OMB NO. 0938-0067 (Expires: TBD) DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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Appendix F

DEPARTMENT OF HEALTH AND HUMAN SERVICES							OMB NO	0. 0938-0067 (Expires: TBD)		
CENTERS FOR MEDICARE & MEDICAID SERVICES										
MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE			STATE							
FOR THE MEDICAL ASSISTANCE PROGRAM EXPENDITURES IN THIS QUARTER				AGENCY						
				QUARTER ENDED						
			FEDERALSH	IARE						
MEDICAL ASSISTANCE PAYMENTS	TOTAL									
SPECIAL ISSUES REPORTING	COMPUTABLE	FMAP	I.H.S. FACILITY	FAMILY PLANNING	TOTAL					
TYPE OF PROGRAM		%	SERVICES	SERVICES	BREAST & CERVICAL CANCER		FEDERAL	FEDERAL		
			100%	90%	PRESUMPTIVE ELIGIBILITY	%	SHARE	SHARE		
	(a)	(b)	(c)	(d)	(e)	(f)		(g)		
14. ABORTIONS NO.	(-)	(-)	(5)	(-)	(-)	1	,	9/		
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).										

FORM CMS-64.9I

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES							OMI	3 NO. 0938-0067	(Expires: TBD)
CENTERS FOR MEDICARE & MEDICAID SERVICES		VDE 0 5 6	EDVICE	ICTATE					
MEDICAL ASSISTANCE EXPEN			ERVICE	STATE					
FOR THE MEDICAL ASSIST.				QUARTER ENDED					
PRIOR PERIOD ADJUSTMENTS IN T	HISQUARTER	<u> </u>		FISCAL YEAR					
CHECK ONE:	LINE 7		LINE 8		LINE 10A		LINE 10B		
MEDICAL ASSISTANCE PAYMENTS	FEDERAL SHARE TOTAL							DEFERRAL OR	
SPECIAL ISSUES REPORTING TYPE OF PROGRAM	COMPUTABLE	FMAP %	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	BREAST & CERVICAL CANCER PRESUMPTIVE ELIGIBILITY	%	FEDERAL SHARE	TOTAL FEDERAL SHARE	C.I.N. NUMBER
	(a)	(b)	(c)	(d)	(e)	/0	(f)	(g)	{h}
1. INPATIENT HOSPITAL SERVICES	(u)	(5)	(6)	(α)	Enhanced		()	9/	(1.)
A. Regular Payments					I.H.S.				
B. DSH Adjustment Payments									
MENTAL HEALTH FACILITY SERVICES									
A. Regular Payments									
B. DSH Adjustment Payments									
3. NURSING FACILITY SERVICES									
4. INTERMEDIATE CARE FACILITY SERVICES									
- MENTALLY RETARDED:									
A. PUBLIC PROVIDERS									
B. PRIVATE PROVIDERS									
5. PHYSICIANS' SERVICES									
6. OUTPATIENT HOSPITAL SERVICES									
7. PRESCRIBED DRUGS									
7A. DRUG REBATE OFFSET									
1. NATIONAL AGREEMENT									
2. STATE SIDEBAR AGREEMENT									
8. DENTAL SERVICES									
9. OTHER PRACTITIONERS' SERVICES									
10. CLINIC SERVICES									
11. LABORATORY AND RADIOLOGICAL SERVICES									
12. HOME HEALTH SERVICES									
13. STERILIZATIONS									

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Appendix F OMB NO. 0938-0067 (Expires: TBD) DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION MEDICAL ASSISTANCE EXPENDITURES BY TYPE OF SERVICE STATE FOR THE MEDICAL ASSISTANCE PROGRAM QUARTER ENDED FISCAL YEAR PRIOR PERIOD ADJUSTMENTS IN THIS QUARTER CHECK ONE: LINE 7 LINE 8 LINE 10A LINE 10B TOTAL **DEFERRAL** MEDICAL ASSISTANCE PAYMENTS COMPUTABLE **FMAP** I.H.S. FACILITY FAMILY PLANNING BREAST & CERVICAL TOTAL OR FEDERAL C.I.N. ____% **SERVICES FEDERAL** SPECIAL ISSUES REPORTING SERVICES CANCER 100% 90% PRESUMPTIVE ELIGIBILITY SHARE SHARE NUMBER TYPE OF PROGRAM __ {h} (a) (b) (c) (d) (e) (f) (q) 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

