Form CMS 64 Summary - Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program Summary Sheet

State:

Quarter Ended: 12/31/2023

Quarter E	nded: 12/31/2023							
Line #	Line Description	Total Computable	Medicaid Federal Share	ARRA Federal Share	COVID Federal Share	Federal Share	Total Computable3	Federal Share4
	Awards Received During The Quarter For The							
1	Quarter Being Reported And Prior Quarters							
	Awards Received During The Quarter For							
2	Subsequent Quarters							
3.A.	Interest: Received On Medicaid Recoveries							
3.B.	Interest: Assessed On Disallowances							
	Medicare Overpayment Collection Under Sec.							
4	1914 and 42 CFR 447.30							
5	Other							
6	Expenditures In This Quarter							
	Adjustments Increasing Claims For Prior							
7	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							
	Adjustments Decreasing Claims For Prior							
10.A.	Quarters: Federal Audit							
	Adjustments Decreasing Claims For Prior							
10.B.	Quarters: Other							
	Adjustments Decreasing Claims For Prior							
	Quarters: Overpayment Adjustments (Attach							
10.C.	64.90)							
10.D.	Adjustments/Decreasing Prior Qtrs - Perm							
10.E.	Adjustments/Decreasing Prior Qtrs - RAC							
	Adjustments/Decreasing Prior Qtrs - Fraud,							
10.F.	Waste and Abuse Overpayments							
10G	Adjustments/Decreasing Prior Qtrs - OMEQC							
	Net Expenditures Reported In This Period (Sum							
11	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:

Quality 2	nded: 12/31/2023	T	1	Т	Τ	0.1.0	0.1.0	I	1	1	1
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	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										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital - GME Sup Payments										
	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments		<u> </u>	<u> </u>			-		1		_
3A	Nursing Facility Services - Regular Payments		-	-							
2.5	Nursing Facility Services - Supplemental										
3B	Payments		-	1							
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers		1	1							
4D	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers		+	+							
	Intermediate Care Facility Services - Ind. with										
4.0	Intellectual Disabilities: Supplemental										
4C	Payments Physician and Surgical Services Pagular										
г ^	Physician and Surgical Services - Regular										
5A	Payments Physician and Surgical Services - Supplemental			+		1			1		
5B	Payments										
Jb	Physician & Surgical Services - Evaluation and		+	+							
5C	Management										
5D	Physician & Surgical Services - Vaccine codes										
JU	Outpatient Hospital Services - Regular		+	+							
6A	Payments										
UA .	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs		+	†		1	 		1		
7A1	Drug Rebate Offset - National Agreement		1	†		1	 		1		1
.,,,_			1	†			 				
7A2	Drug Rebate Offset - State Sidebar Agreement										
7A3	MCO - National Agreement	1	1	†	1		 				
7A4	MCO - State Sidebar Agreement	1	1	1	1		1				
			1	1							
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 E	nded: 12/31/2023			1		T	T	1	1	1	T
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Non COVID	Total Federal Share
7A6	Increased ACA OFFSET - MCO - 100%										
7A7	Drug Rebate Offset - Value Based Purchasing		1	1					1		
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
	Other Practitioners Services - Supplemental										
9B	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										
	Medicare Health Insurance Payments - Part A										
17A	Premiums										
	Medicare Health Insurance Payments - Part B										
17B	Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations (MCO)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
	Medicaid MCO - Preventive Services Grade A										
18A4	OR B, ACIP Vaccines and their Admin										
	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
	Medicaid MCO - Services Subject to Electronic										
18A6	Visit Verification Requirements										
18B1	Prepaid Ambulatory Health Plan										
18B1a	MCO PAHP - Evaluation and Management										
18B1b	MCO PAHP - Vaccine codes		1	1							
18B1c	MCO PAHP - Community First Choice			1							
	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin			1							
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments			1							
	MCO PAHP - Services Subject to Electronic Visit										
18B1f	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

Quarter Er	ided: 12/31/2023		_				_				
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share
18B2	Prepaid Inpatient Health Plan					(=:::::::::::::::::::::::::::::::::::::	(iiio iiuco)				
18B2a	MCO PIHP - Evaluation and Management								 		
18B2b	MCO PIHP - Vaccine codes								1		
18B2c	MCO PIHP - Community First Choice										
10020	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
10020	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments										
10020	MCO PIHP - Services Subject to Electronic Visit								1		
18B2f	Verification Requirements										
10021	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
100	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
100	Home and Community-Based Services - Regular										
19A	Payment (1915(c) Waiver)										
13/4	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										
136	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
150	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment			1		+					
23B	Personal Care Services - SDS 1915(j)										
230	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
20	Hospice Beliefits										
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center	 		+		+					
20	Non-Emergency Medical Transportation - Reg.										
29A	Payments										
23A	Non-Emergency Medical Transportation - Sup.	1		1	1						+
29B	Payments										
30	Physical Therapy			1		1					-
31	Occupational Therapy			1		1					-
32	Services for Speech, Hearing and Language			1		1					-
33	Prosthetic Devices, Dentures, Eyeglasses	1	1	+		+			1		-
33	Priostrietic Devices, Defitures, Eyeglasses	ļ	ļ		<u> </u>			<u> </u>	ļ	<u> </u>	

Form CMS 64.9 BASE

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

State:

Quarter E	nded: 12/31/2023										
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	Total Federal Share
34	Diagnostic Screening & Preventive Services	<u> </u>				<u> </u>					
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife		1				1				
36	Emergency Hospital Services										
37A	Critical Access Hospitals - Reg. Payments										
	Critical Access Hospitals Inpatient - Sup.										
37B	Payments										
	Critical Access Hospitals Outpatient - Sup.										
37C	Payments										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
43	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
46	OUD Medicaid Assisted Treatment – Drugs										
46A1	OUD MAT DRUG REBATE/National Agreement										
46A2	OUD MAT DRUG REBATE/State Sidebar										
	OUD MAT DRUG REBATE MCO /National										
46A3	Agreement										
46A4	OUD MAT DRUG REBATE MCO /State Sidebar										
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A5	Fee for Service - 100%										
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A6	MCO – 100%										
46B	OUD Medicaid Assisted Treatment Services										
	ARP Section 9811 COVID Vaccine/Vaccine										
47	Administration										
	ARP Section 9813 Qualified Community Based										
48	Mobile Crisis Intervention – 85%										
	Health Homes for Children with Medically										
49	Complex Conditions										
69	Other Care Services										
70	Total										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:

Waiver Na	me:										
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Non COVID	Total Federal Share
			1 2 2 2 2 2			(2000)	(
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital - GME Sup Payments										
	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments										
3A	Nursing Facility Services - Regular Payments										
	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers										
	Intermediate Care Facility Services - Ind. with										
	Intellectual Disabilities: Supplemental										
4C	Payments										
	Physician and Surgical Services - Regular										
5A	Payments										
	Physician and Surgical Services - Supplemental										
5B	Payments										
	Physician & Surgical Services - Evaluation and										
5C	Management										
5D	Physician & Surgical Services - Vaccine codes										
	Outpatient Hospital Services - Regular										
6A	Payments										
	Outpatient Hospital Services - Supplemental										
6b	Payments								1		
7	Prescribed Drugs								1		
7A1	Drug Rebate Offset - National Agreement		1					ļ	 	ļ	
7A2	Drug Rebate Offset - State Sidebar Agreement										
7A3	MCO - National Agreement										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:

Waiver Na	me:										
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	Total Federal Share
7A4	MCO - State Sidebar Agreement	· ·				<u> </u>	,				
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										
	Other Practitioners Services - Supplemental										
9B	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										
	Medicare Health Insurance Payments - Part A										
17A	Premiums										
	Medicare Health Insurance Payments - Part B										
17B	Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations (MCO)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
	Medicaid MCO - Preventive Services Grade A										
18A4	OR B, ACIP Vaccines and their Admin										
	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
	Medicaid MCO - Services Subject to Electronic										
18A6	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										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:

Waiver Na	me:										
Line #		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share
	MCO PAHP - Preventive Services Grade A OR B,	<u> </u>					, , , , ,				
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments										
	MCO PAHP - Services Subject to Electronic Visit						1				
18B1f	Verification Requirements										
18B2	Prepaid Inpatient Health Plan										
18B2a	MCO PIHP - Evaluation and Management										
18B2b	MCO PIHP - Vaccine codes										
18B2c	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments										
	MCO PIHP - Services Subject to Electronic Visit										
18B2f	Verification Requirements										
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
	Home and Community-Based Services - Regular										
19A	Payment (1915(c) Waiver)										
	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services		ļ								
26	Hospice Benefits		ļ				ļ				
27	Emergency Services for Undocumented Aliens										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:

Waiver Na	ame:										
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share
28	Federally-Qualified Health Center	Comparation	1		1	(2	(mio mace)	Canal /c	- cuciai siiai c	1	0.1.0.0
20	Non-Emergency Medical Transportation - Reg.				<u> </u>				+		
29A	Payments										
2371	Non-Emergency Medical Transportation - Sup.	<u> </u>	+	+	 	+			†	1	
29B	Payments Payments										
30	Physical Therapy								 		
31	Occupational Therapy								1		
32	Services for Speech, Hearing and Language								1		
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife										
36	Emergency Hospital Services								1		
37A	Critical Access Hospitals - Reg. Payments								1		
	Critical Access Hospitals Inpatient - Sup.										
37B	Payments										
	Critical Access Hospitals Outpatient - Sup.										
37C	Payments										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
43	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
46	OUD Medicaid Assisted Treatment – Drugs										
46A1	OUD MAT DRUG REBATE/National Agreement										
46A2	OUD MAT DRUG REBATE/State Sidebar								1		
	OUD MAT DRUG REBATE MCO /National										
46A3	Agreement		1								
46A4	OUD MAT DRUG REBATE MCO /State Sidebar								ļ		
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A5	Fee for Service - 100%										

Department of Health and Human Services OMB No. 0938-1265 **Centers for Medicare & Medicaid Services**

Expires 4/30/2024

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:**

					Family	1 '	Opt. Breast or Cervical				
		Total			Planning		Cancer Srvcs			Non COVID	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FMAP	Share
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A6	MCO – 100%										
46B	OUD Medicaid Assisted Treatment Services										
	ARP Section 9811 COVID Vaccine/Vaccine										
47	Administration										
	ARP Section 9813 Qualified Community Based										
48	Mobile Crisis Intervention – 85%										
	Health Homes for Children with Medically										
49	Complex Conditions										
69	Other Care Services										
70	Total										

For the Medical Assistance Program **Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2023

Line:		1				Ont Broad or	Ont Broost or		1		1	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share	Deferral or CIN Number
1A	Inpatient Hospital Services: Regular Payments	Computable	1	innor services	Je. vices	(Litti Rate)	(monate)	Other 70	- Cuciui Silaic		June	
	Inpatient Hospital Services: DSH Adjustment								+			+
1B	Payments											
	Inpatient Hospital Services - Supplemental								1			+
1C	Payments											
1D	Inpatient Hospital - GME Sup Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic											
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
	Intellectual Disabilities: Supplemental											
4C	Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management											
5D	Physician & Surgical Services - Vaccine codes											
	Outpatient Hospital Services - Regular											
6A	Payments											
	Outpatient Hospital Services - Supplemental											
6b	Payments											
7	Prescribed Drugs											
7A1	Drug Rebate Offset - National Agreement											
7.00	D. D. D. L. L. Off of St. J. S											
7A2	Drug Rebate Offset - State Sidebar Agreement		1				1	-	1			+
7A3	MCO - National Agreement		1				-		 			+
7A4	MCO - State Sidebar Agreement		1						 		1	+
745	Increased ACA OFFICET For Section 1999/											
7A5	Increased ACA OFFSET - Fee for Service - 100%		1						1			+
7A6	Increased ACA OFFSET - MCO - 100%											
7A7	Drug Rebate Offset - Value Based Purchasing					1	1					

For the Medical Assistance Program **Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2023

Line:					I	Ont Broast or	Opt. Breast or	1	1		T	
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Non COVID	Total Federal	Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	_	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share	CIN Number
8	Dental Services	Compatable		iiiiisi services	Jei vices	(Eitii Rate)	(mo nate)	Other 70	- Cuciui Siluic		Jonare	Circitation
	Other Practitioners Services - Regular											+
9A	Payments											
	Other Practitioners Services - Supplemental											+
9B	Payments											
10A	Clinic Services - Reg. Payments											+
10B	Clinic Services - Sup. Payments											
11	Laboratory And Radiological Services											
12	Home Health Services											
13	Sterilizations											1
14	Abortions											1
15	EPSDT Screening Services											
16	Rural Health Clinic Services											1
<u> </u>	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											1
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											1
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments:											1
18A	Managed Care Organizations											
18A1	Medicaid MCO - Evaluation and Management											
18A2	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											
	Medicaid MCO - Preventive Services Grade A											
18A4	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											
18A5	Health Clinic Payments											
	Medicaid MCO - Services Subject to Electronic											
18A6	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											
	MCO PAHP - Preventive Services Grade A OR B,											
18B1d	ACIP Vaccines and their Admin											
	Medicaid PAHP - Certified Community Behavior											
18B1e	Health Clinic Payments											
	MCO PAHP - Services Subject to Electronic Visit											
18B1f	Verification Requirements											

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Line:		1				Ont Broast or	Ont Proact or	1	1			<u> </u>
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal	Deferral or CIN Number
18B2	Prepaid Inpatient Health Plan	Computable	FIVIAP	i.n.s. services	Services	(ENH Kate)	(Ins Rate)	Other %	rederal Share	FIVIAP	Share	CIN Number
18B2a	MCO PIHP - Evaluation and Management											+
18B2b	MCO PIHP - Evaluation and Management						+		+		+	+
18B2c	MCO PIHP - Vaccine codes MCO PIHP - Community First Choice											+
18820	MCO PIHP - Community First Choice MCO PIHP - Preventive Services Grade A OR B,						+		+		+	+
10024	ACIP Vaccines and their Admin											
18B2d	Medicaid PIHP - Certified Community Behavior											+
10026	•											
18B2e	Health Clinic Payments MCO PIHP - Services Subject to Electronic Visit											
10D2f												
18B2f	Verification Requirements										+	
100	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
400	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
101	Home and Community-Based Services - Regular											
19A	Payment (1915(c) Waiver)											
400	Home and Community-Based Services - State											
19B	Plan 1915(i) Only Payment										-	+
400	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											_
22	Programs Of All-Inclusive Care Elderly											
23A	Personal Care Services - Regular Payment											_
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services -											
24A	Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											
26	Hospice Benefits											
27	Emergency Services for Undocumented Aliens											
28	Federally-Qualified Health Center						1	1		ļ	-	
	Non-Emergency Medical Transportation - Reg.											
29A	Payments							ļ				
	Non-Emergency Medical Transportation - Sup.											
29B	Payments											
30	Physical Therapy										1	
31	Occupational Therapy											
32	Services for Speech, Hearing and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services				1		1					

For the Medical Assistance Program **Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Cervical Cancer Srvcs	Other %	Federal Share	Non COVID	Total Federal Share	Deferral or
·											
											+
Emergency Hospital Services											
											<u> </u>
							1				
Payments											
Nurse Practitioner Services											
School Based Services											
Rehabilitative Services (non-school-based)											
Private Duty Nursing											
Freestanding Birth Center											
Health Home for Enrollees w Chronic											
Conditions											
Tobacco Cessation for Preg Women											
Health Home for Enrollees w Substance-Use-											
Disorder											
OUD Medicaid Assisted Treatment – Drugs											
OUD MAT DRUG REBATE/National Agreement											
OUD MAT DRUG REBATE/State Sidebar											
OUD MAT DRUG REBATE MCO /National											
Agreement											
OUD MAT DRUG REBATE MCO /State Sidebar											
OUD MAT DRUG REBATE/Increased ACA Offset											
Fee for Service - 100%											
OUD MAT DRUG REBATE/Increased ACA Offset											
MCO – 100%											
OUD Medicaid Assisted Treatment Services											
ARP Section 9811 COVID Vaccine/Vaccine											
Administration											
ARP Section 9813 Qualified Community Based											
Mobile Crisis Intervention – 85%											
Health Homes for Children with Medically											
Complex Conditions											
Other Care Services											
Total											
	Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-Disorder OUD Medicaid Assisted Treatment – Drugs OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National Agreement OUD MAT DRUG REBATE MCO /State Sidebar OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100% OUD MEDICAL ASSISTED TREATE/Increased ACA Offset MCO – 100% OUD Medicaid Assisted Treatment Services ARP Section 9811 COVID Vaccine/Vaccine Administration ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85% Health Homes for Children with Medically Complex Conditions Other Care Services	Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals - Reg. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-Disorder OUD Medicaid Assisted Treatment - Drugs OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National Agreement OUD MAT DRUG REBATE MCO /State Sidebar OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset MCO - 100% OUD MAT DRUG REBATE/Increased ACA Offset ARP Section 9811 COVID Vaccine/Vaccine Administration ARP Section 9813 Qualified Community Based Mobile Crisis Intervention - 85% Health Homes for Children with Medically Complex Conditions Other Care Services	Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals - Reg. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-Disorder OUD Medicaid Assisted Treatment - Drugs OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE MCO /National Agreement OUD MAT DRUG REBATE MCO /State Sidebar OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD Medicaid Assisted Treatment Services ARP Section 9811 COVID Vaccine/Vaccine Administration ARP Section 9813 Qualified Community Based Mobile Crisis Intervention - 85% Health Homes for Children with Medically Complex Conditions Other Care Services	Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use- Disorder OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National Agreement OUD MAT DRUG REBATE MCO /State Sidebar OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset MCO - 100% OUD MAT DRUG REBATE/Increased ACA Offset MCO - 100% OUD MAT DRUG REBATE Treatment Services ARP Section 9813 Qualified Community Based Mobile Crisis Intervention - 85% Health Homes for Children with Medically Complex Conditions Other Care Services	Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals - Reg. Payments Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-Disorder OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National Agreement OUD MAT DRUG REBATE MCO /State Sidebar OUD MAT DRUG REBATE MCO /State Sidebar OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset MCO - 100% OUD MAT DRUG REBATE/Increased ACA Offset ARP Section 9813 Qualified Community Based Mobile Crisis Intervention - 85% Health Homes for Children with Medically Complex Conditions Other Care Services	Line Description Computable FMAP L.H.S. Services Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wifle Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use- Disorder OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100	Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Payments Critical Access Hospitals Impatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center Health Home for Enrollees w Chronic Conditions Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-Disorder OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE MCO / National Agreement OUD MAT DRUG REBATE MCO / State Sidebar OUD MAT DRUG REBATE MCO	Total Line Description Computable FMAP LH.S. Services Ser	Line Description Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Neptolal Services Line Description Line Description Line Description Line Description Line Services Line Description Line Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Neptolal Services Line Description Line Services Hospitals - Reg. Payments Line Critical Access Hospitals - Reg. Payments Line Critical Access Hospitals - Reg. Payments Line Description Line De	Une Description Une Market Une Description Une Descript	Line Description Line Description Line Description Line Services Line Services Cancer Srives Cancer Srive

OMB No. 0938-1265

Expires 4/30/2024

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Na	ame:	_	_	_	_				_		_	
		Total			Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Non COVID		Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FMAP	Share	CIN Number
1A	Inpatient Hospital Services: Regular Payments											
	Inpatient Hospital Services: DSH Adjustment											
1B	Payments											
	Inpatient Hospital Services - Supplemental											
1C	Payments											
1D	Inpatient Hospital - GME Sup Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic											
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
	Intellectual Disabilities: Supplemental											
4C	Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management											
5D	Physician & Surgical Services - Vaccine codes											
	Outpatient Hospital Services - Regular											
6A	Payments											
	Outpatient Hospital Services - Supplemental											
6b	Payments											
7	Prescribed Drugs	1										
7A1	Drug Rebate - National Agreement											
7A2	Drug Rebate - State Sidebar Agreement	1			1							
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement										1	
7A5	Increased ACA OFFSET - Fee for Service - 100%											

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Na	ame:	_		_					_	_	•	
lino #	Line Description	Total	ENAAD	LU C Comissos	Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs	Othor 9/	Fodoval Shore	Non COVID		Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FIVIAP	Share	CIN Number
7A6	Increased ACA OFFSET - MCO - 100%											
7A7	Drug Rebate Offset - Value Based Purchasing											
8	Dental Services		1									
	Other Practitioners Services - Regular											
9A	Payments											
0.5	Other Practitioners Services - Supplemental											
9B	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											_
	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											
17B	Premiums										-	
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
1,01	Medicare Health Insurance Payments:		†									+
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments:		1									+
18A	Managed Care Organizations											
18A1	Medicaid MCO - Evaluation and Management											+
18A2	Medicaid MCO - Vaccine codes											+
18A3	Medicaid MCO - Community First Choice											+
	Medicaid MCO - Preventive Services Grade A											+
18A4	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											+
18A5	Health Clinic Payments											
	Medicaid MCO - Services Subject to Electronic		†									<u> </u>
18A6	Visit Verification Requirements											
18B1	Prepaid Ambulatory Health Plan		†					1	1	1		
18B1a	MCO PAHP - Evaluation and Management									1		+
18B1b	MCO PAHP - Vaccine codes									1		+
	MCO PAHP - Community First Choice		1							 		+
18B1c	INICO PAHP - Community First Choice											

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver N	anie.	1		<u> </u>	1	Out Busset su	Out Busset su	1	Т	1		
Line#	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Non COVID	Total Federal Share	Deferral or CIN Number
Line "	MCO PAHP - Preventive Services Grade A OR B,		Tivizai	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Scivices	(EITH Rate)	(mis nate)	Other 70	reactar share	TIVIAI	Jiiure	Circitation
18B1d	ACIP Vaccines and their Admin											
10010	Medicaid PAHP - Certified Community Behavior	-									+	+
18B1e	Health Clinic Payments											
	MCO PAHP - Services Subject to Electronic Visit											+
18B1f	Verification Requirements											
18B2	Prepaid Inpatient Health Plan											1
18B2a	MCO PIHP - Evaluation and Management											1
18B2b	MCO PIHP - Vaccine codes											1
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
18B2d	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	MCO PIHP - Services Subject to Electronic Visit											
18B2f	Verification Requirements											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular	·										
19A	Payment (1915(c) Waiver)											
	Home and Community-Based Services - State											
19B	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
22	Programs Of All-Inclusive Care Elderly											
23A	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services -											
24A	Community Case-Management											
24B	Case Management - State Wide								1			
25	Primary Care Case Management Services											
26	Hospice Benefits								-			
27	Emergency Services for Undocumented Aliens											
28	Federally-Qualified Health Center											

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Waiver Na	ame:	_	_		_				_			_
Line #	Line Description	Total	FMAD	LUS Samisasa	Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs	Othor 9/	Fodoval Shove	Non COVID	Total Federal	
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FIVIAP	Share	CIN Number
20.4	Non-Emergency Medical Transportation - Reg.											
29A	Payments Non-Emergency Medical Transportation - Sup.								<u> </u>			
29B	Payments											
30	Physical Therapy						+		1		+	
31	Occupational Therapy											
32	Services for Speech, Hearing and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											
31	Preventive Services Grade A OR B, ACIP								1			
34A	Vaccines and their Admin											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37A	Critical Access Hospitals - Reg. Payments											
	Critical Access Hospitals Inpatient - Sup.											
37B	Payments											
	Critical Access Hospitals Outpatient - Sup.								1			
37C	Payments											
38	Nurse Practitioner Services											
39	School Based Services											
40	Rehabilitative Services (non-school-based)											
41	Private Duty Nursing											
42	Freestanding Birth Center											
	Health Home for Enrollees w Chronic											
43	Conditions											
44	Tobacco Cessation for Preg Women											
	Health Home for Enrollees w Substance-Use-											
45	Disorder											
46	OUD Medicaid Assisted Treatment – Drugs											
46A1	OUD MAT DRUG REBATE/National Agreement											
46A2	OUD MAT DRUG REBATE/State Sidebar											
	OUD MAT DRUG REBATE MCO /National											
46A3	Agreement											
46A4	OUD MAT DRUG REBATE MCO /State Sidebar											
	OUD MAT DRUG REBATE/Increased ACA Offset											
46A5	Fee for Service - 100%											
	OUD MAT DRUG REBATE/Increased ACA Offset											
46A6	MCO – 100%											
46B	OUD Medicaid Assisted Treatment Services											

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

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 (IHS Rate)	Federal Share		Deferral or CIN Number
	ARP Section 9811 COVID Vaccine/Vaccine								
47	Administration								
	ARP Section 9813 Qualified Community Based								
48	Mobile Crisis Intervention – 85%								
	Health Homes for Children with Medically								
49	Complex Conditions								
69	Other Care Services								
70	Total								

Form CMS 64.90 - Medicaid Overpayment Adjustment

State:

Line #	Line Description	Total Computable	2021 And Prior	2022	2023	2024	Total Federal Share
	Overpayments Not Collected Or Adjusted But						
	Refunded Because Of The Expiration Of The 1						
1	Year Time Limit						
	Decreasing Adjustments To Amounts Previously						
2	Reported On Line 1						
3	Subtotal						
	Previously Reported Overpayments To						
	Providers Certified This Quarter As Bankrupt Or						
4	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						
	Decreasing Adjustments to Amounts						
8	Previously Reported on Line 7						
	Decreasing Adjustments - Amounts Previously Reported Overpayments to Providers Certified	1					
9	this Quarter as Bankrupt or Out of Business						
10	Total						

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

State:

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

Form CMS 64.90 PERM - Medicaid Overpayment Adjustment

State:

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

Form CMS 64.9ORAC - Recovery Audit Contractors identified Overpayment

State:

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

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

State:

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

Quarter E	nded: 12/31/2023			_			_				
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID FMAP	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments								ļ		
	Inpatient Hospital Services - Supplemental										
1C	Payments		1						ļ		
1D	Inpatient Hospital - GME Sup Payments		1						ļ		
	Mental Health Facility Services - Regular										
2A	Payments Payments	-	1	_					<u> </u>	ļ	+
25	Mental Health Facility Services - DSH										
2B	Adjustment Payments								1		1
26	Certified Community Behavior Health Clinic										
2C	Payments Payments Payments								<u> </u>		
3A	Nursing Facility Services - Regular Payments								-		
20	Nursing Facility Services - Supplemental										
3B	Payments Intermediate Care Facility Services - Ind. with								-		
4.0	Intellectual Disabilities: Public Providers										
4A	Intermediate Care Facility Services - Ind. with	+	1	_	+	+		-	+	<u> </u>	+
4B	Intellectual Disabilities: Private Providers										
40	Intermediate Care Facility Services - Ind. with				-				+		1
	Intellectual Disabilities: Supplemental										
4C	Payments										
40	Physician and Surgical Services - Regular								+		1
5A	Payments										
3A	Physician and Surgical Services - Supplemental				 				+		
5B	Payments										
35	Physician & Surgical Services - Evaluation and		1		 				†		1
5C	Management										
5D	Physician & Surgical Services - Vaccine codes								1		1
	Outpatient Hospital Services - Regular								1		1
6A	Payments										
	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement								1		
7A3	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement		1					İ	İ		
	-										
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

Quarter En	ded: 12/31/2023		_	_		_	_				_
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	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										
	Other Practitioners Services - Supplemental										
9B	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										
	Medicare Health Insurance Payments - Part A										
17A	Premiums										
	Medicare Health Insurance Payments - Part B										
17B	Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations (MCO)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
	Medicaid MCO - Preventive Services Grade A										
18A4	OR B, ACIP Vaccines and their Admin										
	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
	Medicaid MCO - Services Subject to Electronic										
18A6	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										
	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments								<u> </u>	<u> </u>	
	MCO PAHP - Services Subject to Electronic Visit										
18B1f	Verification Requirements					<u> </u>					

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

Quarter	nded: 12/31/2023	T	T	T	T	0 0	0-4 04	ı	T	T	T
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (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										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments										
	MCO PIHP - Services Subject to Electronic Visit										
18B2f	Verification Requirements										
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
	Home and Community-Based Services - Regular										
19A	Payment (1915(c) Waiver)										
	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
27	Emergency Services for Undocumented Aliens	-									
28	Federally-Qualified Health Center								1		
	Non-Emergency Medical Transportation - Reg.										
29A	Payments Non-Emergency Medical Transportation, Sup.	<u> </u>	 	+		+			 		+
200	Non-Emergency Medical Transportation - Sup.										
29B	Payments Physical Thorany		 						1		
30	Physical Therapy	-	 			+			-		
31	Occupational Therapy		 						1		
32	Services for Speech, Hearing and Language		 						1		
33	Prosthetic Devices, Dentures, Eyeglasses	Ļ	ļ	ļ	<u> </u>		<u> </u>		1	Į	

