OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21 Summary - Quarterly Children's Health Insurance Program**
**Statement of Expenditures for Title XXI**
**Summary Sheet**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| Line Item | Line Item Description | Total Computable |
|---|---|---|
| 1 | Expenditures | |
| 2 | Adjustments - Increasing Claims | |
| 3 | Adjustments - Decreasing Claims | |
| 4 | Adjustments Decreasing Claims - Collections | |
| 4A | Adjustments Decreasing Claims - MEQC Collections | |
| 5 | Adjustments - Decreasing Claims - Perm | |
| 6 | Adjustments - Decreasing Claims - Overpayments | |
| 6A | Adjustments Decreasing Claims - MEQC Overpayments | |
| 7 | Net Expenditures | |

| Federal Share |
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**Form CMS 21L - Children's Health Insurance Program Expendit**
**For the Title XXI Program**
**Calculation of 10% Limit**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| Line Item | Line Item Description |
|---|---|
| | |
| 1A | Previously Claimed Expenditures - Section 2105(a)(1)(C) |
| 1B | Previously Claimed Expenditures - Section 2105(a)(1)(A) |
| 2A | Expenditures Claimed In The Current Quarter - Section 2105(a)(1)(C) |
| 2B | Expenditures Claimed In The Current Quarter - Sections 2105(a)(1)(A) |
| 3 | Total Of Column (a) Lines 1A & B And 2A & B |
| 4 | 10% Limit (Divide Line 3 Column (a) By 9) |
| 5 | Total Computable - Allotment (Allotment Divided By The CHIP Rate) |
| 6 | 10% Of The Allotment - Total Computable (10% Times Line 5) |
| 7 | 10% Limit (Lesser Of Lines 4 Column (a) Or 6 Column (a)) |
| 8A | Expenditures Previously Claimed Under Section 2105(a)(2) |
| 8A1 | HSI Previously Claimed under Section 2105(a)(2) |
| 8B | Expenditures Currently Claimed Under Section 2105(a)(2) |
| 8B1 | HSI Currently Claimed under Section 2105(a)(2) |
| 9 | Total - Lines 8.A., 8.A.1, 8.B. and 8.B.1 |
| 9A | Expenditures Previously Claimed for Outreach to Children (Line 32B of 21) |
| 9B | Expenditures Currently claimed for Outreach to Children (Line 32B of 21) |
| 9C | Total of lines 9A and 9B |
| 9D | Outreach and enrollment for children 1.25% of 10% limit of allotment (Line 6) |
| 9E | Expenditures for children outreach (9C) minus Outreach allotment (9D) |
| 9F | Total - Lines 8.A., 8.A.1, 8.B., 8.B.1 and 9E |
| 10 | Amount Under/(Over) Limit (Line 7 Minus 9F) |

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| Total Computable | Federal Share |
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Expires 4/30/2027

**Form CMS 21C**

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| Line Item | Line Item Description | Qualifying State |
|---|---|---|
| | | (A) |
| 1 | FFY XXXX_MINUS_TWO and prior Redistributed Allotment | |
| 2 | Unused FFY XXXX_MINUS_ONE Allotment | |
| 3 | FFY XXXX Allotment | |
| 4 | Excess Previously Claimed in Prior Years | |
| 5 | First Quarter XXXX | |
| 6 | Second Quarter XXXX | |
| 7 | Third Quarter XXXX | |
| 8 | Fourth Quarter XXXX | |
| 9 | Excess 10% Limit | |
| 10 | Unused Allotment | |
| 11 | Excess Expenditures | |
| 12 | FFY XXXX_MINUS_ONE Allotment Added To Redistribution Pool | |

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**- Allocation of Title XIX and Title XXI Expenditures**

**To CHIP Fiscal Year Amount**

**State:**

**bmission Quarter/Fiscal Year: Q1/2027**

**Quarter Ended: 12/31/2026**

| Title XIX - Sec. 1905 | Title XIX - PE | Title XXI - Sec. 2105(a)(1) |
|---|---|---|
| (B) | (C) | (D) |
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| Title XXI - Sec. 2105(a)(2) | Total | Balance | Unused |
|---|---|---|---|
| (E) | (F) | (G) | (H) |
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**Form CMS 21 I**

| Line Item | Line Item Description |
|---|---|
| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |

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|---|---|
| 35B | CVT Operation |
| 50 | Total |

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Expires 4/30/2027

**Base - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Expenditures in this Quarter**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| Total Computable | Federal Share | 10% Limit: Total Computable |
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| (A) | (B) | (C) |
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| 10% Limit: Federal Share | Total Federal Share |
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OMB No. 0938-1265
Expires 4/30/2027

