

Form CMS 64 Summary - Quarterly Medicaid Statement of Expenditures
For the Medical Assistance Program
Summary Sheet
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid Federal Share	ARRA Federal Share	COVID Federal Share	Federal Share	Total Computable3	Federal Share4
1	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters							
2	Awards Received During The Quarter For Subsequent Quarters							
3.A.	Interest: Received On Medicaid Recoveries							
3.B.	Interest: Assessed On Disallowances							
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30							
5	Other							
6	Expenditures In This Quarter							
7	Adjustments Increasing Claims For Prior Quarters							
8	Other Expenditures							
9.A.	Collections: Third Party Liability							
9.B.	Collections: Probate							
9.C.1.	Recoveries: Fraud, Waste and Abuse Efforts							
9.C.2.	Recoveries: OIG Compliant False Claims Act							
9.D.	Collections: Other							
9.E.	RAC Collections							
9.F.	PERM Collections							
9G	MEQC Collections							
10.A.	Adjustments Decreasing Claims For Prior Quarters: Federal Audit							
10.B.	Adjustments Decreasing Claims For Prior Quarters: Other							
10.C.	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)							
10.D.	Adjustments/Decreasing Prior Qtrs - Perm							
10.E.	Adjustments/Decreasing Prior Qtrs - RAC							
10.F.	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)							

Form CMS 64.9 BASE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
1B	Inpatient Hospital Service - DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital - GME Sup 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										
6A	Outpatient Hospital Services - Regular Payments										
6b	Outpatient Hospital Services - Supplemental 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%										

Form CMS 64.9 BASE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
7A6	Increased ACA OFFSET - MCO - 100%										
7A7	Drug Rebate Offset - Value Based Purchasing										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10A	Clinic Services - Reg. Payments										
10B	Clinic Services - Sup. Payments										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions No.										
15	EPSDT Screening Services										
16	Rural Health Clinic Screening										
17A	Medicare Health Insurance Payments - Part A Premiums										
17B	Medicare Health Insurance Payments - Part B Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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										

Form CMS 64.9 BASE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
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 Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)										
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment										
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment										
19D	Home and Community Based Services State 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)										
24A	Targeted Case Management Services - 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										
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 and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										

Form CMS 64.9 BASE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
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										
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										

Form CMS 64.9 WAIVER - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
1B	Inpatient Hospital Service - DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital - GME Sup 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										
6A	Outpatient Hospital Services - Regular Payments										
6b	Outpatient Hospital Services - Supplemental Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement										
7A3	MCO - National Agreement										

Form CMS 64.9 WAIVER - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
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 - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10A	Clinic Services - Reg. Payments										
10B	Clinic Services - Sup. Payments										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions No.										
15	EPSDT Screening Services										
16	Rural Health Clinic Screening										
17A	Medicare Health Insurance Payments - Part A Premiums										
17B	Medicare Health Insurance Payments - Part B Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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										

Form CMS 64.9 WAIVER - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
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 Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)										
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment										
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment										
19D	Home and Community Based Services State 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)										
24A	Targeted Case Management Services - Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
27	Emergency Services for Undocumented Aliens										

Form CMS 64.9 WAIVER - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
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 and 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	ODU Medicaid Assisted Treatment – Drugs										
46A1	ODU MAT DRUG REBATE/National Agreement										
46A2	ODU MAT DRUG REBATE/State Sidebar										
46A3	ODU MAT DRUG REBATE MCO /National Agreement										
46A4	ODU MAT DRUG REBATE MCO /State Sidebar										
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%										

Form CMS 64.9 WAIVER - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
46A6	OUT MAT DRUG REBATE/Increased ACA Offset MCO – 100%										
46B	OUT 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										

Form CMS 64.9P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total 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 - GME Sup 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											
6A	Outpatient Hospital Services - Regular Payments											
6b	Outpatient Hospital Services - Supplemental 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%											
7A7	Drug Rebate Offset - Value Based Purchasing											

Form CMS 64.9P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
10A	Clinic Services - Reg. Payments											
10B	Clinic Services - Sup. Payments											
11	Laboratory And Radiological Services											
12	Home Health Services											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
17A	Medicare Health Insurance Payments: Part A Premiums											
17B	Medicare Health Insurance Payments: Part B Premiums											
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations											
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											

Form CMS 64.9P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 Health Insurance Payments: Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)											
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment											
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment											
19D	Home and Community Based Services State 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)											
24A	Targeted Case Management Services - 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											
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 and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											

Form CMS 64.9P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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	ODU Medicaid Assisted Treatment – Drugs											
46A1	ODU MAT DRUG REBATE/National Agreement											
46A2	ODU MAT DRUG REBATE/State Sidebar											
46A3	ODU MAT DRUG REBATE MCO /National Agreement											
46A4	ODU MAT DRUG REBATE MCO /State Sidebar											
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%											
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%											
46B	ODU 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											

Form CMS 64.9P Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total 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 - GME Sup 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											
6A	Outpatient Hospital Services - Regular Payments											
6b	Outpatient Hospital Services - Supplemental Payments											
7	Prescribed Drugs											
7A1	Drug Rebate - National Agreement											
7A2	Drug Rebate - State Sidebar Agreement											
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											
7A5	Increased ACA OFFSET - Fee for Service - 100%											

Form CMS 64.9P Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
7A6	Increased ACA OFFSET - MCO - 100%											
7A7	Drug Rebate Offset - Value Based Purchasing											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
10A	Clinic Services - Reg. Payments											
10B	Clinic Services - Sup. Payments											
11	Laboratory And Radiological Services											
12	Home Health											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
17A	Medicare Health Insurance Payments: Part A Premiums											
17B	Medicare Health Insurance Payments: Part B Premiums											
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations											
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											

Form CMS 64.9P Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 Health Insurance Payments: Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)											
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment											
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment											
19D	Home and Community Based Services State 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)											
24A	Targeted Case Management Services - 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											

Form CMS 64.9P Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 and 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	ODU Medicaid Assisted Treatment – Drugs											
46A1	ODU MAT DRUG REBATE/National Agreement											
46A2	ODU MAT DRUG REBATE/State Sidebar											
46A3	ODU MAT DRUG REBATE MCO /National Agreement											
46A4	ODU MAT DRUG REBATE MCO /State Sidebar											
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%											
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%											
46B	ODU Medicaid Assisted Treatment Services											

Form CMS 64.9P Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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											

Form CMS 64.90 - Medicaid Overpayment Adjustment

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	2021 And Prior	2022	2023	2024	Total Federal Share
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit						
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
3	Subtotal						
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5	Total Overpayment Adjustments This Quarter						

Fraud, Waste & Abuse Amounts Overpayments - Federal Credit Due
From Medicaid Program Integrity Activities
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	COVID Federal Share	Federal Share
1	Amounts Identified from State PI activities						
1A	Data mining activities						
1B	PI Provider audits						
1C	Other						
2	MFCU Investigations						
3	Settlements/Judgments						
4	Civil Monetary Penalties						
5	CMS Medicaid Integrity Contractors (MICs)						
6	Other						
7	Sub-Total						
8	Decreasing Adjustments to Amounts Previously Reported on Line 7						
9	Decreasing Adjustments - Amounts Previously Reported Overpayments to Providers Certified this Quarter as Bankrupt or Out of Business						
10	Total						

Form CMS 64.9OMEQC - Medicaid Eligibility Quality Control Collections and Overpayment

State:

Quarter Ended: 12/31/2023

Line #	Overpayment Activity	Total Computable	2021 And Prior	2022	2023	2024	Total Federal Share
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit						
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
3	SubTotal						
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5	Total Overpayment Adjustments This Quarter						

Form CMS 64.90 PERM - Medicaid Overpayment Adjustment

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	2021 And Prior	2022	2023	2024	Total Federal Share
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit						
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
3	Subtotal						
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5	Total Overpayment Adjustments This Quarter						

Form CMS 64.9ORAC - Recovery Audit Contractors identified Overpayment

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	2021 And Prior	2022	2023	2024	Total Federal Share
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit						
2	Decreasing Adjustments To Amounts Previously Reported On Line 1						
3	Subtotal						
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business						
5	Total Overpayment Adjustments This Quarter						

Form CMS 64.9A - Third Party Liability Collections and Cost Avoidance

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	COVID Federal Share	Federal Share
1.a.	Amount Of Third Liability Collections Made In This Quarter By Source: Medicare Title XVIII						
b.1.	Other Collections: Health Insurance						
2	Other Collections: Casualty Insurance						
c.	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912						
1	Total Collections: Less Excess Paid To Individuals						
2	Net Collections To Reimburse State Title XIX Medical Payments						
3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)						
4	Net Federal Share Of Collections Reportable						
2	Total Third Party Liability Collections						
1	Medicare Title XVIII						
2	Health Insurance						
3	Other Cost Avoidance						