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 Services (ENH Rate) (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (ENH Rate) (HS Rate) Other % Federal Share FMAP Avacines and their Admin Share Mid-Wife Services Hospital Services (ENH Rate) (HS Rate) Other % Federal Share FMAP Total Computable FMAP I.H.S. Services Services (ENH Rate) (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services Grade A OR B, ACIP Services Grade A OR B, ACIP Services Grade A OR B, ACIP Services Services (ENH Rate) (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HS Rate) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HMAP) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HMAP) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HMAP) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HMAP) Other % Federal Share FMAP Jagnostic Screening & Preventive Services (HMAP) Other Screening Screening Screening Screening Screening Screening Screening Screening Screening Screening Screening Scree	n COVID Total Federal AP Share
Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Avacines and their Admin Avacincation	
Preventive Services Grade A OR B, ACIP 34A Vaccines and their Admin 35 Nurse Mid-Wife 36 Emergency Hospital Services 37A Critical Access Hospitals - Reg. Payments Critical Access Hospitals Inpatient - Sup. 37B Payments Critical Access Hospitals Outpatient - Sup. 37C Payments 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center Health Home for Enrollees w Chronic 43 Conditions 44 Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use- Disorder 46 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE MCO /National	
34A Vaccines and their Admin 35 Nurse Mid-Wife 36 Emergency Hospital Services 37A Critical Access Hospitals - Reg. Payments Critical Access Hospitals Inpatient - Sup. 37B Payments 37C Payments 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center 43 Conditions 44 Tobacco Cessation for Preg Women 44 Tobacco Cessation for Preg Women 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar	
35 Nurse Mid-Wife 36 Emergency Hospital Services 37A Critical Access Hospitals - Reg. Payments 37B Critical Access Hospitals Inpatient - Sup. 37B Payments 37C Payments 38 Nurse Practitioner Services 39 School Based Services 39 School Based Services 39 School Based Services 30 Private Duty Nursing rsing 30 Private Duty Nursing 30 Private Duty Nursing Nursing 30 Private Duty Nursing Nursin	
36 Emergency Hospital Services 37A Critical Access Hospitals - Reg. Payments Critical Access Hospitals Inpatient - Sup. 37B Payments Critical Access Hospitals Outpatient - Sup. 37C Payments 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center Health Home for Enrollees w Chronic 43 Conditions 44 Tobacco Cessation for Preg Women 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 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar	
37A Critical Access Hospitals - Reg. Payments Critical Access Hospitals Inpatient - Sup. 37B Payments Critical Access Hospitals Outpatient - Sup. 37C Payments 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center Health Home for Enrollees w Chronic 43 Conditions 44 Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-Disorder 45 Disorder 46 OUD Medicaid Assisted Treatment - Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE/State Sidebar	
Critical Access Hospitals Inpatient - Sup. 37B Payments Critical Access Hospitals Outpatient - Sup. 37C Payments 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center Health Home for Enrollees w Chronic 43 Conditions 44 Tobacco Cessation for Preg Women 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 OUD MAT DRUG REBATE MCO /National	
Same	
Critical Access Hospitals Outpatient - Sup. 37C Payments 38 Nurse Practitioner Services 39 School Based Services (40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center 43 Conditions 44 Tobacco Cessation for Preg Women 45 Disorder 46 OUD Medicaid Assisted Treatment — Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
38	
39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center 43 Conditions 44 Tobacco Cessation for Preg Women 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center 43 Conditions 44 Tobacco Cessation for Preg Women 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
41 Private Duty Nursing 42 Freestanding Birth Center 43 Conditions 44 Tobacco Cessation for Preg Women 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
42 Freestanding Birth Center Health Home for Enrollees w Chronic 43 Conditions 44 Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use- Disorder 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
Health Home for Enrollees w Chronic Conditions 43 Conditions 44 Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use- Disorder 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
43 Conditions 44 Tobacco Cessation for Preg Women 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
44 Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use- 45 Disorder 46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
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 OUD MAT DRUG REBATE MCO /National	
Disorder	
46 OUD Medicaid Assisted Treatment – Drugs 46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
46A1 OUD MAT DRUG REBATE/National Agreement 46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
46A2 OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National	
OUD MAT DRUG REBATE MCO /National	
46A4 OUD MAT DRUG REBATE MCO /State Sidebar	
OUD MAT DRUG REBATE/Increased ACA Offset	
46A5 Fee for Service - 100%	
OUD MAT DRUG REBATE/Increased ACA Offset	
46A6 MCO – 100%	
46B OUD Medicaid Assisted Treatment Services	
ARP Section 9811 COVID Vaccine/Vaccine	
47 Administration	
ARP Section 9813 Qualified Community Based	
48 Mobile Crisis Intervention – 85%	
Health Homes for Children with Medically	
49 Complex Conditions	
69 Other Care Services	
70 Total	

For the Medical Assistance Program **Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2023

Line:		1				Ont Broad or	Ont Broost or		1		1	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share	Deferral or CIN Number
1A	Inpatient Hospital Services: Regular Payments	Computable	1	innor services	Je. vices	(Litti Rate)	(monate)	Other 70	- Cuciui Silaic		June	
	Inpatient Hospital Services: DSH Adjustment								1			+
1B	Payments											
	Inpatient Hospital Services - Supplemental								1			+
1C	Payments											
1D	Inpatient Hospital - GME Sup Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH								1			
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic											
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
	Intellectual Disabilities: Supplemental											
4C	Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management											
5D	Physician & Surgical Services - Vaccine codes											
	Outpatient Hospital Services - Regular											
6A	Payments											
	Outpatient Hospital Services - Supplemental											
6b	Payments											
7	Prescribed Drugs											
7A1	Drug Rebate Offset - National Agreement											
7.00	D. D. D. L. L. Off of St. J. S											
7A2	Drug Rebate Offset - State Sidebar Agreement		1				1	-	1			+
7A3	MCO - National Agreement		1				-		 			+
7A4	MCO - State Sidebar Agreement		1						 		1	+
745	Increased ACA OFFICET For Section 1999/											
7A5	Increased ACA OFFSET - Fee for Service - 100%		1						1			+
7A6	Increased ACA OFFSET - MCO - 100%											
7A7	Drug Rebate Offset - Value Based Purchasing					1	1					

For the Medical Assistance Program **Prior Period Adjustments in This Quarter**

State:

Quarter Ended: 12/31/2023

Line:			T		I	Ont Broast or	Opt. Breast or		T	I	T	T
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Non COVID	Total Federal	Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	_	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share	CIN Number
8	Dental Services	Computable	IIIAI	1.11.5. Scrvices	Jet vices	(Livii Kate)	(marc)	Other 70	T Cuciai Silaic	IIII	Silare	Cirtitatibei
0	Other Practitioners Services - Regular											+
9A	Payments											
<i>3</i> A	Other Practitioners Services - Supplemental											+
9B	Payments											
10A	Clinic Services - Reg. Payments											+
10B	Clinic Services - Neg. Payments Clinic Services - Sup. Payments											+
11	Laboratory And Radiological Services											+
12	Home Health Services											+
13	Sterilizations		+				+					+
14	Abortions		+									+
	EPSDT Screening Services											+
15	Rural Health Clinic Services											+
16			+				+					
474	Medicare Health Insurance Payments: Part A											
17A	Premiums Premium Premi											
	Medicare Health Insurance Payments: Part B											
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											<u> </u>
	Medicaid Health Insurance Payments:											
18A	Managed Care Organizations											
18A1	Medicaid MCO - Evaluation and Management											
18A2	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											
	Medicaid MCO - Preventive Services Grade A											
18A4	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											
18A5	Health Clinic Payments											
	Medicaid MCO - Services Subject to Electronic											
18A6	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											
	MCO PAHP - Preventive Services Grade A OR B,		1									
18B1d	ACIP Vaccines and their Admin		1									
	Medicaid PAHP - Certified Community Behavior									1		†
18B1e	Health Clinic Payments		1									
	MCO PAHP - Services Subject to Electronic Visit									 		<u> </u>
18B1f	Verification Requirements											
	1	ī	1	i	Ī	i i	1	1	1	ī		

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Line:						Opt. Breast or	Opt. Breast or					
	tter Bereitetter	Total	53445		Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs	011	E. d. al Char	Non COVID	Total Federal	Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FMAP	Share	CIN Number
18B2	Prepaid Inpatient Health Plan											
18B2a	MCO PIHP - Evaluation and Management											
18B2b	MCO PIHP - Vaccine codes											<u> </u>
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
18B2d	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	MCO PIHP - Services Subject to Electronic Visit											
18B2f	Verification Requirements											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular											
19A	Payment (1915(c) Waiver)											
	Home and Community-Based Services - State											
19B	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
22	Programs Of All-Inclusive Care Elderly											
23A	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services -		1									
24A	Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											
26	Hospice Benefits											
	•											
27	Emergency Services for Undocumented Aliens											
28	Federally-Qualified Health Center											-
	Non-Emergency Medical Transportation - Reg.											
29A	Payments											
,	Non-Emergency Medical Transportation - Sup.	 					 		+			
29B	Payments											
30	Physical Therapy	 							+			
31	Occupational Therapy	+							+	 	+	
32	Services for Speech, Hearing and Language	+							+			+
33	Prosthetic Devices, Dentures, Eyeglasses								+			+
34	Diagnostic Screening & Preventive Services	+					1		+			+
54	plagnostic screening & Preventive services		1					1	1		I	1

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	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share	Deferral or CIN Number
	Preventive Services Grade A OR B, ACIP											1
	Vaccines and their Admin											
	Nurse Mid-Wife											
36	Emergency Hospital Services											
	Critical Access Hospitals - Reg. Payments											
	Critical Access Hospitals Inpatient - Sup.											
	Payments											
	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											
	Health Home for Enrollees w Chronic											
43	Conditions											
44	Tobacco Cessation for Preg Women											
	Health Home for Enrollees w Substance-Use-											
45	Disorder											
46	OUD Medicaid Assisted Treatment – Drugs											
46A1	OUD MAT DRUG REBATE/National Agreement											
46A2	OUD MAT DRUG REBATE/State Sidebar											
	OUD MAT DRUG REBATE MCO /National											1
46A3	Agreement											
46A4	OUD MAT DRUG REBATE MCO /State Sidebar											
	OUD MAT DRUG REBATE/Increased ACA Offset											
46A5	Fee for Service - 100%											
	OUD MAT DRUG REBATE/Increased ACA Offset											
46A6	MCO – 100%											
46B	OUD Medicaid Assisted Treatment Services											
	ARP Section 9811 COVID Vaccine/Vaccine											
47	Administration											
	ARP Section 9813 Qualified Community Based											
48	Mobile Crisis Intervention – 85%											
	Health Homes for Children with Medically											
	Complex Conditions											
69	Other Care Services											
70	Total											

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

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

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

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					
	Program Integrity/Fraud, Waste, and Abuse					
20	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					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					
25B	CVT Operation - CHIPRA					
	Planning for Health Homes for Enrollees with					
26	Chronic Conditions					
	Recovery Audit Contractors State					
27	Administration					

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
	Design Development/Installation of Medicaid					
28A	Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid					
	Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					
	Operation of an Approved Medicaid Eligibility					
	Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility					
	Determination Sys. – Cost of Private Sec.					
28D	Contractors					
	Eligibility Determination Staff – Cost of In-house	2				
28E	Activities					
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-house					
28G	Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
	Design Development/Implementation of					
20	Design Development/Implementation of					
30	Prescription Drug Monitoring Program Systems					
31	CAA 2023 Section 5101					
49	Other Financial Participation					1
50	Total					

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

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

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver N		<u> </u>	T	1	1	<u> </u>
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					
20	Activities					
21	County/Local ADM Costs					
22	Interagency Costs					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					

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

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 64.10 Waiv Report Date: Friday, January 26, 2024 - 12:00 AM

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						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						

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						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors			1			
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA			1			
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
_	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

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

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						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						

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
15	TANF Secondary (90%)	Total Computable	TTT Tederal Silate	Other 70	l ederal Silare	Total rederal share	Deferration city (valide)
16	TANF Secondary (75%)			+	+	+	+
17	External Review			+		+	+
18	Enrollment Brokers			+			+
	School Based Administration						+
19				+		1	
20	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						<u> </u>
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						+
270	HIT: Implementation and Operation: Cost of In-						+
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medical						
204	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors			1			

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
	Operation of an Approved Medicaid Eligibility	- Ottai Compatante		100.101 /0			
	Determination Systems – Cost of In-house						
28C	Activities						
280	Operation of an Approved Medicaid Eligibility					+	1
200	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
31	CAA 2023 Section 5101		1				
49	Other Financial Participation		1				
50	Total						

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

Line #	Line Description	Total Receipts
	Donations	
1	Donations - Medicaid	0
	Donations - CHIP	0
	Donations- Outstationed Eligibility Workers -	
2	Medicaid	0
	Donations - Outstationed Eligibility Workers -	
2.A.	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
	Total Taxes, Fees, and Assessments (Lines	
7	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 64.11A Report Date: Friday, January 26, 2024 - 12:00 AM

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

State:

Quarter Ended: 12/31/2023

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

No data submitted for this form

Form CMS 64.9D Report Date: Friday, January 26, 2024 - 12:00 AM

Form CMS 64.9R - Medicaid Drug Rebate Schedule

State:

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						
	Adjustments To Previously Reported Rebates						
2	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 OMB No. 0938-1265 Expires 4/30/2024

Medicaid Program Expenditure Report Other Narrative Explanations State:

Quarter Ended: 12/31/2023

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:

								Deferral
		Total			Family	Non COVID	Total Federal	Disallowance
Line #	Line Description	Computable	FMAP Percent	I.H.S. Services	Planning	FMAP	Share	C.I.N. No.
	Premiums Up To 150% Of Poverty Level - Gross							
1A	Premiums Paid							
	Premiums Up To 150% Of Poverty Level - Cost							
1B	Sharing Offset							
	Premiums Over 150% Of Poverty Level - Gross							
1C	Premiums Paid							
	Premiums Over 150% Of Poverty Level - Cost							
1D	Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
	Inpatient Hospital Services - DSH Adjustments							
2A	Payments							
	Inpatient Mental Health Facility Services -							1
3	Regular Payments							
	Inpatient Mental Health Facility Services - DSH							
3A	Adjustments Payments							
	Certified Community Behavior Health Clinic							
3B	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:		T	T	Ī	Τ	T	T	In . f
		Total			Family	Non COVID	Total Federal	Deferral Disallowance
Line #	Line Description	Computable	FMAP Percent	I.H.S. Services	1 '	FMAP	Share	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							
	Home and Community-Based Services -							
21A	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:

		Total			Family	Non COVID	Total Federal	Deferral Disallowance
Line#	Line Description	Computable	FMAP Percent	I.H.S. Services	•	FMAP	Share	C.I.N. No.
	Premiums Up To 150% Of Poverty Level - Gross	-						
1A	Premiums Paid							
	Premiums Up To 150% Of Poverty Level - Cost							
1B	Sharing Offset							
	Premiums Over 150% Of Poverty Level - Gross							
1C	Premiums Paid							
	Premiums Over 150% Of Poverty Level - Cost							
1D	Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
	Inpatient Hospital Services - DSH Adjustments							
2A	Payments							
	Inpatient Mental Health Facility Services -							
3	Regular Payments							
	Inpatient Mental Health Facility Services - DSH							
3A	Adjustments Payments							
	Certified Community Behavior Health Clinic							
3B	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	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		1					
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							
	Home and Community-Based Services -							
21A	Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
28	Total							

Form CMS 64.21P WAIV Report Date: Friday, January 26, 2024 - 12:00 AM

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
	Premiums Up To 150% Of Poverty Level - Gross				
1A	Premiums Paid				
	Premiums Up To 150% Of Poverty Level - Cost				
1B	Sharing Offsets				
	Premiums Over 150% Of Poverty Level - Gross				
1C	Premiums Paid				
	Premiums Over 150% Of Poverty Level - Cost				
1D	Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Services - DSH Adjustments				
2A	Payments				
	Inpatient Mental Health Facility Services -				
3	Regular Payments				
	Inpatient Mental Health Facility Services - DSH				
3A	Adjustment Payments				
	Certified Community Behavior Health Clinic				
3B	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				

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				
	Home and Community-Based Services - Regular				
21A	Payment (WAIVER)				
22	Hospice				
23	Medical Transportation				
24	Case Management				
	ARP Section 9821 COVID Vaccine/Vaccine				
26	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
	Premiums Up To 150% Of Poverty Level - Gross				
1A	Premiums Paid				
	Premiums Up To 150% Of Poverty Level - Cost				
1B	Sharing Offsets				
	Premiums Over 150% Of Poverty Level - Gross				
1C	Premiums Paid				
	Premiums Over 150% Of Poverty Level - Cost				
1D	Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Services - DSH Adjustments				
2A	Payments				
	Inpatient Mental Health Facility Services -				
3	Regular Payments				
	Inpatient Mental Health Facility Services - DSH				
3A	Adjustment Payments				
	Certified Community Behavior Health Clinic				
3B	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				
	Home and Community-Based Services - Regular				
21A	Payment (WAIVER)				
22	Hospice				
23	Medical Transportation				

Form CMS 64.21U WAIV

Report Date: Friday, January 26, 2024 - 12:00 AM

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			
24	Case Management							
	ARP Section 9821 COVID Vaccine/Vaccine							
26	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:

Type of E	iigibie.	T		<u> </u>	1	Deferral
		Total			Total Federal	Disallowance
Line #	Line Description	Computable	FMAP	СНІР	Share	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			1		
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets		i			
2	Inpatient Hospital Services - Regular Payments		i			
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
	Inpatient Mental Health Facility Services - DSH Adjustments					
3A	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	СНІР	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					
	Home and Community-Based Services - Regular Payment					
21A	(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 64.21UP 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:

Type of E						Deferral
		Total			Total Federal	Disallowance
Line #	Line Description	Computable	FMAP	CHIP	Share	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					
	Inpatient Mental Health Facility Services - DSH Adjustments					
3A	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					

Form CMS 64.21UP WAIV

Report Date: Friday, January 26, 2024 - 12:00 AM

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:

1 1 1 2 2 2 2						Deferral
		Total			Total Federal	Disallowance
Line #	Line Description	Computable	FMAP	СНІР	Share	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 64.21UP WAIV Report Date: Friday, January 26, 2024 - 12:00 AM

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

State:

		Total		Total	Federal	20% Federal	Total	Federal
Line #	Line Description	Computable	Federal Share	Computable3	Share4	Share	Computable5	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:

		Total		Total	Federal	20% Federal	Total	Federal
Line #	Line Description	Computable	Federal Share	Computable3	Share4	Share	Computable5	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							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Program:										
Line#	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes				-					
	Outpatient Hospital Services - Regular									
6A	Payments									
C.	Outpatient Hospital Services - Supplemental									
6b	Payments									
/	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Program:										
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	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									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10A	Clinic Services - Reg. Payments									
10B	Clinic Services - Sup. Payments		1		İ				1	
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:									
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Program:										
Line#	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
Line "	Medicaid MCO - Services Subject to Electronic	Computable	T WIZE	III II J. Jei Vices	Services	(Eith Rate)	(ms nate)	Other 70	reactar share	Silare
18A6	Visit Verification Requirements									
18B1	Prepaid Ambulatory Health Plan		+		1					
18B1a	MCO PAHP - Evaluation and Management		+		1					
18B1b	MCO PAHP - Vaccine codes		+		+			-	 	
18B1c	MCO PAHP - Vaccine codes MCO PAHP - Community First Choice		+		1					
18BIC	·		+		<u> </u>					
1001-	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin				<u> </u>					
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments				<u> </u>					
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group		1		1					
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -		1		1					
19A	Regular Payment (1915(c) Waiver)									
15/1	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
190	Home and Community-Based Services - State		+		 			1		
19C	Plan 1915(j) Only Payment									
130	Home and Community Based Services State		+		 				1	
100	•									
19D	Plan 1915(k) Community First Choice		1		1					
22	Programs Of All-Inclusive Care Elderly		 		ļ			-		
23A	Personal Care Services - Regular Payment									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Program:										
Line#	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
23B	Personal Care Services - SDS 1915(j)					, , ,	, , , , ,			
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
	, and the second									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									

Department of Health and Human Services
OMB No. 0938-1265
Centers for Medicare & Medicaid Services
Expires 4/30/2024

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:

Program:		1				- T	,		•	
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	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar					1				
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
47	ARP Section 9811 COVID Vaccine/Vaccine Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									

Form CMS 64.9I Report Date: Friday, January 26, 2024 - 12:00 AM

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	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal	Deferral or CIN
1A	Inpatient Hospital Services: Regular Payments	Computable	FIVIAP	i.n.s. services	Services	(ENT Rate)	(Ins Rate)	Other %	rederal Share	Share	Number
IA	Inpatient Hospital Services: Regular Payments Inpatient Hospital Services: DSH Adjustment		<u> </u>		<u> </u>				 		
10	Payments										
1B	Inpatient Hospital Services - Supplemental		1		<u> </u>				 		
10											
1C	Payments CME Sup Payments		1				1		 		
1D	Inpatient Hospital - GME Sup Payments Mental Health Facility Services: Regular		1						 		
24	·										
2A	Payments										
20	Mental Health Facility Services: DSH										
2B	Adjustment Payments Certified Community Behavior Health Clinic										
20	· ·										
2C	Payments										
3A	Nursing Facility Services - Regular Payments		<u> </u>						<u> </u>		
20	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
45	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers								1		
	Intermediate Care Facility Services - Ind. with										
4.0	Intellectual Disabilities: Supplemental										
4C	Payments										
 	Physician and Surgical Services - Regular										
5A	Payments Control of the Control of t						1				
	Physician and Surgical Services - Supplemental										
5B	Payments 5 days 16 day						1				
	Physician & Surgical Services - Evaluation and										
5C	Management						1		1		
5D	Physician & Surgical Services - Vaccine codes						1		1		
	Outpatient Hospital Services - Regular										
6A	Payments	-		-	ļ		1		1		
	Outpatient Hospital Services - Supplemental										
6b	Payments	-		1	-				1		
7.4.4	Prescribed Drugs			1			1				<u> </u>
7A1	Drug Rebate Offset - National Agreement	-			-		 		1		
7.0											
7A2	Drug Rebate Offset - State Sidebar Agreement		-						ļ		
7A3	MCO - National Agreement		ļ				-		ļ		
7A4	MCO - State Sidebar Agreement										

Form CMS 64.9PI Report Date: Friday, January 26, 2024 - 12:00 AM

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
						()					
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										
	Other Practitioners Services - Supplemental										
9B	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										
	Medicare Health Insurance Payments: Part A										
17A	Premiums										
17B	Medicare Health Insurance Payments: Part B Premiums										
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty										
	Medicare Health Insurance Payments:										
17D	Coinsurance and Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
	Medicaid MCO - Preventive Services Grade A										
18A4	OR B, ACIP Vaccines and their Admin										
	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
	Medicaid MCO - Services Subject to Electronic								1		1
18A6	Visit Verification Requirements		1								
18B1	Prepaid Ambulatory Health Plan		1						1		
18B1a	MCO PAHP - Evaluation and Management										

Form CMS 64.9PI

For the Medical Assistance Program
Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line: Program:

Program:											
		Total			Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs				Deferral or CIN
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	Number
18B1b	MCO PAHP - Vaccine codes										
18B1c	MCO PAHP - Community First Choice										
	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments										
	MCO PAHP - Services Subject to Electronic Visit										
18B1f	Verification Requirements										
18B2	Prepaid Inpatient Health Plan										
18B2a	MCO PIHP - Evaluation and Management										
18B2b	MCO PIHP - Vaccine codes										
18B2c	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments										
	MCO PIHP - Services Subject to Electronic Visit										
18B2f	Verification Requirements										
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance and Deductibles										
18E	Medicaid Health Insurance Program: Other										
	Home and Community-Based Services - Regular										
19A	Payment (1915(c) Waiver)										
	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
	<u> </u>	!							ļ.		

Form CMS 64.9PI Report Date: Friday, January 26, 2024 - 12:00 AM

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	Deferral or CIN
						(211111120)	(e mace)		- Foundation of the control of the c	- Circuit C	
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
	Non-Emergency Medical Transportation - Reg.										
29A	Payments										
	Non-Emergency Medical Transportation - Sup.										
29B	Payments										
30	Physical Therapy										
31	Occupational Therapy										
32	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services		1								
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife		1								
36	Emergency Hospital Services		1								
37A	Critical Access Hospitals - Reg. Payments										
	Critical Access Hospitals Inpatient - Sup.										
37B	Payments										
	Critical Access Hospitals Outpatient - Sup.										
37C	Payments		<u> </u>								
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing		1		ļ		_		ļ		
42	Freestanding Birth Center	ļ	<u> </u>		ļ		1	-	ļ		
l. <u>.</u>	Health Home for Enrollees w Chronic										
43	Conditions		1								
44	Tobacco Cessation for Preg Women	1	1		1						
45	Health Home for Enrollees w Substance-Use-										
45	Disorder Disorder Disorder	<u> </u>	1		 				 		
46	OUD Medicaid Assisted Treatment – Drugs	 	+				 	 	+	 	
46A1	OUD MAT DRUG REBATE/National Agreement										
46A2	OUD MAT DRUG REBATE/State Sidebar										
	OUD MAT DRUG REBATE MCO /National										
46A3	Agreement	<u> </u>	<u> </u>					<u> </u>	<u> </u>		<u> </u>
46A4	OUD MAT DRUG REBATE MCO /State Sidebar										

Form CMS 64.9PI Report Date: Friday, January 26, 2024 - 12:00 AM

Department of Health and Human Services
OMB No. 0938-1265
Centers for Medicare & Medicaid Services
Expires 4/30/2024

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:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or CIN
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	Number
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A5	Fee for Service - 100%										
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A6	MCO – 100%										
46B	OUD Medicaid Assisted Treatment Services										
	ARP Section 9811 COVID Vaccine/Vaccine										
47	Administration										
	ARP Section 9813 Qualified Community Based										
48	Mobile Crisis Intervention – 85%										
	Health Homes for Children with Medically										
49	Complex Conditions										
69	Other Care Services										
70	Total										

Form CMS 64.9PI Report Date: Friday, January 26, 2024 - 12:00 AM

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

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					
	Program Integrity/Fraud, Waste, and Abuse					
20	Activities					
21	County/Local ADM Costs					
22	Interagency Costs					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
24C	HIT: Implementation and Operation: Cost of Inhouse 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					

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
	Recovery Audit Contractors State					
27	Administration					
	Design Development/Installation of Medicaid					
20.4	1					
28A	Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid					
200	Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					
	Operation of an Approved Medicaid Eligibility					
	Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility					
	Determination Sys. – Cost of Private Sec.					
28D	Contractors					
	Eligibility Determination Staff – Cost of In-house					
28E	Activities					
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-house					
28G	Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
	Design Development/Implementation of					
30	Prescription Drug Monitoring Program Systems					
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:

Program:							
Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						

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:

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						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
20,1	Design Development/Installation of Medicaid			+			
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						
	Operation of an Approved Medicaid Eligibility			+			
	Determination Systems – Cost of In-house						
28C	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
	Operation of an Approved Medicaid Eligibility	-					
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
31	CAA 2023 Section 5101						
49	Other Financial Participation						
50	Total						

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:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
1A	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Service - DSH Adjustment				
1B	Payments				
	Inpatient Hospital Services - Supplemental				
1C	Payments				
1D	Inpatient Hospital - GME Sup Payments				
	Mental Health Facility Services - Regular				
2A	Payments				
	Mental Health Facility Services - DSH				
2B	Adjustment Payments				
	Certified Community Behavior Health Clinic				
2C	Payments				
3A	Nursing Facility Services - Regular Payments				
	Nursing Facility Services - Supplemental				
3B	Payments				
	Intermediate Care Facility Services - Ind. with				
4A	Intellectual Disabilities: Public Providers				
	Intermediate Care Facility Services - Ind. with				
4B	Intellectual Disabilities: Private Providers				
	Intermediate Care Facility Services -				
4C	Supplemental Payments				
	Physician and Surgical Services - Regular				
5A	Payments				
	Physician and Surgical Services - Supplemental				
5B	Payments				
	Physician & Surgical Services - Evaluation and				
5C	Management				

For the Medical Assistance Program

Expenditures in This Quarter

State:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
5D	Physician & Surgical Services - Vaccine codes				
	Outpatient Hospital Services - Regular				
6A	Payments				
	Outpatient Hospital Services - Supplemental				
6b	Payments				
7	Prescribed Drugs				
7A1	Drug Rebate Offset - National Agreement				
7A2	Drug Rebate Offset - State Sidebar Agreement				
7A3	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	Increased ACA OFFSET - MCO - 100%				
7A7	Drug Rebate Offset - Value Based Purchasing				
8	Dental Services				
9A	Other Practitioners Services - Regular Payments				
	Other Practitioners Services - Supplemental				
9B	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				

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:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
	Medicare Health Insurance Payments - Part A				
17A	Premiums				
	Medicare Health Insurance Payments - Part B				
17B	Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
	Medicaid Health Insurance Payments: Managed				
18A	Care Organizations (MCO)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				
	Medicaid MCO - Preventive Services Grade A				
18A4	OR B, ACIP Vaccines and their Admin				
	Medicaid MCO - Certified Community Behavior				
18A5	Health Clinic Payments				
	Medicaid MCO - Services Subject to Electronic				
18A6	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				
	MCO PAHP - Preventive Services Grade A OR B,				
18B1d	ACIP Vaccines and their Admin				
	Medicaid PAHP - Certified Community Behavior				
18B1e	Health Clinic Payments				
	MCO PAHP - Services Subject to Electronic Visit				
18B1f	Verification Requirements				
18B2	Prepaid Inpatient Health Plan				

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:

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				
	MCO PIHP - Preventive Services Grade A OR B,				
18B2d	ACIP Vaccines and their Admin				
	Medicaid PIHP - Certified Community Behavior				
18B2e	Health Clinic Payments				
	MCO PIHP - Services Subject to Electronic Visit				
18B2f	Verification Requirements				
	Medicaid Health Insurance Payments: Group				
18C	Health Plan Payments				
	Medicaid Health Insurance Payments:				
18D	Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
	Home and Community-Based Services - Regular				
19A	Payment (1915(c) Waiver)				
	Home and Community-Based Services - State				
19B	Plan 1915(i) Only Payment				
	Home and Community-Based Services - State				
19C	Plan 1915(j) Only Payment				
	Home and Community Based Services State				
19D	Plan 1915(k) Community First Choice				
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
	Targeted Case Management Services -				
24A	Community Case-Management				
24B	Case Management - State Wide				

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:

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				
	Non-Emergency Medical Transportation - Reg.				
29A	Payments				
	Non-Emergency Medical Transportation - Sup.				
29B	Payments				
30	Physical Therapy				
31	Occupational Therapy				
32	Services for Speech, Hearing and Language				
33	Prosthetic Devices, Dentures, Eyeglasses				
34	Diagnostic Screening & Preventive Services				
	Preventive Services Grade A OR B, ACIP				
34A	Vaccines and their Admin				
35	Nurse Mid-Wife				
36	Emergency Hospital Services				
37A	Critical Access Hospitals - Reg. Payments				
	Critical Access Hospitals Inpatient - Sup.				
37B	Payments				
	Critical Access Hospitals Outpatient - Sup.				
37C	Payments				
38	Nurse Practitioner Services				
39	School Based Services				
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
42	Freestanding Birth Center				

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:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
	Health Home for Enrollees w Chronic				
43	Conditions				
44	Tobacco Cessation for Preg Women				
	Health Home for Enrollees w Substance-Use-				
45	Disorder				
46	OUD Medicaid Assisted Treatment – Drugs				
46A1	OUD MAT DRUG REBATE/National Agreement				
46A2	OUD MAT DRUG REBATE/State Sidebar				
	OUD MAT DRUG REBATE MCO /National				
46A3	Agreement				
46A4	OUD MAT DRUG REBATE MCO /State Sidebar				
	OUD MAT DRUG REBATE/Increased ACA Offset				
46A5	Fee for Service - 100%				
	OUD MAT DRUG REBATE/Increased ACA Offset				
46A6	MCO – 100%				
46B	OUD Medicaid Assisted Treatment Services				
	ARP Section 9811 COVID Vaccine/Vaccine				
47	Administration				
	ARP Section 9813 Qualified Community Based				
48	Mobile Crisis Intervention – 85%				
	Health Homes for Children with Medically				
49	Complex Conditions				
69	Other Care Services				
70	Total				