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| Line Item | Line Item Description |
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| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |

| | |
|---|---|
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

OMB No. 0938-1265
Expires 4/30/2027

**21 - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Expenditures by Quarter**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**
**Program:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
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| (A) | (B) | ( C ) |
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| 10% Limit: Federal Share | Total Federal Share |
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**Form CMS 21**

| Line Item | Line Item Description |
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| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |

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| 35B | CVT Operation |
| 50 | Total |

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**114 - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Expenditures by Quarter**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| Total Computable | Federal Share | 10% Limit: Total Computable |
|---|---|---|
| (A) | (B) | ( C ) |
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| 10% Limit: Federal Share | Total Federal Share |
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| Line Item | Overpayment Activity | Total Computable | 2024 And Prior: All Others |
|---|---|---|---|
| | | (A) | (B1) |
| 1 | Overpayments Not Collected | | |
| 2 | Decreasing Adjustments | | |
| 3 | Sub-Total | | |
| 4 | Previously Reported Overpayments | | |
| 5 | Total | | |

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**Form CMS 21O - Children's Health Expenditures**
**For the Title XXI Program**
**Overpayment Adjustments**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| 2024 And Prior: MC MLR | 2024 And Prior: MC Financial Penalties | 2025: All Others | 2025: MC MLR | 2025: MC Financial Penalties |
|---|---|---|---|---|
| (B2) | (B3) | (C1) | (C2) | (C3) |
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| 2026: All Others | 2026: MC MLR | 2026: MC Financial Penalties | 2027: All Others | 2027: MC MLR | 2027: MC Financial Penalties |
|---|---|---|---|---|---|
| (D1) | (D2) | (D3) | (E1) | (E2) | (E3) |
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| Total Federal Share (F) |
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**Form CMS 21OMEQC - Children's Health Expenditures**
**For the Title XXI Program**
**Overpayment Adjustments - MEQC**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| Line Item | Overpayment Activity | Total Computable | 2022 And Prior | 2023 |
|---|---|---|---|---|
| | | (A) | (B) | (C) |
| 1 | Overpayments Not Collected | | | |
| 2 | Decreasing Adjustments | | | |
| 3 | Sub-Total | | | |
| 4 | Previously Reported Overpayments | | | |
| 5 | Total | | | |

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| 2024 | 2025 | Total Federal Share |
|---|---|---|
| (D) | (E) | (F) |
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OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21 PERM - Children's Health Expenditures**
**For the Title XXI Program**
**Overpayment Adjustment PERM**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| Line Item | Overpayment Activity | Total Computable | 2022 And Prior | 2023 |
|---|---|---|---|---|
| | | (A) | (B) | (C) |
| 1 | Overpayments Not Collected | | | |
| 2 | Decreasing Adjustments | | | |
| 3 | Sub-Total | | | |
| 4 | Previously Reported Overpayments | | | |
| 5 | Total | | | |

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| 2024 | 2025 | Total Federal Share |
|---|---|---|
| (D) | (E) | (F) |
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| Line Item | Line Item Description |
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| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |

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|---|---|
| 33 | Administration |
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

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**AIVER - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Expenditures in this Quarter**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**
**Waiver Type:**
**Waiver Number:**
**Waiver Name:**
**Program:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
|---|---|---|
| (A) | (B) | (C) |
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| 10% Limit: Federal Share | Total Federal Share |
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| Line Item | Line Item Description |
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| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |

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| | |
|---|---|
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

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**VER 114 - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Expenditures in this Quarter**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**
**Waiver Type:**
**Waiver Number:**
**Waiver Name:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
|---|---|---|
| (A) | (B) | (C) |
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| 10% Limit: Federal Share | Total Federal Share |
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OMB No. 0938-1265
Expires 4/30/2027

| Line Item | Line Item Description |
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| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |

OMB No. 0938-1265
Expires 4/30/2027

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|---|---|
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21P - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Prior Period Adjustments**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**
**Prior Qtr/FYR: /**
**Line:**
**Program:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
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| (A) | (B) | ( C ) |
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OMB No. 0938-1265
Expires 4/30/2027

| 10% Limit: Federal Share | Total Federal Share | Deferral Disallowance C.I.N. No. |
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OMB No. 0938-1265
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OMB No. 0938-1265
Expires 4/30/2027

| Line Item | Line Item Description |
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| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |
| 34 | PERM Administration |

