

**MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE
FOR THE MEDICAL ASSISTANCE PROGRAM
EXPENDITURES IN THIS QUARTER**

STATE

AGENCY

QUARTER ENDED

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

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		FMAP ____%	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	____%	FEDERAL SHARE	
		(a)	(b)	(c)	(d)	(e)	(f)	
14. ABORTIONS NO. _____								
15. EPSDT SCREENING SERVICES								
16. RURAL HEALTH CLINIC SERVICES								
17. MEDICARE HEALTH INSURANCE PAYMENTS:								
(A) PART A PREMIUMS								
(B) PART B PREMIUMS								
(C) QUALIFYING INDIVIDUALS								
(1) 120%-134% OF POVERTY								
(2) 135%-175% OF POVERTY								
(D) COINSURANCE AND DEDUCTIBLES								
18. MEDICAID HEALTH INSURANCE PAYMENTS:								
(A) MANAGED CARE ORGANIZATIONS (MCO)								
(B) PREPAID HEALTH PLANS (PHP)								
(C) GROUP HEALTH PLAN PAYMENTS								
(D) COINSURANCE AND DEDUCTIBLES								
(E) OTHER								
19. HOME AND COMMUNITY-BASED SERVICES 1								
20. H&CB CARE FOR FUNCTIONALLY DISABLED ELDERLY								
21. COMMUNITY SUPPORTED LIVING SERVICES								
22. PROGRAMS OF ALL-INCLUSIVE CARE ELDERLY								
23. PERSONAL CARE SERVICES								
24. TARGETED CASE MANAGEMENT SERVICES								
25. PRIMARY CARE CASE MANAGEMENT SERVICES								
26. HOSPICE BENEFITS								
27. EMERGENCY SERVICES UNDOCUMENTED ALIENS								
28. FEDERALLY-QUALIFIED HEALTH CENTER								
29. OTHER CARE SERVICES								
30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).								

1 IF STATE HAS MORE THAN ONE APPROVED HCBS WAIVER, ATTACH SCHEDULE SHOWING EXPENDITURES FOR EACH APPROVED WAIVER

MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE FOR THE MEDICAL ASSISTANCE PROGRAM PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER	STATE _____ QUARTER ENDED _____ FISCAL YEAR _____
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CHECK ONE: LINE 7 LINE 8 LINE 10A LINE 10B

MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE	FEDERAL SHARE						TOTAL FEDERAL SHARE	DEFERRAL OR C.I.N. NUMBER
		FMAP ____%	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	____%	FEDERAL SHARE		
		(a)	(b)	(c)	(d)	(e)	(f)		
1. INPATIENT HOSPITAL SERVICES					Enhanced I.H.S.				
A. Regular Payments									
B. DSH Adjustment Payments									
2. MENTAL HEALTH FACILITY SERVICES									
A. Regular Payments									
B. DSH Adjustment Payments									
3. NURSING FACILITY SERVICES									
4. INTERMEDIATE CARE FACILITY SERVICES									
- MENTALLY RETARDED:									
A. PUBLIC PROVIDERS									
B. PRIVATE PROVIDERS									
5. PHYSICIANS' SERVICES									
6. OUTPATIENT HOSPITAL SERVICES									
7. PRESCRIBED DRUGS									
7A. DRUG REBATE OFFSET									
1. NATIONAL AGREEMENT									
2. STATE SIDEBAR AGREEMENT									
8. DENTAL SERVICES									
9. OTHER PRACTITIONERS' SERVICES									
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12. HOME HEALTH SERVICES									
13. STERILIZATIONS									

**MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE
FOR THE MEDICAL ASSISTANCE PROGRAM
PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER**

STATE _____
QUARTER ENDED _____
FISCAL YEAR _____

CHECK ONE: LINE 7 LINE 8 LINE 10A LINE 10B

MEDICAL ASSISTANCE PAYMENTS SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE							TOTAL FEDERAL SHARE	DEFERRAL OR C.I.N. NUMBER
		FMAP ____%	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	____%	FEDERAL SHARE		
		(a)	(b)	(c)	(d)	(e)	(f)		
15. EPSDT SCREENING SERVICES									
16. RURAL HEALTH CLINIC SERVICES									
17. MEDICARE HEALTH INSURANCE PAYMENTS:									
(A) PART A PREMIUMS									
(B) PART B PREMIUMS									
(C) QUALIFYING INDIVIDUALS									
(1) 120% -134% OF POVERTY									
(2) 135% -175% OF POVERTY									
(D) COINSURANCE AND DEDUCTIBLES									
18. MEDICAID HEALTH INSURANCE PAYMENTS:									
(A) MANAGED CARE ORGANIZATIONS (MCO)									
(B) PREPAID HEALTH PLANS (PHP)									
(C) GROUP HEALTH PLAN PAYMENTS									
(D) COINSURANCE AND DEDUCTIBLES									
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19. HOME AND COMMUNITY-BASED SERVICES 1									
20. H&CB CARE FOR FUNCTIONALLY DISABLED ELDERLY									
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22. PROGRAMS OF ALL-INCLUSIVE CARE ELDERLY									
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24. TARGETED CASE MANAGEMENT SERVICES									
25. PRIMARY CARE CASE MANAGEMENT SERVICES									
26. HOSPICE BENEFITS									
27. EMERGENCY SERVICES UNDOCUMENTED ALIENS									
28. FEDERALLY-QUALIFIED HEALTH CENTER									
29. OTHER CARE SERVICES									
30. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).									