Form CMS 64.9 200K - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
1B	Inpatient Hospital Service - DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital - GME Sup 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										
6A	Outpatient Hospital Services - Regular Payments										
6b	Outpatient Hospital Services - Supplemental 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%										

Form CMS 64.9 200K - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
7A6	Increased ACA OFFSET - MCO - 100%										
7A7	Drug Rebate Offset - Value Based Purchasing										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10A	Clinic Services - Reg. Payments										
10B	Clinic Services - Sup. Payments										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions No.										
15	EPSDT Screening Services										
16	Rural Health Clinic Screening										
17A	Medicare Health Insurance Payments - Part A Premiums										
17B	Medicare Health Insurance Payments - Part B Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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										

Form CMS 64.9 200K - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
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 Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)										
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment										
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment										
19D	Home and Community Based Services State 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)										
24A	Targeted Case Management Services - 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										
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 and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										

Form CMS 64.9 200K - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
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	ODU Medicaid Assisted Treatment – Drugs										
46A1	ODU MAT DRUG REBATE/National Agreement										
46A2	ODU MAT DRUG REBATE/State Sidebar										
46A3	ODU MAT DRUG REBATE MCO /National Agreement										
46A4	ODU MAT DRUG REBATE MCO /State Sidebar										
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%										
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%										
46B	ODU 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										

Form CMS 64.9P 200K - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total 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 - GME Sup 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											
6A	Outpatient Hospital Services - Regular Payments											
6b	Outpatient Hospital Services - Supplemental 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%											
7A7	Drug Rebate Offset - Value Based Purchasing											

Form CMS 64.9P 200K - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
10A	Clinic Services - Reg. Payments											
10B	Clinic Services - Sup. Payments											
11	Laboratory And Radiological Services											
12	Home Health Services											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
17A	Medicare Health Insurance Payments: Part A Premiums											
17B	Medicare Health Insurance Payments: Part B Premiums											
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations											
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											

Form CMS 64.9P 200K - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 Health Insurance Payments: Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)											
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment											
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment											
19D	Home and Community Based Services State 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)											
24A	Targeted Case Management Services - 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											
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 and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											

Form CMS 64.9P 200K - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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	ODU Medicaid Assisted Treatment – Drugs											
46A1	ODU MAT DRUG REBATE/National Agreement											
46A2	ODU MAT DRUG REBATE/State Sidebar											
46A3	ODU MAT DRUG REBATE MCO /National Agreement											
46A4	ODU MAT DRUG REBATE MCO /State Sidebar											
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%											
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%											
46B	ODU 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											

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 BASE - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter
State:

Quarter Ended: 12/31/2023

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

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 BASE - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter
State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
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					
20	Program Integrity/Fraud, Waste, and Abuse Activities					
21	County/Local ADM Costs					
22	Interagency Costs (State Level)					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
24C	HIT: Implementation and Operation: Cost of In-house Activities					
24D	HIT: Implementation and Operation: Cost of 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					
26	Planning for Health Homes for Enrollees with Chronic Conditions					
27	Recovery Audit Contractors State Administration					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 BASE - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter
State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities					
28B	Design Development/Installation of Medicaid Elig. Determin. 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					
28E	Eligibility Determination Staff – Cost of In-house Activities					
28F	Eligibility Determination Staff – Cost of Private Sector Contractors					
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP					
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems					
31	CAA 2023 Section 5101					
49	Other Financial Participation					
50	Total					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
1	Family Planning					
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities					
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors					
3A	Skilled Professional Medical Personnel-Single State Agency					
3B	Skilled Professional Medical Personnel - Other Agency					
4A	Operation Of An Approved MMIS: Costs of In- House Activities Plus State Agencies And Institutions					
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors					
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors					
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency					
6	Quality Improvement Organizations					
7A	Third Party Liability: Recovery Procedure - Billing Offset					
7B	Third Party Liability: Assignment Of Rights - Billing Offset					
8	Immigration Status Verification System Costs (100% FFP)					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
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 Activities					
20						
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					
24C	HIT: Implementation and Operation: Cost of In-house Activities					
24D	HIT: Implementation and Operation: Cost of Private Contractors					
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
25B	CVT Operation - CHIPRA					
26	Planning for Health Homes for Enrollees with Chronic Conditions					
27	Recovery Audit Contractors State Administration					
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities					
28B	Design Development/Installation of Medicaid Elig. Determin. 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					
28E	Eligibility Determination Staff – Cost of In-house Activities					
28F	Eligibility Determination Staff – Cost of Private Sector Contractors					
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP					
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems					

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter

State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
31	CAA 2023 Section 5101					
49	Other Financial Participation					
50	Total					

Form CMS 64.10P - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

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

Form CMS 64.10P - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
18	Enrollment Brokers						
19	School Based Administration						
20	Program Integrity/Fraud, Waste, and Abuse 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						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of 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						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determin. 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						

Form CMS 64.10P - Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments

State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
28E	Eligibility Determination Staff – Cost of In-house Activities						
28F	Eligibility Determination Staff – Cost of Private Sector Contractors						
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP						
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems						
31	CAA 2023 Section 5101						
49	Other Financial Participation						
50	Total						

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

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

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

Form CMS 64.10P Waiver - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
20	Program Integrity/Fraud, Waste, and Abuse 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						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of 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						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State 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						

Form CMS 64.10P Waiver - Expenditures for State and Local Administration
For the Medical Assistance Program
Prior Period Adjustments
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
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						
28E	Eligibility Determination Staff – Cost of In-house Activities						
28F	Eligibility Determination Staff – Cost of Private Sector Contractors						
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP						
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems						
31	CAA 2023 Section 5101						
49	Other Financial Participation						
50	Total						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.11 - Summary Total of Receipts from Form CMS 64.11 A

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Receipts
	Donations	
1	Donations - Medicaid	0
	Donations - CHIP	0
2	Donations- Outstationed Eligibility Workers - Medicaid	0
2.A.	Donations - Outstationed Eligibility Workers - CHIP	0
	Taxes	
3	Taxes	0
	Fees	
4	Fees	0
	Assessments	
5	Assessments	0
	Totals	
6	Total Donations (Lines 1+1.A.+2+2.A)	0
7	Total Taxes, Fees, and Assessments (Lines 3+4+5)	0

**Department of Health and Human Services
Centers for Medicare & Medicaid Services**

**OMB No. 0938-1265
Expires 4/30/2024**

Form CMS 64.11A - Actual Receipts by Plan Name

State:

Quarter Ended: 12/31/2023

Code	Plan Name	Receipts

No data submitted for this form

Form CMS 64.9D - Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Federal Share	Total Computable3	Federal Share4	Total Computable5	Federal Share6	Total Computable7	Federal Share8

No data submitted for this form

Form CMS 64.9R - Medicaid Drug Rebate Schedule
State:
Quarter Ended: 12/31/2023

Line #	Line Description	Qtr. Ending 12/31/2023	Qtr. Ending 09/30/2023	Qtr. Ending 06/30/2023	Qtr. Ending 03/31/2023	Qtr. Ending 12/31/2022 And Prior	Total
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3	Rebates Invoiced In This Quarter						
4	Subtotal						
5	Rebates Reported On This Expenditure Report						
6	Balance As Of The End Of The Quarter						

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Medicaid Program Expenditure Report
Other Narrative Explanations
State:
Quarter Ended: 12/31/2023

OMB No. 0938-1265
Expires 4/30/2024

Narrative

Form CMS 64.21P - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	FMAP Percent	I.H.S. Services	Family Planning	Non COVID FMAP	Total Federal Share	Deferral Disallowance C.I.N. No.
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset							
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid							
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
2A	Inpatient Hospital Services - DSH Adjustments Payments							
3	Inpatient Mental Health Facility Services - Regular Payments							
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments							
3B	Certified Community Behavior Health Clinic Payments							
4	Nursing Care Services							
5	Physician And Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs							
8A1	Drug Rebate - National Agreement							
8A2	Drug Rebate - State Sidebar Agreement							
8A3	MCO - National Agreement							
8A4	MCO - State Sidebar Agreement							
8A5	Increased ACA OFFSET - Fee for Service - 100%							

Form CMS 64.21P - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	FMAP Percent	I.H.S. Services	Family Planning	Non COVID FMAP	Total Federal Share	Deferral Disallowance C.I.N. No.
8A6	Increased ACA OFFSET - MCO - 100%							
9	Dental Services							
10	Vision Services							
11	Other Practitioners' Services							
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
28	Total							

Form CMS 64.21P Waiver - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	FMAP Percent	I.H.S. Services	Family Planning	Non COVID FMAP	Total Federal Share	Deferral Disallowance C.I.N. No.
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset							
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid							
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
2A	Inpatient Hospital Services - DSH Adjustments Payments							
3	Inpatient Mental Health Facility Services - Regular Payments							
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments							
3B	Certified Community Behavior Health Clinic Payments							
4	Nursing Care Services							
5	Physician And Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs							
8A1	Drug Rebate - National Agreement							
8A2	Drug Rebate - State Sidebar Agreement							
8A3	MCO - National Agreement							

Form CMS 64.21P Waiver - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	FMAP Percent	I.H.S. Services	Family Planning	Non COVID FMAP	Total Federal Share	Deferral Disallowance C.I.N. No.
8A4	MCO - State Sidebar Agreement							
8A5	Increased ACA OFFSET - Fee for Service - 100%							
8A6	Increased ACA OFFSET - MCO - 100%							
9	Dental Services							
10	Vision Services							
11	Other Practitioners' Services							
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
28	Total							

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21U - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended: 12/31/2023

Type of Eligible:

Line #	Line Description	Total Computable	FMAP Percent	CHIP	Total Federal Share
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
3B	Certified Community Behavior Health Clinic Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
8A3	MCO - National Agreement				
8A4	MCO - State Sidebar Agreement				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21U - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended: 12/31/2023

Type of Eligible:

Line #	Line Description	Total Computable	FMAP Percent	CHIP	Total Federal Share
8A5	Increased ACA OFFSET - Fee for Service - 100%				
8A6	Increased ACA OFFSET - MCO - 100%				
8A7	Drug Rebate Offset - Value Based Purchasing				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
21A	Home and Community-Based Services - Regular Payment (WAIVER)				
22	Hospice				
23	Medical Transportation				
24	Case Management				
26	ARP Section 9821 COVID Vaccine/Vaccine Administration				
31	Other Services				
48	Total				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21U Waiver- Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP Percent	CHIP	Total Federal Share
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
3B	Certified Community Behavior Health Clinic Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21U Waiver- Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP Percent	CHIP	Total Federal Share
8A2	Drug Rebate - State Sidebar Agreement				
8A3	MCO - National Agreement				
8A4	MCO - State Sidebar Agreement				
8A5	Increased ACA OFFSET - Fee for Service - 100%				
8A6	Increased ACA OFFSET - MCO - 100%				
8A7	Drug Rebate Offset - Value Based Purchasing				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
21A	Home and Community-Based Services - Regular Payment (WAIVER)				
22	Hospice				
23	Medical Transportation				

Form CMS 64.21U Waiver- Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program
Expenditure Categories

State:
Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP Percent	CHIP	Total Federal Share
24	Case Management				
26	ARP Section 9821 COVID Vaccine/Vaccine Administration				
31	Other Services				
48	Total				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21UP - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP	CHIP	Total Federal Share	Deferral Disallowance C.I.N. No.
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
3B	Certified Community Behavior Health Clinic Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
8A3	MCO - National Agreement					
8A4	MCO - State Sidebar Agreement					
8A5	Increased ACA OFFSET - Fee for Service - 100%					
8A6	Increased ACA OFFSET - MCO - 100%					
8A7	Drug Rebate Offset - Value Based Purchasing					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21UP - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP	CHIP	Total Federal Share	Deferral Disallowance C.I.N. No.
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
26	ARP Section 9821 COVID Vaccine/Vaccine Administration					
31	Other Services					
48	Balance					
49	Collections					
50	Total					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21UP WAIVER - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP	CHIP	Total Federal Share	Deferral Disallowance C.I.N. No.
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
3B	Certified Community Behavior Health Clinic Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
8A3	MCO - National Agreement					
8A4	MCO - State Sidebar Agreement					
8A5	Increased ACA OFFSET - Fee for Service - 100%					
8A6	Increased ACA OFFSET - MCO - 100%					
8A7	Drug Rebate Offset - Value Based Purchasing					
9	Dental Services					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.21UP WAIVER - Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	Total Computable	FMAP	CHIP	Total Federal Share	Deferral Disallowance C.I.N. No.
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
26	ARP Section 9821 COVID Vaccine/Vaccine Administration					
31	Other Services					
48	Balance					
49	Collections					
50	Total					

Form CMS 64.F - Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Federal Share	Total Computable3	Federal Share4	20% Federal Share	Total Computable5	Federal Share6
6.A.	From Form CMS-64.9/CMS-64.10							
6.A.1.	From Form CMS-64.9T							
6.A.2.	From Form CMS-64.9E/CMS-64.9PE							
6.A.3.	From Form CMS-64.9VIII NEWLY							
6.A.4.	From Form CMS-64.9VIII NOT NEWLY							
6.A.5.	From Form CMS-64.9SAP							
6.B.	From Form CMS-64.21							
6.C.	From Form CMS-64.21U							
7.A.	From Form CMS 64.9P/CMS 64.10							
7.A.1.	From Form CMS-64.9TP							
7.A.2.	From Form CMS-64.9EP/CMS-64.9PEP							
7.A.3.	From Form CMS-64.9VIII NEWLY							
7.A.4.	From Form CMS-64.9VIII NOT NEWLY							
7.A.5.	From Form CMS-64.9SAP							
7.B.	From Form CMS-64.21P							
7.C.	From Form CMS-64.21UP							
8.A.	From Form CMS 64.9P/CMS 64.10P							
8.A.1.	From Form CMS-64.9TP							
8.A.2.	From Form CMS-64.9EP/CMS-64.9PEP							
8.A.3.	From Form CMS-64.9VIII NEWLY							
8.A.4.	From Form CMS-64.9VIII NOT NEWLY							
8.A.5.	From Form CMS-64.9SAP							
8.B.	From Form CMS-64.21P							
8.C.	From Form CMS-64.21UP							
9	From Form CMS-64.9 Summary							
10.A.1.	From Form CMS 64.9P/CMS 64.10P							
10.A.1.a	From Form CMS-64.9TP							
10.A.1.b.	From Form CMS-64.9EP/CMS-64.9PEP							
10.A.1.c.	From Form CMS-64.9VIII NEWLY							
10.A.1.d.	From Form CMS-64.9VIII NOT NEWLY							
10.A.1.e.	From Form CMS-64.9SAP							
10.A.2.	From Form CMS 64.21P							

Form CMS 64.F - Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Federal Share	Total Computable3	Federal Share4	20% Federal Share	Total Computable5	Federal Share6
10.A.3.	From Form CMS 64.21UP							
10.B.1.	From Form CMS 64.9P/CMS 64.10P							
10.B.1.a	From Form CMS-64.9TP							
10.B.1.b.	From Form CMS-64.9EP/CMS-64.9PEP							
10.B.1.c.	From Form CMS-64.9VIII NEWLY							
10.B.1.d.	From Form CMS-64.9VIII NOT NEWLY							
10.B.1.e.	From Form CMS-64.9SAP							
10.B.2.	From Form CMS 64.21P							
10.B.3.	From Form CMS 64.21UP							
10.C.	From Form CMS-64.9O/64.9O ARRA							
10.D.	From Form CMS-64.9OPerm							
10.E.	From Form CMS-64.9ORAC							
10.F.	From Form CMS-64.9OFWA							
10.G.	From Form CMS-64.MEQC							
11	Net Expenditures Reported This Period							

Form CMS 64.9I - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Program:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									

Form CMS 64.9I - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Program:

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Total Federal Share
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 - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9I - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Program:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									

Form CMS 64.9I - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Program:

Line #	Line Description	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
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9I - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Program:

Line #	Line Description	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
46	OUDD Medicaid Assisted Treatment – Drugs									
46A1	OUDD MAT DRUG REBATE/National Agreement									
46A2	OUDD MAT DRUG REBATE/State Sidebar									
46A3	OUDD MAT DRUG REBATE MCO /National Agreement									
46A4	OUDD MAT DRUG REBATE MCO /State Sidebar									
46A5	OUDD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	OUDD MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	OUDD 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									

Form CMS 64.9PI - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

Line #	Line Description	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
1A	Inpatient Hospital Services: Regular Payments										
1B	Inpatient Hospital Services: DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital - GME Sup 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										
6A	Outpatient Hospital Services - Regular Payments										
6b	Outpatient Hospital Services - Supplemental 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										

Form CMS 64.9PI - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

Line #	Line Description	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
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 - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10A	Clinic Services - Reg. Payments										
10B	Clinic Services - Sup. Payments										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions										
15	EPSDT Screening Services										
16	Rural Health Clinic Services										
17A	Medicare Health Insurance Payments: Part A Premiums										
17B	Medicare Health Insurance Payments: Part B Premiums										
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty										
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations										
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										

Form CMS 64.9PI - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles										
18E	Medicaid Health Insurance Program: Other										
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)										
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment										
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment										
19D	Home and Community Based Services State 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)										
24A	Targeted Case Management Services - Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										

Form CMS 64.9PI - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
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 and 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	ODU Medicaid Assisted Treatment – Drugs										
46A1	ODU MAT DRUG REBATE/National Agreement										
46A2	ODU MAT DRUG REBATE/State Sidebar										
46A3	ODU MAT DRUG REBATE MCO /National Agreement										
46A4	ODU MAT DRUG REBATE MCO /State Sidebar										

Form CMS 64.9PI - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

Line #	Line Description	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
46A5	OUT MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%										
46A6	OUT MAT DRUG REBATE/Increased ACA Offset MCO – 100%										
46B	OUT 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										

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

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

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Program:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
1	Family Planning					
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities					
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors					
3A	Skilled Professional Medical Personnel-Single State Agency					
3B	Skilled Professional Medical Personnel - Other Agency					
4A	Operation Of An Approved MMIS: Costs of In- House Activities Plus State Agencies And Institutions					
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors					
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities					
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors					
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency					
6	Quality Improvement Organizations					
7A	Third Party Liability: Recovery Procedure - Billing Offset					
7B	Third Party Liability: Assignment Of Rights - Billing Offset					
8	Immigration Status Verification System Costs (100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10I - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Program:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
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					
20	Program Integrity/Fraud, Waste, and Abuse 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					
24C	HIT: Implementation and Operation: Cost of In-house Activities					
24D	HIT: Implementation and Operation: Cost of 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					
26	Planning for Health Homes for Enrollees with Chronic Conditions					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10I - Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Program:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
27	Recovery Audit Contractors State Administration					
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities					
28B	Design Development/Installation of Medicaid Elig. Determin. 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					
28E	Eligibility Determination Staff – Cost of In-house Activities					
28F	Eligibility Determination Staff – Cost of Private Sector Contractors					
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP					
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems					
31	CAA 2023 Section 5101					
49	Other Financial Participation					
50	Total					

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

State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

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

Form CMS 64.10PI - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Program:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
20	Program Integrity/Fraud, Waste, and Abuse 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						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of 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						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						

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

State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Program:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
28E	Eligibility Determination Staff – Cost of In-house Activities						
28F	Eligibility Determination Staff – Cost of Private Sector Contractors						
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP						
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems						
31	CAA 2023 Section 5101						
49	Other Financial Participation						
50	Total						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
1A	Inpatient Hospital Services - Regular Payments				
1B	Inpatient Hospital Service - DSH Adjustment Payments				
1C	Inpatient Hospital Services - Supplemental Payments				
1D	Inpatient Hospital - GME Sup 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 - Supplemental Payments				
5A	Physician and Surgical Services - Regular Payments				
5B	Physician and Surgical Services - Supplemental Payments				
5C	Physician & Surgical Services - Evaluation and Management				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
5D	Physician & Surgical Services - Vaccine codes				
6A	Outpatient Hospital Services - Regular Payments				
6b	Outpatient Hospital Services - Supplemental 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%				
7A7	Drug Rebate Offset - Value Based Purchasing				
8	Dental Services				
9A	Other Practitioners Services - Regular Payments				
9B	Other Practitioners Services - Supplemental Payments				
10A	Clinic Services - Reg. Payments				
10B	Clinic Services - Sup. Payments				
11	Laboratory And Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions No.				
15	EPSDT Screening Services				
16	Rural Health Clinic Screening				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265

Expires 4/30/2024

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
17A	Medicare Health Insurance Payments - Part A Premiums				
17B	Medicare Health Insurance Payments - Part B Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
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 Health Insurance Payments: Group Health Plan Payments				
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)				
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment				
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment				
19D	Home and Community Based Services State 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)				
24A	Targeted Case Management Services - Community Case-Management				
24B	Case Management - State Wide				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265

Expires 4/30/2024

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
25	Primary Care Case Management Services				
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 and 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				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265

Expires 4/30/2024

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
43	Health Home for Enrollees w Chronic Conditions				
44	Tobacco Cessation for Preg Women				
45	Health Home for Enrollees w Substance-Use-Disorder				
46	ODU Medicaid Assisted Treatment – Drugs				
46A1	ODU MAT DRUG REBATE/National Agreement				
46A2	ODU MAT DRUG REBATE/State Sidebar				
46A3	ODU MAT DRUG REBATE MCO /National Agreement				
46A4	ODU MAT DRUG REBATE MCO /State Sidebar				
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%				
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%				
46B	ODU 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				

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments					
1B	Inpatient Hospital Service - DSH Adjustment Payments					
1C	Inpatient Hospital Services - Supplemental Payments					
1D	Inpatient Hospital - GME Sup 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 - 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					
6A	Outpatient Hospital Services - Regular Payments					

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
6b	Outpatient Hospital Services - Supplemental 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%					
7A7	Drug Rebate Offset - Value Based Purchasing					
8	Dental Services					
9A	Other Practitioners Services - Regular Payments					
9B	Other Practitioners Services - Supplemental Payments					
10A	Clinic Services - Reg. Payments					
10B	Clinic Services - Sup. Payments					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					
17A	Medicare Health Insurance Payments - Part A Premiums					
17B	Medicare Health Insurance Payments - Part B Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
18C	Medicaid Health Insurance Payments: Group Health Plan Payments					
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)					
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment					
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment					
19D	Home and Community Based Services State 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)					
24A	Targeted Case Management Services - 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					
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 and Language					

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
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	ODU Medicaid Assisted Treatment – Drugs					
46A1	ODU MAT DRUG REBATE/National Agreement					
46A2	ODU MAT DRUG REBATE/State Sidebar					
46A3	ODU MAT DRUG REBATE MCO /National Agreement					
46A4	ODU MAT DRUG REBATE MCO /State Sidebar					
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%					

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
46A6	OUN MAT DRUG REBATE/Increased ACA Offset MCO – 100%					
46B	OUN 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					

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments					
1B	Inpatient Hospital Service - DSH Adjustment Payments					
1C	Inpatient Hospital Services - Supplemental Payments					
1D	Inpatient Hospital - GME Sup 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 - Supplemental Payments					
5A	Physician and Surgical Services - Regular Payments					
5B	Physician and Surgical Services - Supplemental Payments					
5C	Physician & Surgical Services - Evaluation and Management					

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
5D	Physician & Surgical Services - Vaccine codes					
6A	Outpatient Hospital Services - Regular Payments					
6b	Outpatient Hospital Services - Supplemental 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%					
7A7	Drug Rebate Offset - Value Based Purchasing					
8	Dental Services					
9A	Other Practitioners Services - Regular Payments					
9B	Other Practitioners Services - Supplemental Payments					
10A	Clinic Services - Reg. Payments					
10B	Clinic Services - Sup. Payments					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
17A	Medicare Health Insurance Payments - Part A Premiums					
17B	Medicare Health Insurance Payments - Part B Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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					

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
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 Health Insurance Payments: Group Health Plan Payments					
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)					
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment					
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment					
19D	Home and Community Based Services State 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)					
24A	Targeted Case Management Services - Community Case-Management					
24B	Case Management - State Wide					

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
25	Primary Care Case Management Services					
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 and 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					

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
43	Health Home for Enrollees w Chronic Conditions					
44	Tobacco Cessation for Preg Women					
45	Health Home for Enrollees w Substance-Use-Disorder					
46	ODU Medicaid Assisted Treatment – Drugs					
46A1	ODU MAT DRUG REBATE/National Agreement					
46A2	ODU MAT DRUG REBATE/State Sidebar					
46A3	ODU MAT DRUG REBATE MCO /National Agreement					
46A4	ODU MAT DRUG REBATE MCO /State Sidebar					
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%					
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%					
46B	ODU 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					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
1A	Inpatient Hospital Services - Regular Payments				
1B	Inpatient Hospital Service - DSH Adjustment Payments				
1C	Inpatient Hospital Services - Supplemental Payments				
1D	Inpatient Hospital - GME Sup 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 - Supplemental Payments				
5A	Physician and Surgical Services - Regular Payments				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
5B	Physician and Surgical Services - Supplemental Payments				
5C	Physician & Surgical Services - Evaluation and Management				
5D	Physician & Surgical Services - Vaccine codes				
6A	Outpatient Hospital Services - Regular Payments				
6b	Outpatient Hospital Services - Supplemental 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%				
7A7	Drug Rebate Offset - Value Based Purchasing				
8	Dental Services				
9A	Other Practitioners Services - Regular Payments				
9B	Other Practitioners Services - Supplemental Payments				
10A	Clinic Services - Reg. Payments				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265

Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
10B	Clinic Services - Sup. Payments				
11	Laboratory And Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions No.				
15	EPSDT Screening Services				
16	Rural Health Clinic Screening				
17A	Medicare Health Insurance Payments - Part A Premiums				
17B	Medicare Health Insurance Payments - Part B Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
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 Health Insurance Payments: Group Health Plan Payments				
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265

Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)				
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment				
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment				
19D	Home and Community Based Services State 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)				
24A	Targeted Case Management Services - 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				
29A	Non-Emergency Medical Transportation - Reg. Payments				
29B	Non-Emergency Medical Transportation - Sup. Payments				
30	Physical Therapy				
31	Occupational Therapy				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
32	Services for Speech, Hearing and 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	ODU Medicaid Assisted Treatment – Drugs				
46A1	ODU MAT DRUG REBATE/National Agreement				