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Line:						
Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments					
1A	Inpatient Hospital Service - DSH Adjustment					
1B	Payments					
TD	Inpatient Hospital Services - Supplemental					
1C	Payments					
1D	Inpatient Hospital - GME Sup Payments					
עד	Mental Health Facility Services - Regular					
2.4						
2A	Payments Mantal Health Facility Considers DCH					
20	Mental Health Facility Services - DSH					
2B	Adjustment Payments					
2.0	Certified Community Behavior Health Clinic					
2C	Payments					
3A	Nursing Facility Services - Regular Payments					
	Nursing Facility Services - Supplemental					
3B	Payments					
	Intermediate Care Facility Services - Ind. with					
4A	Intellectual Disabilities: Public Providers					
	Intermediate Care Facility Services - Ind. with					
4B	Intellectual Disabilities: Private Providers					
	Intermediate Care Facility Services -					
4C	Supplemental Payments					
	Physician and Surgical Services - Regular					
5A	Payments					
	Physician and Surgical Services - Supplemental					
5B	Payments					
	Physician & Surgical Services - Evaluation and					
5C	Management					
5D	Physician & Surgical Services - Vaccine codes					
	Outpatient Hospital Services - Regular					
6A	Payments					

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
Outpatient Hospital Services - Supplemental					
Payments					
Prescribed Drugs					
Drug Rebate Offset - National Agreement					
Drug Rebate Offset - State Sidebar Agreement					
MCO - National Agreement					
MCO - State Sidebar Agreement					
Increased ACA OFFSET - Fee for Service - 100%					
Increased ACA OFFSET - MCO - 100%					
Drug Rebate Offset - Value Based Purchasing					
Dental Services					
Other Practitioners Services - Regular					
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<u> </u>					
<u> </u>					
Sterilizations					
Abortions No.					
EPSDT Screening Services					
Rural Health Clinic Screening					
Medicare Health Insurance Payments - Part A					
Premiums					
Medicare Health Insurance Payments - Part B					
Premiums					
120% - 134% Of Poverty					
Coinsurance And Deductibles					
	Outpatient Hospital Services - Supplemental Payments Prescribed Drugs Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar Agreement MCO - National Agreement MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Drug Rebate Offset - Value Based Purchasing Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services - Reg. Payments Clinic Services - Sup. Payments Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty	Outpatient Hospital Services - Supplemental Payments Prescribed Drugs Drug Rebate Offset - National Agreement MCO - National Agreement MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Drug Rebate Offset - Value Based Purchasing Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services - Reg. Payments Clinic Services - Sup. Payments Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty	Outpatient Hospital Services - Supplemental Payments Prescribed Drugs Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar Agreement MCO - National Agreement MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Drug Rebate Offset - Value Based Purchasing Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services - Reg. Payments Clinic Services - Sup. Payments Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty	Outpatient Hospital Services - Supplemental Payments Prescribed Drugs Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar Agreement MCO - National Agreement MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - Fee for Service - 100% Drug Rebate Offset - Value Based Purchasing Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services - Reg. Payments Clinic Services - Reg. Payments Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty	Outpatient Hospital Services - Supplemental Payments Prescribed Drugs Drug Rebate Offset - National Agreement MCO - National Agreement MCO - State Sidebar Agreement MCO - State Sidebar Agreement MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Drug Rebate Offset - Value Based Purchasing Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services - Sup. Payments Clinic Services - Sup. Payments Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Line:						
Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
	Medicaid Health Insurance Payments:					
18A	Managed Care Organizations (MCO)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
	Medicaid MCO - Preventive Services Grade A					
18A4	OR B, ACIP Vaccines and their Admin					
	Medicaid MCO - Certified Community Behavior					
18A5	Health Clinic Payments					
	Medicaid MCO - Services Subject to Electronic					
18A6	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					
	MCO PAHP - Preventive Services Grade A OR B,					
18B1d	ACIP Vaccines and their Admin					
	Medicaid PAHP - Certified Community					
18B1e	Behavior Health Clinic Payments					
	MCO PAHP - Services Subject to Electronic Visit					
18B1f	Verification Requirements					
18B2	Prepaid Inpatient Health Plan					
18B2a	MCO PIHP - Evaluation and Management					
18B2b	MCO PIHP - Vaccine codes					
18B2c	MCO PIHP - Community First Choice					
	MCO PIHP - Preventive Services Grade A OR B,					
18B2d	ACIP Vaccines and their Admin					
	Medicaid PIHP - Certified Community Behavior					
18B2e	Health Clinic Payments					
_	MCO PIHP - Services Subject to Electronic Visit					
18B2f	Verification Requirements					

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Line:						
Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
	Medicaid Health Insurance Payments: Group					
18C	Health Plan Payments					
	Medicaid Health Insurance Payments:					
18D	Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
	Home and Community-Based Services -					
19A	Regular Payment (1915(c) Waiver)					
	Home and Community-Based Services - State					
19B	Plan 1915(i) Only Payment					
	Home and Community-Based Services - State					
19C	Plan 1915(j) Only Payment					
	Home and Community Based Services State					
19D	Plan 1915(k) Community First Choice					
22	Programs Of All-Inclusive Care Elderly					
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
	Targeted Case Management Services -					
24A	Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
	Non-Emergency Medical Transportation - Reg.					
29A	Payments					
	Non-Emergency Medical Transportation - Sup.					
29B	Payments					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
		•				

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

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					
	Preventive Services Grade A OR B, ACIP					
34A	Vaccines and their Admin					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37A	Critical Access Hospitals - Reg. Payments					
	Critical Access Hospitals Inpatient - Sup.					
37B	Payments					
	Critical Access Hospitals Outpatient - Sup.					
37C	Payments					
38	Nurse Practitioner Services					
39	School Based Services					
40	Rehabilitative Services (non-school-based)					
41	Private Duty Nursing					
42	Freestanding Birth Center					
	Health Home for Enrollees w Chronic					
43	Conditions					
44	Tobacco Cessation for Preg Women					
	Health Home for Enrollees w Substance-Use-					
45	Disorder					
46	OUD Medicaid Assisted Treatment – Drugs					
46A1	OUD MAT DRUG REBATE/National Agreement					
46A2	OUD MAT DRUG REBATE/State Sidebar					
	OUD MAT DRUG REBATE MCO /National					
46A3	Agreement					
46A4	OUD MAT DRUG REBATE MCO /State Sidebar					
	OUD MAT DRUG REBATE/Increased ACA Offset					
46A5	Fee for Service - 100%					

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
	OUD MAT DRUG REBATE/Increased ACA Offset					
46A6	MCO – 100%					
46B	OUD Medicaid Assisted Treatment Services					
	ARP Section 9811 COVID Vaccine/Vaccine					
47	Administration					
	ARP Section 9813 Qualified Community Based					
48	Mobile Crisis Intervention – 85%					
	Health Homes for Children with Medically					
49	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:

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments					
	Inpatient Hospital Service - DSH Adjustment					
1B	Payments					
	Inpatient Hospital Services - Supplemental					
1C	Payments					
1D	Inpatient Hospital - GME Sup Payments					
	Mental Health Facility Services - Regular					
2A	Payments					
	Mental Health Facility Services - DSH					
2B	Adjustment Payments					
	Certified Community Behavior Health Clinic					
2C	Payments					
3A	Nursing Facility Services - Regular Payments					
	Nursing Facility Services - Supplemental					
3B	Payments					
	Intermediate Care Facility Services - Ind. with					
4A	Intellectual Disabilities: Public Providers					
	Intermediate Care Facility Services - Ind. with					
4B	Intellectual Disabilities: Private Providers					
	Intermediate Care Facility Services -					
4C	Supplemental Payments					
	Physician and Surgical Services - Regular					
5A	Payments					
	Physician and Surgical Services - Supplemental					
5B	Payments					
	Physician & Surgical Services - Evaluation and					
5C	Management					

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
5D	Physician & Surgical Services - Vaccine codes					
	Outpatient Hospital Services - Regular					
6A	Payments					
	Outpatient Hospital Services - Supplemental					
6b	Payments					
7	Prescribed Drugs					
7A1	Drug Rebate Offset - National Agreement					
7A2	Drug Rebate Offset - State Sidebar Agreement					
7A3	MCO - National Agreement					
7A4	MCO - State Sidebar Agreement					
7A5	Increased ACA OFFSET - Fee for Service - 100%					
7A6	Increased ACA OFFSET - MCO - 100%					
7A7	Drug Rebate Offset - Value Based Purchasing					
8	Dental Services					
	Other Practitioners Services - Regular					
9A	Payments					
	Other Practitioners Services - Supplemental					
9B	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					

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
	Medicare Health Insurance Payments - Part A					
17A	Premiums					
	Medicare Health Insurance Payments - Part B					
17B	Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
	Medicaid Health Insurance Payments:					
18A	Managed Care Organizations (MCO)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
	Medicaid MCO - Preventive Services Grade A					
18A4	OR B, ACIP Vaccines and their Admin					
	Medicaid MCO - Certified Community Behavior					
18A5	Health Clinic Payments					
	Medicaid MCO - Services Subject to Electronic					
18A6	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					
	MCO PAHP - Preventive Services Grade A OR B	,				
18B1d	ACIP Vaccines and their Admin					
	Medicaid PAHP - Certified Community					
18B1e	Behavior Health Clinic Payments					
	MCO PAHP - Services Subject to Electronic Visit	t				
18B1f	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:

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					
	MCO PIHP - Preventive Services Grade A OR B,					
18B2d	ACIP Vaccines and their Admin					
	Medicaid PIHP - Certified Community Behavior					
18B2e	Health Clinic Payments					
	MCO PIHP - Services Subject to Electronic Visit					
18B2f	Verification Requirements					
	Medicaid Health Insurance Payments: Group					
18C	Health Plan Payments					
	Medicaid Health Insurance Payments:					
18D	Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
	Home and Community-Based Services -					
19A	Regular Payment (1915(c) Waiver)					
	Home and Community-Based Services - State					
19B	Plan 1915(i) Only Payment					
	Home and Community-Based Services - State					
19C	Plan 1915(j) Only Payment					
	Home and Community Based Services State					
19D	Plan 1915(k) Community First Choice					
22	Programs Of All-Inclusive Care Elderly					
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
	Targeted Case Management Services -					
24A	Community Case-Management					
24B	Case Management - State Wide					

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					
	Non-Emergency Medical Transportation - Reg.					
29A	Payments					
	Non-Emergency Medical Transportation - Sup.					
29B	Payments					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
34	Diagnostic Screening & Preventive Services					
	Preventive Services Grade A OR B, ACIP					
34A	Vaccines and their Admin					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37A	Critical Access Hospitals - Reg. Payments					
	Critical Access Hospitals Inpatient - Sup.					
37B	Payments					
	Critical Access Hospitals Outpatient - Sup.					
37C	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 64.9TPWAIV Report Date: Friday, January 26, 2024 - 12:00 AM

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
	Health Home for Enrollees w Chronic					
43	Conditions					
44	Tobacco Cessation for Preg Women					
	Health Home for Enrollees w Substance-Use-					
45	Disorder					
46	OUD Medicaid Assisted Treatment – Drugs					
46A1	OUD MAT DRUG REBATE/National Agreement					
46A2	OUD MAT DRUG REBATE/State Sidebar					
	OUD MAT DRUG REBATE MCO /National					
46A3	Agreement					
46A4	OUD MAT DRUG REBATE MCO /State Sidebar					
	OUD MAT DRUG REBATE/Increased ACA Offset					
46A5	Fee for Service - 100%					
	OUD MAT DRUG REBATE/Increased ACA Offset					
46A6	MCO – 100%					
46B	OUD Medicaid Assisted Treatment Services					
	ARP Section 9811 COVID Vaccine/Vaccine					
47	Administration					
	ARP Section 9813 Qualified Community Based					
48	Mobile Crisis Intervention – 85%					
	Health Homes for Children with Medically					
49	Complex Conditions					
69	Other Care Services					
70	Total					

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

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
1A	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Service - DSH Adjustment				
1B	Payments				
	Inpatient Hospital Services - Supplemental				
1C	Payments				
1D	Inpatient Hospital - GME Sup Payments				
	Mental Health Facility Services - Regular				
2A	Payments				
	Mental Health Facility Services - DSH				
2B	Adjustment Payments				
	Certified Community Behavior Health Clinic				
2C	Payments				
3A	Nursing Facility Services - Regular Payments				
	Nursing Facility Services - Supplemental				
3B	Payments				
	Intermediate Care Facility Services - Ind. with				
4A	Intellectual Disabilities: Public Providers				
	Intermediate Care Facility Services - Ind. with				
4B	Intellectual Disabilities: Private Providers				
	Intermediate Care Facility Services -				
4C	Supplemental Payments				
	Physician and Surgical Services - Regular				
5A	Payments				

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

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
	Physician and Surgical Services - Supplemental				
5B	Payments				
	Physician & Surgical Services - Evaluation and				
5C	Management				
5D	Physician & Surgical Services - Vaccine codes				
	Outpatient Hospital Services - Regular				
6A	Payments				
	Outpatient Hospital Services - Supplemental				
6b	Payments				
7	Prescribed Drugs				
7A1	Drug Rebate Offset - National Agreement				
7A2	Drug Rebate Offset - State Sidebar Agreement				
7A3	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	Increased ACA OFFSET - MCO - 100%				
7A7	Drug Rebate Offset - Value Based Purchasing				
8	Dental Services				
9A	Other Practitioners Services - Regular Payments	j			
	Other Practitioners Services - Supplemental				
9B	Payments				
10A	Clinic Services - Reg. Payments				

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

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				
	Medicare Health Insurance Payments - Part A				
17A	Premiums				
	Medicare Health Insurance Payments - Part B				
17B	Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
	Medicaid Health Insurance Payments: Managed				
18A	Care Organizations (MCO)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				
	Medicaid MCO - Preventive Services Grade A				
18A4	OR B, ACIP Vaccines and their Admin				
	Medicaid MCO - Certified Community Behavior				
18A5	Health Clinic Payments				
	Medicaid MCO - Services Subject to Electronic				
18A6	Visit Verification Requirements				
18B1	Prepaid Ambulatory Health Plan				

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

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				
	MCO PAHP - Preventive Services Grade A OR B,				
18B1d	ACIP Vaccines and their Admin				
	Medicaid PAHP - Certified Community Behavior				
18B1e	Health Clinic Payments				
	MCO PAHP - Services Subject to Electronic Visit				
18B1f	Verification Requirements				
18B2	Prepaid Inpatient Health Plan				
18B2a	MCO PIHP - Evaluation and Management				
18B2b	MCO PIHP - Vaccine codes				
18B2c	MCO PIHP - Community First Choice				
	MCO PIHP - Preventive Services Grade A OR B,				
18B2d	ACIP Vaccines and their Admin				
	Medicaid PIHP - Certified Community Behavior				
18B2e	Health Clinic Payments				
	MCO PIHP - Services Subject to Electronic Visit				
18B2f	Verification Requirements				
	Medicaid Health Insurance Payments: Group				
18C	Health Plan Payments				
	Medicaid Health Insurance Payments:				
18D	Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				

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

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
	Home and Community-Based Services - Regular				
19A	Payment (1915(c) Waiver)				
	Home and Community-Based Services - State				
19B	Plan 1915(i) Only Payment				
	Home and Community-Based Services - State				
19C	Plan 1915(j) Only Payment				
	Home and Community Based Services State				
19D	Plan 1915(k) Community First Choice				
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
	Targeted Case Management Services -				
24A	Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
27	Emergency Services for Undocumented Aliens				
28	Federally-Qualified Health Center				
	Non-Emergency Medical Transportation - Reg.				
29A	Payments				
	Non-Emergency Medical Transportation - Sup.				
29B	Payments				
30	Physical Therapy				
31	Occupational Therapy				

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

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				
	Preventive Services Grade A OR B, ACIP				
34A	Vaccines and their Admin				
35	Nurse Mid-Wife				
36	Emergency Hospital Services				
37A	Critical Access Hospitals - Reg. Payments				
	Critical Access Hospitals Inpatient - Sup.				
37B	Payments				
	Critical Access Hospitals Outpatient - Sup.				
37C	Payments				
38	Nurse Practitioner Services				
39	School Based Services				
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
42	Freestanding Birth Center				
	Health Home for Enrollees w Chronic				
43	Conditions				
44	Tobacco Cessation for Preg Women				
	Health Home for Enrollees w Substance-Use-				
45	Disorder				
46	OUD Medicaid Assisted Treatment – Drugs				
46A1	OUD MAT DRUG REBATE/National Agreement				

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

Line #	Line Description	Total Computable	CHIP Rate	Increased FMAP Rate	CHIP Amount
46A2	OUD MAT DRUG REBATE/State Sidebar				
	OUD MAT DRUG REBATE MCO /National				
46A3	Agreement				
46A4	OUD MAT DRUG REBATE MCO /State Sidebar				
	OUD MAT DRUG REBATE/Increased ACA Offset				
46A5	Fee for Service - 100%				
	OUD MAT DRUG REBATE/Increased ACA Offset				
46A6	MCO – 100%				
46B	OUD Medicaid Assisted Treatment Services				
	ARP Section 9811 COVID Vaccine/Vaccine				
47	Administration				
	ARP Section 9813 Qualified Community Based				
48	Mobile Crisis Intervention – 85%				
	Health Homes for Children with Medically				
49	Complex Conditions				
69	Other Care Services				
70	Total				

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

			Medicaid				
			(Non-VIII	Medicaid VIII			
		Total	Group)	Group Federal	ARRA Federal	COVID Federal	
Line #	Line Description	Computable	Federal Share	Share	Share	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						
	Decreasing Adjustments to Amounts						
8	Previously Reported on Line 7						
50	Total						

Form CMS 64.9C2 - RECOVERIES FROM OIG STATE COMPLIANT FCA

State:

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

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of E	ligible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
<u> </u>	Outpatient Hospital Services - Regular									
6A	Payments								ļ	
	Outpatient Hospital Services - Supplemental									
6b	Payments								ļ	
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of El	igible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	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%		-		ļ					
7A6	Increased ACA OFFSET - MCO - 100%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:									
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of Eli	igible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
	Medicaid MCO - Services Subject to Electronic	- Factoria	1			(=:::::::::::::::::::::::::::::::::::::	(include)	1		
18A6	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		 							
	MCO PAHP - Preventive Services Grade A OR		1							
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community		+							
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic		+							
18B1f	Visit Verification Requirements									
18B2	Prepaid Inpatient Health Plan		1							
18B2a	MCO PIHP - Evaluation and Management		†							
18B2b	MCO PIHP - Vaccine codes		1							
18B2c	MCO PIHP - Community First Choice		1							
	MCO PIHP - Preventive Services Grade A OR B,		+							
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior		1							
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -		1							
19A	Regular Payment (1915(c) Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State		1							
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State		1							
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly		1							
23A	Personal Care Services - Regular Payment		†							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of E	ligible:									
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)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Type of El	igible.								,	T
						· ·	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Type of Eli	gible:									
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									
	Inpatient Hospital Service - DSH Adjustment								1	
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments				ļ				ļ	
- 4	Physician and Surgical Services - Regular									
5A	Payments								1	
- D	Physician and Surgical Services - Supplemental									
5B	Payments Physician 8 Surgical Considers Typhystian and	<u> </u>			 				 	
F.C	Physician & Surgical Services - Evaluation and									
5C 5D	Management Physician & Surgical Services - Vaccine codes		<u> </u>						 	
טכ	Outpatient Hospital Services - Vaccine codes					+			1	
6A	Payments									
<i>51</i> 1	Outpatient Hospital Services - Supplemental					+			 	
6b	Payments									
7	Prescribed Drugs					+				

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Type of El	igible:									
		Total			Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	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									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:									
18A	Managed Care Organizations (MCO)							ļ		
18A1	Medicaid MCO - Evaluation and Management		<u> </u>	<u> </u>					<u> </u>	ļ
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of El	igible:	1	1	1	1	10 . 5 .	la . a .	1	1	
					F	1 .	Opt. Breast or			
					Family	Cervical	Cervical			
1 ! 4	Line Description	Total	FAAAD	LUC Comices	Planning	Cancer Srvcs	Cancer Srvcs	O4h = :: 0/	Fadaval Chava	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Snare
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments		-		ļ				ļ	
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -	İ								
19A	Regular Payment (1915(c) Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State		1							
19C	Plan 1915(j) Only Payment									

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

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 El	igible:	T	Т			Т	ı		T	ı
						Opt. Breast or	· ·			
					Family	Cervical	Cervical			
		Total			Planning		Cancer Srvcs		L	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center				<u> </u>					
20	Non-Emergency Medical Transportation - Reg.				1					
29A	Payments									
23/1	Non-Emergency Medical Transportation - Sup.				1					
29B	Payments									
30	Physical Therapy				1					
31	Occupational Therapy		1	- 	1					
32	Services for Speech, Hearing and Language	1		-	1			 	 	
33	Prosthetic Devices, Dentures, Eyeglasses		1		1			<u> </u>	 	
34	Diagnostic Screening & Preventive Services				1					
	Preventive Services Grade A OR B, ACIP				1					
34A	Vaccines and their Admin									
35	Nurse Mid-Wife				1					
36	Emergency Hospital Services				1					
37A	Critical Access Hospitals - Reg. Payments	<u> </u>						 	 	
-	Critical Access Hospitals Inpatient - Sup.				1					
37B	Payments									
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
	1, 0	J.	1		1			1	L	1

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 E	ligible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									

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	
Line # Line Description Computable FMAP I.H.S. Services Services (ENH Rate) Other % Federa 1A Inpatient Hospital Service - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility	
Line # Line Description Computable FMAP I.H.S. Services (ENH Rate) (IHS Rate) Other % Federa In Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Individual Payments Individual Payments Individual Payments Individual Payments Individual Payments Individual Payments Individual Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intermediate Care Facility Se	
Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental C Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments	Total Federal
Inpatient Hospital Service - DSH Adjustment 1B Payments Inpatient Hospital Services - Supplemental 1C Payments 1D Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular 2A Payments Mental Health Facility Services - DSH 2B Adjustment Payments Certified Community Behavior Health Clinic 2C Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Sprivate Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	are Share
Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental C Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular A Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental B Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Sprivate Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Sprivate Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Sprivate Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
1B Payments Inpatient Hospital Services - Supplemental 1C Payments 1D Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular 2A Payments Mental Health Facility Services - DSH 2B Adjustment Payments Certified Community Behavior Health Clinic 2C Payments 3A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Inpatient Hospital Services - Supplemental 1C Payments 1D Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular 2A Payments Mental Health Facility Services - DSH 2B Adjustment Payments Certified Community Behavior Health Clinic 2C Payments 3A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with 4A Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Interllectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Interllectual Disabilities: Supplemental 4C Payments	
1C Payments 1D Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular 2A Payments Mental Health Facility Services - DSH 2B Adjustment Payments Certified Community Behavior Health Clinic 2C Payments 3A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular A Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Mental Health Facility Services - Regular A Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental AC Payments	
2A Payments Mental Health Facility Services - DSH 2B Adjustment Payments Certified Community Behavior Health Clinic 2C Payments 3A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with 4A Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental AC Payments	
Adjustment Payments Certified Community Behavior Health Clinic Payments A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental B Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Certified Community Behavior Health Clinic 2C Payments 3A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with 4A Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
2C Payments 3A Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Begin Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Begin Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intellectual Disabilities: Supplemental AC Payments	
Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Intellectual Disabilities: Supplemental AC Payments	
3B Payments Intermediate Care Facility Services - Ind. with 4A Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments	
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
4B Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments	
Intellectual Disabilities: Supplemental 4C Payments	
4C Payments	
Physician and Surgical Services - Regular	
5A Payments	
Physician and Surgical Services - Supplemental	
5B Payments	
Physician & Surgical Services - Evaluation and	
5C Management	
5D Physician & Surgical Services - Vaccine codes	
Outpatient Hospital Services - Regular	
6A Payments	

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:

Type of Elig	gible:	•								_
		Total			Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
7A7	Drug Rebate Offset - Value Based Purchasing									
8	Dental Services									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									

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:

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	Total			1 '					Total Federal
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Visit Verification Requirements									
Prepaid Ambulatory Health Plan									
MCO PAHP - Evaluation and Management									
MCO PAHP - Vaccine codes									
MCO PAHP - Community First Choice									
MCO PAHP - Preventive Services Grade A OR									
B, ACIP Vaccines and their Admin									
Medicaid PAHP - Certified Community									
Behavior Health Clinic Payments									
MCO PAHP - Services Subject to Electronic									
Visit Verification Requirements									
Prepaid Inpatient Health Plan									
MCO PIHP - Evaluation and Management									
MCO PIHP - Vaccine codes									
MCO PIHP - Community First Choice									
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	Line Description Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Community First Choice Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Certified Community Behavior Health Clinic Payments Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management MCO PAHP - Vaccine codes MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PAHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes MCO PIHP - Vaccine codes MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PIHP - Certified Community Behavior Health Clinic Payments	Line Description Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Community First Choice Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Certified Community Behavior Health Clinic Payments Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PAHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes MCO PIHP - Teventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Teventive Services Grade A OR B, ACIP Vaccines and Management MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Services Subject to Electronic Visit Medicaid PIHP - Certified Community Behavior Health Clinic Payments MCO PIHP - Services Subject to Electronic Visit	Line Description Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Community First Choice Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Certified Community Behavior Health Clinic Payments Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management MCO PAHP - Vaccine codes MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PAHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes MCO PIHP - Vaccine codes MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PIHP - Certified Community Behavior Health Clinic Payments MCO PIHP - Services Subject to Electronic Visit Medicaid PIHP - Certified Community Behavior Health Clinic Payments MCO PIHP - Services Subject to Electronic Visit	Line Description Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PAHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes MCO PIHP - Vaccine codes MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Services Subject to Electronic Visit MCO PIHP - Services Subject to Electronic Visit	Line Description Line Description Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Community First Choice Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Services Subject to Electronic Visit Verification Requirements MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PAHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Services Subject to Electronic Visit Verification Requirements MCO PIHP - Community First Choice MCO PIHP - Services Subject to Electronic Visit Verification Requirements MCO PIHP - Services Subject to Electronic Visit Verification Requirements MCO PIHP - Services Subject to Electronic Visit Verification Requirements MCO PIHP - Services Subject to Electronic Visit Verification Requirements MCO PIHP - Services Subject to Electronic Visit Verification Requirements MCO PIHP - Services Subject to Electronic Visit Verification Requirements	Total Line Description Total Computable FMAP L.H.S. Services Family Planning Services (ENH Rate) Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Vaccine codes Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Cortified Community Behavior Health Clinic Payments MCO PAHP - Evaluation and Management MCO PAHP - Vaccine codes MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Services Subject to Electronic Visit Verification Requirements Prepaid Ambulatory Health Plan MCO PAHP - Vaccine codes MCO PAHP - Vaccine sand their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PAHP - Freventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PAHP - Certified Community Behavior Health Clinic Payments MCO PIHP - Services Subject to Electronic Visit Verification Requirements Prepaid Inpatient Health Plan MCO PIHP - Vaccine codes MCO PIHP - Vaccine codes MCO PIHP - Vaccine sand their Admin Medicaid PIHP - Community First Choice MCO PIHP - Vaccine sand their Admin Medicaid PIHP - Certified Community Behavior Health Clinic Payments MCO PIHP - Freventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid PIHP - Certified Community Behavior Health Clinic Payments MCO PIHP - Services Subject to Electronic Visit MCO PIHP - Services Subject to Electronic Visit MCO PIHP - Services Subject to Electronic Visit	Total Computable FMAP Line Description Total Computable FMAP Line Services Line Description Medicaid Health Insurance Payments: Medicaid	Total Computable FMAP LINE Services Line Description Medicald Health Insurance Payments: Managed Care Organizations (MCO) Medicald MCO - Evaluation and Management Medicald MCO - Vaccine codes Medicald MCO - Vaccine Services Medicald MCO - Vaccine Codes Medicald MCO - Vaccine Services Medicald MCO - Community First Choice Medicald MCO - Cervified Community Medicald MCO - Cervified Community Behavior Health Clinic Payments MCO PAIP - Evaluation and Management MCO PAIP - Vaccine codes MCO PAIP - Cervified Community MCO PAIP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PAIP - Cervified Community MCO PAIP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PAIP - Cervified Community MCO PAIP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PAIP - Cervified Community MCO PIPP - Evaluation and Management MCO PIPP - Evaluation and Management MCO PIPP - Cervified Community MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Community First Choice MCO PIPP - Services Subject to Electronic Visit MCO PIPP - Services Subject to Electronic Visit MCO PIPP - Services Subject to Electronic Visit	Total Line Description Line Description Medical Health Insurance Payments: Managed Care Organizations (MCO) Medical MCO - Evaluation and Management Medical MCO - Vaccine codes Medical MCO - Preventive Services Orange Payments Medical MCO - Preventive Services Orange Payments Medical MCO - Preventive Services Grade A OR By, ACIP Vaccines and their Admin Medical MCO - Services Subject to Electronic Visit Verification Requirements MCO PAHP - Certified Community First Choice MCO PAHP - Preventive Services Grade A OR By, ACIP Vaccines and their Admin Medical MCO - Services Subject to Electronic Visit Verification Requirements MCO PAHP - Preventive Services Grade A OR By, ACIP Vaccines and their Admin Medical PAHP - Certified Community Medical PAHP - Certified Community Medical PAHP - Certified Community Medical MCO PAHP - Evaluation and Management MCO PAHP - Preventive Services Grade A OR By, ACIP Vaccines and their Admin Medical PAHP - Certified Community Medical PAHP - Certified Comm

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:

Federal Share	Total Federal Share
Federal Share	
Federal Share	
Federal Share	Share
	1
	1

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 Fligible:

Type of El	igible:									
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									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National		1		1					
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									

Department of Health and Human Services
OMB No. 0938-1265
Centers for Medicare & Medicaid Services
Expires 4/30/2024

