

Quarterly Medicaid Assistance Expenditures  
For the Medical Assistance Program

State:

Quarter Ended: 06/30/2019

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:
-------	------------	--------

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)
<b>Section A. Quarterly Status of Funding</b>								
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							
<b>Section B. Expenditures Reported for Period</b>								
6	Expenditures In This Quarter							
7	Adjustments Increasing Claims For Prior Quarters							
8	Other Expenditures							
9A	Collections: Third Party Liability							
9B	Collections: Probate							
9C1	Recoveries: Fraud, Waste and Abuse Efforts							
9C2	Recoveries: OIG Compliant False Claims Act							
9D	Collections: Other							
9E	RAC Collections							
9F	PERM Collections							

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

State:

Quarter Ended:

		Medical Assistance Payments				State and Local Administration		
		Total Computable	Federal Share			Total Computable	Federal Share	
			Medicaid	ARRA	BIPP			Total
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
9G	MEQC Collections							
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							
10G	Adjustments/Decreasing Prior Qtrs - OMEQC							
11	Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)							

**Medicaid Eligibility Quality Control Collections and Overpayment**

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:
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: