility Services - Regular Payments																
3B Nursing Facility Services - Supplemental Payments																
4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers																
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers																
4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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																

* = Other

Type of Eligibility: Newly	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
7A2 Drug Rebate Offset - State Sidebar Agreement																
7A3 MCO - National Agreement																
7A4 MCO - State Sidebar Agreement																
7A5 Increased ACA OFFSET - Fee for Service - 100%																
7A6 Increased ACA OFFSET - MCO - 100%																
8 Dental Services																
9A Other Practitioners Services - Regular Payments																
9B Other Practitioners Services - Supplemental Payments																
10 Clinic Services																
11 Laboratory And Radiological Services																
12 Home Health Services																
13 Sterilizations																
14 Abortions No.																
15 EPSDT Screening Services																
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17A Medicare Health Insurance Payments - Part A Premiums																
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17C1 120% - 134% Of Poverty																
17D Coinsurance And Deductibles																
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)																

* = Other

Type of Eligibility: Newly	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
		(A)	(B)	(C)	(D)	(E)	(F)									
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																
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments																
18B1 Prepaid Ambulatory Health Plan																
18B1 MCO PAHP - Evaluation and a 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																
18B1 Medicaid PAHP - Certified Community Behavior Health Clinic Payments																
18B2 Prepaid Inpatient Health Plan																
18B2 MCO PIHP - Evaluation and a 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																
18B2 Medicaid PIHP - Certified Community Behavior Health Clinic Payments																
18C Medicaid Health Insurance Payments: Group Health Plan Payments																
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles																
18E Medicaid Health Insurance Payments: Other																

* = Other

Type of Eligibility: Newly		Line:															
		Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
			Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)			
19A	Home and Community-Based Services - Regular Payment (Waiver)																
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																
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30	Physical Therapy																
31	Occupational Therapy																
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33	Prosthetic Devices, Dentures, Eyeglasses																
34	Diagnostic Screening & Preventive Services																
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin																

* = Other

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

Type of Eligibility: Newly	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
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		(A)	(B)	(C)	(D)	(E)	(F)									
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38 Nurse Practitioner Services																
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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program Expenditures In This Quarter

Line:														
Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
1A Inpatient Hospital Services - Regular Payments														
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6A Outpatient Hospital Services - Regular Payments														
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* = Other

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

Line:														
Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
7A1 Drug Rebate Offset - National Agreement														
7A2 Drug Rebate Offset - State Sidebar Agreement														
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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														

* = Other

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

Line:														
Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments														
18B1 Prepaid Ambulatory Health Plan														
18B1 MCO PAHP - Evaluation and a Management														
18B1 b MCO PAHP - Vaccine codes														
18B1 c MCO PAHP - Community First Choice														
18B1 MCO PAHP - Preventive Services Grade d A OR B, ACIP Vaccines and their Admin														
18B1 Medicaid PAHP - Certified Community e Behavior Health Clinic Payments														
18B2 Prepaid Inpatient Health Plan														
18B2 MCO PIHP - Evaluation and a Management														
18B2 b MCO PIHP - Vaccine codes														
18B2 c MCO PIHP - Community First Choice														
18B2 MCO PIHP - Preventive Services Grade d A OR B, ACIP Vaccines and their Admin														
18B2 Medicaid PIHP - Certified Community e Behavior Health Clinic Payments														

* = Other

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

Line:														
Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														
29 Non-Emergency Medical Transportation														
30 Physical Therapy														
31 Occupational Therapy														

* = Other

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

Line:														
Type of Eligibility:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														

* = Other

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
1A Inpatient Hospital Services - Regular Payments																
1B Inpatient Hospital Service - DSH Adjustment Payments																
1C Inpatient Hospital Services - Supplemental Payments																
1D Inpatient Hospital Services - GME Payments																
2A Mental Health Facility Services - Regular Payments																
2B Mental Health Facility Services - DSH Adjustment Payments																
2C Certified Community Behavior Health Clinic Payments																
3A Nursing Facility Services - Regular Payments																
3B Nursing Facility Services - Supplemental Payments																
4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers																
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers																
4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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																

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
7A2 Drug Rebate Offset - State Sidebar Agreement																
7A3 MCO - National Agreement																
7A4 MCO - State Sidebar Agreement																
7A5 Increased ACA OFFSET - Fee for Service - 100%																
7A6 Increased ACA OFFSET - MCO - 100%																
8 Dental Services																
9A Other Practitioners Services - Regular Payments																
9B Other Practitioners Services - Supplemental Payments																
10 Clinic Services																
11 Laboratory And Radiological Services																
12 Home Health Services																
13 Sterilizations																
14 Abortions No.																
15 EPSDT Screening Services																
16 Rural Health Clinic Screening																
17A Medicare Health Insurance Payments - Part A Premiums																
17B Medicare Health Insurance Payments - Part B Premiums																
17C1 120% - 134% Of Poverty																
17D Coinsurance And Deductibles																
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)																