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	Family Planning	Cancer Srvcs	Cervical Cancer Srvcs	Federal Share	Total Federal Share
	ARP Section 9811 COVID Vaccine/Vaccine							
47	Administration							
	ARP Section 9813 Qualified Community Based							
48	Mobile Crisis Intervention – 85%							
	Health Homes for Children with Medically							
49	Complex Conditions							
69	Other Care Services							
70	Total							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of E	ligible:									
						Opt. Breast or	1 -			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
1A	Inpatient Hospital Services - Regular Payments			4	-					
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
33	Physician & Surgical Services - Evaluation and				 	+			<u> </u>	
5C	Management									
5D	Physician & Surgical Services - Vaccine codes			+	 					
	Outpatient Hospital Services - Regular			+	 				+	
6A	Payments									
<u>υ</u> Λ	Outpatient Hospital Services - Supplemental								1	
6h	Payments									
6b	rayments	ļ			ļ		ļ			

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of E	ligible.	Ι	T	<u> </u>	T	Ont Breast or	Ont Busset or	T	T	I
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
7	Prescribed Drugs	Computable	FIVIAF	1.11.5. Services	Jei vices	(LIVIT Nate)	(III3 Kate)	Other 76	rederal Share	Silare
7A1	Drug Rebate Offset - National Agreement									
781	Drug Repate Offset - National Agreement		1		1					
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									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part B				1				1	
17B	Premiums									
17C1	120% - 134% Of Poverty								1	
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:			1					1	
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice		İ		İ			İ	1	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of El	igible:		_		_				_	
					L	1 '	Opt. Breast or			
		L .			Family	Cervical	Cervical			
		Total			Planning		Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -									
19A	Regular Payment (1915(c) Waiver)									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of E	ligible:		_				_		_	
						1 '	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Fligible:

Type of E	ligible:		_						_	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
Lille #	Critical Access Hospitals Outpatient - Sup.	Computable	FIVIAF	i.n.s. services	Services	(ENH Nate)	(Ins Nate)	Other /6	reuerai Silare	Silare
270	·									
37C	Payments Nurse Practitioner Services		<u> </u>		<u> </u>					
38	School Based Services									
39	Rehabilitative Services (non-school-based)									
40										
41	Private Duty Nursing		<u> </u>		 					
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions				ļ				-	
44	Tobacco Cessation for Preg Women			-	 				-	
l	Health Home for Enrollees w Substance-Use-									
45	Disorder		ļ		ļ				-	
46	OUD Medicaid Assisted Treatment – Drugs		ļ		ļ					
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of E	ligible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment								1	
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments									
	Physician and Surgical Services - Regular									
5A	Payments								<u> </u>	
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes								<u> </u>	
C A	Outpatient Hospital Services - Regular									
6A	Payments Commission Commission								1	
CI.	Outpatient Hospital Services - Supplemental									
6b	Payments									
701	Prescribed Drugs		1		-				1	
7A1	Drug Rebate Offset - National Agreement									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of E	ligible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	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									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part B									
17B	Premiums		<u> </u>							
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:									
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management								1	
18A2	Medicaid MCO - Vaccine codes								<u> </u>	
18A3	Medicaid MCO - Community First Choice								1	
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
101-	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of Eli	igible:									
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
	Medicaid MCO - Services Subject to Electronic	- Factoria	1			(=:::::::::::::::::::::::::::::::::::::	(include)	1		
18A6	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		 							
	MCO PAHP - Preventive Services Grade A OR		1							
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community		+							
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic		+							
18B1f	Visit Verification Requirements									
18B2	Prepaid Inpatient Health Plan		1							
18B2a	MCO PIHP - Evaluation and Management		†							
18B2b	MCO PIHP - Vaccine codes		1							
18B2c	MCO PIHP - Community First Choice		1							
	MCO PIHP - Preventive Services Grade A OR B,		+							
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior		1							
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -		1							
19A	Regular Payment (1915(c) Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State		1							
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State		1							
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly		1							
23A	Personal Care Services - Regular Payment		†							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Type of E	ligible:									
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)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									

Department of Health and Human Services
OMB No. 0938-1265
Centers for Medicare & Medicaid Services
Expires 4/30/2024

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:

Type of E	iigibie.	1	1	1	1	la . a .	la . a .	Γ	1	1
					Fa!!	Opt. Breast or	1 '			
		<u>_</u>			Family		Cervical			
		Total			Planning		Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of E	ligible:					 			
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments								
1/1	Inpatient Hospital Service - DSH Adjustment								
1B	Payments								
	Inpatient Hospital Services - Supplemental								
1C	Payments								
1D	Inpatient Hospital - GME Sup Payments								
	Mental Health Facility Services - Regular								
2A	Payments								
	Mental Health Facility Services - DSH								
2B	Adjustment Payments								
	Certified Community Behavior Health Clinic								
2C	Payments								
3A	Nursing Facility Services - Regular Payments								
	Nursing Facility Services - Supplemental								
3B	Payments								
	Intermediate Care Facility Services - Ind. with								
4A	Intellectual Disabilities: Public Providers								
	Intermediate Care Facility Services - Ind. with								
4B	Intellectual Disabilities: Private Providers								
	Intermediate Care Facility Services - Ind. with								
	Intellectual Disabilities: Supplemental								
4C	Payments								
	Physician and Surgical Services - Regular								
5A	Payments								
	Physician and Surgical Services - Supplemental								
5B	Payments								
	Physician & Surgical Services - Evaluation and								
5C	Management								
5D	Physician & Surgical Services - Vaccine codes								
	Outpatient Hospital Services - Regular								
6A	Payments								
	Outpatient Hospital Services - Supplemental								
6b	Payments								
7	Prescribed Drugs								

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of E	ligible:									
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
7A1	Drug Rebate Offset - National Agreement	Computation	1	1111101100111000	1	(Zitii ilato)	(e mate)	Cune. 70		1
771	Drug Reduce Oriset - National Agreement				1					
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%		1		1	-			1	
7A7	Drug Rebate Offset - Value Based Purchasing		1		1					
8	Dental Services		1		1					
	Other Practitioners Services - Regular				1					
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:									
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -									
19A	Regular Payment (1915(c) Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									

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

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:

gible:									
Line Description	Total	EMAD	LHS Sarvicas	Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal
•	Computable	FIVIAF	1.11.5. Services	Jei vices	(LIVII Rate)	(III3 Nate)	Other 78	rederal Silare	Silare
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Hospice Benefits									
Emergency Services for Undocumented Aliens									
Federally-Qualified Health Center									
Non-Emergency Medical Transportation - Reg.									
Payments									
Non-Emergency Medical Transportation - Sup.									
Payments									
Physical Therapy									
Occupational Therapy									
Services for Speech, Hearing and Language									
Prosthetic Devices, Dentures, Eyeglasses									
Diagnostic Screening & Preventive Services									
Preventive Services Grade A OR B, ACIP									
Vaccines and their Admin									
Nurse Mid-Wife									
Emergency Hospital Services									
Critical Access Hospitals - Reg. Payments									
Critical Access Hospitals Inpatient - Sup.									
Payments									
Critical Access Hospitals Outpatient - Sup.									
Payments									
Nurse Practitioner Services									
School Based Services									
Rehabilitative Services (non-school-based)									
Private Duty Nursing									
	Line Description Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Aliens Federally-Qualified Health Center Non-Emergency Medical Transportation - Reg. Payments Non-Emergency Medical Transportation - Sup. Payments Physical Therapy Occupational Therapy Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based)	Line Description Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Aliens Federally-Qualified Health Center Non-Emergency Medical Transportation - Reg. Payments Non-Emergency Medical Transportation - Sup. Payments Physical Therapy Occupational Therapy Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based)	Line Description Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Aliens Federally-Qualified Health Center Non-Emergency Medical Transportation - Reg. Payments Non-Emergency Medical Transportation - Sup. Payments Physical Therapy Occupational Therapy Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Inpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based)	Line Description Line Description Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Aliens Federally-Qualified Health Center Non-Emergency Medical Transportation - Reg. Payments Non-Emergency Medical Transportation - Sup. Payments Non-Emergency Medical Transportation - Sup. Payments Non-Emergency Medical Transportation - Sup. Payments Physical Therapy Occupational Therapy Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services School Based Services Rehabilitative Services (non-school-based)	Line Description Line Description Line Description Line and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Aliens Federally-Qualified Health Center Non-Emergency Medical Transportation - Reg. Payments Non-Emergency Medical Transportation - Sup. Payments Non-Emergency Medical Transportation - Sup. Payments Physical Therapy Occupational Therapy Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Hospital Services Critical Access Hospitals Inpatient - Sup. Payments Critical Access Hospitals Outpatient - Sup. Payments Nurse Practitioner Services Rehabilitative Services Rehabilitative Services Rehabilitative Services Rehabilitative Services Rehabilitative Services Rehabilitative Services (non-school-based)	Total Computable Total Computable FMAP LH.S. Services Line Description Line Services Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Services Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Description Line Descripti	Total Computable FMAP I.H.S. Services Family Planning I.H.S. Services Family Planning I.H.S. Services FMAP I.H.S. Services FMAP I.H.S. Services FMAP I.H.S. Services FMAP I.H.S. Services FMAP I.H.S. Services FMAP I.H.S. Services FMAP I.H.S. Services (EN Rate) Opt. Breast or Cervical Cancer Srvcs (EN Rate) III. Gancer Srvcs (IHS Rate) III. Gancer Srvcs (IHS Rate) III. Gancer Srvcis (IHI Cancer Srvcis (IHI Cancer Srvcis (IHI Cancer Srvcis (IHI Cancer Srvcis (IHI Cancer Srvcis (IHI	Total Line Description Line Description Line Description Line Description Home and Community Based Services State Plan 1915(R) Community First Choice Programs Of Al-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(I) Targeted Case Management Services - Community Case-Management Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Allens Federally-Qualified Health Center Non-Emergency Medical Transportation - Reg. Payments Non-Emergency Medical Transportation - Sup. Payments Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Mid-Wife Emergency Mid-Vide Emergency Mid-Vide Emergency Mid-Vide Emergency Mid-Vide Emergency Medical Transportation - Sup. Payments Physical Therapy Occupational Therapy Occupational Therapy Services for Speech, Hearing and Language Preventive Services Preventive Services Grade A OR B, ACIP Vaccines and their Admin Nurse Rid-Wife Emergency Mid-Vide Emergency Mi	Total Line Description Total Computable Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Services - Case Management Service - Case Manag

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of E	igibie.	1	Ī	1	Ţ.	<u> </u>		1	1	I
					Familia.		Opt. Breast or Cervical			
		Takal			Family	Cervical				Takal Fadanal
1: 4	Line Description	Total	50445	LUC Comicos	Planning	Cancer Srvcs	Cancer Srvcs	Oth - : : 0/	Fadaval Chava	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Snare
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total			1						

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:

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				Family	1 '	l .			
	Total			1 '					Total Federal
Line Description		ENAAD	LUC Comicos	_			Other 0/	Fadaval Chava	
Line Description	Computable	FIVIAP	I.H.S. Services	Services	(ENH Kate)	(IHS Kate)	Otner %	rederal Share	Snare
Inpatient Hospital Services - Regular Payments									
Inpatient Hospital Service - DSH Adjustment									
Payments									
Inpatient Hospital Services - Supplemental									
Payments									
Inpatient Hospital - GME Sup Payments									
Mental Health Facility Services - Regular									
Payments									
Mental Health Facility Services - DSH									
Adjustment Payments									
Certified Community Behavior Health Clinic									
Payments									
Nursing Facility Services - Regular Payments									
Nursing Facility Services - Supplemental									
Payments									
Intermediate Care Facility Services - Ind. with									
Intellectual Disabilities: Public Providers									
Intermediate Care Facility Services - Ind. with									
Intellectual Disabilities: Private Providers									
Intermediate Care Facility Services - Ind. with									
Intellectual Disabilities: Supplemental									
Payments									
Physician and Surgical Services - Regular									
Payments									
Physician and Surgical Services - Supplemental									
Payments									
Physician & Surgical Services - Evaluation and									
Management									
Physician & Surgical Services - Vaccine codes									
Outpatient Hospital Services - Regular									
Payments									
	Line Description Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Payments Physician and Surgical Services - Supplemental Payments Physician & Surgical Services - Evaluation and Management Physician & Surgical Services - Vaccine codes	Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Payments Physician & Surgical Services - Evaluation and Management Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular	Line Description Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Payments Physician & Surgical Services - Supplemental Payments Physician & Surgical Services - Evaluation and Management Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular	Line Description Line Descrip	Line Description Computable Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Payments Physician and Surgical Services - Supplemental Payments Physician and Surgical Services - Supplemental Payments Physician & Surgical Services - Evaluation and Management Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular Physician & Surgical Services - Regular Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular	Total Computable FMAP I.H.S. Services Cervical Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Mental Health Facility Services - Regular Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Supplemental Payments Physician and Surgical Services - Supplemental Payments Physician Surgical Services - Supplemental Payments Physician & Surgical Services - Evaluation and Management Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular	Total Computable FMAP I.H.S. Services Inpatient Hospital Services - Regular Payments Inpatient Hospital Services - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital Services - Regular Payments Inpatient Hospital Services - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital Services - Regular Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Inpatient Hospital - GME Sup Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Physician and Surgical Services - Evaluation and Management Physician & Surgical Services - Regular Outpatient Hospital Services - Regular Outpatient August Outpatient Hospital Services - Regular Outpatient Hospital Services - Regular Outpatient August Outpatient Hospital Services - Regular Outpatient Hospital Services - Regular Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient August Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatien	Total Line Description Total Computable FMAP LH.S. Services Impatient Hospital Services - Regular Payments Impatient Hospital Service - DSH Adjustment Payments Impatient Hospital Service - DSH Adjustment Payments Impatient Hospital Services - Supplemental Payments Impatient Hospital Services - Regular Payments Impatient Hospital Services - Regular Payments Impatient Hospital Services - DSH Adjustment Payments Mental Health Facility Services - DSH Adjustment Payments Certified Community Behavior Health Clinic Payments Nursing Facility Services - Regular Payments Nursing Facility Services - Regular Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Payments Physician and Surgical Services - Supplemental Payments Physician and Surgical Services - Supplemental Payments Physician & Surgical Services - Supplemental Payments Physician & Surgical Services - Supplemental Payments Physician & Surgical Services - Regular Physician & Surgical Services - Regular	Total Une Description United Description United Desc

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:

Type of E	ligible:	T	1			1	T	1	1	Т
		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	1		(IHS Rate)	Other %	Federal Share	
	Outpatient Hospital Services - Supplemental					(2000)	(
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement								1	
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									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									

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:

		Total			Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid Health Insurance Payments:									
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit			1						
18B2f	Verification Requirements									

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:

Type of Elig	sible.							Г		1
					F	1 '	Opt. Breast or			
		Tatal			Family	Cervical	Cervical			Total Fadaval
1 #	line Bernintian	Total	504AD		Planning	Cancer Srvcs	Cancer Srvcs	O4h = :: 0/	Fadaval Chava	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Snare
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -									
19A	Regular Payment (1915(c) Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									

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:

						1 -	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									

Department of Health and Human Services
OMB No. 0938-1265
Centers for Medicare & Medicaid Services
Expires 4/30/2024

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	Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Federal Share	Total Federal Share
	ARP Section 9811 COVID Vaccine/Vaccine								
47	Administration								
	ARP Section 9813 Qualified Community Based								
48	Mobile Crisis Intervention – 85%								
	Health Homes for Children with Medically								
49	Complex Conditions								
69	Other Care Services								
70	Total								

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of E	ligible:	T				T	T	T	1	T
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
Lille #	Line Description	Computable	FIVIAF	i.ii.s. services	Jei vices	(LIVII Nate)	(III3 Kate)	Other 76	rederar snare	Silaie
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
<u> </u>	Outpatient Hospital Services - Regular									
6A	Payments									
<u> </u>	Outpatient Hospital Services - Supplemental									
6b	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of E	ligible.	Ι	T	<u> </u>	T	Ont Breast or	Ont Buseston	T	T	I
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
7	Prescribed Drugs	Computable	FIVIAF	1.11.5. Services	Services	(LIVIT Nate)	(III3 Kate)	Other 76	rederal Share	Silare
7A1	Drug Rebate Offset - National Agreement									
781	Drug Repate Offset - National Agreement		1		1					
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									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part B				1				1	
17B	Premiums									
17C1	120% - 134% Of Poverty			1					1	
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:								1	
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice		İ		İ			i	1	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Tatal			1 '					Tatal Fadaval
	l.,	Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:		1							
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -		1							
19A	Regular Payment (1915(c) Waiver)									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of Ell		I	1	1	1	Out Busset ou	Out Bread ar		1	
					Eamily	Cervical	Opt. Breast or Cervical			
		Total			Family	Cancer Srvcs	Cancer Srvcs			Total Federal
1:	line Beautities		FAAAD		Planning			O41 0/	Endamel Cham	
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Snare
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment			-	ļ					
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: Type of Eligible:

Type of El	igible:									
						Opt. Breast or	l -			
		L			Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs	.		Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	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

CMS-64.S9RAC - RAC Collection

State:

Quarter Ended: 12/31/2023

Line #	Line Description	Total Computable	Medicaid (Non-VIII Group) Federal Share	•	ARRA Federal Share	COVID Federal Share	Federal Share
	Collections Not Previously Reported on CMS-						
1	64.9ORAC						
	Collections on Overpayment previously						
2	reported on CMS-64.9ORAC						
3	Total Collections						
	RAC CONTINGENCY FEES DEDUCTED FROM						
4	COLLECTIONS						
5	COLLECTIONS LESS FEES						
	LESS PREVIOUSLY REPORTED ON 64.90RAC.						
6	(Line 2)						
7	NET COLLECTIONS						

Form CMS 64.1108CAP - Territory Cap Tracking

State:

Quarter Ended: 12/31/2023

		MAP Federal	ADM Federal
Line #	Line Description	Share	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-64.9VIIIP		
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-64.9VIIIP		
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		

Form CMS 64.1108CAP - Territory Cap Tracking

State:

Quarter Ended: 12/31/2023

		MAP Federal	ADM Federal
Line #	Line Description	Share	Share
10.A.3.	From Form CMS 64.21UP		
10.A.4	From Form CMS-64.9VIIIP		
10B.	Adjustments Decreasing Claims for Prior Quarters:		
В.	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-64.9VIIIP		
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

	gible: Newly																	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	1 '	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)		Federal Share	Total Newly Federal Share	Total Computable Resource Test Applied from Not Newly	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Not Newly	Circumstances applied COL L X	Computable	Sum of Federal Shares Column (G) + (I) + (K) + (M)
1A	Inpatient Hospital Services - Regular Payments																	
174	Inpatient Hospital Service - DSH Adjustment				+													+
1B	Payments																	
	Inpatient Hospital Services - Supplemental																	
1C	Payments																	
1D	Inpatient Hospital - GME Sup Payments							ļ										
24	Mental Health Facility Services - Regular																	
2A	Payments Mental Health Facility Services - DSH				+											+		+
2B	Adjustment Payments																	
	Certified Community Behavior Health Clinic																	
2C	Payments																	
3A	Nursing Facility Services - Regular Payments																	
2.0	Nursing Facility Services - Supplemental																	
3B	Payments Intermediate Care Facility Services - Ind. with				+											+		
4A	Intellectual Disabilities: Public Providers																	
-77	Intermediate Care Facility Services - Ind. with				1													+
4B	Intellectual Disabilities: Private Providers																	
	Intermediate Care Facility Services - Ind. with																	
	Intellectual Disabilities: Supplemental																	
4C	Payments																	
	Physician and Surgical Services - Regular																	
5A	Payments Physician and Surgical Services - Supplemental							<u> </u>										
5B	Payments																	
35	Physician & Surgical Services - Evaluation and				1													+
5C	Management																	
5D	Physician & Surgical Services - Vaccine codes																	
	Outpatient Hospital Services - Regular																	
6A	Payments				-			-										
6B	Outpatient Hospital Services - Supplemental Payments																	
7	Prescribed Drugs				+			<u> </u>								+		+
7A1	Drug Rebate Offset - National Agreement																	+
7A2	Drug Rebate Offset - State Sidebar Agreement																	
7A3	MCO - National Agreement																	
7A4	MCO - State Sidebar Agreement				-											1		
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	5																
OD	Other Practitioners Services - Supplemental														1			
9B 10A	Payments Clinic Services - Reg. Payments	-		+		+			-	 		-	-		-	+		+
10A 10B	Clinic Services - Reg. Payments Clinic Services - Sup. Payments			+		+	1			1					1	+		+
11	Laboratory And Radiological Services			1		1	†		1	1					1	†		+ -
12	Home Health Services																	
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services	ļ								-		-			ļ	 		
16	Rural Health Clinic Screening Medicare Health Insurance Payments - Part A			+		+				 					1	+		+
17A	Premiums														1			
±//\	p remiums	1			1		1	<u> </u>		<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	I	1	<u> </u>	

Form CMS 64.9VIII

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 Fligible: Newly

Type of Elig	ible: Newly																	
Type of Eng	isite. Itewiy	Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH	Opt. Breast or Cervical Cancer			Total Newly	Total Computable Resource Test Applied from	Federal Share Resource Test Applied COL H	Applied from		Not Newly	Federal Share Special Circumstances applied COL L X	Computable	Sum of Federal Shares Column (G) + (I) + (K) +
Line #	Line Description		FMAP	I.H.S. Services	1	1	Srvcs (IHS Rate)		Federal Share		Not Newly		Enrollment Cap		Circumstances			(M)
	Medicare Health Insurance Payments - Part B	•									-			-				
17B	Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
404	Medicaid Health Insurance Payments: Managed																	
18A 18A1	Care Organizations (MCO) Medicaid MCO - Evaluation and Management					+												
18A2	Medicaid MCO - Vaccine codes					1												
18A3	Medicaid MCO - Community First Choice								1									
	Medicaid MCO - Preventive Services Grade A																	
18A4	OR B, ACIP Vaccines and their Admin																	
	Medicaid MCO - Certified Community Behavior																	
18A5	Health Clinic Payments																	
	Medicaid MCO - Services Subject to Electronic																	
18A6	Visit Verification Requirements																	
18B1 18B1a	Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management					+			1			<u> </u>						
18B1b	MCO PAHP - Vaccine codes					+			1							1		
18B1c	MCO PAHP - Community First Choice					+			1									
	MCO PAHP - Preventive Services Grade A OR B,																	
18B1d	ACIP Vaccines and their Admin																	
	Medicaid PAHP - Certified Community Behavior																	
18B1e	Health Clinic Payments																	
	MCO PAHP - Services Subject to Electronic Visit																	
18B1f	Verification Requirements					-			-									
18B2 18B2a	Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management					+												
18B2b	MCO PIHP - Vaccine codes																	
18B2c	MCO PIHP - Community First Choice								1									
	MCO PIHP - Preventive Services Grade A OR B,																	
18B2d	ACIP Vaccines and their Admin																	
	Medicaid PIHP - Certified Community Behavior																	
18B2e	Health Clinic Payments					-			-									
18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements																	
10021	Medicaid Health Insurance Payments: Group																	
18C	Health Plan Payments																	
	Medicaid Health Insurance Payments:																	
18D	Coinsurance And Deductibles																	
18E	Medicaid Health Insurance Payments: Other																	
104	Home and Community-Based Services - Regular Payment (1915(c) Waiver)																	
19A	Home and Community-Based Services - State					+	+		+									
19B	Plan 1915(i) Only Payment																	
	Home and Community-Based Services - State																	
19C	Plan 1915(j) Only Payment																	
	Home and Community Based Services State																	
19D	Plan 1915(k) Community First Choice																	
22	Programs Of All-Inclusive Care Elderly					1	-		1									
23A 23B	Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j)					+						-						
236	Targeted Case Management Services -																	
24A	Community Case-Management																	
24B	Case Management - State Wide																	
25	Primary Care Case Management Services																	
26	Hospice Benefits																	
27	Emergency Services for Undocumented Aliens				1	1		1	1							1		
28	Federally-Qualified Health Center	<u> </u>	<u> </u>		I	1	<u> </u>	I	1	I								

Form CMS 64.9VIII

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 Elig	rible: Newly																	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	1 '	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	1	Federal Share			Applied COL H	Applied from	Federal Share Enrollment Cap applied COL J X Newly	Not Newly	Circumstances applied COL L X	Computable	Sum of Federal Shares Column (G) + (I) + (K) + (M)
	Non-Emergency Medical Transportation - Reg.																	
29A	Payments																	
	Non-Emergency Medical Transportation - Sup.																	
29B	Payments																	
30	Physical Therapy																	
31	Occupational Therapy																	
32	Services for Speech, Hearing and Language																	
33	Prosthetic Devices, Dentures, Eyeglasses																	
34	Diagnostic Screening & Preventive Services																	
	Preventive Services Grade A OR B, ACIP																	
34A	Vaccines and their Admin																	
35	Nurse Mid-Wife																	
36	Emergency Hospital Services																	
37A	Critical Access Hospitals - Reg. Payments																	
	Critical Access Hospitals Inpatient - Sup.																	
37B	Payments										_							
	Critical Access Hospitals Outpatient - Sup.																	
37C	Payments										_							
38	Nurse Practitioner Services										_							
39	School Based Services																	
40	Rehabilitative Services (non-school-based)										1							
41	Private Duty Nursing																	+
42	Freestanding Birth Center Health Home for Enrollees w Chronic																	+
42	Conditions																	
43 44											1				-		-	+
44	Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-																	+
45																		
45	Disorder OUD Medicaid Assisted Treatment – Drugs																	
46	OOD Wedicaid Assisted Treatment – Drugs				1						1				<u> </u>			
46A1	OUD MAT DRUG REBATE/National Agreement																	
46A1 46A2	OUD MAT DRUG REBATE/National Agreement OUD MAT DRUG REBATE/State Sidebar																	+
40A2	OUD MAT DRUG REBATE MCO /National																	+
46A3	Agreement																	
46A4	OUD MAT DRUG REBATE MCO /State Sidebar																	+
40714	OUD MAT DRUG REBATE/Increased ACA Offset																	
46A5	Fee for Service - 100%																	
40713	OUD MAT DRUG REBATE/Increased ACA Offset																	
46A6	MCO – 100%																	
46B	OUD Medicaid Assisted Treatment Services																	
	ARP Section 9811 COVID Vaccine/Vaccine		1			1					1			1	1		 	+
47	Administration																	
	ARP Section 9813 Qualified Community Based					1					1			1			1	+
48	Mobile Crisis Intervention – 85%																	
_	Health Homes for Children with Medically		1			1					1			1	1		 	+
49	Complex Conditions																	
69	Other Care Services										1							+
70	Total										1							+
	•	•				-			<u> </u>	•	•		•	•		•		

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

	ble: Not Newly												
	Line Description	Total Computable FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs (IHS		Applied to	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap Applied to	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	
1A	Inpatient Hospital Services - Regular Payments												
	Inpatient Hospital Service - DSH Adjustment												
1B	Payments												
	Inpatient Hospital Services - Supplemental												
1C	Payments												
1D	Inpatient Hospital - GME Sup Payments												
	Mental Health Facility Services - Regular												
	Payments												
	Mental Health Facility Services - DSH												
2B	Adjustment Payments												
	Certified Community Behavior Health Clinic												
2C	Payments												
3A	Nursing Facility Services - Regular Payments												
	Nursing Facility Services - Supplemental												
3B	Payments												
	Intermediate Care Facility Services - Ind. with												
4A	Intellectual Disabilities: Public Providers												
	Intermediate Care Facility Services - Ind. with												
4B	Intellectual Disabilities: Private Providers												
	Intermediate Care Facility Services - Ind. with												
	Intellectual Disabilities: Supplemental												
4C	Payments												
	Physician and Surgical Services - Regular												
5A	Payments												
	Physician and Surgical Services - Supplemental												
5B	Payments												
	Physician & Surgical Services - Evaluation and												
5C	Management												
5D	Physician & Surgical Services - Vaccine codes												
	Outpatient Hospital Services - Regular												
6A	Payments												
	Outpatient Hospital Services - Supplemental												
6B	Payments												
	Prescribed Drugs												
7A1	Drug Rebate Offset - National Agreement												
	Drug Rebate Offset - State Sidebar Agreement												
	MCO - National Agreement												
7A4	MCO - State Sidebar Agreement												
												_	
	Increased ACA OFFSET - Fee for Service - 100%												
	Increased ACA OFFSET - MCO - 100%												
	Drug Rebate Offset - Value Based Purchasing												
	Dental Services												
	Other Practitioners Services - Regular						 						
9A	Payments		<u> </u>										
	· · · · · · · · · · · · · · · · · · ·		· ·	· ·	 -	-	 -			-		-	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

	190: 12/31/2023														
Type of Elig	ible: Not Newly		<u> </u>		1	1	1		1	1	Г	1	1	I	_
		Total		Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH	Cervical Cancer Srvcs (IHS			Applied to	Adjusted Total Comp from Col	Applied to	Resource Test Col G minus Enrollment		Circumstance	Total Federal
Line #	Line Description	Computable FMAP	I.H.S. Services	Services	Rate)	Rate)	Other %	Federal Share	Newly Col B X	B NoT Newly	Newly Col H X	Cap COL I	Newly COL J	COL K	Share
	Other Practitioners Services - Supplemental														
9B	Payments		_							-					
10A	Clinic Services - Reg. Payments									ļ					
10B	Clinic Services - Sup. Payments														
11	Laboratory And Radiological Services									ļ					
12	Home Health Services														
13	Sterilizations														
14	Abortions No.									ļ					
15	EPSDT Screening Services														
16	Rural Health Clinic Screening		1												
	Medicare Health Insurance Payments - Part A														
17A	Premiums														
	Medicare Health Insurance Payments - Part B														
17B	Premiums														
17C1	120% - 134% Of Poverty														
17D	Coinsurance And Deductibles														
	Medicaid Health Insurance Payments:														
18A	Managed Care Organizations (MCO)														
18A1	Medicaid MCO - Evaluation and Management									ļ					
18A2	Medicaid MCO - Vaccine codes														
18A3	Medicaid MCO - Community First Choice														
1.0.4	Medicaid MCO - Preventive Services Grade A														
18A4	OR B, ACIP Vaccines and their Admin														
	Medicaid MCO - Certified Community Behavior														
18A5	Health Clinic Payments														
1016	Medicaid MCO - Services Subject to Electronic														
18A6	Visit Verification Requirements		1												
18B1	Prepaid Ambulatory Health Plan														
18B1a	MCO PAHP - Evaluation and Management														
18B1b	MCO PAHP - Vaccine codes									<u> </u>					
18B1c	MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR		+							+					
18B1d	B, ACIP Vaccines and their Admin														
10010	Medicaid PAHP - Certified Community		+							1				 	
18B1e	Behavior Health Clinic Payments														
TODIE	MCO PAHP - Services Subject to Electronic		+												
18B1f	Visit Verification Requirements														
18B2	Prepaid Inpatient Health Plan		1									1		1	
18B2a	MCO PIHP - Evaluation and Management		+							1		1			
18B2b	MCO PIHP - Vaccine codes		+							 					
18B2c	MCO PIHP - Vaccine codes MCO PIHP - Community First Choice		+							 					
10020	MCO PIHP - Preventive Services Grade A OR B,		+							 		 		 	
18B2d	ACIP Vaccines and their Admin														
10020	Medicaid PIHP - Certified Community Behavior		+							 					
18B2e	Health Clinic Payments														
10020	MCO PIHP - Services Subject to Electronic Visit		+							 					
18B2f	Verification Requirements		1									1			
	1. Soution negationion	1	1	1		1	I	1	I		I		<u>I</u>		

