

| CMS 64.9T | | State: New Hampshire Agency: CMS | | |
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| Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in this Quarter | | Quarter/Year: Qtr 1st 2023 Quarter Ended: 12/31/2022 | | |
| Medical Assistance Payments | Total Computable | Federal Share | | |
| | | Medicaid and CHIP 50% | Medicaid FMAP FMAP 50% COVID FMAP 61.2% | Applied against the CHIP Amount |
| | (A) | (B) | (C) | (D) |
| 1A) Inpatient Hospital - Reg. Payments | | | | |
| 1B) Inpatient Hospital - DSH | | | | |
| 1C) Inpatient Hospital - Sup. Payments | | | | |
| 1D) Inpatient Hospital - GME Sup Payments | | | | |
| 2A) Mental Health Facility Services - Reg. Payments | | | | |
| 2B) Mental Health Facility - DSH | | | | |
| 2C) Certified Community Behavior Health Clinic Payments | | | | |
| 3A) Nursing Facility Services - Reg. Payments | | | | |
| 3B) Nursing Facility Services - Sup. 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 & Surgical Services - Reg. Payments | | | | |
| 5B) Physician & Surgical Services - Sup. Payments | | | | |
| 5C) Physician & Surgical Services - Evaluation and Management | | | | |
| 5D) Physician & Surgical Services - Vaccine codes | | | | |
| 6A) Outpatient Hospital Services - Reg. Payments | | | | |
| 6B) Outpatient Hospital Services - Sup. Payments | | | | |
| 7) Prescribed Drugs | | | | |
| 7A1) Drug Rebate Offset - National | | | | |
| 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% | | | | |
| 7A7) Drug Rebate Offset - Value Based Purchasing | | | | |
| 8) Dental Services | | | | |

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| 9A) Other Practitioners Services - Reg. Payments | | | | |
| 9B) Other Practitioners Services - Sup. Payments | | | | |
| 10A) Clinic Services - Reg. Payments | | | | |
| 10B) Clinic Services - Sup. Payments | | | | |
| 11) Laboratory/Radiological | | | | |
| 12) Home Health Services | | | | |
| 13) Sterilizations | | | | |
| 14) Abortions | | | | |
| 15) EPSDT Screening | | | | |
| 16) Rural Health | | | | |
| 17A) Medicare - Part A | | | | |
| 17B) Medicare - Part B | | | | |
| 17C1) 120% - 134% Of Poverty | | | | |
| 17D) Coinsurance | | | | |
| 18A) Medicaid - 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 | | | | |
| 18A6) Medicaid MCO - Services Subject to Electronic Visit Verification Requirements | | | | |
| 18B1) Prepaid Ambulatory Health Plan | | | | |
| 18B1a) MCO PAHP - Evaluation and Management | | | | |
| 18B1b) MCO PAHP - Vaccine codes | | | | |
| 18B1c) MCO PAHP - Community First Choice | | | | |
| 18B1d) MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | | | | |
| 18B1e) Medicaid PAHP - Certified Community Behavior Health Clinic Payments | | | | |
| 18B1f) MCO PAHP - Services Subject to Electronic Visit Verification Requirements | | | | |
| 18B2) Prepaid Inpatient Health Plan | | | | |
| 18B2a) MCO PIHP - Evaluation and Management | | | | |
| 18B2b) MCO PIHP - Vaccine codes | | | | |
| 18B2c) MCO PIHP - Community First Choice | | | | |
| 18B2d) MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | | | | |
| 18B2e) Medicaid PIHP - Certified Community Behavior Health Clinic Payments | | | | |
| 18B2f) MCO PIHP - Services Subject to Electronic Visit Verification Requirements | | | | |

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| 18C) Medicaid - Group Health | | | | |
| 18D) Medicaid - Coinsurance | | | | |
| 18E) Medicaid - Other | | | | |
| 19A) Home & Community-Based Services - Regular Payment (1915(c) Waiver) | | | | |
| 19B) Home & Community-Based Services - St. Plan 1915(i) Only Pay. | | | | |
| 19C) Home & Community-Based Services - St. Plan 1915(j) Only Pay. | | | | |
| 19D) Home & Community Based Services State Plan 1915(k) Community First Choice | | | | |
| 22) All-Inclusive Care Elderly | | | | |
| 23A) Personal Care Services - Reg. Payments | | | | |
| 23B) Personal Care Services - SDS 1915(j) | | | | |
| 24A) Targeted Case Management Services - Com. Case-Man. | | | | |
| 24B) Case Management - State Wide | | | | |
| 25) Primary Care Case Management | | | | |
| 26) Hospice Benefits | | | | |
| 27) Emergency Services for Undocumented Aliens | | | | |
| 28) Federally-Qualified Health Center | | | | |
| 29A) Non-Emergency Medical Transportation - Reg. Payments | | | | |
| 29B) Non-Emergency Medical Transportation - Sup. Payments | | | | |
| 30) Physical Therapy | | | | |
| 31) Occupational Therapy | | | | |
| 32) Services for Speech, Hearing & 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 | | | | |
| 37A) Critical Access Hospitals - Reg. Payments | | | | |
| 37B) Critical Access Hospitals Inpatient - Sup. Payments | | | | |
| 37C) Critical Access Hospitals Outpatient - Sup. Payments | | | | |
| 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 | | | | |
| 45) Health Home for Enrollees w Substance-Use-Disorder | | | | |
| 46) OUD Medicaid Assisted Treatment “ Drugs | | | | |

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| 46A1) OUD MAT DRUG REBATE/National Agreement | | | | |
| 46A2) OUD MAT DRUG REBATE/State Sidebar | | | | |
| 46A3) OUD MAT DRUG REBATE MCO /National Agreement | | | | |
| 46A4) OUD MAT DRUG REBATE MCO /State Sidebar | | | | |
| 46A5) OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% | | | | |
| 46A6) OUD MAT DRUG REBATE/Increased ACA Offset MCO " 100% | | | | |
| 46B) OUD Medicaid Assisted Treatment Services | | | | |
| 47) ARP Section 9811 COVID Vaccine/Vaccine Administration | | | | |
| 48) ARP Section 9813 Qualified Community Based Mobile Crisis Intervention " 85% | | | | |
| 49) Health Homes for Children with Medically Complex Conditions | | | | |
| 69) Other Care Services | | | | |
| 70) Total | | | | |
| | | | | Remaining Balance: 553,740 |