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

20. H&CB CARE FOR FUNCTIONALLY DISABLED ELDERLY

23. PERSONAL CARE SERVICES

26. HOSPICE BENEFITS

29. OTHER CARE SERVICES

21. COMMUNITY SUPPORTED LIVING SERVICES
22. PROGRAMS OF ALL-INCLUSIVE CARE ELDERLY

24. TARGETED CASE MANAGEMENT SERVICES25. PRIMARY CARE CASE MANAGEMENT SERVICES

 TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY SHEET, LINE 7, 8, 10.A. OR 10.B., COLUMNS (a) AND (b) AS APPROPRIATE).

27. EMERGENCY SERVICES UNDOCUMENTED ALIENS
28. FEDERALLY-QUALIFIED HEALTH CENTER

EXPENDITURES FOR STATE AND LOCAL ADMINISTRATION FOR THE MEDICAL ASSISTANCE PROGRAM EXPENDITURES IN THIS OUR BEEN

STATE

EXPENDITURES	PENDITURES IN THIS QUARTER QUARTER ENDED						
ADMINISTRATION			FEDERAL	SHARE	TOTAL		
SPECIAL ISSUES REPORTING						FEDERAL	FEDERAL
TYPE OF PROGRAM	TOTAL COMPUTABLE	90%	75%	50%	%	SHARE	SHARE
	(a)	(b)	(c)	(d)		(e)	(f)
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				X-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-			
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					33. 33.		
(100% FFP)							
9. NURSE AIDE TRAINING COSTS		8 8 8 8 8					
10. PREADMISSION SCREENING COSTS							
11. RESIDENT REVIEW ACTIVITIES COSTS							
12. DRUG USE REVIEW PROGRAM							
13. OUTSTATIONED ELIGIBILITY WORKERS		200					
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))							

DEPARTMEND PERIOD HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							OMB NO. 0938	-0067 (Expires: TBD)
EXPENDITURES FOR STATE AND LOC								
FOR THE MEDICAL ASSISTANCE PRO	GRAM				C	UARTER EI	NDED	
PRIOR PERIOD ADJUSTMENTS					F	ISCAL YEAR	₹	
ADMINISTRATION	LINE 7.	LINE 8.	LINE 10.A.	LINE 10.B.				
SPECIAL ISSUES REPORTING	FEDERAL SHARE						1	DEFERRAL,
TYPE OF PROGRAM	TOTAL						TOTAL	DISALLOWANCE
	COMPUTABLE					FEDERAL	FEDERAL	OR
	OOMI OTABLE	90%	750/	50%	c	SHARE	SHARE	C.I.N. NO.
	(a)	90% (b)	75% (c)	(d)		(e)	SHARE (f)	(g)
1. FAMILY PLANNING	(α)	(2)		(a)			(7)	(9)
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		30 - 30 - 33 - 33 - 3		33 33 33 33				
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		9 - 30 - 30 - 30 - 3						
14. TANF BASE								
15. TANF SECONDARY 90%				30 30 30 30				
16. TANF SECONDARY 75%								
17. EXTERNAL REVIEW								
18. ENROLLMENT BROKERS								
19. OTHER FINANCIAL PARTICIPATION		000000000000000000000000000000000000000						
20. TOTAL (ENTER COLUMNS (a) AND (f) ON SUMMARY								
SHEET LINE 7, 8, 10.A., OR 10.B. COLUMNS								
(c) AND (d))						I		