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

	led: 12/31/2023															
Type of Eligi	ble: Not Newly		T	_					_	ı	1		ı	ı	T	
Line #	Line Description Medicaid Health Insurance Payments: Group	Total Computable	FMAP	I.H.S. Services	Family Planning Services		Opt. Breast or r Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share		Adjusted Total Comp from Col	Applied to	Resource Test Col G minus Enrollment	Total Comp Special Circumstances		Total Federal Share
18C	Health Plan Payments															
180	Medicaid Health Insurance Payments:			+												
18D	Coinsurance And Deductibles															
	Medicaid Health Insurance Payments: Other			+												
	Home and Community-Based Services -															
	Regular Payment (1915(c) Waiver)															
194	Home and Community-Based Services - State			1												
19B	Plan 1915(i) Only Payment															
136	Home and Community-Based Services - State															
19C	Plan 1915(j) Only Payment															
	Home and Community Based Services State															
	Plan 1915(k) Community First Choice															
22	Programs Of All-Inclusive Care Elderly															
	Personal Care Services - Regular Payment															
	Personal Care Services - SDS 1915(j)															
233	Targeted Case Management Services -															
24A	Community Case-Management															
	Case Management - State Wide															
25	Primary Care Case Management Services															
26	Hospice Benefits															
27	Emergency Services for Undocumented Aliens															
	Federally-Qualified Health Center															
28	Non-Emergency Medical Transportation - Reg.			+												
29A	Payments															
25A	Non-Emergency Medical Transportation - Sup.															
29B	Payments															
30	Physical Therapy															
31	Occupational Therapy															
	Services for Speech, Hearing and Language															
33	Prosthetic Devices, Dentures, Eyeglasses															
34	Diagnostic Screening & Preventive Services			1	1											
	Preventive Services Grade A OR B, ACIP															
34A	Vaccines and their Admin															
	Nurse Mid-Wife															
36	Emergency Hospital Services															
37A	Critical Access Hospitals - Reg. Payments															
37B	Critical Access Hospitals Inpatient - Sup. Payments															
3,5	Critical Access Hospitals Outpatient - Sup.			1	1											
37C	Payments															
38	Nurse Practitioner Services			†	1											
	School Based Services	<u> </u>		†		+									<u> </u>	
	Rehabilitative Services (non-school-based)	<u> </u>		†		1									<u> </u>	
	Private Duty Nursing	1		1	1	1			1						1	
42	Freestanding Birth Center			1												
L	<u> </u>		•					•		Į.			Į.		•	

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

. , p = 0. Eng	gible: Not Newly	Γ		<u> </u>	<u> </u>	1	I	T	1	T	Π	1	I	Addition of Total	
														Adjusted Total	
														Comp from	
														COL B minus	
												Adjusted Total		Resource Test	
												Comp from Col		COL G Minus	
												B minus	Total Comp	Enrollment	
					Opt. Breast or	Opt. Breast or			Total Comp		Total Comp	Resource Test	Special	CAP COL I	
				Family	Cervical Cance	er Cervical Cancer			Resource Test	Adjusted Total	Enroll Cap	Col G minus	Circumstances	minus Special	
		Total		Planning	Srvcs (ENH	Srvcs (IHS			Applied to	Comp from Col		Enrollment		Circumstance	Total Federal
Line #	Line Description	Computable	FMAP I.H.S. Service		Rate)	,	Other %	Federal Share					Newly COL J		Share
	Health Home for Enrollees w Chronic														
43	Conditions														
43 44	Tobacco Cessation for Preg Women														
	Health Home for Enrollees w Substance-Use-														
45	Disorder														
45 46	OUD Medicaid Assisted Treatment – Drugs														
46A1	OUD MAT DRUG REBATE/National Agreement														
46A2	OUD MAT DRUG REBATE/State Sidebar														
	OUD MAT DRUG REBATE MCO /National														
46A3	Agreement														
46A4	OUD MAT DRUG REBATE MCO /State Sidebar														
	OUD MAT DRUG REBATE/Increased ACA Offset														
46A5	Fee for Service - 100%														
	OUD MAT DRUG REBATE/Increased ACA Offset														
46A6	MCO – 100%														
46B	OUD Medicaid Assisted Treatment Services														
	ARP Section 9811 COVID Vaccine/Vaccine														
47	Administration														
	ARP Section 9813 Qualified Community Based														
48	Mobile Crisis Intervention – 85%														
	Health Homes for Children with Medically														
49	Complex Conditions														
49 69 70	Other Care Services														
70	Total														

Form CMS 64.9VIIIP - 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 Eli	gible: Newly															
Line #	Line Description	Total Computable FMAP	I.H.S. Services	Family Planning Services		Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Federal Share	Total Newly	Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly	Circumstances applied COL L X	Sum of Federal Shares Column (G) + (I) + (K) + (M)	
1A	Inpatient Hospital Services - Regular Payments															1
	Inpatient Hospital Service - DSH Adjustment															
1B	Payments															1
	Inpatient Hospital Services - Supplemental															
1C	Payments															
1D	Inpatient Hospital - GME Sup Payments															1
2A	Mental Health Facility Services - Regular															1
ZA	Payments Mental Health Facility Services - DSH						1									
2B	Adjustment Payments															1
	Certified Community Behavior Health Clinic															
2C	Payments															1
3A	Nursing Facility Services - Regular Payments															1
	Nursing Facility Services - Supplemental															1
3B	Payments Intermediate Care Facility Services - Ind. with	 														
4A	Intellectual Disabilities: Public Providers															1
44	Intermediate Care Facility Services - Ind. with	+ + + + + + + + + + + + + + + + + + + +														
4B	Intellectual Disabilities: Private Providers															1
	Intermediate Care Facility Services - Ind. with															
	Intellectual Disabilities: Supplemental															1
4C	Payments															1
	Physician and Surgical Services - Regular															1
5A	Payments Surplied Comings Complemental	<u> </u>														
ED	Physician and Surgical Services - Supplemental Payments															1
5B	Physician & Surgical Services - Evaluation and															
5C	Management															1
5D	Physician & Surgical Services - Vaccine codes															
	Outpatient Hospital Services - Regular															
6A	Payments															1
	Outpatient Hospital Services - Supplemental															1
6B	Payments Processing of Drocessing Organic Organi						_									+
7 7A1	Prescribed Drugs Drug Rebate Offset - National Agreement															
77.1	Drug Nebate Offset - National Agreement	+														
7A2	Drug Rebate Offset - State Sidebar Agreement															1
7A3	MCO - National Agreement															
7A4	MCO - State Sidebar Agreement															
																1
7A5	Increased ACA OFFSET - Fee for Service - 100%															
7A6 7A7	Increased ACA OFFSET - MCO - 100% Drug Rebate Offset - Value Based Purchasing						_			-						
8	Dental Services				+		+				1					
					+		1				1			†		
9A	Other Practitioners Services - Regular Payments	5									<u> </u>			<u> </u>		<u> </u>
	Other Practitioners Services - Supplemental															
9B	Payments															
10A	Clinic Services - Reg. Payments						1								-	
10B	Clinic Services - Sup. Payments				+		+				1			 		\vdash
11 12	Laboratory And Radiological Services Home Health Services				+		+				1			+	+	
13	Sterilizations				+		+			1	1			+	+	
14	Abortions No.				+		†				1			†		
15	EPSDT Screening Services															
16	Rural Health Clinic Screening															
	Medicare Health Insurance Payments - Part A															1
17A	Premiums															1

Form CMS 64.9VIIIP - 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 Eli	gible: Newly																
Line #	Line Description	Total Computable FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Opt. Breast or Srvcs (ENH Cervical Cance Rate) Srvcs (IHS Rate	r	Federal Share	Total Newly	Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly	Circumstances applied COL L X		Sum of Federal Shares Column (G) + (I) + (K) + (M)	
Lille #	Medicare Health Insurance Payments - Part B	Computable FiviAF	i.n.s. services	Services	Nate) Sives (ins nate	United %	rederal Share	rederal Share	Not Newly	A Newly	Emonnent Cap	ivewiy	Circumstances	Newly	(H) + (J)+ (L)	(IVI)	Number
170	Premiums																1
17B																	
17C1	120% - 134% Of Poverty Coinsurance And Deductibles						1										
17D	Medicaid Health Insurance Payments:																
100	Managed Care Organizations (MCO)																1
18A							1										
18A1	Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes						+										
18A2 18A3	Medicaid MCO - Vaccine codes Medicaid MCO - Community First Choice				+		+										
10A3	Medicaid MCO - Preventive Services Grade A				+												
18A4	OR B, ACIP Vaccines and their Admin																1
10A4	Medicaid MCO - Certified Community Behavior				+												
18A5	Health Clinic Payments																1
1843	Medicaid MCO - Services Subject to Electronic																
18A6	Visit Verification Requirements																1
18B1	Prepaid Ambulatory Health Plan	 															
18B1a	MCO PAHP - Evaluation and Management																
18B1b	MCO PAHP - Vaccine codes																
18B1c	MCO PAHP - Community First Choice	+ + + + + + + + + + + + + + + + + + + +															
10010	MCO PAHP - Preventive Services Grade A OR B,	+ + + + + + + + + + + + + + + + + + + +															
18B1d	ACIP Vaccines and their Admin																1
10010	Medicaid PAHP - Certified Community Behavior																
18B1e	Health Clinic Payments																1
10010	MCO PAHP - Services Subject to Electronic Visit																
18B1f	Verification Requirements																1
18B2	Prepaid Inpatient Health Plan																
18B2a	MCO PIHP - Evaluation and Management	 															
18B2b	MCO PIHP - Vaccine codes																
18B2c	MCO PIHP - Community First Choice																
	MCO PIHP - Preventive Services Grade A OR B,																
18B2d	ACIP Vaccines and their Admin																1
	Medicaid PIHP - Certified Community Behavior																
18B2e	Health Clinic Payments																1
	MCO PIHP - Services Subject to Electronic Visit																
18B2f	Verification Requirements																1
	Medicaid Health Insurance Payments: Group																1
18C	Health Plan Payments																1
	Medicaid Health Insurance Payments:																1
18D	Coinsurance And Deductibles																1
18E	Medicaid Health Insurance Payments: Other																1
	Home and Community-Based Services - Regular																
19A	Payment (1915(c) Waiver)																1
	Home and Community-Based Services - State																1
19B	Plan 1915(i) Only Payment																1
	Home and Community-Based Services - State																1
19C	Plan 1915(j) Only Payment																1
	Home and Community Based Services State																
19D	Plan 1915(k) Community First Choice																
22	Programs Of All-Inclusive Care Elderly																1
23A	Personal Care Services - Regular Payment																
23B	Personal Care Services - SDS 1915(j)																
	Targeted Case Management Services -																
24A	Community Case-Management																
24B	Case Management - State Wide																
25	Primary Care Case Management Services						1										
26	Hospice Benefits						1										
																	1
27	Emergency Services for Undocumented Aliens				1	1											
28	Federally-Qualified Health Center																<u>i</u>

Form CMS 64.9VIIIP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program **Prior Period Expenditures**

Quarter Ended: 12/31/2023

Prior Qtr/FYR: Line:

Type of Elig	ble: Newly																	
	Line Description	<u> </u>	FMAP	I.H.S. Services	Family Planning Services	_	Opt. Breast or Cervical Cancer Srvcs (IHS Rate) Other %	Federal Share	Total Newly Federal Share	Resource Test Applied from		Applied from	applied COL J X	Applied from Not Newly	Circumstances applied COL L X	-	Sum of Federal Shares Column (G) + (I) + (K) + (M)	
	Non-Emergency Medical Transportation - Reg.																	
29A	Payments																	
	Non-Emergency Medical Transportation - Sup.																	
29B	Payments																	
30	Physical Therapy		-															
31	Occupational Therapy																	
32	Services for Speech, Hearing and Language		+															
33	Prosthetic Devices, Dentures, Eyeglasses																	
34	Diagnostic Screening & Preventive Services																	
244	Preventive Services Grade A OR B, ACIP Vaccines and their Admin																	
34A 35	Nurse Mid-Wife		+															
36	Emergency Hospital Services		+															
37A	Critical Access Hospitals - Reg. Payments		1															
377	Critical Access Hospitals Inpatient - Sup.																	
37B	Payments																	
373	Critical Access Hospitals Outpatient - Sup.																	
37C	Payments																	
38	Nurse Practitioner Services																	
39	School Based Services																	
40	Rehabilitative Services (non-school-based)																	
41	Private Duty Nursing																	
42	Freestanding Birth Center																	
	Health Home for Enrollees w Chronic																	
43	Conditions																	
44	Tobacco Cessation for Preg Women																	
	Health Home for Enrollees w Substance-Use-																	
45	Disorder																	
46	OUD Medicaid Assisted Treatment – Drugs																	
46A1	OUD MAT DRUG REBATE/National Agreement																	
46A2	OUD MAT DRUG REBATE/State Sidebar																	
	OUD MAT DRUG REBATE MCO /National																	
46A3	Agreement																	
46A4	OUD MAT DRUG REBATE MCO /State Sidebar																	
4645	OUD MAT DRUG REBATE/Increased ACA Offset																	
46A5	Fee for Service - 100%	_	1															
4646	OUD MAT DRUG REBATE/Increased ACA Offset																	
46A6 46B	MCO – 100% OUD Medicaid Assisted Treatment Services																	
466	ARP Section 9811 COVID Vaccine/Vaccine		+															
47	Administration																	
7,	ARP Section 9813 Qualified Community Based	+	+	+				1										
48	Mobile Crisis Intervention – 85%																	
	Health Homes for Children with Medically	1	†	+				1								 		
49	Complex Conditions																	
69	Other Care Services	1	1	1														
70	Total		1	1														
	<u> </u>		1	1	1	<u> </u>	<u> </u>	I.	1	1	<u> </u>	1	1	1	1	<u> </u>	1	

Form CMS 64.9VIIIP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Prior Qtr/ Line:																	
Type of El	igible: Not Newly																
		Total			Family Planning		Opt. Breast or Cervical Cancer Srvcs (IHS			Total Comp Resource Test Applied to	t Adjusted Total Comp from Co		Resource Test	Total Comp Special Circumstances	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance		Deferral or CIN
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	Rate)	Rate)	Other %	Federal Share	Newly Col B X	B NoT Newly		COLI	Newly COL J	COL K	Share	Number
1A	Inpatient Hospital Services - Regular Payments																
	Inpatient Hospital Service - DSH Adjustment																
1B	Payments																
	Inpatient Hospital Services - Supplemental																+
1C	Payments																
1D	Inpatient Hospital - GME Sup Payments																
	Mental Health Facility Services - Regular						1			1				1	1		<u> </u>
2A	Payments						1			1							
	Mental Health Facility Services - DSH	1				1	1			1				1	1		1
2B	Adjustment Payments																
	Certified Community Behavior Health Clinic	1	1		1	+	†			1	+			 	†	1	+
2C	Payments Payments																
3A	Nursing Facility Services - Regular Payments																+
3A	Nursing Facility Services - Supplemental																+
3B	Payments																
36	Intermediate Care Facility Services - Ind. with																+
4.0	Intellectual Disabilities: Public Providers																
4A													+				+
40	Intermediate Care Facility Services - Ind. with																
4B	Intellectual Disabilities: Private Providers						 								+	+	+
	Intermediate Care Facility Services - Ind. with																
	Intellectual Disabilities: Supplemental																
4C	Payments												ļ				
	Physician and Surgical Services - Regular																
5A	Payments																
	Physician and Surgical Services - Supplemental																
5B	Payments																
	Physician & Surgical Services - Evaluation and																
5C	Management																
5D	Physician & Surgical Services - Vaccine codes																
	Outpatient Hospital Services - Regular																
6A	Payments																
	Outpatient Hospital Services - Supplemental																
6B	Payments																
7	Prescribed Drugs																
7A1	Drug Rebate Offset - National Agreement																
7A2	Drug Rebate Offset - State Sidebar Agreement				<u> </u>	<u></u>	<u></u>			<u> </u>		<u> </u>	<u> </u>	<u></u> _	<u> </u>	<u> </u>	
7A3	MCO - National Agreement																
7A4	MCO - State Sidebar Agreement																
							1			1							1
7A5	Increased ACA OFFSET - Fee for Service - 100%						1			1							
7A6	Increased ACA OFFSET - MCO - 100%																1
7A7	Drug Rebate Offset - Value Based Purchasing						1			1				1	1		1
8	Dental Services	1					1			1				1	1		
						1	1			1				1	1		1
9A	Other Practitioners Services - Regular Payments	5					1			1							
	Other Practitioners Services - Supplemental	1			1	1	†			1				 	†		1
9B	Payments						1			1							
55	1. 37	<u> </u>	_ !	1		<u> </u>	ļ	ļ	Ţ.	<u> </u>	ļ	1	1	ļ.	<u> </u>	Ļ	

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of Eligi	ble: Not Newly																
0	•	Total			Family Planning		Opt. Breast or Cervical Cancer Srvcs (IHS			Total Comp Resource Test Applied to	Adjusted Total Comp from Col	Total Comp Enroll Cap	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap	Total Comp Special Circumstances	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance	Total Federal	Deferral or CIN
Line #	Line Description		FMAP	I.H.S. Services	_	Rate)	Rate)	Other %	Federal Share	Newly Col B X			-			Share	Number
	Clinic Services - Reg. Payments					, ,	111,			,	,	,		,			
10B	Clinic Services - Sup. Payments																
11	Laboratory And Radiological Services																
12 13 14	Home Health Services																
13	Sterilizations																
14	Abortions No.																
	EPSDT Screening Services																
16	Rural Health Clinic Screening																
	Medicare Health Insurance Payments - Part A																
17A	Premiums																
	Medicare Health Insurance Payments - Part B																
	Premiums																
	120% - 134% Of Poverty																
	Coinsurance And Deductibles																
	Medicaid Health Insurance Payments:																
	Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management																-
	Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes			+		+											+
	Medicaid MCO - Vaccine codes Medicaid MCO - Community First Choice																
	Medicaid MCO - Preventive Services Grade A			+		+											+
	OR B, ACIP Vaccines and their Admin																
	Medicaid MCO - Certified Community Behavior	-		+		+											
	Health Clinic Payments																
	Medicaid MCO - Services Subject to Electronic																
	Visit Verification Requirements																
	Prepaid Ambulatory Health Plan																
	MCO PAHP - Evaluation and Management																
18B1b	MCO PAHP - Vaccine codes																
18B1c	MCO PAHP - Community First Choice																
	MCO PAHP - Preventive Services Grade A OR B,																
18B1d	ACIP Vaccines and their Admin																
	Medicaid PAHP - Certified Community Behavior	r															
	Health Clinic Payments																
	MCO PAHP - Services Subject to Electronic Visit																
	Verification Requirements																
	Prepaid Inpatient Health Plan																
	MCO PIHP - Evaluation and Management																
	MCO PIHP - Vaccine codes			+		+											
	MCO PIHP - Community First Choice MCO PIHP - Preventive Services Grade A OR B,																
	ACIP Vaccines and their Admin																
	Medicaid PIHP - Certified Community Behavior	+	+	+		+	+					1		1			
	Health Clinic Payments																
	MCO PIHP - Services Subject to Electronic Visit	+	 	+		+								1			+
	Verification Requirements																
	Medicaid Health Insurance Payments: Group	+	 	+													
	Health Plan Payments																
	Medicaid Health Insurance Payments:	1	1	1		1											
	Coinsurance And Deductibles																
-		-	•				-	-		•		•		•	-		-

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Prior Qtr/F	YK:															
	ible: Not Newly															
		Total		Family Planning		Cervical Cancer Srvcs (IHS			Applied to	t Adjusted Total Comp from Col	Total Comp Enroll Cap Applied to	Col G minus Enrollment Cap	Total Comp Special Circumstances Applied to	Circumstance		Deferral or CIN
Line #	Line Description	Computable	FMAP I.H.S. Services	Services	Rate)	Rate)	Other %	Federal Share	Newly Col B X	B NoT Newly	Newly Col H X	COLI	Newly COL J	COL K	Share	Number
18E	Medicaid Health Insurance Payments: Other											-				+
19A	Home and Community-Based Services - Regular Payment (1915(c) Waiver)															
	Home and Community-Based Services - State															
19B	Plan 1915(i) Only Payment															
	Home and Community-Based Services - State															
19C	Plan 1915(j) Only Payment															
1.05	Home and Community Based Services State															
19D	Plan 1915(k) Community First Choice		<u> </u>													+
22	Programs Of All-Inclusive Care Elderly		<u> </u>													+
23A 23B	Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j)		+	+					+							+
236	Targeted Case Management Services -		+													+
24A	Community Case-Management															
24B	Case Management - State Wide		+					+								+
25	Primary Care Case Management Services															+
26	Hospice Benefits															
27	Emergency Services for Undocumented Aliens															
28	Federally-Qualified Health Center															
	Non-Emergency Medical Transportation - Reg.															
29A	Payments															
	Non-Emergency Medical Transportation - Sup.															
29B	Payments															
30	Physical Therapy															
31	Occupational Therapy															
32	Services for Speech, Hearing and Language		 													+
33	Prosthetic Devices, Dentures, Eyeglasses Diagnostic Screening & Preventive Services															
34	Preventive Services Grade A OR B, ACIP		+ +													+
34A	Vaccines and their Admin															
35	Nurse Mid-Wife															+
36	Emergency Hospital Services															+
37A	Critical Access Hospitals - Reg. Payments															
	Critical Access Hospitals Inpatient - Sup.															
37B	Payments															
	Critical Access Hospitals Outpatient - Sup.															
37C	Payments															
38	Nurse Practitioner Services															
39	School Based Services															
40	Rehabilitative Services (non-school-based)							1								
41	Private Duty Nursing	ļ		1				1			-	<u> </u>	ļ			
42	Freestanding Birth Center			1		-		1			-	-				
42	Health Home for Enrollees w Chronic						1						1			
43	Conditions Tabassa Cossetian for Prog Warran						1	1				1	1			
44	Tobacco Cessation for Preg Women	<u> </u>		+		-	1	+			 	 	1			+
45	Health Home for Enrollees w Substance-Use- Disorder						1						1			
45 46	OUD Medicaid Assisted Treatment – Drugs	+	+ +	+		+	 	+		+	+	+	1			+
40	OOD Wedicaid Assisted Heatillelit - Diugs	1					<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>		

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Expires 4/30/2024

Form CMS 64.9VIIIP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program

Prior Period Expenditures

State:

Line:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Type of Eligible: Not Newly

Adjusted Total Comp from COL B minus Opt. Breast or Opt. Breast or Family Cervical Cancer Flamily Cervical Cancer Planning Srvcs (ENH Line Description Computable FMAP I.H.S. Services Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Comp from Col Comp from Col Comp from Col Comp from Col Col G minus Circumstances minus Special CAP COL I Comp from Col Col G minus Circumstances Circumstances Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Col G minus Circumstances Circumstances Comp from Col Col G minus Circumstances Circumstance Comp from Col Comp from Col Comp from Col Col G minus Col	otal Federal Deferral or CIN nare Number
COL B minus Adjusted Total Comp from Col B minus COL B minus COL G Minus COL G	
Adjusted Total Comp from Col Comp from Col Dept. Breast or Comp from Col Family Cervical Cancer Planning Srvcs (ENH Srvcs (IHS Adjusted Total Comp from Col Applied to Comp from Col Applied to Enrollment Cap Applied to Comp from Col Applied to Enrollment Cap Applied to Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Comp from Col Col Comp from Col Col Comp from Col Col Comp from Col Col Col Col Col Col Col Col Col Col	
Opt. Breast or Family Cervical Cancer Family Srvcs (ENH Srvcs (IHS Comp from Col Planning Srvcs (ENH Srvcs (IHS	
Opt. Breast or Opt. Breast or Family Cervical Cancer Planning Srvcs (ENH Srvcs (IHS Bring Comp For Color of Col	
Opt. Breast or Cervical Cancer Cervical Cancer Family Planning Srvcs (ENH Srvcs (IHS Total Comp Resource Test Adjusted Total Comp Resource Test Adjusted Total Comp Col G minus Circumstances minus Special Applied to Comp from Col Applied to Enrollment Cap Applied to Circumstance Total Comp Resource Test Adjusted Total Comp Family Cap Col G minus Circumstance Total Comp from Col Applied to Comp from Col Applied to Comp from Col Applied to Comp from Col Comp from	
Family Cervical Cancer Cervical Cancer Cervical Cancer Adjusted Total Enroll Cap Col G minus Circumstances minus Special Applied to Comp from Col Applied to Enrollment Cap Applied to Circumstance Total	
Total Planning Srvcs (ENH Srvcs (IHS Applied to Comp from Col Applied to Enrollment Cap Applied to Circumstance To	
Line # Line Description Computable FMAP I.H.S. Services Services Rate) Rate) Other % Federal Share Newly Col B X B NoT Newly Newly Col H X COL I Newly COL J COL K Share Computable Share Newly Col B X B NoT Newly Newly Col B X Col B X	nare Number
46A1 OUD MAT DRUG REBATE/National Agreement	
46A2 OUD MAT DRUG REBATE/State Sidebar	
OUD MAT DRUG REBATE MCO /National	
46A3 Agreement	
46A4 OUD MAT DRUG REBATE MCO /State Sidebar	
OUD MAT DRUG REBATE/Increased ACA Offset	
46A5 Fee for Service - 100%	
OUD MAT DRUG REBATE/Increased ACA Offset	
46A6 MCO – 100%	
46B OUD Medicaid Assisted Treatment Services	
ARP Section 9811 COVID Vaccine/Vaccine	
47 Administration	
ARP Section 9813 Qualified Community Based	
48 Mobile Crisis Intervention – 85%	
Health Homes for Children with Medically	
49 Complex Conditions	
69 Other Care Services 70 Total	
70 Total	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name:

Type of Elig	ible: Newly					Opt. Breast or					Total Computable	Federal Share		Federal Share	Applied from	-	Sum of Total	Sum of Federal
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	'	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	1	Federal Share	Total Newly Federal Share	Applied from	Resource Test Applied COL H X Newly		Enrollment Cap applied COL J X Newly		Circumstances applied COL L X Newly		Shares Column (G) + (I) + (K) + (M)
1A	Inpatient Hospital Services - Regular Payments																	
	Inpatient Hospital Service - DSH Adjustment																	
1B	Payments								_	_								
1C	Inpatient Hospital Services - Supplemental Payments																	
1D	Inpatient Hospital - GME Sup Payments																	
	Mental Health Facility Services - Regular																	1
2A	Payments																	
	Mental Health Facility Services - DSH																	,
2B	Adjustment Payments								_	_								
20	Certified Community Behavior Health Clinic																	
3 /	Payments Nursing Facility Services - Regular Payments		1						1				+					
3A	Nursing Facility Services - Negular Fayments Nursing Facility Services - Supplemental									1			 					
3B	Payments																	
	Intermediate Care Facility Services - Ind. with																	
4A	Intellectual Disabilities: Public Providers																	
	Intermediate Care Facility Services - Ind. with																	
4B	Intellectual Disabilities: Private Providers																	
	Intermediate Care Facility Services - Ind. with																	
	Intellectual Disabilities: Supplemental																	
4C	Payments																	
	Physician and Surgical Services - Regular																	
5A	Payments Physician and Surgical Services - Supplemental												-					
5R	Payments																	
36	Physician & Surgical Services - Evaluation and		1										 					
5C	Management																	
5D	Physician & Surgical Services - Vaccine codes																	
	Outpatient Hospital Services - Regular																	
6A	Payments																	
	Outpatient Hospital Services - Supplemental																	
6B	Payments																	
7	Prescribed Drugs																	
7A1	Drug Rebate Offset - National Agreement																	
7A2	Drug Rebate Offset - State Sidebar Agreement																	
7A3	MCO - National Agreement		1										 					+
7A4	MCO - State Sidebar Agreement																	
	5																	
7A5	Increased ACA OFFSET - Fee for Service - 100%										<u> </u>		<u> </u>					
7A6	Increased ACA OFFSET - MCO - 100%																	
7A7	Drug Rebate Offset - Value Based Purchasing																	
8	Dental Services								1		1						ļ	
	Other Breather and Service Service	1															1	,
9A	Other Practitioners Services - Regular Payments	1						-	1	1	1		 				1	
OR	Other Practitioners Services - Supplemental Payments	1															1	,
10A	Clinic Services - Reg. Payments	 	1	+				 	+		+		 				1	+
10B	Clinic Services - Sup. Payments		+					1	+	1	+		 				1	+
11	Laboratory And Radiological Services	1		1				1	1		1		 				1	
12	Home Health Services		1						1		1		 					
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services						<u> </u>		1						<u></u>			