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
46A2	OUT MAT DRUG REBATE/State Sidebar				
46A3	OUT MAT DRUG REBATE MCO /National Agreement				
46A4	OUT MAT DRUG REBATE MCO /State Sidebar				
46A5	OUT MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%				
46A6	OUT MAT DRUG REBATE/Increased ACA Offset MCO – 100%				
46B	OUT 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				

Form CMS 64.9C1 - Fraud, Waste & Abuse Amounts Credited
From Medicaid Program Integrity Activities

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	COVID Federal Share	Federal Share
1	Amounts Identified from State PI activities						
1A	Data mining activities						
1B	PI Provider audits						
1C	Other						
2	MFCU Investigations						
3	Settlements/Judgments						
4	Civil Monetary Penalties						
5	CMS Medicaid Integrity Contractors (MICs)						
6	Other						
7	Sub-Total						
8	Decreasing Adjustments to Amounts Previously Reported on Line 7						
50	Total						

Form CMS 64.9C2 - RECOVERIES FROM OIG STATE COMPLIANT FCA

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid Non-VIII Group Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	COVID Federal Share	Total Federal Share
1	Recoveries from OIG Certified Compliant FCA						
1A	Total Recovery						
1B	10% Reduction FMAP Rate (to be used in the grant award computation)						
1C	Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.9QI - Allocation of Qualified Individual Part B (QIB) Benefits
Payment Adjustments to Applicable FFYs

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Federal Share

No data submitted for this form

Form CMS 64.9PE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									

Form CMS 64.9PE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
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 - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9PE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									

Form CMS 64.9PE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9PE - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
46	OUDD Medicaid Assisted Treatment – Drugs									
46A1	OUDD MAT DRUG REBATE/National Agreement									
46A2	OUDD MAT DRUG REBATE/State Sidebar									
46A3	OUDD MAT DRUG REBATE MCO /National Agreement									
46A4	OUDD MAT DRUG REBATE MCO /State Sidebar									
46A5	OUDD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	OUDD MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	OUDD 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									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU 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									

Form CMS 64.9PEPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									

Form CMS 64.9PEPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
6b	Outpatient Hospital Services - Supplemental 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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									

Form CMS 64.9PEPWAIV - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	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
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9PEPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									

Form CMS 64.9PEPWAIV - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU Medicaid Assisted Treatment Services									

Form CMS 64.9PEPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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									

Form CMS 64.9PEWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									

Form CMS 64.9PEWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

Form CMS 64.9PEWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									

Form CMS 64.9PEWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9PEWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU 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									

Form CMS 64.9E - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									

Form CMS 64.9E - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Total Federal Share
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 - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9E - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									

Form CMS 64.9E - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9E - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible:

Line #	Line Description	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
46	OUDD Medicaid Assisted Treatment – Drugs									
46A1	OUDD MAT DRUG REBATE/National Agreement									
46A2	OUDD MAT DRUG REBATE/State Sidebar									
46A3	OUDD MAT DRUG REBATE MCO /National Agreement									
46A4	OUDD MAT DRUG REBATE MCO /State Sidebar									
46A5	OUDD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	OUDD MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	OUDD 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									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU 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									

Form CMS 64.9EPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									

Form CMS 64.9EPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
6b	Outpatient Hospital Services - Supplemental 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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									

Form CMS 64.9EPWAIV - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	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
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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									

Form CMS 64.9EPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									

Form CMS 64.9EPWAIV - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU Medicaid Assisted Treatment Services									

Form CMS 64.9EPWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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									

Form CMS 64.9EWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									

Form CMS 64.9EWAIV - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	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
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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

Form CMS 64.9EWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									

Form CMS 64.9EWAIV - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible:

Line #	Line Description	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
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9EWAIV - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU 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									

CMS-64.S9RAC - RAC Collection

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid (Non-VIII Group) Federal Share	Medicaid VIII Group Federal Share	ARRA Federal Share	COVID Federal Share	Federal Share
1	Collections Not Previously Reported on CMS-64.9ORAC						
2	Collections on Overpayment previously reported on CMS-64.9ORAC						
3	Total Collections						
4	RAC CONTINGENCY FEES DEDUCTED FROM COLLECTIONS						
5	COLLECTIONS LESS FEES						
6	LESS PREVIOUSLY REPORTED ON 64.9ORAC. (Line 2)						
7	NET COLLECTIONS						

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.1108CAP - Territory Cap Tracking

State:

Quarter Ended: 12/31/2023

Line #	Line Description	MAP Federal Share	ADM Federal Share
1	FY YYYY CAP		
2	Amount Previously reported		
6	Expenditures in this Quarter		
6.A.	From Form CMS-64.9/CMS-64.10		
6.A.1.	From Form CMS-64.9T		
6.A.2.	From Form CMS-64.9E/CMS-64.9PE		
6.B.	From Form CMS-64.21		
6.C.	From Form CMS-64.21U		
6.D.	From Form CMS-64.9VIII		
7	Adjustments Increasing Claims for Prior Quarters		
7.A.	From Form CMS 64.9P/CMS 64.10		
7.A.1.	From Form CMS-64.9TP		
7.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
7.B.	From Form CMS-64.21P		
7.C.	From Form CMS-64.21UP		
7.D.	From Form CMS-64.9VIIP		
8	Other Expenditures		
8.A.	From Form CMS 64.9P/CMS 64.10P		
8.A.1.	From Form CMS-64.9TP		
8.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
8.B.	From Form CMS-64.21P		
8.C.	From Form CMS-64.21UP		
8.D.	From Form CMS-64.9VIIP		
10A.	Adjustments Decreasing Claims for Prior Quarters:		
A.	Federal Audit		
10.A.1.	From Form CMS 64.9P/CMS 64.10P		
10.A.1.a	From Form CMS-64.9TP		
10.A.1.b.	From Form CMS-64.9EP/CMS-64.9PEP		
10.A.2.	From Form CMS 64.21P		

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.1108CAP - Territory Cap Tracking

State:

Quarter Ended: 12/31/2023

Line #	Line Description	MAP Federal Share	ADM Federal Share
10.A.3.	From Form CMS 64.21UP		
10.A.4	From Form CMS-64.9VIIP		
10B.	Adjustments Decreasing Claims for Prior Quarters:		
B.	Federal Audit		
10.B.1.	From Form CMS 64.9P/CMS 64.10P		
10.B.1.a	From Form CMS-64.9TP		
10.B.1.b.	From Form CMS-64.9EP/CMS-64.9PEP		
10.B.2.	From Form CMS 64.21P		
10.B.3.	From Form CMS 64.21UP		
10.B.4	From Form CMS-64.9VIIP		
11	Net Expenditures Reported This Period		
12	Unused CAP		

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
1A	Inpatient Hospital Services - Regular Payments																	
1B	Inpatient Hospital Service - DSH Adjustment Payments																	
1C	Inpatient Hospital Services - Supplemental Payments																	
1D	Inpatient Hospital - GME Sup 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																	
6A	Outpatient Hospital Services - Regular Payments																	
6B	Outpatient Hospital Services - Supplemental 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%																	
7A7	Drug Rebate Offset - Value Based Purchasing																	
8	Dental Services																	
9A	Other Practitioners Services - Regular Payments																	
9B	Other Practitioners Services - Supplemental Payments																	
10A	Clinic Services - Reg. Payments																	
10B	Clinic Services - Sup. Payments																	
11	Laboratory And Radiological Services																	
12	Home Health Services																	
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services																	
16	Rural Health Clinic Screening																	
17A	Medicare Health Insurance Payments - Part A Premiums																	

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
17B	Medicare Health Insurance Payments - Part B Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																	
18E	Medicaid Health Insurance Payments: Other																	
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																	
19D	Home and Community Based Services State 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)																	
24A	Targeted Case Management Services - 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																	

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
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 and 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	OU​D Medicaid Assisted Treatment – Drugs																	
46A1	OU​D MAT DRUG REBATE/National Agreement																	
46A2	OU​D MAT DRUG REBATE/State Sidebar																	
46A3	OU​D MAT DRUG REBATE MCO /National Agreement																	
46A4	OU​D MAT DRUG REBATE MCO /State Sidebar																	
46A5	OU​D MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																	
46A6	OU​D MAT DRUG REBATE/Increased ACA Offset MCO – 100%																	
46B	OU​D 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																	

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments															
1B	Inpatient Hospital Service - DSH Adjustment Payments															
1C	Inpatient Hospital Services - Supplemental Payments															
1D	Inpatient Hospital - GME Sup 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															
6A	Outpatient Hospital Services - Regular Payments															
6B	Outpatient Hospital Services - Supplemental 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%															
7A7	Drug Rebate Offset - Value Based Purchasing															
8	Dental Services															
9A	Other Practitioners Services - Regular Payments															

