For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

Quarter Ended: 9/30/2019

Flogia						1 -				
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

Quarter Ended: 9/30/2019

Progra	am:									
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
	Outratiant Hamital Comings - Decular Daymonts									
6A	Outpatient Hospital Services - Regular Payments		1							
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
/AI	Drug Repate 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									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

Quarter Ended: 9/30/2019

Progra	ım:									
		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
	Health Clinic Payments									
	Prepaid Ambulatory Health Plan									
	MCO PAHP - Evaluation and Management									
	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment		1							
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

Quarter Ended: 9/30/2019

Progr	am:	_	1		1		1		1	
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
	Home and Community Based Services State									
19D	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)									
	Targeted Case Management Services -									
24A	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									
	Preventive Services Grade A OR B, ACIP									
34A	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	5								

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

Quarter Ended: 9/30/2019

riogra										
						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line: Program:

Progra	im:									
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	 Deferral or CIN Number
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									

For the Medical Assistance Program

Prior Period Adjustments in This Quarter State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line: Program:

Progra	am: T	ı	1	ı	T	1	ı			1	1
		Total Computable	FMAP	I.H.S. Services	Family Planning Services		Cervical Cancer Srvcs	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
	Outpatient Hospital Services - Regular										
6A	Payments										
	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs										
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										
15	EPSDT Screening Services										
16	Rural Health Clinic Services										
	Medicare Health Insurance Payments: Part A										
17A	Premiums										
	Medicare Health Insurance Payments: Part B										
17B	Premiums										
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty Medicare Health Insurance Payments:										
17D	Coinsurance and Deductibles										
	Medicaid Health Insurance Payments: Managed										
18A	Care Organizations		L			L				L	

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Progra	im:										
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
18A1	Medicaid MCO - Evaluation and Management										
	Medicaid MCO - Vaccine codes										
	Medicaid MCO - Community First Choice										
10,13	intedicate integration community in strendice										
	Medicaid MCO - Preventive Services Grade A										
18A <i>1</i>	OR B, ACIP Vaccines and their Admin										
10/14	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
	Prepaid Ambulatory Health Plan										
	MCO PAHP - Evaluation and Management										
	MCO PAHP - Vaccine codes										
	MCO PAHP - Community First Choice					+					
10010	MCO PAHP - Community First Choice  MCO PAHP - Preventive Services Grade A OR B,					+					
10014	ACIP Vaccines and their Admin										
18810	Medicaid PAHP - Certified Community Behavior										
1001-	Health Clinic Payments										
	•										
	Prepaid Inpatient Health Plan										
	MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes										
18B2C	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin					-					
	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments					-					
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments					<del> </del>					-
	Medicaid Health Insurance Payments:										
18D	Coinsurance and Deductibles										
18E	Medicaid Health Insurance Program: Other										
	Home and Community-Based Services - Regular										
19A	Payment (Waiver)										
	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Progra	1111. 	1		1	1			1	1	1	
					Family	Opt. Breast or Cervical	Opt. Breast or Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	_	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
	Home and Community-Based Services - State	Comparation			00.1.000	(=:::::::::::::::::::::::::::::::::::::	(iiie iiuie)			i i i i i i i i i i i i i i i i i i i	
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
19D	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)										
	Targeted Case Management Services -										
24A	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										
	Preventive Services Grade A OR B, ACIP										
34A	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										

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
	Health Home for Enrollees w Chronic										
43	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
49	Other Care Services										
50	Total										

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

**Quarter Ended: 9/30/2019** 

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
1	Family Planning					
	Design Development Or Installation Of MMIS:					
2A	Cost of In-House Activities					
	Design Development Or Installation Of MMIS:					
2B	Cost of Private Sector Contractors					
	Skilled Professional Medical Personnel-Single					
3A	State Agency					
	Skilled Professional Medical Personnel - Other					
3B	Agency					
	Operation Of An Approved MMIS: Costs of In-					
	House Activities Plus State Agencies And					
4A	Institutions					
	Operation Of An Approved MMIS: Cost of					
4B	Private Sector Contractors					
	Nacharina d Customa Not Amaraya d Hadar					
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
ЭА						
	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector					
ED.						
5B	Contractors  Machanized Systems - Not Approved under		+			
F.C	Mechanized Systems - Not Approved under					
5C	MMIS Procedures: Interagency					
6	Quality Improvement Organizations					
	Third Party Liability: Recovery Procedure -					
7A	Billing Offset					

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

**Quarter Ended: 9/30/2019** 

		Total	FFP Federal			<b>Total Federal</b>
		Computable	Share	Other %	Federal Share	Share
	Third Party Liability: Assignment Of Rights -					
7B	Billing Offset					
	Immigration Status Verification System Costs					
8	(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					
	Program Integrity/Fraud, Waste, and Abuse					
20	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					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

**Quarter Ended: 9/30/2019** 

		Total	FFP Federal			<b>Total Federal</b>
		Computable	Share	Other %	Federal Share	Share
	HIT: Implementation and Operation: Cost of					
24D	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					
	Planning for Health Homes for Enrollees with					
26	Chronic Conditions					
	Recovery Audit Contractors State					
27	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					

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

**Expenditures in This Quarter** 

State:

**Quarter Ended: 9/30/2019** 

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Eligibility Determination Staff – Cost of In-					
28E	house Activities					
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-					
28G	house Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
	Design Development/Implementation of					
30	Prescription Drug Monitoring Program Systems					
49	Other Financial Participation					
50	Total					

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10 PI - Expenditures for State and Local Administration

For the Medical Assistance Program

**Prior Period Adjustments** 

State:

**Quarter Ended: 9/30/2019** 

Prior Qtr/FYR:

Line:

		Total	FFP Federal			<b>Total Federal</b>	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10PI - Expenditures for State and Local Administration For the Medical Assistance Program

**Prior Period Adjustments** 

State:

**Quarter Ended: 9/30/2019** 

Prior Qtr/FYR:

Line:

TTOGI		Total	FFP Federal			<b>Total Federal</b>	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(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						
19	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	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						

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10PI - Expenditures for State and Local Administration For the Medical Assistance Program

**Prior Period Adjustments** 

State:

**Quarter Ended: 9/30/2019** 

Prior Qtr/FYR:

Line:

		Total	FFP Federal			<b>Total Federal</b>	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	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						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
20.4	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						<u> </u>
	Design Development/Installation of Medicaid						
200	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						

OMB No. 0938-1265 Expires 4/30/2021

Form CMS 64.10 PI - Expenditures for State and Local Administration

For the Medical Assistance Program

**Prior Period Adjustments** 

State:

**Quarter Ended: 9/30/2019** 

Prior Qtr/FYR:

Line:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
49	Other Financial Participation						
50	Total						