Form CMS 64.9VIII WAIV

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: **Waiver Name:**

waiver war																		
Type of Elig	ible: Newly	T	T		T		T	Т		T	T	T	I	Γ	Total	Т	Г	
											Total				Total	Fodovol Chavo		
											Total				1 -	Federal Share		
					L	Opt. Breast or					Computable	Federal Share		Federal Share	1	1 -		Sum of Federal
		_			Family	Cervical Cancer	1 '				Resource Test			Enrollment Cap		Circumstances	-	Shares Column
		Total			Planning	Srvcs (ENH	Cervical Cancer	1		Total Newly	Applied from	Applied COL H		applied COL J X	1 '	applied COL L X		(G) + (I) + (K) +
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	Rate)	Srvcs (IHS Rate	Other %	Federal Share	Federal Share	Not Newly	X Newly	Enrollment Cap	Newly	Circumstances	Newly	(H) + (J)+ (L)	(M)
16	Rural Health Clinic Screening																	
	Medicare Health Insurance Payments - Part A																	
17A	Premiums																	
	Medicare Health Insurance Payments - Part B																	
17B	Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
	Medicaid Health Insurance Payments: Managed																	
18A	Care Organizations (MCO)																	
18A1	Medicaid MCO - Evaluation and Management																	
18A2	Medicaid MCO - Vaccine codes																	
18A3	Medicaid MCO - Community First Choice																	
	Medicaid MCO - Preventive Services Grade A																	
18A4	OR B, ACIP Vaccines and their Admin																	
	Medicaid MCO - Certified Community Behavior																	
18A5	Health Clinic Payments																	
	Medicaid MCO - Services Subject to Electronic																	
18A6	Visit Verification Requirements																	
18B1	Prepaid Ambulatory Health Plan							+			+							+
18B1a	MCO PAHP - Evaluation and Management																	+
18B1b	MCO PAHP - Vaccine codes							+										+
18B1c	MCO PAHP - Vaccine codes MCO PAHP - Community First Choice				+	+		+		1								+
19910	MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B,			+	+			+		1								
10014	ACIP Vaccines and their Admin																	
18B1d	Medicaid PAHP - Certified Community Behavior			+	+			+	_						-		-	
1001 -	,																	
18B1e	Health Clinic Payments									1	+							+
10016	MCO PAHP - Services Subject to Electronic Visit																	
18B1f	Verification Requirements				-			1		1								
18B2	Prepaid Inpatient Health Plan				-			1		1								
18B2a	MCO PIHP - Evaluation and Management							-										
18B2b	MCO PIHP - Vaccine codes																	
18B2c	MCO PIHP - Community First Choice																	
	MCO PIHP - Preventive Services Grade A OR B,																	
18B2d	ACIP Vaccines and their Admin																	
	Medicaid PIHP - Certified Community Behavior																	
18B2e	Health Clinic Payments																	
	MCO PIHP - Services Subject to Electronic Visit																	
18B2f	Verification Requirements			1	1			1		1						1		
	Medicaid Health Insurance Payments: Group			1				1							1			
18C	Health Plan Payments																	
	Medicaid Health Insurance Payments:			1						1								
18D	Coinsurance And Deductibles																	
18E	Medicaid Health Insurance Payments: Other																	
	Home and Community-Based Services - Regular																	
19A	Payment (1915(c) Waiver)																	
	Home and Community-Based Services - State																	
19B	Plan 1915(i) Only Payment			1				1		1					1		1	
	Home and Community-Based Services - State																	
19C	Plan 1915(j) Only Payment			1				1		1					1		1	
	Home and Community Based Services State			1						1								
19D	Plan 1915(k) Community First Choice			1				1		1					1		1	
22	Programs Of All-Inclusive Care Elderly		1	1	1			1			1				1	1	1	
23A	Personal Care Services - Regular Payment	1		1	1			1			1	1			1	1	1	+
23B	Personal Care Services - SDS 1915(j)	1	1	1	1			1		1	1	1			1	1	1	+
*-	Targeted Case Management Services -	<u> </u>	1	1	1		1	†		1	†	1			 	†	 	+
24A	Community Case-Management																	
	, , , , , , , , , , , , , , , , , , , ,	1			1		1	1	1	1	1	ī	1	i	1	Ī	ī	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Mobile Crisis Intervention – 85%

Complex Conditions
Other Care Services

Total

Health Homes for Children with Medically

Waiver Type: Waiver Number: Waiver Name: Type of Eligible: Newly

Type of Ling	ible. Newly		_						T		T				T		
Line # 24B	Line Description Case Management - State Wide	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	I I	Total Newly Federal Share	Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly	Federal Share Special Circumstances applied COL L X Newly		Sum of Federal Shares Column (G) + (I) + (K) + (M)
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									+		<u> </u>		+			
32	Services for Speech, Hearing and Language	1	+	+				 		+							
		1				+	+	 		+		+					
33	Prosthetic Devices, Dentures, Eyeglasses																
34	Diagnostic Screening & Preventive Services	+										<u> </u>					
	Preventive Services Grade A OR B, ACIP																
34A	Vaccines and their Admin																
35	Nurse Mid-Wife																
36	Emergency Hospital Services																
37A	Critical Access Hospitals - Reg. Payments																
	Critical Access Hospitals Inpatient - Sup.																
37B	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																
	Freestanding Birth Center	+	+	+						+				+			
42	Health Home for Enrollees w Chronic																
43	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	ļ	1		1							ļ	ļ	<u> </u>	ļ		
	OUD MAT DRUG REBATE MCO /National		1							1				1			
46A3	Agreement													1			
46A4	OUD MAT DRUG REBATE MCO /State Sidebar								 								
	OUD MAT DRUG REBATE/Increased ACA Offset								 								
46A5	Fee for Service - 100% OUD MAT DRUG REBATE/Increased ACA Offset				1												
46A6	MCO – 100%																
46B	OUD Medicaid Assisted Treatment Services	 	1	1	1	+	1		-	1	-	-		1	-	-	
47	ARP Section 9811 COVID Vaccine/Vaccine Administration																
	ARP Section 9813 Qualified Community Based																
10	Mobile Crisis Intervention - 85%		1	1	1	1	1	1	1	1	1	1	1		1	1	1

Form CMS 64.9VIII WAIV

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: **Waiver Number: Waiver Name:**

Type of Elig	ible: Not Newly															
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services		Cervical Cancer Srvcs (IHS	Other %	Federal Share	Applied to	Adjusted Total Comp from Col B NoT Newly	Applied to	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	-	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										ļ					
10	Inpatient Hospital Service - DSH Adjustment															
1B	Payments Inpatient Hospital Services - Supplemental					+					+					
1C	Payments															
1D	Inpatient Hospital - GME Sup Payments										1					
	Mental Health Facility Services - Regular														1	
2A	Payments														1	
	Mental Health Facility Services - DSH															
2B	Adjustment Payments															
	Certified Community Behavior Health Clinic															
2C	Payments															
3A	Nursing Facility Services - Regular Payments															
	Nursing Facility Services - Supplemental															
3B	Payments										1					
4.0	Intermediate Care Facility Services - Ind. with															
4A	Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with										 					
4B	Intellectual Disabilities: Private Providers															
40	Intermediate Care Facility Services - Ind. with															
	Intellectual Disabilities: Supplemental															
4C	Payments															
	Physician and Surgical Services - Regular															
5A	Payments															
	Physician and Surgical Services - Supplemental															
5B	Payments															
	Physician & Surgical Services - Evaluation and															
5C	Management															
5D	Physician & Surgical Services - Vaccine codes															
C A	Outpatient Hospital Services - Regular															
6A	Payments Outpatient Hespital Services - Supplemental		+			_					 					
6B	Outpatient Hospital Services - Supplemental Payments															
7	Prescribed Drugs		+ +								1					
7A1	Drug Rebate Offset - National Agreement					1					<u> </u>					
		1					1									
7A2	Drug Rebate Offset - State Sidebar Agreement															
7A3	MCO - National Agreement															
7A4	MCO - State Sidebar Agreement															
7A5	Increased ACA OFFSET - Fee for Service - 100%		<u> </u>								ļ				ļ	<u> </u>
7A6	Increased ACA OFFSET - MCO - 100%										-					
7A7	Drug Rebate Offset - Value Based Purchasing										1				1	<u> </u>
ŏ	Dental Services														<u> </u>	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name:

Type of Elig	ible: Not Newly	<u> </u>	_		_							_			
Line#	Line Description	Total Computable FMAP	I.H.S. Services	Family Planning Services		Cervical Cancer Srvcs (IHS	Other %		Applied to	Adjusted Total Comp from Col B NoT Newly	Enroll Cap Applied to	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Circumstance	Total Federal Share
0.4	Other Practitioners Services - Regular														
9A	Payments Other Prostitioners Services Supplemental														
OB	Other Practitioners Services - Supplemental														
9B	Payments Clinic Sonices Reg Payments				-										-
10A 10B	Clinic Services - Reg. Payments				+										
	Clinic Services - Sup. Payments				+										
11	Laboratory And Radiological Services Home Health Services				+					+					+
12 13	Sterilizations				+										+
	Abortions No.				+										
14					+										
15	EPSDT Screening Services														
16	Rural Health Clinic Screening		+		-										-
170	Medicare Health Insurance Payments - Part A														
17A	Premiums Medicare Health Insurance Payments - Part B														
170															
17B 17C1	Premiums 120% - 134% Of Poverty				+										
17C1 17D	Coinsurance And Deductibles				+										
170	Medicaid Health Insurance Payments:	<u> </u>													
18A	Managed Care Organizations (MCO)														
18A1	Medicaid MCO - Evaluation and Management														+
18A2	Medicaid MCO - Vaccine codes														+
18A3	Medicaid MCO - Community First Choice														
10/13	Medicaid MCO - Preventive Services Grade A														
18A4	OR B, ACIP Vaccines and their Admin														
10/4	Medicaid MCO - Certified Community Behavior														+
18A5	Health Clinic Payments														
1843	Medicaid MCO - Services Subject to Electronic														+
18A6	Visit Verification Requirements														
18B1	Prepaid Ambulatory Health Plan				+										
18B1a	MCO PAHP - Evaluation and Management				+										
18B1b	MCO PAHP - Vaccine codes	 			 					<u> </u>					
18B1c	MCO PAHP - Community First Choice				†										
	MCO PAHP - Preventive Services Grade A OR				1					1		1			
18B1d	B, ACIP Vaccines and their Admin														
	Medicaid PAHP - Certified Community				1					1					
18B1e	Behavior Health Clinic Payments														
	MCO PAHP - Services Subject to Electronic				1					1		<u> </u>			
18B1f	Visit Verification Requirements														
18B2	Prepaid Inpatient Health Plan				1					1		1			
18B2a	MCO PIHP - Evaluation and Management				1					1		1			
18B2b	MCO PIHP - Vaccine codes				1					<u> </u>					
18B2c	MCO PIHP - Community First Choice		†		1					1		†			
	MCO PIHP - Preventive Services Grade A OR B,				1					1		<u> </u>			
18B2d	ACIP Vaccines and their Admin														
				<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name:

Type of Elig	ible: Not Newly															
•	•				Family	Opt. Breast or Cervical Cancer	-			Total Comp Resource Test	Adjusted Total	Total Comp Enroll Cap	Resource Test	Total Comp Special Circumstances	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special	
		Total			Planning		Srvcs (IHS			Applied to	Comp from Col	-				Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	-	_	Other %			B NoT Newly					Share
	Medicaid PIHP - Certified Community Behavior															
18B2e	Health Clinic Payments															
	MCO PIHP - Services Subject to Electronic Visit															
18B2f	Verification Requirements															
	Medicaid Health Insurance Payments: Group															
18C	Health Plan Payments															
405	Medicaid Health Insurance Payments:															
18D	Coinsurance And Deductibles		+					1		1	<u> </u>		1			
18E	Medicaid Health Insurance Payments: Other Home and Community-Based Services -		+			+										
19A	Regular Payment (1915(c) Waiver)															
194	Home and Community-Based Services - State															
19B	Plan 1915(i) Only Payment															
133	Home and Community-Based Services - State															
19C	Plan 1915(j) Only Payment															
	Home and Community Based Services State										1					
19D	Plan 1915(k) Community First Choice															
22	Programs Of All-Inclusive Care Elderly															
23A	Personal Care Services - Regular Payment															
23B	Personal Care Services - SDS 1915(j)															
	Targeted Case Management Services -															
24A	Community Case-Management															
24B	Case Management - State Wide															
25	Primary Care Case Management Services										-					
26	Hospice Benefits		+													
27	Emergency Services for Undocumented Aliens															
27 28	Federally-Qualified Health Center															
20	Non-Emergency Medical Transportation - Reg.		+			+					 					
29A	Payments															
	Non-Emergency Medical Transportation - Sup.		†								1					
29B	Payments															
30	Physical Therapy															
31	Occupational Therapy															
32	Services for Speech, Hearing and Language															
33	Prosthetic Devices, Dentures, Eyeglasses															
34	Diagnostic Screening & Preventive Services		1			1				ļ	ļ					
	Preventive Services Grade A OR B, ACIP															
34A	Vaccines and their Admin		+								-					
35	Nurse Mid-Wife		+							1	1					
36 37A	Emergency Hospital Services		+								 					
3/A	Critical Access Hospitals - Reg. Payments Critical Access Hospitals Inpatient - Sup.		+					1								
37B	Payments															
3,5	p dyments				I.			ļ.	ļ	I .	1			<u> </u>	<u> </u>	

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

Type of Elig	ible: Not Newly												
Line #	Line Description	Total Computable FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs (IHS	Other %	Applied to	Adjusted Total Comp from Col B NoT Newly	Applied to	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	
	Critical Access Hospitals Outpatient - Sup.												
37C	Payments												
38	Nurse Practitioner Services												
39	School Based Services												
40	Rehabilitative Services (non-school-based)												
41	Private Duty Nursing												
42	Freestanding Birth Center												
	Health Home for Enrollees w Chronic												
43	Conditions												
44	Tobacco Cessation for Preg Women												
	Health Home for Enrollees w Substance-Use-												
45	Disorder												
46	OUD Medicaid Assisted Treatment – Drugs												
46A1	OUD MAT DRUG REBATE/National Agreement												
46A2	OUD MAT DRUG REBATE/State Sidebar												
	OUD MAT DRUG REBATE MCO /National												
46A3	Agreement												
46A4	OUD MAT DRUG REBATE MCO /State Sidebar												
	OUD MAT DRUG REBATE/Increased ACA Offset												
46A5	Fee for Service - 100%												
	OUD MAT DRUG REBATE/Increased ACA Offset												
46A6	MCO – 100%												
46B	OUD Medicaid Assisted Treatment Services												
	ARP Section 9811 COVID Vaccine/Vaccine												
47	Administration												
	ARP Section 9813 Qualified Community Based												
48	Mobile Crisis Intervention – 85%												
	Health Homes for Children with Medically												
49	Complex Conditions								ļ	1	ļ		
69	Other Care Services												
70	Total												

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

Type of Elig	ible: Newly			1				1	,	T							1	
Line #	Line Description	Total Computable FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cance Srvcs (ENH Rate)	or Opt. Breast or Cervical Cancer Srvcs (IHS Rate)		Federal Share		Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Not Newly	Federal Share Special Circumstances applied COL L X			
	·				,	, ,				•	,	•	,		<i>'</i>			
1A	Inpatient Hospital Services - Regular Payments																	
	Inpatient Hospital Service - DSH Adjustment																	
1B	Payments Inpatient Hospital Services - Supplemental																	
1C	Payments																	
1D	Inpatient Hospital - GME Sup Payments																	
	Mental Health Facility Services - Regular																	
2A	Payments																	
	Mental Health Facility Services - DSH																	
2B	Adjustment Payments																	
	Certified Community Behavior Health Clinic																	
2C	Payments Payments																	
3A	Nursing Facility Services - Regular Payments																	
3B	Nursing Facility Services - Supplemental Payments																	
36	Intermediate Care Facility Services - Ind. with																	
4A	Intellectual Disabilities: Public Providers																	
	Intermediate Care Facility Services - Ind. with																	
4B	Intellectual Disabilities: Private Providers																	
	Intermediate Care Facility Services - Ind. with																	
	Intellectual Disabilities: Supplemental																	
4C	Payments																	
- 4	Physician and Surgical Services - Regular																	
5A	Payments Physician and Surgical Services - Supplemental																	
5B	Payments																	
36	Physician & Surgical Services - Evaluation and																	
5C	Management																	
5D	Physician & Surgical Services - Vaccine codes																	
	Outpatient Hospital Services - Regular																	
6A	Payments																	
	Outpatient Hospital Services - Supplemental																	
6B	Payments																	
7 7A1	Prescribed Drugs Drug Rebate Offset - National Agreement																	
/AI	Di dg 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%											1						
7A6	Increased ACA OFFSET - MCO - 100%																	
7A7	Drug Rebate Offset - Value Based Purchasing Dental Services																	
8	Derital Services											+						
9A	Other Practitioners Services - Regular Payments																	
J.,	Other Practitioners Services - Supplemental				1		1					1	<u> </u>	1	1			
9B	Payments																	
10A	Clinic Services - Reg. Payments																	
10B	Clinic Services - Sup. Payments																	
11	Laboratory And Radiological Services																	
12	Home Health Services			ļ	1			-			1	1						
13	Sterilizations				1		1					1	1		-			
14	Abortions No.						1				1	1	1		1			
15 16	EPSDT Screening Services Rural Health Clinic Screening				+		-	+			+	+	-		-			
10	marar ricaian cililic screening	<u> </u>	<u>I</u>	1			<u> </u>	1	<u> </u>	<u>I</u>		<u> </u>	<u> </u>	<u> </u>	I	1	1	

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

Type of Eligi	I		1					1				I		I=			1	
														Total				1
										Total					Federal Share			1
						Opt. Breast or				Computable	Federal Share	Total Comp	Federal Share	Applied from	Special	Sum of Total	Sum of Federal	1
					Family	Cervical Cancer	Opt. Breast or			Resource Test	Resource Test	Applied from	Enrollment Cap	Not Newly	Circumstances	Computable	Shares Column	1
		Total			Planning	Srvcs (ENH	Cervical Cancer		Total Newly	Applied from	Applied COL H	Not Newly	applied COL J X	Special	applied COL L X	Column (A) +	(G) + (I) + (K) +	Deferral or CIN
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	_		Federal Share	Federal Share			Enrollment Ca		Circumstances				Number
	Medicare Health Insurance Payments - Part A	- Comparence	1			1	cross (me mass) construction				7,		p literary		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, - (-, -	(,	
170	Premiums																	1
17A		_			+													
	Medicare Health Insurance Payments - Part B																	1
17B	Premiums																	4
17C1	120% - 134% Of Poverty																	1
17D	Coinsurance And Deductibles																	1
	Medicaid Health Insurance Payments:																	
18A	Managed Care Organizations (MCO)																	1
18A1	Medicaid MCO - Evaluation and Management																	
18A2	Medicaid MCO - Vaccine codes																	
18A3	Medicaid MCO - Community First Choice																	
10/13	Medicaid MCO - Preventive Services Grade A																	
1004																		1
18A4	OR B, ACIP Vaccines and their Admin																	1
	Medicaid MCO - Certified Community Behavior	·																1
18A5	Health Clinic Payments																	1
	Medicaid MCO - Services Subject to Electronic																	1
18A6	Visit Verification Requirements																	1
18B1	Prepaid Ambulatory Health Plan																	
18B1a	MCO PAHP - Evaluation and Management																	
18B1b	MCO PAHP - Vaccine codes																	
18B1c	MCO PAHP - Community First Choice																	
10010	MCO PAHP - Preventive Services Grade A OR B,																	
4004																		1
18B1d	ACIP Vaccines and their Admin																	1
	Medicaid PAHP - Certified Community Behavior	r																1
18B1e	Health Clinic Payments																	
	MCO PAHP - Services Subject to Electronic Visit																	1
18B1f	Verification Requirements																	1
18B2	Prepaid Inpatient Health Plan																	
18B2a	MCO PIHP - Evaluation and Management																	
18B2b	MCO PIHP - Vaccine codes																	
18B2c	MCO PIHP - Community First Choice																	
10020	MCO PIHP - Preventive Services Grade A OR B,																	
10024	ACIP Vaccines and their Admin																	1
18B2d																		
	Medicaid PIHP - Certified Community Behavior																	1
18B2e	Health Clinic Payments																	4
	MCO PIHP - Services Subject to Electronic Visit																	1
18B2f	Verification Requirements																	1
	Medicaid Health Insurance Payments: Group																	1
18C	Health Plan Payments				1													1
	Medicaid Health Insurance Payments:																	
18D	Coinsurance And Deductibles				1													1
18E	Medicaid Health Insurance Payments: Other																	
	Home and Community-Based Services - Regular	r																
19A	Payment (1915(c) Waiver)	'																1
13A																		
100	Home and Community-Based Services - State																	1
19B	Plan 1915(i) Only Payment																	4
	Home and Community-Based Services - State																	1
19C	Plan 1915(j) Only Payment																	
	Home and Community Based Services State				1													1
19D	Plan 1915(k) Community First Choice				1					1								1
22	Programs Of All-Inclusive Care Elderly																	
23A	Personal Care Services - Regular Payment		1		1	1												
23B	Personal Care Services - SDS 1915(j)		†		1	1								 				
230	Targeted Case Management Services -		+		1	1					1			1				
244					1													1
24A	Community Case-Management		1		1					1								
24B	Case Management - State Wide		+		1	-		-			-			1			-	
25	Primary Care Case Management Services															<u>l</u>		<u></u>

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

Type of Elig	ible: Newly					T	1	_	<u></u>	1	T	1	1	I –	T		<u> </u>	
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	Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly	Circumstances applied COL L X		Sum of Federa Shares Columr (G) + (I) + (K) + (M)	
26	Hospice Benefits																	
27 28	Emergency Services for Undocumented Aliens																	
28	Federally-Qualified Health Center																	
20.4	Non-Emergency Medical Transportation - Reg.																	
29A	Payments Non-Emergency Medical Transportation - Sup.																	
29B	Payments																	
30 31 32 33 34	Physical Therapy																	
31	Occupational Therapy																	
32	Services for Speech, Hearing and Language																	
33	Prosthetic Devices, Dentures, Eyeglasses																	
34	Diagnostic Screening & Preventive Services																	
	Preventive Services Grade A OR B, ACIP																	
34A 35 36 37A	Vaccines and their Admin																	
35	Nurse Mid-Wife																	
36	Emergency Hospital Services																	
37A	Critical Access Hospitals - Reg. Payments																	
270	Critical Access Hospitals Inpatient - Sup.																	
37B	Payments Critical Access Hospitals Outpatient - Sup.							+										
37C	Payments																	
38	Nurse Practitioner Services																	
37C 38 39 40	School Based Services																	
40	Rehabilitative Services (non-school-based)																	
41	Private Duty Nursing																	
42	Freestanding Birth Center																	
	Health Home for Enrollees w Chronic																	
43	Conditions																	
44	Tobacco Cessation for Preg Women																	
	Health Home for Enrollees w Substance-Use-																	
45 46	Disorder																	
46	OUD Medicaid Assisted Treatment – Drugs							_										
46A1	OUD MAT DRUG REBATE/National Agreement																	
46A2	OUD MAT DRUG REBATE/State Sidebar																	
10712	OUD MAT DRUG REBATE MCO /National																	
46A3	Agreement																	
46A4	OUD MAT DRUG REBATE MCO /State Sidebar																	
	OUD MAT DRUG REBATE/Increased ACA Offset																	
46A5	Fee for Service - 100%																	
	OUD MAT DRUG REBATE/Increased ACA Offset																	
46A6	MCO – 100%																	
46B	OUD Medicaid Assisted Treatment Services																	
47	ARP Section 9811 COVID Vaccine/Vaccine																	
47	Administration ARP Section 9813 Qualified Community Based			+		+											-	
48	Mobile Crisis Intervention – 85%																	
70	Health Homes for Children with Medically					 		+								 	1	+
49	Complex Conditions																	
69	Other Care Services							1			1					<u>†</u>	1	
70	Total																	
	-	•	•	•	•	-	-	-	-		-	•	-	<u> </u>	-	<u>-</u>	-	

Form CMS 64.9VIII WAIV P

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

15. Impatient Rospitul Service - Regular Payments 16. Impatient Rospitul Service - Stragisterent 17. Payments 18. Impatient Rospitul Service - Stragisterent 18. Impatient Rospitul Service - Stragisterent 19. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Rospitul Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Stragisterent 10. Impatient Rospitul Services - Str	Type of Eli	gible: Not Newly					_	_		_							_	
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In contains in tour part of every - 604 Mijoutament	1 1	Innatient Hospital Services - Regular Payments																
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In protein sought of Newton's Supplemental De Propried Supplemental De Propried Supplemental Newton's Supplemental Newton's Supplemental Newton's Supplemental Newton's Supplemental Newton's Supplemental Certified Community Selection (Selection Still) Newton's Supplemental Newton's Supple	1B																	
		1 -																
In any service stoops to offer Sup Payments	1C																	
Payments	1D																	
Memail Indelity Services - 1541		Mental Health Facility Services - Regular																
28	2A																	
Certified Community Delawork Health Clinic 2																		
Payments	2B																	
Numer Facility services - Regular Parismes																		
Nursing Facility Services - Supplemental																1		
Payments Payments	3A		+		+		+	+								+		+
Intermediate Care Facility Services - Ind. with	20																	
Interfectual Disabilities: Public Provides	ЭВ																	+
Intermediate Care Facility Services - Ind. with	4A																	
Intellectual Disabilities: Private Providers																		
Intermediate Care Facility Services - Ind. with Interlectual Disabilities: Supplemental	4B																	
Ac Physician and Surgical Services - Regular Physician and Surgical Services - Supplemental Physician and Surgical Services - Supplemental Physician and Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Vaccine codes Physician & Surgical Services - Regular Physician & Surgical Services - Regular Physician & Surgical Services - Regular Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician &																		
Physician and Surgical Services - Regular		Intellectual Disabilities: Supplemental																
SA Payments Image: Control of Surgical Services - Supplemental or Physician and Surgical Services - Supplemental or Physician and Surgical Services - Evaluation and or Physician & Surgical Services - Evaluation and or Physician & Surgical Services - Surgician codes Image: Control of Surgician Codes Image: Control of Surgician Codes Image: Codes Image: Code of Surgician Codes	4C	-																
Physician and Surgical Services - Supplemental																		
Payments Payments	5A	1 -																
Physician & Surgical Services - Evaluation and																		
5C Management	5B															1		
Physician & Surgical Services - Vaccine codes	F.C																	
Outpatient Hospital Services - Regular					+											+		+
6A Payments 0utpatient Hospital Services - Supplemental Services - Supplemental Services			1									+				+		+
Outpatient Hospital Services - Supplemental 68 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	6A																	
68 Payments 9 rescribed Drugs			1		1													
Drug Rebate Offset - National Agreement Drug Rebate Offset - State Sidebar Agreement Drug Rebate Offset - State Sidebar Agreement AU Drug Rebate Offset - State Sidebar Agreement AU Drug Rebate Offset - State Sidebar Agreement AU Drug Rebate Offset - State Sidebar Agreement Drug Rebate Offset - State Sidebar Agreement Drug Rebate Offset - State Sidebar Agreement Drug Rebate Offset - State Sidebar Agreement Drug Rebate Offset - Fee for Service - 100% Drug Rebate Offset - Value Based Purchasing Drug Rebate Offset - Value Based Purchasing	6B		<u> </u>													<u> </u>		
Drug Rebate Offset - State Sidebar Agreement AS MCO - National Agreement AN MCO - State Sidebar Agreement AN MCO - State Sidebar Agreement AS Increased ACA OFFSET - Fee for Service - 100% AN Increased ACA OFFSET - Fee for Service - 100% AN Increased ACA OFFSET - MCO - 100% AN Increased ACA OFFSET - MCO - 100% AN Increased ACA OFFSET - WCO - 100% AN Increased ACA	7																	
7A3 MCO - National Agreement <t< td=""><td>7A1</td><td>Drug Rebate Offset - National Agreement</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	7A1	Drug Rebate Offset - National Agreement																
7A3 MCO - National Agreement <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td>1</td><td></td></t<>															1		1	
7A4 MCO - State Sidebar Agreement			1		1							1		-		1		
7A5 Increased ACA OFFSET - Fee for Service - 100% 7A6 Increased ACA OFFSET - MCO - 100% 7A7 Drug Rebate Offset - Value Based Purchasing			+		1				 	1		1		<u> </u>	 	+	1	+
7A6 Increased ACA OFFSET - MCO - 100% 7A7 Drug Rebate Offset - Value Based Purchasing	/A4	INICO - State Sidenal Agreement	+		+				+			-		+	-	+		+
7A6 Increased ACA OFFSET - MCO - 100% 7A7 Drug Rebate Offset - Value Based Purchasing	7A5	Increased ACA OFFSFT - Fee for Service - 100%													1		1	
7A7 Drug Rebate Offset - Value Based Purchasing			1		1		1	1				1			 	†	 	+
																		_
	8																	

Form CMS 64.9VIIIP 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 Fligible: Not Newl

. , pc 01 L1	igible: Not Newly														Adjusted Total Comp from		
						Ont Breast or	Opt. Breast or			Total Comp				Total Comp Special	COLB minus Resource Test COLG Minus Enrollment CAP COL I		
					Family	-	Cervical Cancer				t Adjusted Total	-			minus Special		
		Total			Planning	Srvcs (ENH	Srvcs (IHS			Applied to	Comp from Col	-	Enrollment Cap			Total Federal	Deferral or CIN
Line #	Line Description		FMAP	I.H.S. Services		Rate)	Rate)	Other %	Federal Share		B NoT Newly			Newly COL J		Share	Number
9A	Other Practitioners Services - Regular Payment	S															
	Other Practitioners Services - Supplemental						1							1			
9B	Payments																
10A	Clinic Services - Reg. Payments													1			
10B	Clinic Services - Sup. Payments													1			
11	Laboratory And Radiological Services						1							1			
12	Home Health Services						1							1			
13	Sterilizations																
14	Abortions No.																
15	EPSDT Screening Services																
16	Rural Health Clinic Screening																
	Medicare Health Insurance Payments - Part A																
17A	Premiums																
	Medicare Health Insurance Payments - Part B																
17B	Premiums																
17C1	120% - 134% Of Poverty						1							1			
17D	Coinsurance And Deductibles						1							1			
	Medicaid Health Insurance Payments:						1							1			
18A	Managed Care Organizations (MCO)																
18A1	Medicaid MCO - Evaluation and Management						1							1			
18A2	Medicaid MCO - Vaccine codes													1			
18A3	Medicaid MCO - Community First Choice																
	Medicaid MCO - Preventive Services Grade A																
18A4	OR B, ACIP Vaccines and their Admin																
	Medicaid MCO - Certified Community Behavio	r															
18A5	Health Clinic Payments																
	Medicaid MCO - Services Subject to Electronic																
18A6	Visit Verification Requirements																
18B1	Prepaid Ambulatory Health Plan																
18B1a	MCO PAHP - Evaluation and Management																1
18B1b	MCO PAHP - Vaccine codes																
18B1c	MCO PAHP - Community First Choice																1
	MCO PAHP - Preventive Services Grade A OR B	,															
18B1d	ACIP Vaccines and their Admin																
	Medicaid PAHP - Certified Community Behavio	r															
18B1e	Health Clinic Payments						<u> </u>			<u> </u>			<u> </u>	<u> </u>			
	MCO PAHP - Services Subject to Electronic Visi	t															
18B1f	Verification Requirements																
18B2	Prepaid Inpatient Health Plan																
18B2a	MCO PIHP - Evaluation and Management					1											
18B2b	MCO PIHP - Vaccine codes																1
18B2c	MCO PIHP - Community First Choice																1
	MCO PIHP - Preventive Services Grade A OR B,	1	1	1			1										1
18B2d	ACIP Vaccines and their Admin								1								

Form CMS 64.9VIII WAIV P

Report Date: Friday, January 26, 2024 - 12:00 AM

Form CMS 64.9VIIIP 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 Fligi	ble: Not Newly															
		Total Computable	FMAP I.H.S. Services	Family Planning Services		Cervical Cancer Srvcs (IHS	Other %	Federal Share	Total Comp Resource Test Applied to Newly Col B X	Comp from Col	Applied to	Resource Test Col G minus Enrollment Cap	Total Comp Special Circumstances Applied to	Circumstance	Total Federal Share	Deferral or CIN Number
	Medicaid PIHP - Certified Community Behavior												-			
18B2e	Health Clinic Payments															
	MCO PIHP - Services Subject to Electronic Visit															
18B2f	Verification Requirements															
	Medicaid Health Insurance Payments: Group															
18C	Health Plan Payments				+											
100	Medicaid Health Insurance Payments:															
18D 18E	Coinsurance And Deductibles Medicaid Health Insurance Payments: Other				+											
101	Home and Community-Based Services - Regular															
19A	Payment (1915(c) Waiver)															
	Home and Community-Based Services - State															
19B	Plan 1915(i) Only Payment															
	Home and Community-Based Services - State															
19C	Plan 1915(j) Only Payment															
	Home and Community Based Services State															
19D	Plan 1915(k) Community First Choice															
19D 22 23A 23B	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															
24A 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															
	Non-Emergency Medical Transportation - Reg.															
29A	Payments															
	Non-Emergency Medical Transportation - Sup.															
29B 30	Payments Physical Therapy															
31	Physical Therapy Occupational Therapy				+				+							
32	Services for Speech, Hearing and Language															
33	Prosthetic Devices, Dentures, Eyeglasses															+
34	Diagnostic Screening & Preventive Services															
	Preventive Services Grade A OR B, ACIP															
34A	Vaccines and their Admin			<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>						
34A 35 36	Nurse Mid-Wife															
36	Emergency Hospital Services															
37A	Critical Access Hospitals - Reg. Payments															
	Critical Access Hospitals Inpatient - Sup.															
37B	Payments Critical Assass Hassitals Outpations Sup				1											
270	Critical Access Hospitals Outpatient - Sup.															
37C	Payments									Į]	Į.]		