* = Other

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
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																
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments																
18B1 Prepaid Ambulatory Health Plan																
18B1 MCO PAHP - Evaluation and a Management																
18B1 MCO PAHP - Vaccine codes																
18B1 MCO PAHP - Community First Choice																
18B1 MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin																
18B1 Medicaid PAHP - Certified Community Behavior Health Clinic Payments																
18B2 Prepaid Inpatient Health Plan																
18B2 MCO PIHP - Evaluation and a Management																
18B2 MCO PIHP - Vaccine codes																
18B2 MCO PIHP - Community First Choice																
18B2 MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin																
18B2 Medicaid PIHP - Certified Community Behavior Health Clinic Payments																
18C Medicaid Health Insurance Payments: Group Health Plan Payments																
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles																
18E Medicaid Health Insurance Payments: Other																

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
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																
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																

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
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																

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP	(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														
2C Certified Community Behavior Health Clinic Payments														
3A Nursing Facility Services - Regular Payments														
3B Nursing Facility Services - Supplemental Payments														
4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers														
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers														
4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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														

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP	(C)	(D)	(E)	(F)	(G)							
7A2 Drug Rebate Offset - State Sidebar Agreement														
7A3 MCO - National Agreement														
7A4 MCO - State Sidebar Agreement														
7A5 Increased ACA OFFSET - Fee for Service - 100%														
7A6 Increased ACA OFFSET - MCO - 100%														
8 Dental Services														
9A Other Practitioners Services - Regular Payments														
9B Other Practitioners Services - Supplemental Payments														
10 Clinic Services														
11 Laboratory And Radiological Services														
12 Home Health Services														
13 Sterilizations														
14 Abortions No.														
15 EPSDT Screening Services														
16 Rural Health Clinic Screening														
17A Medicare Health Insurance Payments - Part A Premiums														
17B Medicare Health Insurance Payments - Part B Premiums														
17C1 120% - 134% Of Poverty														
17D Coinsurance And Deductibles														
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)														

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP	(C)	(D)	(E)	(F)	(G)							
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														
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments														
18B1 Prepaid Ambulatory Health Plan														
18B1 MCO PAHP - Evaluation and a Management														
18B1 _b MCO PAHP - Vaccine codes														
18B1 _c MCO PAHP - Community First Choice														
18B1 MCO PAHP - Preventive Services Grade d A OR B, ACIP Vaccines and their Admin														
18B1 Medicaid PAHP - Certified Community e Behavior Health Clinic Payments														
18B2 Prepaid Inpatient Health Plan														
18B2 MCO PIHP - Evaluation and a Management														
18B2 _b MCO PIHP - Vaccine codes														
18B2 _c MCO PIHP - Community First Choice														
18B2 MCO PIHP - Preventive Services Grade d A OR B, ACIP Vaccines and their Admin														
18B2 Medicaid PIHP - Certified Community e Behavior Health Clinic Payments														
18C Medicaid Health Insurance Payments: Group Health Plan Payments														
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles														
18E Medicaid Health Insurance Payments: Other														

* = Other

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

State:

Quarter Ended:

Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP	(C)	(D)	(E)	(F)								
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
19A Home and Community-Based Services - Regular Payment (Waiver)														
19B Home and Community-Based Services - State Plan 1915(i) Only Payment														
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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														
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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														

* = Other

Medical Assistance Expenditures By Type Of Service
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		FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
		Incr FMAP												
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)		
35 Nurse Mid-Wife														
36 Emergency Hospital Services														
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38 Nurse Practitioner Services														
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41 Private Duty Nursing														
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44 Tobacco Cessation for Preg Women														
49 Other Care Services														
50 Total														

* = Other

Type of Eligibility: Newly Waiver Type: Waiver Number: Waiver Name:	Line:															
	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X New %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X New %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	
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																
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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																

* = Other

Type of Eligibility: Newly Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
7A2 Drug Rebate Offset - State Sidebar Agreement																
7A3 MCO - National Agreement																
7A4 MCO - State Sidebar Agreement																
7A5 Increased ACA OFFSET - Fee for Service - 100%																
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8 Dental Services																
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17A Medicare Health Insurance Payments - Part A Premiums																
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17D Coinsurance And Deductibles																
18A Medicaid Health Insurance Payments: Managed Care Organizations (MCO)																

