State: Alabama Agency: CMS

## 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

	Quarter Ended: 12/31/20								
		Federal Share  FMAP I.H.S Facility Services Family Planning Services Other %							
	Total Computable	72.37%	100%	90%		(*)		Federal Share	
Medical Assistance Payments	, , , , , , , , , , , , , , , , , , ,	COVID FMAP			Optional Breast or Cervical Cancer*	NON COVID FMAP (#)	Federal Share		
	(0)	78.57% **	(6)	(D)	(5)			(6)	
	(A)	(B)	(C)	(D)	(E)	(F)		(G)	
1A) Inpatient Hospital - Reg. Payments									
1B) Inpatient Hospital - DSH									
1C) Inpatient Hospital - Sup. Payments									
1D) Inpatient Hospital - GME 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 - Ind. with Intellectual Disabilities: 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									
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 No. 1									
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					
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	l	1	1	ĺ	1

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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						
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						
44) Tobacco Cessation for Preg Women						
45) Health Home for Enrollees w Substance- Use-Disorder						
46) OUD Medicaid Assisted Treatment – Drugs						
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 Qualifying Community Based Mobile Crisis Intervention Services -						
85% 49) Health Homes for Children with						
Medically Complex Conditions						
69) Other Care Services						
70) Total						
* Optional Breast & Cervical Cancer Services c	alculated at an Enhance	d EMAD rate of	f 95% and/or the IHC So	arvices rate of 100%	 	 

<sup>\*</sup> Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 85% and/or the IHS Services rate of 100%

<sup>\*\*</sup> Lines are calculated at the COVID FMAP rate of 78.57%

<sup>\* =</sup> Other , # = NON COVID FMAP