Report Date: Friday, January 26, 2024 - 12:00 AM Form CMS 64.9VIII WAIV P

Form CMS 64.9VIIIP 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 Fligible: Not Newly

Type of Eli	gible: Not Newly																
		Total			Family Planning	Srvcs (ENH	Cervical Cancer Srvcs (IHS			Applied to	Adjusted Total Comp from Col	Total Comp Enroll Cap Applied to	Resource Test Col G minus Enrollment Cap	Total Comp Special Circumstances Applied to		Total Federal	Deferral or CIN
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	Rate)	Rate)	Other %	Federal Share	Newly Col B X	B NoT Newly	Newly Col H X	COLI	Newly COL J	COL K	Share	Number
38	Nurse Practitioner Services																
39	School Based Services		-				ļ						ļ				
40	Rehabilitative Services (non-school-based)																
41	Private Duty Nursing																
42	Freestanding Birth Center Health Home for Enrollees w Chronic						-						<u> </u>				
43	Conditions																
44	Tobacco Cessation for Preg Women		+														+
-	Health Home for Enrollees w Substance-Use-		+				1						1				
45	Disorder																
46	OUD Medicaid Assisted Treatment – Drugs						1						1				
46A1	OUD MAT DRUG REBATE/National Agreement																
46A2	OUD MAT DRUG REBATE/State Sidebar																
	OUD MAT DRUG REBATE MCO /National																
46A3	Agreement																
46A4	OUD MAT DRUG REBATE MCO /State Sidebar																
	OUD MAT DRUG REBATE/Increased ACA Offset	t															
46A5	Fee for Service - 100%						-										
16.06	OUD MAT DRUG REBATE/Increased ACA Offset																
46A6 46B	MCO – 100% OUD Medicaid Assisted Treatment Services						+									+	+
400	ARP Section 9811 COVID Vaccine/Vaccine																+
47	Administration																
17	ARP Section 9813 Qualified Community Based		1			1	1										+
48	Mobile Crisis Intervention – 85%																
	Health Homes for Children with Medically					1											
49	Complex Conditions																
69	Other Care Services																
70	Total																

Form CMS 64.9VIII WAIV P

Report Date: Friday, January 26, 2024 - 12:00 AM

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

For the Medical Assistance Program

Expenditures in This Quarter

State:

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

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

For the Medical Assistance Program

Expenditures in This Quarter

State:

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					
	Program Integrity/Fraud, Waste, and Abuse					
20	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					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					
25B	CVT Operation - CHIPRA					
	Planning for Health Homes for Enrollees with					
26	Chronic Conditions					
	Recovery Audit Contractors State					
27	Administration					

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

State:

Line #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share
	Design Development/Installation of Medicaid					
28A	Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid					
	Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					
	Operation of an Approved Medicaid Eligibility					
	Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility					
	Determination Sys. – Cost of Private Sec.					
28D	Contractors					
	Eligibility Determination Staff – Cost of In-house					
28E	Activities					
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-house					
28G	Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
	Design Development/Implementation of					
30	Prescription Drug Monitoring Program Systems					
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 #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						

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 #	Line Description	Total Computable	FFP Federal Share	Other %	Federal Share	Total Federal Share	Deferral or CIN Number
18	Enrollment Brokers						
19	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors			1			
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA			1			
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
_	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						

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

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:

DSH Allot	ment 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	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital - GME Sup Payments										
	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments										
3A	Nursing Facility Services - Regular Payments										
ĺ	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers										
	Intermediate Care Facility Services - Ind. with										
	Intellectual Disabilities: Supplemental										
4C	Payments										
	Physician and Surgical Services - Regular										
5A	Payments										
	Physician and Surgical Services - Supplemental										
5B	Payments										
	Physician & Surgical Services - Evaluation and										
5C	Management										
5D	Physician & Surgical Services - Vaccine codes										
	Outpatient Hospital Services - Regular										
6A	Payments										
	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:

DSH Allotm	T T T T T T T T T T T T T T T T T T T	ı	T	<u> </u>	1	Ta . a .	1	ī	1	1	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Non COVID	Total Federal Share
7A3	MCO - National Agreement	Computable	FIVIAP	i.n.s. services	Services	(EIVIT Nate)	(III3 Nate)	Other //	rederal Share	FIVIAF	Silare
7A3 7A4	MCO - State Sidebar Agreement										
7A4	MCO - State Sidebai 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										
	Other Practitioners Services - Supplemental										
9B	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										
	Medicare Health Insurance Payments - Part A										
17A	Premiums										
	Medicare Health Insurance Payments - Part B										
17B	Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments:										
18A	Managed Care Organizations (MCO)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
	Medicaid MCO - Preventive Services Grade A										
18A4	OR B, ACIP Vaccines and their Admin										
	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
	Medicaid MCO - Services Subject to Electronic										
18A6	Visit Verification Requirements										
18B1	Prepaid Ambulatory Health Plan										
18B1a	MCO PAHP - Evaluation and Management										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:

DSH Allotm	ent rear.		1	1		1	T	1	1	1	
		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Cervical Cancer Srvcs			Non COVID	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FMAP	Share
18B1b	MCO PAHP - Vaccine codes										
18B1c	MCO PAHP - Community First Choice										
1054	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments										
	MCO PAHP - Services Subject to Electronic Visit										
18B1f	Verification Requirements										
18B2	Prepaid Inpatient Health Plan										
18B2a	MCO PIHP - Evaluation and Management										
18B2b	MCO PIHP - Vaccine codes										
18B2c	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments										
	MCO PIHP - Services Subject to Electronic Visit										
18B2f	Verification Requirements										
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
18E	Medicaid Health Insurance Payments: Other										
	Home and Community-Based Services - Regular										
19A	Payment (1915(c) Waiver)										
	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										<u> </u>
24B	Case Management - State Wide										
25	Primary Care Case Management Services										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

DSH Allot	ment Year:										
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Non COVID	Total Federal Share
26	Hospice Benefits	- Comparation				(Limitaco)	(increase)		1		
	Troopiec Benefits			+	 	+					
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
_	Non-Emergency Medical Transportation - Reg.										
29A	Payments										
	Non-Emergency Medical Transportation - Sup.										
29B	Payments										
30	Physical Therapy										
31	Occupational Therapy										
32	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife										
36	Emergency Hospital Services										
37A	Critical Access Hospitals - Reg. Payments										
	Critical Access Hospitals Inpatient - Sup.										
37B	Payments										
	Critical Access Hospitals Outpatient - Sup.										
37C	Payments										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
43	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
46	OUD Medicaid Assisted Treatment – Drugs										
46A1	OUD MAT DRUG REBATE/National Agreement										
46A2	OUD MAT DRUG REBATE/State Sidebar										
	OUD MAT DRUG REBATE MCO /National										
46A3	Agreement										

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

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:

		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Non COVID	Total Federal
Line #		Computable	FMAP	I.H.S. Services	1	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share
46A4	OUD MAT DRUG REBATE MCO /State Sidebar										
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A5	Fee for Service - 100%										
	OUD MAT DRUG REBATE/Increased ACA Offset										
46A6	MCO – 100%										
46B	OUD Medicaid Assisted Treatment Services										
	ARP Section 9811 COVID Vaccine/Vaccine										
47	Administration										
	ARP Section 9813 Qualified Community Based										
48	Mobile Crisis Intervention – 85%										
	Health Homes for Children with Medically										
49	Complex Conditions										
69	Other Care Services										
70	Total										

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:

		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Non COVID	Total Federal	Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FMAP	Share	CIN Number
1A	Inpatient Hospital Services: Regular Payments											
	Inpatient Hospital Services: DSH Adjustment											
1B	Payments											
	Inpatient Hospital Services - Supplemental											
1C	Payments											
1D	Inpatient Hospital - GME Sup Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic											
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											<u> </u>
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
	Intellectual Disabilities: Supplemental											
4C	Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management											
5D	Physician & Surgical Services - Vaccine codes											
	Outpatient Hospital Services - Regular											
6A	Payments											
	Outpatient Hospital Services - Supplemental											
6b	Payments											<u></u>
7	Prescribed Drugs											
7A1	Drug Rebate - National Agreement											
7A2	Drug Rebate - State Sidebar Agreement											
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											

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:

DSH Allotn	nent Year:	,	_	1	T	T	Ι	ı			1	
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	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											
	Other Practitioners Services - Regular											
9A	Payments											
	Other Practitioners Services - Supplemental											
9B	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											
	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments:											
18A	Managed Care Organizations											
18A1	Medicaid MCO - Evaluation and Management											
18A2	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											
	Medicaid MCO - Preventive Services Grade A											
18A4	OR B, ACIP Vaccines and their Admin									ļ		
	Medicaid MCO - Certified Community Behavior											
18A5	Health Clinic Payments											
	Medicaid MCO - Services Subject to Electronic											
18A6	Visit Verification Requirements											
18B1	Prepaid Ambulatory Health Plan											
18B1a	MCO PAHP - Evaluation and Management											

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 Allot	ment 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	Total Federal Share	Deferral or
18B1b	MCO PAHP - Vaccine codes	Computable	FIVIAF	i.n.s. services	Jei vices	(LIVIT Rate)	(III3 Kate)	Other 76	rederal Silare	FIVIAF	Silare	CIIV IVUITIBEI
18B1c	MCO PAHP - Community First Choice				<u> </u>		1		+		+	
TODIC	MCO PAHP - Preventive Services Grade A OR B,				<u> </u>		1		+		+	
10014	ACIP Vaccines and their Admin											
18B1d	Medicaid PAHP - Certified Community Behavior											
1001 -	•											
18B1e	Health Clinic Payments											
40045	MCO PAHP - Services Subject to Electronic Visit											
18B1f	Verification Requirements						ļ					
18B2	Prepaid Inpatient Health Plan						ļ					
18B2a	MCO PIHP - Evaluation and Management											
18B2b	MCO PIHP - Vaccine codes											
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
18B2d	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	MCO PIHP - Services Subject to Electronic Visit											
18B2f	Verification Requirements											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular											
19A	Payment (1915(c) Waiver)											
	Home and Community-Based Services - State											
19B	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
22	Programs Of All-Inclusive Care Elderly											
23A	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services -											
24A	Community Case-Management											
24B	Case Management - State Wide						1					
25	Primary Care Case Management Services											
26	Hospice Benefits											

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 Allot	ment 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								1			
31	Occupational Therapy											
32	Services for Speech, Hearing and Language								1			
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services								1			
	Preventive Services Grade A OR B, ACIP											
34A	Vaccines and their Admin											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37A	Critical Access Hospitals - Reg. Payments											
	Critical Access Hospitals Inpatient - Sup.											
37B	Payments											
	Critical Access Hospitals Outpatient - Sup.											
37C	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											
	Health Home for Enrollees w Substance-Use-								1			
45	Disorder											
46	OUD Medicaid Assisted Treatment – Drugs											
46A1	OUD MAT DRUG REBATE/National Agreement											
46A2	OUD MAT DRUG REBATE/State Sidebar											
	OUD MAT DRUG REBATE MCO /National											
46A3	Agreement											
46A4	OUD MAT DRUG REBATE MCO /State Sidebar											

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

Form CMS 64.9P WAIV DSH Diversion - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program

Health Homes for Children with Medically

Complex Conditions

Other Care Services

Total

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

69

Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Non COVID	Total Federal	Deferral or
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	FMAP	Share	CIN Number
	OUD MAT DRUG REBATE/Increased ACA Offset											
46A5	Fee for Service - 100%											
	OUD MAT DRUG REBATE/Increased ACA Offset											
46A6	MCO – 100%											
46B	OUD Medicaid Assisted Treatment Services											
	ARP Section 9811 COVID Vaccine/Vaccine											
47	Administration											
	ARP Section 9813 Qualified Community Based											
48	Mobile Crisis Intervention – 85%											

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:

D3H Allot	ment year:	<u> </u>	1		1	Opt. Breast or	Ont Breast or	I		
Line#	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal
		- Future -	1			(Entringed)	(70		
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital - GME Sup Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental									
4C	Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
	Outpatient Hospital Services - Regular									
6A	Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:

D3H Allot	ment Year:	<u> </u>		1	1	Ont Proact or	Ont Projet or	1	1	1
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
7	Prescribed Drugs	Computable	FIVIAF	1.11.5. Services	Services	(LIVII Nate)	(III3 Kate)	Other 76	rederal Share	Silaie
7A1	Drug Rebate Offset - National Agreement									
741	Drug Nebate Offset - National Agreement				1					
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									
	Other Practitioners Services - Regular									
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments:				1				1	
18A	Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes					1				
18A3	Medicaid MCO - Community First Choice				1				1	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:

	ment real.				1	Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	1	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services -									
19A	Regular Payment (1915(c) Waiver)									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type: Waiver Number: Waiver Name: DSH Allotment Year:

	ment real.					Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning		Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37A	Critical Access Hospitals - Reg. Payments									
	Critical Access Hospitals Inpatient - Sup.									
37B	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 12/31/2023

Waiver Type:
Waiver Number:
Waiver Name:
DSH Allotment Year:

DSH Allot	ment Year:	Г	1			1	1	1		1
						Opt. Breast or	l -			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs	<u> </u>		Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
	Health Home for Enrollees w Chronic									
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement									
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement									
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%									
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									
		1	1						1	1

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:

Payments

Payments

Payments

Management

Physician and Surgical Services - Supplemental

Physician & Surgical Services - Evaluation and

Physician & Surgical Services - Vaccine codes

Outpatient Hospital Services - Regular

5A

5B

5C 5D

6A

Cervical Family Cervical **Total** Planning **Cancer Srvcs** Cancer Srvcs **Total Federal** Line Description Computable **FMAP** I.H.S. Services | Services (ENH Rate) (IHS Rate) Other % Federal Share | Share Line# 1A Inpatient Hospital Services: Regular Payments Inpatient Hospital Services: DSH Adjustment 1B **Payments** Inpatient Hospital Services - Supplemental **Payments** 1C 1D Inpatient Hospital - GME Sup Payments Mental Health Facility Services: Regular **Payments** 2A Mental Health Facility Services: DSH 2B Adjustment Payments Certified Community Behavior Health Clinic 2C Payments ЗА Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental 3B Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers 4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers 4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental 4C Payments Physician and Surgical Services - Regular

Opt. Breast or Opt. Breast or

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:

		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	1			Other %	Federal Share	
	Outpatient Hospital Services - Supplemental					(======================================	(
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement		1						1	
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									
	Other Practitioners Services - Regular								1	
9A	Payments									
	Other Practitioners Services - Supplemental									
9B	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									
	Medicare Health Insurance Payments: Part A									
17A	Premiums									
	Medicare Health Insurance Payments: Part B									
17B	Premiums									
	Medicare Health Insurance Payments:									
17C1	Qualifying Individuals/120% - 134% of Poverty									

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:

Waiver Name: DSH Allotment Year:

231171110111	nent Year:	l .	T	T	Ţ.	Opt. Breast or	Ont Broact or	l		
					Family	Cervical	Cervical			
		Total			· ·	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description		FMAP	I.H.S. Services	Planning	(ENH Rate)		Other %	Federal Share	Share
Line #	Medicare Health Insurance Payments:	Computable	FIVIAP	I.n.s. services	Services	(EINH Rate)	(Ins Rate)	Other %	rederal Share	Share
170	Coinsurance and Deductibles									
17D	Medicaid Health Insurance Payments:			+						
404	•									
18A	Managed Care Organizations									
18A1	Medicaid MCO - Evaluation and Management			-						
18A2	Medicaid MCO - Vaccine codes			-						
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community									
18A5	Behavior Health Clinic Payments									
	Medicaid MCO - Services Subject to Electronic									
18A6	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									
	MCO PAHP - Preventive Services Grade A OR									
18B1d	B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community									
18B1e	Behavior Health Clinic Payments									
	MCO PAHP - Services Subject to Electronic									
18B1f	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									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									

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:

231174110411	nent Year:	Ι	1	1		0 0	Ot. D	ı	1	I
					Fa	Opt. Breast or	· .			
		T-4-1			Family		Cervical			Takal Fadamal
	II. B. C. C. C. C.	Total			Planning	Cancer Srvcs	Cancer Srvcs	0.1	5.4	Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
_	MCO PIHP - Services Subject to Electronic Visit									
18B2f	Verification Requirements									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
	Home and Community-Based Services -									
19A	Regular Payment (1915(c) Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center			1	İ					
	Non-Emergency Medical Transportation - Reg.									
29A	Payments									
	Non-Emergency Medical Transportation - Sup.									
29B	Payments									
30	Physical Therapy		1							
31	Occupational Therapy				<u> </u>					

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	Total Federal
32	Services for Speech, Hearing and Language	Computable	T IVIA	IIIII.S. Services	Scrvices	(Litti Nate)	(III3 Rate)	Other 70	reactar share	Share
33	Prosthetic Devices, Dentures, Eyeglasses								 	+
34	Diagnostic Screening & Preventive Services						 		1	+
<u> </u>	Preventive Services Grade A OR B, ACIP								1	
34A	Vaccines and their Admin									
35	Nurse Mid-Wife								1	
36	Emergency Hospital Services								1	
37A	Critical Access Hospitals - Reg. Payments									
<i>5771</i>	Critical Access Hospitals Inpatient - Sup.								1	
37B	Payments									
-	Critical Access Hospitals Outpatient - Sup.									
37C	Payments									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing								1	
42	Freestanding Birth Center				1				1	1
	Health Home for Enrollees w Chronic				i				1	
43	Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
46	OUD Medicaid Assisted Treatment – Drugs									
46A1	OUD MAT DRUG REBATE/National Agreement								ļ	
46A2	OUD MAT DRUG REBATE/State Sidebar									
	OUD MAT DRUG REBATE MCO /National									
46A3	Agreement								<u> </u>	
46A4	OUD MAT DRUG REBATE MCO /State Sidebar									
	OUD MAT DRUG REBATE/Increased ACA									
46A5	Offset Fee for Service - 100%		1		1			1	1	1

Department of Health and Human Services
OMB No. 0938-1265
Centers for Medicare & Medicaid Services
Expires 4/30/2024

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:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	OUD MAT DRUG REBATE/Increased ACA									
46A6	Offset MCO – 100%									
46B	OUD Medicaid Assisted Treatment Services									
	ARP Section 9811 COVID Vaccine/Vaccine									
47	Administration									
	ARP Section 9813 Qualified Community Based									
48	Mobile Crisis Intervention – 85%									
	Health Homes for Children with Medically									
49	Complex Conditions									
69	Other Care Services									
70	Total									

Medicaid Enrollees

State:

Quarter Ended: 12/31/2023

		January	February	March	April	May	June	July	August	September	October	November	December	
Line #	Line Description	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	CY 2023	Total
1A	Parent/Caretaker Relatives													
1B	Childless Adults													
1C	Total Newly Eligible													
2A	Parent/Caretaker Relatives													
	Disabled Person Non-													
2B	Institutionalized													l
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													<u> </u>
7C	Total Other Adults													
8	Total Eligibles													<u> </u>

Form CMS 64.ENROLL Report Date: Friday, January 26, 2024 - 12:00 AM

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

Form CMS SPV Narrative Report Date: Friday, January 26, 2024 - 12:00 AM

Supplemental Payment Validation Providers (CMS 64.SPVProvider)
List of Providers Receiving Supplemental Payments

State:

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

Supplemental Payments by Provider (CMS 64.SPVPayment) List of Supplemental Payments by Provider and CMS-64 form State:

Quarter Ended: 12/31/2023

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

Form CMS SPV Payments Report Date: Friday, January 26, 2024 - 12:00 AM

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

Type of Eligi	ble: 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)	1	Total Newly Federal Share	Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Applied from	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly	Circumstances applied COL L X		Sum of Federal Shares Column (G) + (I) + (K) + (M)
1 1	Innationt Haspital Carvisos - Regular Payments																
1A	Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment					<u> </u>											+
1B	Payments																
10	Inpatient Hospital Services - Supplemental					1			1								+
1C	Payments																
1D	Inpatient Hospital - GME Sup Payments																+
	Mental Health Facility Services - Regular																
2A	Payments																
	Mental Health Facility Services - DSH																
2B	Adjustment Payments																
	Certified Community Behavior Health Clinic																
2C	Payments			ļ													
3A	Nursing Facility Services - Regular Payments																
2.0	Nursing Facility Services - Supplemental																
3B	Payments Intermediate Care Facility Services - Ind. with			1		+		 	1								+ -
4A	Intellectual Disabilities: Public Providers																
477	Intermediate Care Facility Services - Ind. with					1											+
4B	Intellectual Disabilities: Private Providers																
	Intermediate Care Facility Services - Ind. with																+
	Intellectual Disabilities: Supplemental																
4C	Payments																
	Physician and Surgical Services - Regular																
5A	Payments																
	Physician and Surgical Services - Supplemental																
5B	Payments																
	Physician & Surgical Services - Evaluation and																
5C	Management			<u> </u>				<u> </u>									+
5D	Physician & Surgical Services - Vaccine codes					<u> </u>											+
6A	Outpatient Hospital Services - Regular Payments																
OA .	Outpatient Hospital Services - Supplemental			 		 											+
6B	Payments																
7	Prescribed Drugs																
7A1	Drug Rebate Offset - National Agreement																
	Drug Rebate Offset - State Sidebar Agreement																
	MCO - National Agreement																
7A4	MCO - State Sidebar Agreement			-	-				-								
7.4.5	Laurence d ACA OFFCFT For for Coming 4000/																
7A5 7A6	Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100%			+	1												+
7A6 7A7	Drug Rebate Offset - Value Based Purchasing			1		+		 	1								+
	Dental Services					1											+
	Defical Services			1		1											+
9A	Other Practitioners Services - Regular Payments																
	Other Practitioners Services - Supplemental			1													1
9B	Payments																
10A	Clinic Services - Reg. Payments																
10B	Clinic Services - Sup. Payments																
11	Laboratory And Radiological Services			ļ				<u> </u>									
12	Home Health Services			ļ	1											ļ	
13	Sterilizations		1	-	1	1	-									ļ	+
14	Abortions No. EPSDT Screening Services		1	 	1	1	-										+
	Rural Health Clinic Screening		+	+	+	+	+		1	1						 	+
10	Marai ricaidi Cililic Sci ecililig	I	I	I	Ì	I	I	<u> </u>	I		I	I	l	I	I		

Form CMS 64.9I.VIII

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

Type of Eligi	ole: Newly	T			,				,	_	•				1		
		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH	Cervical Cancer	l I	Total Newly	Resource Test Applied from	Federal Share Resource Test Applied COL H	Applied from Not Newly	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly Special	Circumstances applied COL L X	Column (A) +	Sum of Federal Shares Column (G) + (I) + (K) +
	•	Computable	FMAP	I.H.S. Services	Services	Rate)	Srvcs (IHS Rate)	Other % Federal Share	Federal Share	Not Newly	X Newly	Enrollment Cap	Newly	Circumstances	Newly	(H) + (J)+ (L)	(M)
	Medicare Health Insurance Payments - Part A																
	Premiums																
	Medicare Health Insurance Payments - Part B																
	Premiums																
	120% - 134% Of Poverty																
	Coinsurance And Deductibles																
	Medicaid Health Insurance Payments: Managed																
	Care Organizations (MCO)																
	Medicaid MCO - Evaluation and Management																
	Medicaid MCO - Vaccine codes																
	Medicaid MCO - Community First Choice																
	Medicaid MCO - Preventive Services Grade A																
	OR B, ACIP Vaccines and their Admin																
	Medicaid MCO - Certified Community Behavior																
	Health Clinic Payments					-											
	Medicaid MCO - Services Subject to Electronic																
	Visit Verification Requirements					-			1								
	Prepaid Ambulatory Health Plan				1				1								
	MCO PAHP - Evaluation and Management				1	-			1								
	MCO PAHP - Vaccine codes				1				1								
	MCO PAHP - Community First Choice				1	-			1								
	MCO PAHP - Preventive Services Grade A OR B,																
	ACIP Vaccines and their Admin				1	1			1								+
	Medicaid PAHP - Certified Community Behavior																
	Health Clinic Payments				1	1			1								
	MCO PAHP - Services Subject to Electronic Visit																
	Verification Requirements								1								+
	Prepaid Inpatient Health Plan			_		+			-								+
	MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes																
	MCO PIHP - Vaccine codes MCO PIHP - Community First Choice			+	1	+			1	+							+
	MCO PIHP - Preventive Services Grade A OR B,		+	+	1	+			1								+
	ACIP Vaccines and their Admin																
	Medicaid PIHP - Certified Community Behavior			+		+											+
	Health Clinic Payments																
	MCO PIHP - Services Subject to Electronic Visit																+
	Verification Requirements																
	Medicaid Health Insurance Payments: Group																+
	Health Plan Payments			1		1						1					
	Medicaid Health Insurance Payments:		1	1	1	†	<u> </u>		1	1		 	1			<u> </u>	+
	Coinsurance And Deductibles																
	Medicaid Health Insurance Payments: Other																+
	Home and Community-Based Services - Regular			1		1				1		1					+
	Payment (1915(c) Waiver)																
	Home and Community-Based Services - State																
	Plan 1915(i) Only Payment																
	Home and Community-Based Services - State			1		1				1							+
	Plan 1915(j) Only Payment																
	Home and Community Based Services State			1		1				1							
	Plan 1915(k) Community First Choice			1		1						1					
	Programs Of All-Inclusive Care Elderly					1				1							
	Personal Care Services - Regular Payment									1							1
	Personal Care Services - SDS 1915(j)			1		1				1							1
	Targeted Case Management Services -			1						1							
24A	Community Case-Management																
24B	Case Management - State Wide																
	Primary Care Case Management Services							İ									
				·													