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Type of Eligibility: Newly Waiver Type: Waiver Number: Waiver Name:	Line:															
	Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
18A1 Medicaid MCO - Evaluation and Management																
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18A4 Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin																
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments																
18B1 Prepaid Ambulatory Health Plan																
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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																
18B1 e Medicaid PAHP - Certified Community Behavior Health Clinic Payments																
18B2 Prepaid Inpatient Health Plan																
18B2 MCO PIHP - Evaluation and a 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																
18B2 e Medicaid PIHP - Certified Community Behavior Health Clinic Payments																
18C Medicaid Health Insurance Payments: Group Health Plan Payments																
18D Medicaid Health Insurance Payments: Coinsurance And Deductibles																
18E Medicaid Health Insurance Payments: Other																

* = Other

Type of Eligibility: Newly Waiver Type: Waiver Number: Waiver Name:		Line:															
		Total Computable	Federal Share						Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance applied COL L X Newly %	Sum of Total Computables Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
			Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share									
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																
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																

* = Other

Type of Eligibility: Newly Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Line:								
		Newly FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share	Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X New %	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstance	Federal Share Special Circumstance Applied COL L X New %	Sum of Total Column (A) + (H) + (J) + (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
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																

* = Other

Line:														
Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														
2C Certified Community Behavior Health Clinic Payments														
3A Nursing Facility Services - Regular Payments														
3B Nursing Facility Services - Supplemental Payments														
4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers														
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers														
4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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														

* = Other

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

Line:														
Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
7A1 Drug Rebate Offset - National Agreement														
7A2 Drug Rebate Offset - State Sidebar Agreement														
7A3 MCO - National Agreement														
7A4 MCO - State Sidebar Agreement														
7A5 Increased ACA OFFSET - Fee for Service - 100%														
7A6 Increased ACA OFFSET - MCO - 100%														
8 Dental Services														
9A Other Practitioners Services - Regular Payments														
9B Other Practitioners Services - Supplemental Payments														
10 Clinic Services														
11 Laboratory And Radiological Services														
12 Home Health Services														
13 Sterilizations														
14 Abortions No.														
15 EPSDT Screening Services														
16 Rural Health Clinic Screening														
17A Medicare Health Insurance Payments - Part A Premiums														
17B Medicare Health Insurance Payments - Part B Premiums														
17C1 120% - 134% Of Poverty														

* = Other

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

Line:														
Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments														
18B1 Prepaid Ambulatory Health Plan														
18B1 MCO PAHP - Evaluation and a Management														
18B1 b MCO PAHP - Vaccine codes														
18B1 c MCO PAHP - Community First Choice														
18B1 MCO PAHP - Preventive Services Grade d A OR B, ACIP Vaccines and their Admin														
18B1 Medicaid PAHP - Certified Community e Behavior Health Clinic Payments														
18B2 Prepaid Inpatient Health Plan														
18B2 MCO PIHP - Evaluation and a Management														
18B2 b MCO PIHP - Vaccine codes														
18B2 c MCO PIHP - Community First Choice														
18B2 MCO PIHP - Preventive Services Grade d A OR B, ACIP Vaccines and their Admin														
18B2 Medicaid PIHP - Certified Community e Behavior Health Clinic Payments														

* = Other

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

Line:														
Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newy	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														
29 Non-Emergency Medical Transportation														
30 Physical Therapy														
31 Occupational Therapy														

* = Other

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

Line:														
Type of Eligibility: Waiver Type: Waiver Number: Waiver Name:	Total Computable	Federal Share						Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B Not Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
		FMAP Incr FMAP	I.H.S Facility Services	Family Planning Services	Optional Breast or Cervical Cancer*	Other % *	Federal Share							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
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														

* = Other

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

State: _____ **Quarter Ended:** _____

		Total Computable (A)	Federal Share			Total Federal Share (D)	
			FFP Rate	Federal Share	0.0%		Federal Share
			(B)		(C)		
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						
28E	Eligibility Determination Staff - Cost of In-house Activities						
28F	Eligibility Determination Staff - Cost of Private Sector Contractors						
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP						
28H	Eligibility Determination Staff - Cost of Private Sector Contractors - 50% FFP						
29	Non-Emergency Medical Transportation						

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

State: _____ **Quarter Ended:** _____

		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.0%	Federal Share	
49	Other Financial Participation						
50	Total						

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

State:

Quarter Ended:
Prior Fiscal Year:

