# Quarterly Medicaid Assistance Expenditures For the Medical Assistance Program

**State:** **Quarter Ended: 09/30/2026**

| Certification | | | | |
|---|---|---|---|---|
| CMS 64 Summary Sheet | Medical Assistance Payments | | State and Local Administration | |
| | Total | Federal Share | Total | Federal Share |
| | (A) | (B) | (C) | (D) |
| Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10) | | | | |

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.

2. This report only includes expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the Children's Health Insurance Program (CHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the Quarter Ended indicated above under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the CHIP.

3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.

4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.

5. Federal matching funds are not being claimed on this report to match any expenditure under any Medicaid and/or CHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.

6. The information shown above and on the Form CMS-64 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

7. State complies with the rescission of 42 CFR 447.10(g)(4): [Y]/[N]

| Date: | Signature: | Title: |
|---|---|---|
| User Performing Certification: | | |
| Footnotes: | | |

# Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program Summary Sheet

**State:**

**Quarter Ended:**

| | | Medical Assistance Payments | | | | | State and Local Administration | |
|---|---|---|---|---|---|---|---|---|
| | | Total Computable | Federal Share | | | | | |
| | | | Medicaid | ARRA | COVID | Total | Total Computable | Federal Shar |
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) |
| Section A. Quarterly Status of Funding | | | | | | | | |
| 1 | Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters | | | | | | | |
| 2 | Awards Received During The Quarter For Subsequent Quarters | | | | | | | |
| 3A | Interest: Received On Medicaid Recoveries | | | | | | | |
| 3B | Interest: Assessed On Disallowances | | | | | | | |
| 4 | Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30 | | | | | | | |
| 5 | Other | | | | | | | |
| Section B. Expenditures Reported for Period | | | | | | | | |
| 6 | Expenditures In This Quarter | | | | | | | |
| 7 | Adjustments Increasing Claims For Prior Quarters | | | | | | | |
| 8 | Other Expenditures | | | | | | | |
| 9A | Collections: Third Party Liability | | | | | | | |
| 9B | Collections: Probate | | | | | | | |
| 9C1 | Recoveries: Fraud, Waste and Abuse Efforts | | | | | | | |
| 9C2 | Recoveries: OIG Compliant False Claims Act | | | | | | | |
| 9D | Collections: Other | | | | | | | |
| 9E | RAC Collections | | | | | | | |
| 9F | PERM Collections | | | | | | | |

# Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program Summary Sheet

**State:**

**Quarter Ended:**

| | | Medical Assistance Payments | | | | | State and Local Administration | |
|---|---|---|---|---|---|---|---|---|
| | | Total Computable | Federal Share | | | | | |
| | | | Medicaid | ARRA | COVID | Total | Total Computable | Federal Shar |
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) |
| 9G | MEQC Collections | | | | | | | |
| 10A | Adjustments Decreasing Claims For Prior Quarters: Federal Audit | | | | | | | |
| 10B | Adjustments Decreasing Claims For Prior Quarters: Other | | | | | | | |
| 10C | Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.9O) | | | | | | | |
| 10D | Adjustments/Decreasing Prior Qtrs - Perm | | | | | | | |
| 10E | Adjustments/Decreasing Prior Qtrs - RAC | | | | | | | |
| 10F | Adjustments/Decreasing Prior Qtrs - Fraud, Waste and Abuse Overpayments | | | | | | | |
| 10G | Adjustments/Decreasing Prior Qtrs - OMEQC | | | | | | | |
| 11 | Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10) | | | | | | | |