Form CMS 64.9I.VIII

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023
Type of Eligible: Newly

Type of Elig	gible: Newly				_					_	 _					-	
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning Services	1 '	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	1	Federal Share	Total Newly Federal Share	Applied COL H	Applied from	Federal Share Enrollment Cap applied COL J X Newly	Applied from Not Newly	Circumstances applied COL L X	Computable	Sum of Federal Shares Column (G) + (I) + (K) + (M)
26	Hospice Benefits							ļ									
27 28	Emergency Services for Undocumented Aliens Federally-Qualified Health Center																
	Non-Emergency Medical Transportation - Reg.																
29A	Payments																
	Non-Emergency Medical Transportation - Sup.																
29B	Payments																
30	Physical Therapy																
31	Occupational Therapy																
32	Services for Speech, Hearing and Language																
33	Prosthetic Devices, Dentures, Eyeglasses																
34	Diagnostic Screening & Preventive Services																
	Preventive Services Grade A OR B, ACIP																
34A	Vaccines and their Admin																
35	Nurse Mid-Wife							<u> </u>									
36	Emergency Hospital Services																+
37A	Critical Access Hospitals - Reg. Payments								+								+
37A																	+
270	Critical Access Hospitals Inpatient - Sup.																
37B	Payments																
	Critical Access Hospitals Outpatient - Sup.																
37C	Payments																
38	Nurse Practitioner Services																
39	School Based Services																
40	Rehabilitative Services (non-school-based)																
41	Private Duty Nursing																
42	Freestanding Birth Center																
	Health Home for Enrollees w Chronic																
43	Conditions																
44	Tobacco Cessation for Preg Women																
	Health Home for Enrollees w Substance-Use-																
45	Disorder																
46	OUD Medicaid Assisted Treatment – Drugs																
	2.1.60				+												
46A1	OUD MAT DRUG REBATE/National Agreement																
46A2	OUD MAT DRUG REBATE/State Sidebar																+
40/12	OUD MAT DRUG REBATE MCO /National																+
46A3																	
46A4	Agreement OUD MAT DRUG REBATE MCO /State Sidebar			+	+	+		 	+	1							+
46A4																	
	OUD MAT DRUG REBATE/Increased ACA Offset																
46A5	Fee for Service - 100%				-			-									
	OUD MAT DRUG REBATE/Increased ACA Offset																
46A6	MCO – 100%			<u> </u>	1			ļ	1						<u> </u>	ļ	
46B	OUD Medicaid Assisted Treatment Services																
	ARP Section 9811 COVID Vaccine/Vaccine			1					1					1		1	
47	Administration																
	ARP Section 9813 Qualified Community Based																
48	Mobile Crisis Intervention – 85%				<u> </u>												
	Health Homes for Children with Medically																
49	Complex Conditions															1	
69	Other Care Services																
70	Total																

Form CMS 64.9I.VIII

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023

	ed: 12/31/2023															
Type of Eligi	ble: Not Newly		_	T		T	1	1		1	T	1			la 10 - 1	
															Adjusted Total Comp from	
															COL B minus	
													Adjusted Total		Resource Test	
													Comp from Col		COL G Minus	
													-	Total Comp	Enrollment	
						Out Busset ou	Out Busset su			Total Comm		Total Comm			CAP COL I	
					Familia	Opt. Breast or	-			Total Comp		Total Comp		•		
					Family	Cervical Cancer					Adjusted Total			Circumstances		
		Total			Planning	Srvcs (ENH	Srvcs (IHS			Applied to	Comp from Col				Circumstance	
Line #	Line Description	Computable	FMAP	I.H.S. Services	Services	Rate)	Rate)	Other %	Federal Share	Newly Col B X	B NoT Newly	Newly Col H X	Cap COL I	Newly COL J	COL K	Share
1A	Inpatient Hospital Services - Regular Payments															
	Inpatient Hospital Service - DSH Adjustment															
1B	Payments															
	Inpatient Hospital Services - Supplemental															
1C	Payments															
1D	Inpatient Hospital - GME Sup Payments															
	Mental Health Facility Services - Regular															
2A	Payments															
	Mental Health Facility Services - DSH										1					
2B	Adjustment Payments															
	Certified Community Behavior Health Clinic					1										
2C	Payments															
	Nursing Facility Services - Regular Payments															
3A	Nursing Facility Services - Supplemental															
3B	Payments															
36	Intermediate Care Facility Services - Ind. with															
4A	Intellectual Disabilities: Public Providers															
44	Internediate Care Facility Services - Ind. with					+										
4 D	Intellectual Disabilities: Private Providers															
4B	Intermediate Care Facility Services - Ind. with					+										
	· · · · · · · · · · · · · · · · · · ·															
46	Intellectual Disabilities: Supplemental															
4C	Payments															
	Physician and Surgical Services - Regular															
5A	Payments															
	Physician and Surgical Services - Supplemental															
5B	Payments 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1															
5.0	Physician & Surgical Services - Evaluation and															
5C 5D	Management															
50	Physician & Surgical Services - Vaccine codes															
CA	Outpatient Hospital Services - Regular															
6A	Payments										1					
CD.	Outpatient Hospital Services - Supplemental															
6B	Payments Payment Days 1	-				+					+		-			-
/	Prescribed Drugs										-				-	-
7A1	Drug Rebate Offset - National Agreement							ļ			-				ļ	ļ
742	Description of the state of															
	Drug Rebate Offset - State Sidebar Agreement										-				-	-
	MCO - National Agreement										ļ					
7A4	MCO - State Sidebar Agreement			-												
7A5	Increased ACA OFFSET - Fee for Service - 100%															
7A6	Increased ACA OFFSET - MCO - 100%										ļ				ļ	_
7A7	Drug Rebate Offset - Value Based Purchasing							ļ			ļ					ļ
8	Dental Services															

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023

-	ible: Not Newly														
,,					Opt. Breast or				Total Comp		Total Comp	Resource Test	Total Comp Special	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I	
				Family	Cervical Cancer					Adjusted Total	-		Circumstances		
15	Line Beautation	Total	LUC Comices	Planning	Srvcs (ENH	Srvcs (IHS	Oth an O/			Comp from Col			Applied to	Circumstance	
Line #	Line Description Other Practitioners Services - Regular	Computable FMAP	I.H.S. Services	Services	Rate)	Rate)	Other %	rederal Share	Newly Col B X	B NoT Newly	Newly Col H X	Cap COL I	Newly COL J	COL K	Share
9A	Payments														
571	Other Practitioners Services - Supplemental														
9B	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														
1	Medicare Health Insurance Payments - Part A														
17A	Premiums														
4.75	Medicare Health Insurance Payments - Part B														
17B 17C1	Premiums 120% - 134% Of Poverty														
17C1 17D	Coinsurance And Deductibles														+
170	Medicaid Health Insurance Payments:														+
18A	Managed Care Organizations (MCO)														
18A1	Medicaid MCO - Evaluation and Management														
18A2	Medicaid MCO - Vaccine codes														
18A3	Medicaid MCO - Community First Choice														
	Medicaid MCO - Preventive Services Grade A														
18A4	OR B, ACIP Vaccines and their Admin														
	Medicaid MCO - Certified Community Behavior														
18A5	Health Clinic Payments														
	Medicaid MCO - Services Subject to Electronic														
18A6	Visit Verification Requirements									ļ					
18B1	Prepaid Ambulatory Health Plan														
18B1a	MCO PAHP - Evaluation and Management MCO PAHP - Vaccine codes									 					+
18B1b 18B1c	MCO PAHP - Vaccine codes MCO PAHP - Community First Choice		+	+	+	-	+		+	+			+		+
TODIC	MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR														+
18B1d	B, ACIP Vaccines and their Admin														
10010	Medicaid PAHP - Certified Community									<u> </u>					
18B1e	Behavior Health Clinic Payments					1									
	MCO PAHP - Services Subject to Electronic									<u> </u>					
18B1f	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														
	MCO PIHP - Preventive Services Grade A OR B,					1									
18B2d	ACIP Vaccines and their Admin					<u> </u>									

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023

Type of Fligible: Not Newly

Type of Eli	gible: Not Newly														
Line #	Line Description Medicaid PIHP - Certified Community Behavior	<u> </u>	FMAP	I.H.S. Services	Family Planning Services		Cervical Cancer Srvcs (IHS		Total Comp Resource Test Applied to Newly Col B X	Adjusted Total Comp from Col	Total Comp Enroll Cap Applied to	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to	Circumstance	Total Federal Share
18B2e	Health Clinic Payments														
	MCO PIHP - Services Subject to Electronic Visit														
18B2f	Verification Requirements														
	Medicaid Health Insurance Payments: Group														
18C	Health Plan Payments														
	Medicaid Health Insurance Payments:														
18D	Coinsurance And Deductibles														
18E	Medicaid Health Insurance Payments: Other														
	Home and Community-Based Services -														
19A	Regular Payment (1915(c) Waiver)														
	Home and Community-Based Services - State														
19B	Plan 1915(i) Only Payment														
	Home and Community-Based Services - State														
19C	Plan 1915(j) Only Payment														
	Home and Community Based Services State														
19D	Plan 1915(k) Community First Choice														
22	Programs Of All-Inclusive Care Elderly														
23A	Personal Care Services - Regular Payment														
23B	Personal Care Services - SDS 1915(j)														
	Targeted Case Management Services -														
24A	Community Case-Management														
24B	Case Management - State Wide														
25	Primary Care Case Management Services														
26	Hospice Benefits														
27	Emergency Services for Undocumented Aliens														
28	Federally-Qualified Health Center														
	Non-Emergency Medical Transportation - Reg.														
29A	Payments														
	Non-Emergency Medical Transportation - Sup.														
29B	Payments														
30	Physical Therapy														
31	Occupational Therapy														
32	Services for Speech, Hearing and Language														
33	Prosthetic Devices, Dentures, Eyeglasses														
34	Diagnostic Screening & Preventive Services														
	Preventive Services Grade A OR B, ACIP														
34A	Vaccines and their Admin														
35	Nurse Mid-Wife														
36	Emergency Hospital Services														
37A	Critical Access Hospitals - Reg. Payments														
	Critical Access Hospitals Inpatient - Sup.	1													
37B	Payments					+									
270	Critical Access Hospitals Outpatient - Sup.	1													
37C	Payments	<u> </u>			<u> </u>										

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023
Type of Eligible: Not Newly

Type of Elig	rible: Not Newly									_					
Line #		Total Computable	FMAP	I.H.S. Services	Family Planning	1	Cervical Cancer Srvcs (IHS		Applied to	Adjusted Total Comp from Col B NoT Newly	Applied to	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	
38	Nurse Practitioner Services					,	,		,	,	,		, , , , , , , , , , , , , , , , , , , ,		
39	School Based Services														
40	Rehabilitative Services (non-school-based)														
41	Private Duty Nursing														
42	Freestanding Birth Center														
	Health Home for Enrollees w Chronic														
43	Conditions														
44	Tobacco Cessation for Preg Women														
	Health Home for Enrollees w Substance-Use-														
45	Disorder														
46	OUD Medicaid Assisted Treatment – Drugs														
46A1	OUD MAT DRUG REBATE/National Agreement														
46A2	OUD MAT DRUG REBATE/State Sidebar														
	OUD MAT DRUG REBATE MCO /National														
46A3	Agreement														
46A4	OUD MAT DRUG REBATE MCO /State Sidebar														
	OUD MAT DRUG REBATE/Increased ACA Offset														
46A5	Fee for Service - 100%														
	OUD MAT DRUG REBATE/Increased ACA Offset														
46A6	MCO – 100%														
46B	OUD Medicaid Assisted Treatment Services														
	ARP Section 9811 COVID Vaccine/Vaccine														
47	Administration														
	ARP Section 9813 Qualified Community Based														
48	Mobile Crisis Intervention – 85%		1												
	Health Homes for Children with Medically														
49	Complex Conditions		1												
69	Other Care Services														
70	Total														

Program: SUPPORT ACT SECTION 1003

State: Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Prior Qtr/FY Line:	rk:																		
Type of Eligi	ible: Newly																		
		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)		Federal Share	Total Newly Federal Share	Applied from		Applied from	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly	Circumstances applied COL L X			
1A	Inpatient Hospital Services - Regular Payments																		
	Inpatient Hospital Service - DSH Adjustment																		
	Payments																		
	Inpatient Hospital Services - Supplemental																		
	Payments Inpatient Hospital - GME Sup Payments													+					
	Mental Health Facility Services - Regular																		
	Payments																		
	Mental Health Facility Services - DSH																		
	Adjustment Payments													1					
	Certified Community Behavior Health Clinic Payments																		
	Nursing Facility Services - Regular Payments																		
	Nursing Facility Services - Supplemental																		
	Payments																		
	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers																		
	Internediate Care Facility Services - Ind. with																		
	Intellectual Disabilities: Private Providers																		
	Intermediate Care Facility Services - Ind. with																		
	Intellectual Disabilities: Supplemental																		
4C	Payments Physician and Surgical Services - Regular																		
	Payments																		
	Physician and Surgical Services - Supplemental																		
	Payments																		
	Physician & Surgical Services - Evaluation and																		
	Management Physician & Surgical Services - Vaccine codes																		
	Outpatient Hospital Services - Regular																		
	Payments																		
	Outpatient Hospital Services - Supplemental																		
	Prescribed Drugs										+			+					
	Drug Rebate Offset - National Agreement																		
	Drug Rebate Offset - State Sidebar Agreement																		<u> </u>
	MCO - National Agreement MCO - State Sidebar Agreement													+					
77.4	Mee State State and Agreement													1					
7A5	Increased ACA OFFSET - Fee for Service - 100%																		
	Increased ACA OFFSET - MCO - 100%																		
	Drug Rebate Offset - Value Based Purchasing Dental Services																		
8	Dental Services																		
9A	Other Practitioners Services - Regular Payments																		
	Other Practitioners Services - Supplemental																		
	Payments Clinia Sorvings Rog Roymonts				1									1		-			<u> </u>
	Clinic Services - Reg. Payments Clinic Services - Sup. Payments				1	+					+			+		+			
	Laboratory And Radiological Services													†					
12	Home Health Services																		
	Sterilizations																		
	Abortions No.				1									1					
	EPSDT Screening Services Rural Health Clinic Screening				1									1					
	1	<u>I</u>	<u> </u>	<u> </u>	1		<u>I</u>	<u>I</u>		1		I	<u>I</u>	<u> </u>	<u>I</u>		<u> </u>	1	

Form CMS 64.9PI.VIII

Program: SUPPORT ACT SECTION 1003

State:
Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of Eligible: Newly

Type of Ell	gible: Newly								T	1	1		1	<u> </u>		1		
		Total		Family Planning		cal Cancer			Total Newly	Resource Test Applied from		Applied from Not Newly	Federal Share Enrollment Cap applied COL J X	Applied from Not Newly Special	Circumstances applied COL L X	Column (A) +	Sum of Federal Shares Column (G) + (I) + (K) +	
Line #	Line Description	Computable FMAP	I.H.S. Services	Services	Rate) Srvcs	(IHS Rate) Ot	ther %	Federal Share	Federal Share	Not Newly	X Newly	Enrollment Cap	Newly	Circumstances	Newly	(H) + (J)+ (L)	(M)	Number
	Medicare Health Insurance Payments - Part A																	1
17A	Premiums																	
	Medicare Health Insurance Payments - Part B																	1
17B	Premiums																	1
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
	Medicaid Health Insurance Payments:																	
18A	Managed Care Organizations (MCO)																	1
18A1	Medicaid MCO - Evaluation and Management																	
18A2	Medicaid MCO - Vaccine codes																	
18A3	Medicaid MCO - Community First Choice																	
	Medicaid MCO - Preventive Services Grade A																	
18A4	OR B, ACIP Vaccines and their Admin																	1
10/14	Medicaid MCO - Certified Community Behavior																	
18A5	Health Clinic Payments																	1
1043	Medicaid MCO - Services Subject to Electronic	+																
1016	•																	1
18A6	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																	
	MCO PAHP - Preventive Services Grade A OR B,																	1
18B1d	ACIP Vaccines and their Admin																	
	Medicaid PAHP - Certified Community Behavior	•																1
18B1e	Health Clinic Payments																	1
	MCO PAHP - Services Subject to Electronic Visit																	
18B1f	Verification Requirements																	1
18B2	Prepaid Inpatient Health Plan																	
18B2a	MCO PIHP - Evaluation and Management																	
18B2b	MCO PIHP - Vaccine codes																	
18B2c	MCO PIHP - Community First Choice																	
	MCO PIHP - Preventive Services Grade A OR B,																	
18B2d	ACIP Vaccines and their Admin																	1
10024	Medicaid PIHP - Certified Community Behavior																	
18B2e	Health Clinic Payments																	1
18626	MCO PIHP - Services Subject to Electronic Visit																	
18B2f																		1
10021	Verification Requirements																	
400	Medicaid Health Insurance Payments: Group																	1
18C	Health Plan Payments																	
465	Medicaid Health Insurance Payments:																	1
18D	Coinsurance And Deductibles							-							ļ			
18E	Medicaid Health Insurance Payments: Other																	
	Home and Community-Based Services - Regular																	1
19A	Payment (1915(c) Waiver)																	
	Home and Community-Based Services - State																	1
19B	Plan 1915(i) Only Payment																	1
	Home and Community-Based Services - State																	
19C	Plan 1915(j) Only Payment																	1
	Home and Community Based Services State																	
19D	Plan 1915(k) Community First Choice																	1
22	Programs Of All-Inclusive Care Elderly			1	1					1					1			
23A	Personal Care Services - Regular Payment			†	+			1				†			†		†	
23B	Personal Care Services - SDS 1915(j)	 			+					 								
	Targeted Case Management Services -	+ +			+					<u> </u>								
24A	Community Case-Management																	, l
24A 24B	Case Management - State Wide	+ +		+	+			+		+		+			+		+	
				-	+			+		1					1		+	
25	Primary Care Case Management Services	 						-		1					1			
26	Hospice Benefits																	i

Form CMS 64.9PI.VIII

Program: SUPPORT ACT SECTION 1003

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of Elig	ible: Newly																		
		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH	Opt. Breast or Cervical Cancer			Total Newly	Resource Test	Federal Share Resource Test Applied COL H	Applied from	Federal Share	Applied from Not Newly	Federal Share Special S Circumstances C applied COL L X		Sum of Federal Shares Column	
Line #	Line Description		MAP I.	.H.S. Services		Rate)	Srvcs (IHS Rate)		Federal Share	-			Enrollment Cap		Circumstances		(H) + (J)+ (L)	(M)	Number
27 28	Emergency Services for Undocumented Aliens Federally-Qualified Health Center																		
20	Non-Emergency Medical Transportation - Reg.	+																	+
29A	Payments Payments																		
	Non-Emergency Medical Transportation - Sup.	,																	
29B	Payments																		
29B 30	Physical Therapy																		
31 32 33	Occupational Therapy																		
32	Services for Speech, Hearing and Language																		
33	Prosthetic Devices, Dentures, Eyeglasses																		
34	Diagnostic Screening & Preventive Services																		
	Preventive Services Grade A OR B, ACIP																		
34A 35 36 37A	Vaccines and their Admin	+																1	
35	Nurse Mid-Wife Emergency Hospital Services																		+
374	Critical Access Hospitals - Reg. Payments	+																	+
37A	Critical Access Hospitals Inpatient - Sup.	+																	+
37B	Payments																		
0,0	Critical Access Hospitals Outpatient - Sup.																		
37C	Payments																		
38	Nurse Practitioner Services																		
37C 38 39 40	School Based Services																		
40	Rehabilitative Services (non-school-based)																		
41	Private Duty Nursing																		
42	Freestanding Birth Center																		
	Health Home for Enrollees w Chronic																		
43	Conditions																		
44	Tobacco Cessation for Preg Women																		
1	Health Home for Enrollees w Substance-Use-																		
45 46	Disorder																		
46	OUD Medicaid Assisted Treatment – Drugs	+																_	+
46A1	OUD MAT DRUG REBATE/National Agreement																		
46A2	OUD MAT DRUG REBATE/State Sidebar	+																	+
10/12	OUD MAT DRUG REBATE MCO /National																		
46A3	Agreement																		
46A4	OUD MAT DRUG REBATE MCO /State Sidebar																		
	OUD MAT DRUG REBATE/Increased ACA Offset																		
46A5	Fee for Service - 100%																		
	OUD MAT DRUG REBATE/Increased ACA Offset	t																	
46A6	MCO – 100%																		
46B	OUD Medicaid Assisted Treatment Services																		
	ARP Section 9811 COVID Vaccine/Vaccine																		
47	Administration	1			1						-							1	
40	ARP Section 9813 Qualified Community Based						1											1	
48	Mobile Crisis Intervention – 85%	+																1	+
40	Health Homes for Children with Medically																		
49 69	Complex Conditions Other Care Services	1									+					 		+	+
70	Total	+																1	
, ,	1.000				1		1	<u>I</u>	<u> </u>	<u> </u>	1	1		<u> </u>	<u> </u>			1	

Report Date: Friday, January 26, 2024 - 12:00 AM Form CMS 64.9PI.VIII

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:	hlas Nat Nassils																
Type of Eligi	ble: Not Newly	1	Г			1	T		1		1	Ι	T	I	Adjusted Total		T 1
															Comp from		
															COL B minus		
													Adjusted Total		Resource Test		
													Comp from Col		COL G Minus		
													B minus	Total Comp	Enrollment		
						Opt. Breast or	Ont Breast or			Total Comp		Total Comp	Resource Test	I -	CAP COL I		
					Family		Cervical Cancer			Resource Test		-			minus Special		
		Total			Planning		Srvcs (IHS				Comp from Col		Enrollment Cap		Circumstance	Total Federal	Deferral or CIN
Line #	Line Description	Computable	FMAP LH.S. 9	ervices	Services			Other %	Federal Share	Newly Col B X						Share	Number
		Comparable			50.5.605	1.000/	1.0007			itemiy corb x	2 ito i itolii,	nemy com x		nem, colo			
	Inpatient Hospital Services - Regular Payments																
	Inpatient Hospital Service - DSH Adjustment																
1B	Payments																
	Inpatient Hospital Services - Supplemental																
1C 1D	Payments																
	Inpatient Hospital - GME Sup Payments																
	Mental Health Facility Services - Regular																
	Payments																
	Mental Health Facility Services - DSH																
	Adjustment Payments																
	Certified Community Behavior Health Clinic																
	Payments Nursing Facility Services - Regular Payments																
	Nursing Facility Services - Regular Fayments Nursing Facility Services - Supplemental	+											<u> </u>				
	Payments																
36	Intermediate Care Facility Services - Ind. with																
4A	Intellectual Disabilities: Public Providers																
	Intermediate Care Facility Services - Ind. with																
	Intellectual Disabilities: Private Providers																
	Intermediate Care Facility Services - Ind. with																
	Intellectual Disabilities: Supplemental																
	Payments																
	Physician and Surgical Services - Regular																
	Payments																
	Physician and Surgical Services - Supplemental																
5B	Payments																
	Physician & Surgical Services - Evaluation and																
	Management																
	Physician & Surgical Services - Vaccine codes																
	Outpatient Hospital Services - Regular																
	Payments																<u> </u>
	Outpatient Hospital Services - Supplemental																
6B	Payments																
7	Prescribed Drugs																
7A1	Drug Rebate Offset - National Agreement																
7/2	Drug Rehate Officet - State Sideher Agreement																
	Drug Rebate Offset - State Sidebar Agreement MCO - National Agreement	+					+						 		+		+
	MCO - State Sidebar Agreement												 				+
/ ^+	Trace State																+
7A5	Increased ACA OFFSET - Fee for Service - 100%																
	Increased ACA OFFSET - MCO - 100%												 		 		+
	Drug Rebate Offset - Value Based Purchasing														 		+
	Dental Services												<u> </u>				
-		1											1				
9A	Other Practitioners Services - Regular Payments	s															

Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Type of Eli	gible: Not Newly																
Line #	Line Description	Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cance Srvcs (ENH Rate)	Opt. Breast or Cervical Cance Srvcs (IHS Rate)	Other %	Endoral Share	Applied to	Adjusted Total Comp from Col B NoT Newly	Applied to	Resource Test Col G minus Enrollment Cap	Total Comp Special Circumstances		Total Federal Share	Deferral or CIN Number
Line #	Other Practitioners Services - Supplemental	Computable	FIVIAP	i.n.s. services	Services	Rate)	Rate)	Other %	rederal Share	Newly Col B X	B NOT Newly	Newly Col H X	COLI	Newly COL J	COLK	Snare	Number
9B	Payments																
10A	Clinic Services - Reg. Payments																+
10A 10B	Clinic Services - Reg. Payments Clinic Services - Sup. Payments			1													+
11	Laboratory And Radiological Services			1													+
12	Home Health Services			+			+							1			+
	Sterilizations			+			+							1			+
13 14	Abortions No.			+			+							1			+
15	EPSDT Screening Services			+			+							1			+
16	Rural Health Clinic Screening			+			+				+			1			+
10	Medicare Health Insurance Payments - Part A			+			+							1			+
17A	Premiums																
17A	Medicare Health Insurance Payments - Part B																+
17B	Premiums																
17C1	120% - 134% Of Poverty																+
17D	Coinsurance And Deductibles																+
170	Medicaid Health Insurance Payments:																+
18A	Managed Care Organizations (MCO)																
18A1	Medicaid MCO - Evaluation and Management												 				+
18A2	Medicaid MCO - Vaccine codes												 				+
18A3	Medicaid MCO - Community First Choice												 				+
10/13	Medicaid MCO - Preventive Services Grade A																+
18A4	OR B, ACIP Vaccines and their Admin																
10/4	Medicaid MCO - Certified Community Behavior	r															+
18A5	Health Clinic Payments	1															
1043	Medicaid MCO - Services Subject to Electronic																+
18A6	Visit Verification Requirements																
18B1	Prepaid Ambulatory Health Plan																+
18B1a	MCO PAHP - Evaluation and Management												 				+
18B1b	MCO PAHP - Vaccine codes			+	1				 		+	 	 	 			+
18B1c	MCO PAHP - Community First Choice			+	1				 								+
10010	MCO PAHP - Preventive Services Grade A OR B,																+
18B1d	ACIP Vaccines and their Admin	´															
	Medicaid PAHP - Certified Community Behavio	r		†		1			1		+	1					+
18B1e	Health Clinic Payments	1			1												
	MCO PAHP - Services Subject to Electronic Visit	t		+	1	1			1			1		1			+
18B1f	Verification Requirements				1												
18B2	Prepaid Inpatient Health Plan	1		†	1	1			†		+	1					+
18B2a	MCO PIHP - Evaluation and Management			1									1				+
18B2b	MCO PIHP - Vaccine codes			1									1				+
18B2c	MCO PIHP - Community First Choice			1													+
	MCO PIHP - Preventive Services Grade A OR B,			1					1								1
18B2d	ACIP Vaccines and their Admin				1												
	Medicaid PIHP - Certified Community Behavior			1	1				1		1	1		1			+
18B2e	Health Clinic Payments																
	MCO PIHP - Services Subject to Electronic Visit			1													
18B2f	Verification Requirements	1			1												
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Program: SUPPORT ACT SECTION 1003

State:

Quarter Ended: 12/31/2023

Prior Qtr/FYR:

Line:

Opt. Breast or Cervical Cancer Services Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Rate) Opt. Breast or Opt. Breast or Cervical Cancer Services Rate)	Col G minus Enrollment Ca	Total Comp Enrollment Special CAP COL I Circumstances minus Special	Total Federal Deferral or CIN
Family Cervical Cancer Cervical Cancer Cervical Cancer Adjusted Total Enroll Cap Total Family Srvcs (ENH Srvcs (IHS Applied to Comp from Col Applied to	Comp from Co B minus Resource Test Col G minus Enrollment Ca	COL B minus Resource Test COL G Minus Total Comp Enrollment CAP COL I Circumstances Applied to CICUMSTANCE	
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Total Planning Srvcs (ENH Srvcs (IHS Applied to Comp from Col Applied to	Enrollment Ca	ap Applied to Circumstance	
		-	
Line # Line Description Computable FMAP I.H.S. Services Services IRate) ICOTHER # FEDERAL SHARE NEWLY COLK X IR NOT NEWLY COLK X IRACE N	HX COLI	Newly COL J COL K	
Medicaid Health Insurance Payments: Group			Share Number
18C Health Plan Payments Medicaid Health Insurance Payments:			
18D Coinsurance And Deductibles Solution Solutio			
Home and Community-Based Services - Regular			
19A Payment (1915(c) Waiver)			
Home and Community-Based Services - State			
19B Plan 1915(i) Only Payment			
Home and Community-Based Services - State			
19C Plan 1915(j) Only Payment			
Home and Community Based Services State			+ + + + + + + + + + + + + + + + + + + +
19D Plan 1915(k) Community First Choice 22 Programs Of All-Inclusive Care Elderly			+ + + + + + + + + + + + + + + + + + + +
23A Personal Care Services - Regular Payment			
23B Personal Care Services - SDS 1915(j)			
Targeted Case Management Services -			
24A Community Case-Management 24B Case Management - State Wide			
25 Primary Care Case Management Services			
26 Hospice Benefits			
27 Emergency Services for Undocumented Aliens			
28 Federally-Qualified Health Center			
Non-Emergency Medical Transportation - Reg.			
29A Payments			
Non-Emergency Medical Transportation - Sup.			
29B Payments Payments			
30 Physical Therapy			
31 Occupational Therapy			
32 Services for Speech, Hearing and Language			
33 Prosthetic Devices, Dentures, Eyeglasses			
34 Diagnostic Screening & Preventive Services			
Preventive Services Grade A OR B, ACIP			
34A Vaccines and their Admin			
35 Nurse Mid-Wife			
36 Emergency Hospital Services			
37A Critical Access Hospitals - Reg. Payments			
Critical Access Hospitals Inpatient - Sup.			
37B Payments			
Critical Access Hospitals Outpatient - Sup.			
37C Payments			
38 Nurse Practitioner Services Universal 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

Expires 4/30/2024

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 E	ligible: Not Newly																
		Total			Family Planning	Srvcs (ENH	Cervical Cancer Srvcs (IHS			Applied to	Adjusted Total Comp from Col	Applied to	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap	Total Comp Special Circumstances Applied to	Circumstance		Deferral or CIN
Line #	Line Description	Computable FN	ЛАР	I.H.S. Services	Services	Rate)	Rate)	Other %	Federal Share	Newly Col B X	B NoT Newly	Newly Col H X	COLI	Newly COL J	COL K	Share	Number
40	Health Home for Enrollees w Chronic																
43	Conditions																
44	Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-																
45	Disorder																
46	OUD Medicaid Assisted Treatment – Drugs																+
40	OOD Wedicaid Assisted Treatment - Drugs															1	+
46A1	OUD MAT DRUG REBATE/National Agreement																
46A2	OUD MAT DRUG REBATE/State Sidebar																
	OUD MAT DRUG REBATE MCO /National																
46A3	Agreement																
46A4	OUD MAT DRUG REBATE MCO /State Sidebar																
	OUD MAT DRUG REBATE/Increased ACA Offset																
46A5	Fee for Service - 100%																
	OUD MAT DRUG REBATE/Increased ACA Offset																
46A6	MCO – 100%																
46B	OUD Medicaid Assisted Treatment Services																
	ARP Section 9811 COVID Vaccine/Vaccine																
47	Administration																_
10	ARP Section 9813 Qualified Community Based																
48	Mobile Crisis Intervention – 85%																
40	Health Homes for Children with Medically																
49	Complex Conditions Other Care Services	 											1				+
69	Other Care Services																+
70	Total							ļ				<u> </u>		ļ	<u> </u>		

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