OMB No. 0938-1265
Expires 4/30/2027

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|---|---|
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21P 114 - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Prior Period Adjustments**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**
**Prior Qtr/FYR: /**
**Line:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
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| (A) | (B) | ( C ) |
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OMB No. 0938-1265
Expires 4/30/2027

| 10% Limit: Federal Share | Total Federal Share | Deferral Disallowance C.I.N. No. |
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| Line Item | Line Item Description |
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| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
| 2 | Inpatient Hospital |
| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
| 15 | Medical Equipment |
| 16 | Family Planning |
| 17 | Abortions |
| 18 | Screening Services |
| 19 | Home Health |
| 20 | Health Services Initiatives |
| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |

OMB No. 0938-1265
Expires 4/30/2027

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|---|---|
| 32A | Increased Outreach and Enrollment of Indians |
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21PWAIVER - Children's Health Expenditures by Type of Service**
**For the Title XXI Program**
**Prior Period Adjustments**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**
**Prior Qtr/FYR: /**
**Line:**
**Waiver Type:**
**Waiver Number:**
**Waiver Name:**
**Program:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
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| 10% Limit: Federal Share | Total Federal Share | Deferral Disallowance C.I.N. No. |
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OMB No. 0938-1265
Expires 4/30/2027

| Line Item | Line Item Description |
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| | |
| 1A | Premiums - Up To 150%: Gross Premiums Paid |
| 1B | Premiums - Up To 150%: Cost Sharing Offset |
| 1C | Premiums - Over 150%: Gross Premiums Paid |
| 1D | Premiums - Over 150%: Cost Sharing Offset |
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| 3 | Inpatient Mental Health |
| 4 | Nursing Care Services |
| 5 | Physician/Surgical |
| 6 | Outpatient Hospital |
| 7 | Outpatient Mental Health |
| 8 | Prescribed Drugs |
| 8A | Drug Rebate |
| 9 | Dental Services |
| 10 | Vision Services |
| 11 | Other Practitioners |
| 12 | Clinic Services |
| 13 | Therapy Services |
| 14 | Laboratory/Radiological |
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| 16 | Family Planning |
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| 21 | Home and Community |
| 22 | Hospice |
| 23 | Medical Transportation |
| 24 | Case Management |
| 25 | Translation and Interpretation |
| 26 | ARP Section 9821 COVID Vaccine/Vaccine Administration |
| 31 | Other Services |
| 32 | Outreach |
| 32A | Increased Outreach and Enrollment of Indians |

OMB No. 0938-1265
Expires 4/30/2027

| | |
|---|---|
| 32B | Increase Outreach and Enrollment of children through premium subsidies |
| 33 | Administration |
| 34 | PERM Administration |
| 35 | Citizenship Verification Technology-CHIPRA |
| 35A | CVT Development |
| 35B | CVT Operation |
| 50 | Total |

OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21PWAIVER 114 - Children's Health Expenditures by Type of Servic**

**For the Title XXI Program**

**Prior Period Adjustments**

**State:**

**Submission Quarter/Fiscal Year: Q1/2027**

**Quarter Ended: 12/31/2026**

**Prior Qtr/FYR: /**

**Line:**

**Waiver Type:**

**Waiver Number:**

**Waiver Name:**

| Total Computable | Federal Share | 10% Limit: Total Computable |
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| (A) | (B) | (C) |
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| 10% Limit: Federal Share | Total Federal Share | Deferral Disallowance C.I.N. No. |
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OMB No. 0938-1265
Expires 4/30/2027

**Form CMS 21.11 - Actual Receipts by Plan Name**
**Provider-Related Donations and Health Care Related Taxes, Fees, And Received Under Public Law 102-234**
**State:**

| Quarter Ended: 12/31/2026 | | |
|---|---|---|
| | | **Total Receipts** |
| T1. | Donations | |
| 1 | Donations - General | |
| 2 | Donations- Outstationed Eligibility Workers - Specific | |
| T2. | Taxes | |
| 3 | Taxes | |
| T3. | Fees | |
| 4 | Fees | |
| T4. | Assessments | |
| 5 | Assessments | |
| T5. | Totals | |
| 6 | Total Donations (Lines 1+2) | |
| 7 | Total Taxes, Fees, and Assessments (Lines 3+4+5) | |

OMB No. 0938-1265
Expires 4/30/2027

**Medicaid Program Expenditure Report**
**Other Narrative Explanations**
**State:**
**Submission Quarter/Fiscal Year: Q1/2027**
**Quarter Ended: 12/31/2026**

| **Narrative** |
| --- |



Created On: 11/09/2026 11:36 AM ET