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
9B	Other Practitioners Services - Supplemental Payments															
10A	Clinic Services - Reg. Payments															
10B	Clinic Services - Sup. Payments															
11	Laboratory And Radiological Services															
12	Home Health Services															
13	Sterilizations															
14	Abortions No.															
15	EPSDT Screening Services															
16	Rural Health Clinic Screening															
17A	Medicare Health Insurance Payments - Part A Premiums															
17B	Medicare Health Insurance Payments - Part B Premiums															
17C1	120% - 134% Of Poverty															
17D	Coinsurance And Deductibles															
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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															

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
18C	Medicaid Health Insurance Payments: Group Health Plan Payments															
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles															
18E	Medicaid Health Insurance Payments: Other															
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)															
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment															
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment															
19D	Home and Community Based Services State 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)															
24A	Targeted Case Management Services - 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															
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 and 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															

Form CMS 64.9VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
43	Health Home for Enrollees w Chronic Conditions															
44	Tobacco Cessation for Preg Women															
45	Health Home for Enrollees w Substance-Use-Disorder															
46	ODU Medicaid Assisted Treatment – Drugs															
46A1	ODU MAT DRUG REBATE/National Agreement															
46A2	ODU MAT DRUG REBATE/State Sidebar															
46A3	ODU MAT DRUG REBATE MCO /National Agreement															
46A4	ODU MAT DRUG REBATE MCO /State Sidebar															
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%															
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%															
46B	ODU 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															

Form CMS 64.9VIIP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																		
1B	Inpatient Hospital Service - DSH Adjustment Payments																		
1C	Inpatient Hospital Services - Supplemental Payments																		
1D	Inpatient Hospital - GME Sup 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																		
6A	Outpatient Hospital Services - Regular Payments																		
6B	Outpatient Hospital Services - Supplemental 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%																		
7A7	Drug Rebate Offset - Value Based Purchasing																		
8	Dental Services																		
9A	Other Practitioners Services - Regular Payments																		
9B	Other Practitioners Services - Supplemental Payments																		
10A	Clinic Services - Reg. Payments																		
10B	Clinic Services - Sup. Payments																		
11	Laboratory And Radiological Services																		
12	Home Health Services																		
13	Sterilizations																		
14	Abortions No.																		
15	EPSDT Screening Services																		
16	Rural Health Clinic Screening																		
17A	Medicare Health Insurance Payments - Part A Premiums																		

Form CMS 64.9VIIP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
17B	Medicare Health Insurance Payments - Part B Premiums																		
17C1	120% - 134% Of Poverty																		
17D	Coinsurance And Deductibles																		
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																		
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																		
18E	Medicaid Health Insurance Payments: Other																		
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																		
19D	Home and Community Based Services State 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)																		
24A	Targeted Case Management Services - 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																		

Form CMS 64.9VIIP - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
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 and 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	ODU Medicaid Assisted Treatment – Drugs																		
46A1	ODU MAT DRUG REBATE/National Agreement																		
46A2	ODU MAT DRUG REBATE/State Sidebar																		
46A3	ODU MAT DRUG REBATE MCO /National Agreement																		
46A4	ODU MAT DRUG REBATE MCO /State Sidebar																		
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																		
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%																		
46B	ODU 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																		

Form CMS 64.9VIII P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																
1B	Inpatient Hospital Service - DSH Adjustment Payments																
1C	Inpatient Hospital Services - Supplemental Payments																
1D	Inpatient Hospital - GME Sup 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																
6A	Outpatient Hospital Services - Regular Payments																
6B	Outpatient Hospital Services - Supplemental 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%																
7A7	Drug Rebate Offset - Value Based Purchasing																
8	Dental Services																
9A	Other Practitioners Services - Regular Payments																
9B	Other Practitioners Services - Supplemental Payments																

Form CMS 64.9VIII P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
10A	Clinic Services - Reg. Payments																
10B	Clinic Services - Sup. Payments																
11	Laboratory And Radiological Services																
12	Home Health Services																
13	Sterilizations																
14	Abortions No.																
15	EPSDT Screening Services																
16	Rural Health Clinic Screening																
17A	Medicare Health Insurance Payments - Part A Premiums																
17B	Medicare Health Insurance Payments - Part B Premiums																
17C1	120% - 134% Of Poverty																
17D	Coinsurance And Deductibles																
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																

Form CMS 64.9VIII P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
18E	Medicaid Health Insurance Payments: Other																
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																
19D	Home and Community Based Services State 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)																
24A	Targeted Case Management Services - 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																
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 and 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	ODU Medicaid Assisted Treatment – Drugs																

Form CMS 64.9VIII P - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
46A1	46A1 OUD MAT DRUG REBATE/National Agreement																
46A2	46A2 OUD MAT DRUG REBATE/State Sidebar																
46A3	46A3 OUD MAT DRUG REBATE MCO /National Agreement																
46A4	46A4 OUD MAT DRUG REBATE MCO /State Sidebar																
46A5	46A5 OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																
46A6	46A6 OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%																
46B	46B OUD Medicaid Assisted Treatment Services																
47	47 ARP Section 9811 COVID Vaccine/Vaccine Administration																
48	48 ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%																
49	49 Health Homes for Children with Medically Complex Conditions																
69	69 Other Care Services																
70	70 Total																

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
1A	Inpatient Hospital Services - Regular Payments																	
1B	Inpatient Hospital Service - DSH Adjustment Payments																	
1C	Inpatient Hospital Services - Supplemental Payments																	
1D	Inpatient Hospital - GME Sup 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																	
6A	Outpatient Hospital Services - Regular Payments																	
6B	Outpatient Hospital Services - Supplemental 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%																	
7A7	Drug Rebate Offset - Value Based Purchasing																	
8	Dental Services																	
9A	Other Practitioners Services - Regular Payments																	
9B	Other Practitioners Services - Supplemental Payments																	
10A	Clinic Services - Reg. Payments																	
10B	Clinic Services - Sup. Payments																	
11	Laboratory And Radiological Services																	
12	Home Health Services																	
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services																	

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (I)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
16	Rural Health Clinic Screening																	
17A	Medicare Health Insurance Payments - Part A Premiums																	
17B	Medicare Health Insurance Payments - Part B Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																	
18E	Medicaid Health Insurance Payments: Other																	
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																	
19D	Home and Community Based Services State 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)																	
24A	Targeted Case Management Services - Community Case-Management																	

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (I)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
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																	
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 and 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	ODU Medicaid Assisted Treatment – Drugs																	
46A1	ODU MAT DRUG REBATE/National Agreement																	
46A2	ODU MAT DRUG REBATE/State Sidebar																	
46A3	ODU MAT DRUG REBATE MCO /National Agreement																	
46A4	ODU MAT DRUG REBATE MCO /State Sidebar																	
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																	
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%																	
46B	ODU 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																	

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments															
1B	Inpatient Hospital Service - DSH Adjustment Payments															
1C	Inpatient Hospital Services - Supplemental Payments															
1D	Inpatient Hospital - GME Sup 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															
6A	Outpatient Hospital Services - Regular Payments															
6B	Outpatient Hospital Services - Supplemental 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%															
7A7	Drug Rebate Offset - Value Based Purchasing															
8	Dental Services															

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
9A	Other Practitioners Services - Regular Payments															
9B	Other Practitioners Services - Supplemental Payments															
10A	Clinic Services - Reg. Payments															
10B	Clinic Services - Sup. Payments															
11	Laboratory And Radiological Services															
12	Home Health Services															
13	Sterilizations															
14	Abortions No.															
15	EPSDT Screening Services															
16	Rural Health Clinic Screening															
17A	Medicare Health Insurance Payments - Part A Premiums															
17B	Medicare Health Insurance Payments - Part B Premiums															
17C1	120% - 134% Of Poverty															
17D	Coinsurance And Deductibles															
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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															

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
18B2e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments															
18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements															
18C	Medicaid Health Insurance Payments: Group Health Plan Payments															
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles															
18E	Medicaid Health Insurance Payments: Other															
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)															
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment															
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment															
19D	Home and Community Based Services State 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)															
24A	Targeted Case Management Services - 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															
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 and 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															

Form CMS 64.9VIII Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
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	ODU Medicaid Assisted Treatment – Drugs															
46A1	ODU MAT DRUG REBATE/National Agreement															
46A2	ODU MAT DRUG REBATE/State Sidebar															
46A3	ODU MAT DRUG REBATE MCO /National Agreement															
46A4	ODU MAT DRUG REBATE MCO /State Sidebar															
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%															
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%															
46B	ODU 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															

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																		
1B	Inpatient Hospital Service - DSH Adjustment Payments																		
1C	Inpatient Hospital Services - Supplemental Payments																		
1D	Inpatient Hospital - GME Sup 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																		
6A	Outpatient Hospital Services - Regular Payments																		
6B	Outpatient Hospital Services - Supplemental 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%																		
7A7	Drug Rebate Offset - Value Based Purchasing																		
8	Dental Services																		
9A	Other Practitioners Services - Regular Payments																		
9B	Other Practitioners Services - Supplemental Payments																		
10A	Clinic Services - Reg. Payments																		
10B	Clinic Services - Sup. Payments																		
11	Laboratory And Radiological Services																		
12	Home Health Services																		
13	Sterilizations																		
14	Abortions No.																		
15	EPSDT Screening Services																		
16	Rural Health Clinic Screening																		