1 IF STATE HAS MORE THAN ONE APPROVED HCBS WAIVER, ATTACH SCHEDULE SHOWING EXPENDITURES FOR EACH APPROVED WAIVER

EXPENDITURES FOR STATE AND LOCAL ADMINISTRATION FOR THE MEDICAL ASSISTANCE PROGRAM EXPENDITURES IN THIS QUARTER						STATE
						QUARTER ENDED
ADMINISTRATION SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	TOTAL COMPUTABLE	FEDERAL SHARE				TOTAL FEDERAL SHARE
		90%	75%	50%	___%	FEDERAL SHARE
		(a)	(b)	(c)	(d)	(e)
1. FAMILY PLANNING						
2. DESIGN DEVELOPMENT OR INSTALLATION OF MMIS						
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS						
B. COST OF PRIVATE SECTOR CONTRACTORS						
C. DRUG CLAIMS SYSTEM						
3. SKILLED PROFESSIONAL MEDICAL PERSONNEL						
4. OPERATION OF AN APPROVED MMIS:						
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS						
B. COST OF PRIVATE SECTOR CONTRACTORS						
5. MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:						
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS						
B. COST OF PRIVATE SECTOR CONTRACTORS						
6. PEER REVIEW ORGANIZATIONS (PRO)						
7. A. THIRD PARTY LIABILITY						
RECOVERY PROCEDURE - BILLING OFFSET						
B. ASSIGNMENT OF RIGHTS - BILLING OFFSET						
8. IMMIGRATION STATUS VERIFICATION SYSTEM COSTS (100% FFP)						
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. OTHER FINANCIAL PARTICIPATION						
20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET LINE 6 COLUMNS (c) AND (d))						

EXPENDITURES FOR STATE AND LOCAL ADMINISTRATION
FOR THE MEDICAL ASSISTANCE PROGRAM
PRIOR PERIOD ADJUSTMENTS

STATE _____
 QUARTER ENDED _____
 FISCAL YEAR _____

ADMINISTRATION SPECIAL ISSUES REPORTING TYPE OF PROGRAM _____	<input type="checkbox"/> LINE 7. <input type="checkbox"/> LINE 8. <input type="checkbox"/> LINE 10.A. <input type="checkbox"/> LINE 10.B. <input type="checkbox"/>					TOTAL FEDERAL SHARE (f)	DEFERRAL, DISALLOWANCE OR C.I.N. NO. (g)	
	TOTAL COMPUTABLE (a)	FEDERAL SHARE						FEDERAL SHARE (e)
		90% (b)	75% (c)	50% (d)	—% (e)			
1. FAMILY PLANNING								
2. DESIGN DEVELOPMENT OR INSTALLATION OF MMIS:								
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS								
B. COSTS OF PRIVATE SECTOR CONTRACTORS								
C. DRUG CLAIMS SYSTEM								
3. SKILLED PROFESSIONAL MEDICAL PERSONNEL								
4. OPERATION OF AN APPROVED MMIS:								
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS								
B. COST OF PRIVATE SECTOR CONTRACTORS								
5. MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:								
A. COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS								
B. COST OF PRIVATE SECTOR CONTRACTORS								
6. PEER REVIEW ORGANIZATIONS (PRO)								
7. A. THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET								
B. ASSIGNMENT OF RIGHTS - BILLING OFFSET								
8. IMMIGRATION STATUS VERIFICATION SYSTEM COSTS (100% FFP)								
9. NURSE AIDE TRAINING COSTS								
10. PREADMISSION SCREENING COSTS								
11. RESIDENT REVIEW ACTIVITIES COST								
12. DRUG USE REVIEW PROGRAM								
13. OUTSTATIONED ELIGIBILITY WORKERS								
14. TANF BASE								
15. TANF SECONDARY 90%								
16. TANF SECONDARY 75%								
17. EXTERNAL REVIEW								
18. ENROLLMENT BROKERS								
19. OTHER FINANCIAL PARTICIPATION								
20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET LINE 7, 8, 10.A., OR 10.B. COLUMNS (c) AND (d))								