		Line #						Deferral Or C.I.N. Number
		Total Computable	Federal Share			Total Federal Share		
			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%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #		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)		
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							
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							
28E	Eligibility Determination Staff - Cost of In-house Activities							
28F	Eligibility Determination Staff - Cost of Private Sector Contractors							
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP							

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	Federal Share	0.0%			Federal Share
			(B)		(C)			
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP							
29	Non-Emergency Medical Transportation							
49	Other Financial Participation							
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: DSH Allotment Year:		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)			
DSH Allotment Year:		(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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
Expenditures In This Quarter**

State: _____ Quarter Ended: _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		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)	
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									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									

**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.	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)	
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

**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.	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)	
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
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
Expenditures In This Quarter**

State: _____ **Quarter Ended:** _____

Medical Assistance Payments Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:		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)	
43	Health Home for Enrollees wChronic 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 #		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:	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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

**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. (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)	Federal Share (F)	Other % (Oth)	Prompt Pay (PP)		
7A3	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
7A5	Increased ACA OFFSET - Fee for Service - 100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health										
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										

**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					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 & Prompt Pay			
							Other % (Oth) Prompt Pay (PP)			Federal Share
Waiver Type:	Waiver Number:	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Waiver Name:										
DSH Allotment Year:										
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
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									
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
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									
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
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									

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. (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)	Federal Share (F)	Other % (Oth)	Prompt Pay (PP)		
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										
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										

**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: DSH Allotment Year:	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)
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: Program: DSH Excess Expenditure DSH Allotment Year:		Total Comp.	Federal Share					Total Federal Share	
			FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (0th)		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								
2C	Certified Community Behavior Health Clinic Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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
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.	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)
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								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								

**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.	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)
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments								
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								
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
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								
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
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								

**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.	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)
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
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
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.	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)
43	Health Home for Enrollees wChronic 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 #		Federal Share							Total Federal Share	Deferral Or C.I.N. Number
Medical Assistance Payments	Waiver Type: Waiver Number: Waiver Name: Program: DSH Excess Expenditure DSH Allotment Year:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
							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									
2C	Certified Community Behavior Health Clinic Payments									
3A	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: 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									

**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)	Federal Share (F)	Other % (Oth)	Federal Share		
								Prompt Pay (PP)			
7A3	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
7A5	Increased ACA OFFSET - Fee for Service - 100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions										
15	EPSDT Screening Services										
16	Rural Health Clinic Services										
17A	Medicare Health Insurance Payments: Part A Premiums										
17B	Medicare Health Insurance Payments: Part B Premiums										
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										

**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)	Federal Share (F)	Other % (Oth)	Prompt Pay (PP)		
18A3	Medicaid MCO - Community First Choice										
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments										
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										
18B1 e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments										
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										
18B2 e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments										
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										

**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)	Federal Share (F)	Other % (Oth)	Prompt Pay (PP)		
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										
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										

**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)	Federal Share				
							Other % (Oth)	Federal Share (F)			
							Prompt Pay (PP)				
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
43	Health Home for Enrollees w Chronic Conditions										
44	Tobacco Cessation for Preg Women										
49	Other Care Services										
50	Total										

Medicaid Enrollees

State:

Quarter Ended:

Eligible Categories		July CY 2016	August CY 2016	September CY 2016	October CY 2016	November CY 2016	December CY 2016	January CY 2017	February CY 2017	March CY 2017	April CY 2017	May CY 2017	June CY 2017	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Medicaid Eligibles														
I. VIII Group Eligibles														
1. Newly Eligible														
1A	Parent/Caretaker Relatives													
1B	Childless Adults													
1C	Total Newly Eligible													
2. Not Newly Eligible														
2A	Parent/Caretaker Relatives													
2B	Disabled Person Non-Institutionalized													
2C	Disabled Person, Institutionalized													
2D	Children Age 19 to 20													
2E	Childless Adults													
2F	Other													
2G	Total Not Newly Eligible													
3														
3	VIII Group Total Eligibles													
II. Aged/Blind or Disabled														
4	Aged													
5	Blind or Disabled													

Medicaid Enrollees

State:

Quarter Ended:

Eligible Categories		July CY 2016	August CY 2016	September CY 2016	October CY 2016	November CY 2016	December CY 2016	January CY 2017	February CY 2017	March CY 2017	April CY 2017	May CY 2017	June CY 2017	Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Medicaid Eligibles														
III. Other Eligibles														
6	Children													
7. Other Adults (Non-Disabled/Non Aged) Non VIII Group														
7A	Pregnancy Benefit Adults													
7B	All Other Adults not included above													
7C	Total Other Adults													
8	Total Eligibles													