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
17A	Medicare Health Insurance Payments - Part A Premiums																		
17B	Medicare Health Insurance Payments - Part B Premiums																		
17C1	120% - 134% Of Poverty																		
17D	Coinsurance And Deductibles																		
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																		
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																		
18E	Medicaid Health Insurance Payments: Other																		
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																		
19D	Home and Community Based Services State 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)																		
24A	Targeted Case Management Services - Community Case-Management																		
24B	Case Management - State Wide																		
25	Primary Care Case Management Services																		

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
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 and 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	ODU Medicaid Assisted Treatment – Drugs																		
46A1	ODU MAT DRUG REBATE/National Agreement																		
46A2	ODU MAT DRUG REBATE/State Sidebar																		
46A3	ODU MAT DRUG REBATE MCO /National Agreement																		
46A4	ODU MAT DRUG REBATE MCO /State Sidebar																		
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																		
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%																		
46B	ODU 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																		

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																
1B	Inpatient Hospital Service - DSH Adjustment Payments																
1C	Inpatient Hospital Services - Supplemental Payments																
1D	Inpatient Hospital - GME Sup 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																
6A	Outpatient Hospital Services - Regular Payments																
6B	Outpatient Hospital Services - Supplemental 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%																
7A7	Drug Rebate Offset - Value Based Purchasing																
8	Dental Services																

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

																Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K		
Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J			Total Federal Share	Deferral or CIN Number
9A	Other Practitioners Services - Regular Payments																	
9B	Other Practitioners Services - Supplemental Payments																	
10A	Clinic Services - Reg. Payments																	
10B	Clinic Services - Sup. Payments																	
11	Laboratory And Radiological Services																	
12	Home Health Services																	
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services																	
16	Rural Health Clinic Screening																	
17A	Medicare Health Insurance Payments - Part A Premiums																	
17B	Medicare Health Insurance Payments - Part B Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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																	

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
18B2e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments																
18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements																
18C	Medicaid Health Insurance Payments: Group Health Plan Payments																
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																
18E	Medicaid Health Insurance Payments: Other																
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																
19D	Home and Community Based Services State 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)																
24A	Targeted Case Management Services - 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																
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 and 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																

Form CMS 64.9VIIIIP Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
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	ODU Medicaid Assisted Treatment – Drugs																
46A1	ODU MAT DRUG REBATE/National Agreement																
46A2	ODU MAT DRUG REBATE/State Sidebar																
46A3	ODU MAT DRUG REBATE MCO /National Agreement																
46A4	ODU MAT DRUG REBATE MCO /State Sidebar																
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%																
46B	ODU 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																

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

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

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Expenditures in This Quarter
State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
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					
20	Program Integrity/Fraud, Waste, and Abuse Activities					
21	County/Local ADM Costs					
22	Interagency Costs (State Level)					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
24C	HIT: Implementation and Operation: Cost of In-house Activities					
24D	HIT: Implementation and Operation: Cost of 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					
26	Planning for Health Homes for Enrollees with Chronic Conditions					
27	Recovery Audit Contractors State Administration					

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities					
28B	Design Development/Installation of Medicaid Elig. Determin. 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					
28E	Eligibility Determination Staff – Cost of In-house Activities					
28F	Eligibility Determination Staff – Cost of Private Sector Contractors					
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP					
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems					
31	CAA 2023 Section 5101					
49	Other Financial Participation					
50	Total					

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

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

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
18	Enrollment Brokers						
19	School Based Administration						
20	Program Integrity/Fraud, Waste, and Abuse 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						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of 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						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determin. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determin. 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						

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K
For the Medical Assistance Program
Prior Period Adjustments

State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
28E	Eligibility Determination Staff – Cost of In-house Activities						
28F	Eligibility Determination Staff – Cost of Private Sector Contractors						
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP						
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems						
31	CAA 2023 Section 5101						
49	Other Financial Participation						
50	Total						

Form CMS 64.9 WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
1B	Inpatient Hospital Service - DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital - GME Sup 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										
6A	Outpatient Hospital Services - Regular Payments										
6b	Outpatient Hospital Services - Supplemental Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement										

Form CMS 64.9 WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
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 - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10A	Clinic Services - Reg. Payments										
10B	Clinic Services - Sup. Payments										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions No.										
15	EPSDT Screening Services										
16	Rural Health Clinic Screening										
17A	Medicare Health Insurance Payments - Part A Premiums										
17B	Medicare Health Insurance Payments - Part B Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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										

Form CMS 64.9 WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
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 Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)										
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment										
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment										
19D	Home and Community Based Services State 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)										
24A	Targeted Case Management Services - Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										

Form CMS 64.9 WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
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 and 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										
46A1	OUD MAT DRUG REBATE/National Agreement										
46A2	OUD MAT DRUG REBATE/State Sidebar										
46A3	OUD MAT DRUG REBATE MCO /National Agreement										

Form CMS 64.9 WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share
46A4	OUT MAT DRUG REBATE MCO /State Sidebar										
46A5	OUT MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%										
46A6	OUT MAT DRUG REBATE/Increased ACA Offset MCO – 100%										
46B	OUT 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										

Form CMS 64.9P WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total 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 - GME Sup 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											
6A	Outpatient Hospital Services - Regular Payments											
6b	Outpatient Hospital Services - Supplemental Payments											
7	Prescribed Drugs											
7A1	Drug Rebate - National Agreement											
7A2	Drug Rebate - State Sidebar Agreement											
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											

Form CMS 64.9P WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
10A	Clinic Services - Reg. Payments											
10B	Clinic Services - Sup. Payments											
11	Laboratory And Radiological Services											
12	Home Health											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
17A	Medicare Health Insurance Payments: Part A Premiums											
17B	Medicare Health Insurance Payments: Part B Premiums											
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations											
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											

Form CMS 64.9P WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 Health Insurance Payments: Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)											
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment											
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment											
19D	Home and Community Based Services State 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)											
24A	Targeted Case Management Services - Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											
26	Hospice Benefits											

Form CMS 64.9P WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
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 and 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	ODU Medicaid Assisted Treatment – Drugs											
46A1	ODU MAT DRUG REBATE/National Agreement											
46A2	ODU MAT DRUG REBATE/State Sidebar											
46A3	ODU MAT DRUG REBATE MCO /National Agreement											
46A4	ODU MAT DRUG REBATE MCO /State Sidebar											

Form CMS 64.9P WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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	Non COVID FMAP	Total Federal Share	Deferral or CIN Number
46A5	UD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%											
46A6	UD MAT DRUG REBATE/Increased ACA Offset MCO – 100%											
46B	UD 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											

Form CMS 64.9I DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									

Form CMS 64.9I DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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
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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

Form CMS 64.9I DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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
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 Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									

Form CMS 64.9I DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:

Waiver Number:

Waiver Name:

DSH Allotment Year:

Line #	Line Description	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
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
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 and 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									

Form CMS 64.9I DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
State:
Quarter Ended: 12/31/2023
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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
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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%									
46B	ODU 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									

Form CMS 64.9PI DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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									
1B	Inpatient Hospital Services: DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital - GME Sup 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									
6A	Outpatient Hospital Services - Regular Payments									

Form CMS 64.9PI DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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
6b	Outpatient Hospital Services - Supplemental 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%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty									

Form CMS 64.9PI DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Adjustments in This Quarter
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

Line #	Line Description	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
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations									
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									

Form CMS 64.9PI DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

DSH Allotment Year:

Line #	Line Description	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
18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State 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)									
24A	Targeted Case Management Services - 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									
29A	Non-Emergency Medical Transportation - Reg. Payments									
29B	Non-Emergency Medical Transportation - Sup. Payments									
30	Physical Therapy									
31	Occupational Therapy									

Form CMS 64.9PI DSH Diversion Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

DSH Allotment Year:

Line #	Line Description	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
32	Services for Speech, Hearing and 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	ODU Medicaid Assisted Treatment – Drugs									
46A1	ODU MAT DRUG REBATE/National Agreement									
46A2	ODU MAT DRUG REBATE/State Sidebar									
46A3	ODU MAT DRUG REBATE MCO /National Agreement									
46A4	ODU MAT DRUG REBATE MCO /State Sidebar									
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%									

Medicaid Enrollees

State:

Quarter Ended: 12/31/2023

Line #	Line Description	January CY 2023	February CY 2023	March CY 2023	April CY 2023	May CY 2023	June CY 2023	July CY 2023	August CY 2023	September CY 2023	October CY 2023	November CY 2023	December CY 2023	Total
1A	Parent/Caretaker Relatives													
1B	Childless Adults													
1C	Total Newly Eligible													
2A	Parent/Caretaker Relatives													
2B	Disabled Person Non- Institutionalized													
2C	Disabled Person, Institutionalized													
2D	Children Age 19 to 20													
2E	Childless Adults													
2F	Other													
2G	Total Not Newly Eligible													
3	VIII Group Total Eligibles													
4	Aged													
5	Blind or Disabled													
6	Children													
7A	Pregnancy Benefit Adults													
7B	All Other Adults not included above													
7C	Total Other Adults													
8	Total Eligibles													

**Department of Health and Human Services
Centers for Medicare & Medicaid Services**

**OMB No. 0938-1265
Expires 4/30/2024**

**Supplemental Payment Validation Narrative Explanation
Medicaid Program Expenditure Report**

State:

Quarter Ended: 12/31/2023

Narrative

No data submitted for this form

Supplemental Payment Validation Providers (CMS 64.SPVProvider)
List of Providers Receiving Supplemental Payments
State:
Quarter Ended: 12/31/2023

Provider Name	Medicaid ID	NPI	Medicare ID	Other State ID	Ownership Category	Assoc w/hosp/med school

Supplemental Payments by Provider (CMS 64.SPVPayment)
List of Supplemental Payments by Provider and CMS-64 form
State:
Quarter Ended: 12/31/2023

Provider Name / Medicaid ID	Category of Service	Form	Expenditure Type	Waiver Information	Prior Period Information	Program	BaseAmount	Amount

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Newly

Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Svcs (ENH Rate)	Opt. Breast or Cervical Cancer Svcs (IHS Rate)	Other %	Federal Share	Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
1A	Inpatient Hospital Services - Regular Payments																	
1B	Inpatient Hospital Service - DSH Adjustment Payments																	
1C	Inpatient Hospital Services - Supplemental Payments																	
1D	Inpatient Hospital - GME Sup 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																	
6A	Outpatient Hospital Services - Regular Payments																	
6B	Outpatient Hospital Services - Supplemental 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%																	
7A7	Drug Rebate Offset - Value Based Purchasing																	
8	Dental Services																	
9A	Other Practitioners Services - Regular Payments																	
9B	Other Practitioners Services - Supplemental Payments																	
10A	Clinic Services - Reg. Payments																	
10B	Clinic Services - Sup. Payments																	
11	Laboratory And Radiological Services																	
12	Home Health Services																	
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services																	
16	Rural Health Clinic Screening																	

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
17A	Medicare Health Insurance Payments - Part A Premiums																	
17B	Medicare Health Insurance Payments - Part B Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																	
18E	Medicaid Health Insurance Payments: Other																	
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																	
19D	Home and Community Based Services State 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)																	
24A	Targeted Case Management Services - Community Case-Management																	
24B	Case Management - State Wide																	
25	Primary Care Case Management Services																	

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
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 and 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	ODU Medicaid Assisted Treatment – Drugs																	
46A1	ODU MAT DRUG REBATE/National Agreement																	
46A2	ODU MAT DRUG REBATE/State Sidebar																	
46A3	ODU MAT DRUG REBATE MCO /National Agreement																	
46A4	ODU MAT DRUG REBATE MCO /State Sidebar																	
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																	
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%																	
46B	ODU 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																	

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments															
1B	Inpatient Hospital Service - DSH Adjustment Payments															
1C	Inpatient Hospital Services - Supplemental Payments															
1D	Inpatient Hospital - GME Sup 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															
6A	Outpatient Hospital Services - Regular Payments															
6B	Outpatient Hospital Services - Supplemental 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%															
7A7	Drug Rebate Offset - Value Based Purchasing															
8	Dental Services															

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
9A	Other Practitioners Services - Regular Payments															
9B	Other Practitioners Services - Supplemental Payments															
10A	Clinic Services - Reg. Payments															
10B	Clinic Services - Sup. Payments															
11	Laboratory And Radiological Services															
12	Home Health Services															
13	Sterilizations															
14	Abortions No.															
15	EPSDT Screening Services															
16	Rural Health Clinic Screening															
17A	Medicare Health Insurance Payments - Part A Premiums															
17B	Medicare Health Insurance Payments - Part B Premiums															
17C1	120% - 134% Of Poverty															
17D	Coinsurance And Deductibles															
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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															

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
18B2e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments															
18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements															
18C	Medicaid Health Insurance Payments: Group Health Plan Payments															
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles															
18E	Medicaid Health Insurance Payments: Other															
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)															
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment															
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment															
19D	Home and Community Based Services State 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)															
24A	Targeted Case Management Services - 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															
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 and 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															

Form CMS 64.9I.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
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	ODU Medicaid Assisted Treatment – Drugs															
46A1	ODU MAT DRUG REBATE/National Agreement															
46A2	ODU MAT DRUG REBATE/State Sidebar															
46A3	ODU MAT DRUG REBATE MCO /National Agreement															
46A4	ODU MAT DRUG REBATE MCO /State Sidebar															
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%															
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%															
46B	ODU 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															

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																		
1B	Inpatient Hospital Service - DSH Adjustment Payments																		
1C	Inpatient Hospital Services - Supplemental Payments																		
1D	Inpatient Hospital - GME Sup 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																		
6A	Outpatient Hospital Services - Regular Payments																		
6B	Outpatient Hospital Services - Supplemental 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%																		
7A7	Drug Rebate Offset - Value Based Purchasing																		
8	Dental Services																		
9A	Other Practitioners Services - Regular Payments																		
9B	Other Practitioners Services - Supplemental Payments																		
10A	Clinic Services - Reg. Payments																		
10B	Clinic Services - Sup. Payments																		
11	Laboratory And Radiological Services																		
12	Home Health Services																		
13	Sterilizations																		
14	Abortions No.																		
15	EPSDT Screening Services																		
16	Rural Health Clinic Screening																		

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
17A	Medicare Health Insurance Payments - Part A Premiums																		
17B	Medicare Health Insurance Payments - Part B Premiums																		
17C1	120% - 134% Of Poverty																		
17D	Coinsurance And Deductibles																		
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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 Health Insurance Payments: Group Health Plan Payments																		
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																		
18E	Medicaid Health Insurance Payments: Other																		
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																		
19D	Home and Community Based Services State 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)																		
24A	Targeted Case Management Services - Community Case-Management																		
24B	Case Management - State Wide																		
25	Primary Care Case Management Services																		
26	Hospice Benefits																		

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Newly

Line #	Line Description	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 Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)	Deferral or CIN Number
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 and 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	ODU Medicaid Assisted Treatment – Drugs																		
46A1	ODU MAT DRUG REBATE/National Agreement																		
46A2	ODU MAT DRUG REBATE/State Sidebar																		
46A3	ODU MAT DRUG REBATE MCO /National Agreement																		
46A4	ODU MAT DRUG REBATE MCO /State Sidebar																		
46A5	ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%																		
46A6	ODU MAT DRUG REBATE/Increased ACA Offset MCO – 100%																		
46B	ODU 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																		

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																
1B	Inpatient Hospital Service - DSH Adjustment Payments																
1C	Inpatient Hospital Services - Supplemental Payments																
1D	Inpatient Hospital - GME Sup 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																
6A	Outpatient Hospital Services - Regular Payments																
6B	Outpatient Hospital Services - Supplemental 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%																
7A7	Drug Rebate Offset - Value Based Purchasing																
8	Dental Services																
9A	Other Practitioners Services - Regular Payments																

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
9B	Other Practitioners Services - Supplemental Payments																
10A	Clinic Services - Reg. Payments																
10B	Clinic Services - Sup. Payments																
11	Laboratory And Radiological Services																
12	Home Health Services																
13	Sterilizations																
14	Abortions No.																
15	EPSDT Screening Services																
16	Rural Health Clinic Screening																
17A	Medicare Health Insurance Payments - Part A Premiums																
17B	Medicare Health Insurance Payments - Part B Premiums																
17C1	120% - 134% Of Poverty																
17D	Coinsurance And Deductibles																
18A	Medicaid Health Insurance Payments: Managed Care Organizations (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																

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
18C	Medicaid Health Insurance Payments: Group Health Plan Payments																
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles																
18E	Medicaid Health Insurance Payments: Other																
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment																
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment																
19D	Home and Community Based Services State 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)																
24A	Targeted Case Management Services - 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																
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 and 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																

Form CMS 64.9PI.VIII - Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Prior Period Expenditures

Program: SUPPORT ACT SECTION 1003
State:
Quarter Ended: 12/31/2023
Prior Qtr/FYR:
Line:
Type of Eligible: Not Newly

Line #	Line Description	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 Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share	Deferral or CIN Number
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 Qualified Community Based Mobile Crisis Intervention – 85%																
49	Health Homes for Children with Medically Complex Conditions																
69	Other Care Services																
70	Total																

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-1265
Expires 4/30/2024

Form 64.9SAP - Support Act Section 1003 Payment Calculation

Section 1003 Payment Calculation Lines by Submission Period

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Submission Period	Total Computable	FMAP	Federal Share

No data submitted for this form