OMB No. 0938-0067 Expires 04/30/2014

### Quarterly Medicaid Assistance Expenditures For the Medical Assistance Program

State: Quarter Ended: 12/31/2010

Certification										
CMS 64 Summary Sheet	Medical Assista	ance Payments	State and Loca	l 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.

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

te:					Quarter Ende	a:
	N	ledical Assista	ance Payment	S		nd Local
	Total		Federal Share	)	Admin	istration
	Computable	Medicaid	ARRA	Total	Total Computable	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)
tion A. Quarterly Status of Funding					•	
Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters						
Awards Received During The Quarter For Subsequent Quarters						
Interest: Received On Medicaid Recoveries						
Interest: Assessed On Disallowances						
Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30						
Other						
tion B. Expenditures Reported for Period						
Expenditures In This Quarter						
Adjustments Increasing Claims For Prior Quarters						
Other Expenditures						
Collections: Third Party Liability						
Collections: Probate						
Recoveries: Fraud, Waste and Abuse Efforts						
Recoveries: OIG Compliant False Claims Act						
Collections: Other						
Misc.						
Adjustments Decreasing Claims For Prior Quarters: Federal Audit						
Adjustments Decreasing Claims For Prior Quarters: Other						
Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)						
Adjustments/Decreasing Prior Qtrs - Perm						
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)						
	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters  Awards Received During The Quarter For Subsequent Quarters  Interest: Received On Medicaid Recoveries  Interest: Assessed On Disallowances  Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30  Other  tion B. Expenditures Reported for Period  Expenditures In This Quarter  Adjustments Increasing Claims For Prior Quarters  Collections: Third Party Liability  Collections: Probate  Recoveries: Fraud, Waste and Abuse Efforts  Recoveries: OIG Compliant False Claims Act  Collections: Other  Misc.  Adjustments Decreasing Claims For Prior Quarters: Federal Audit  Adjustments Decreasing Claims For Prior Quarters: Other Adjustments Decreasing Claims For Prior Quarters: Collections: Other  Adjustments Decreasing Claims For Prior Quarters: Collections Decreasing Claims For Prior Quarters: Other Adjustments Decreasing Claims For Prior Quarters: Other Prior Quarters: Othe	Avards Received During The Quarter For The Quarter Being Reported And Prior Quarters  Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters  Awards Received During The Quarter For Subsequent Quarters:  Awards Received During The Quarter For Subsequent Quarters:  Interest: Received On Medicaid Recoveries  Interest: Assessed On Disallowances  Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30  Other  Ition B. Expenditures Reported for Period  Expenditures In This Quarter  Adjustments Increasing Claims For Prior Quarters  Other Expenditures  Collections: Third Party Liability  Collections: Probate  Recoveries: Fraud, Waste and Abuse Efforts  Recoveries: OIG Compliant False Claims Act  Collections: Other  Misc.  Adjustments Decreasing Claims For Prior Quarters: Federal Audit  Adjustments Decreasing Claims For Prior Quarters: Other  Adjustments Decreasing Claims For Prior Quarters: Other  Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)  Adjustments/Decreasing Prior Qtrs - Perm  Net Expenditures Reported In This Period (Sum of	Medical Assists  Total Computable  (A) (B)  tition A. Quarterly Status of Funding  Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters  Awards Received During The Quarter For Subsequent Quarters  Interest: Received On Medicaid Recoveries  Interest: Assessed On Disallowances  Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30  Other  tion B. Expenditures Reported for Period  Expenditures In This Quarter  Adjustments Increasing Claims For Prior Quarters  Other Expenditures  Collections: Third Party Liability  Collections: Probate  Recoveries: Fraud, Waste and Abuse Efforts  Recoveries: Fraud, Waste and Abuse Efforts  Adjustments Decreasing Claims For Prior Quarters: Federal Audit  Adjustments Decreasing Claims For Prior Quarters: Cother  Adjustments Decreasing Claims For Prior Quarters: Cother  Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)  Adjustments/Decreasing Prior Qtrs - Perm  Net Expenditures Reported In This Period (Sum of	Medical Assistance Payment Total Computable (A) (B) (C)  Augusterily Status of Funding  Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters  Awards Received During The Quarter For Subsequent Quarters  Awards Received During The Quarter For Subsequent Quarters  Interest: Assessed On Disallowances  Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447-30  Other  City Benditures In This Quarter  Adjustments Increasing Claims For Prior Quarters  Collections: Third Party Liability  Collections: Probate  Recoveries: Fraud, Waste and Abuse Efforts  Recoveries: Other  Misc.  Adjustments Decreasing Claims For Prior Quarters: Cher  Net Expenditures Reported In This Period (Sum of	Medical Assistance Payments   Total Computable   Medicald   ARRA   Total (A)   (B) (C) (D)	Medical Assistance Payments Total Computable Admini Total Computable (A) (B) (C) (D) (E)  Netion A. Quarterly Status of Funding Awarda Received During The Quarter For The Quarter Being Reported And Prior Quarter For Subsequent Quarters Awarda Received During The Quarter For Subsequent Quarters Interest Received On Medicald Recoveries Interest Received On Medicald Recoveries Interest Received On Direction Under Sec. 1914 and 42 CFR 447-30 Other  Collections Third Quarter  Adjustments Increasing Claims For Prior Quarters  Collections: Third Party Liability Collections: Probate Recoveries: Fraud, Waste and Abuse Efforts Recoveries: Off Compliant False Ctaims Act Collections: Other  Misc. Adjustments Decreasing Claims For Prior Quarters: Adjustments Decreasing Prior Quarters: Adjustment

Sia							<u> </u>	uarter Ended	•
					Federal	Share			
Me	dical Assistance Payments		FMAP				Other 8	& Prompt Pay	
1410	dical / toolstarice i ayillerito			IHS Facility	Fam. Plan.	Optional	Other %		Total
		Total	Incr FMAP	Services	Services	Breast or Cerv. Cancer	(Oth)		Federal
		Comp.		100%	90%	Services	Prompt Pay (PP)	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
	Inpatient Hospital Services - Regular	. ,		<u> </u>	` /			<u>, , , , , , , , , , , , , , , , , , , </u>	
1A	Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
6A	Outpatient Hospital Services - Regular Payments								
6B	Outpatient Hospital Services - Supplemental Payments								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
7A3	MCO - National Agreement								
7A4	MCO - State Sidebar Agreement								
7A5	Increased ACA OFFSET - Fee for Service - 100%								
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								

Stat	ie:						Q	uarter Ended	i
					Federal	Share			
Me	dical Assistance Payments		FMAP				Other 8	& Prompt Pay	
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19A	Home and Community-Based Services - Regular Payment (Waiver)								
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment								
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment								
22	Programs Of All-Inclusive Care Elderly								

Sta	te:						Q	uarter Ended	
					Federal	Share			
Me	dical Assistance Payments		FMAP				Other & Prompt Pay		
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
35	Nurse Mid-Wife								
36	Emergency Hospital Services								
37	Critical Access Hospitals								
38	Nurse Practitioner Services								
39	School Based Services								
40	Rehabilitative Services (non-school-based)								
41	Private Duty Nursing								
42	Freestanding Birth Center								
43	Health Home for Enrollees w Chronic Conditions								

Me	dical Assistance Payments		FMAP			Ontional	Other 8	& Prompt Pay	
		Total Comp.		r FMAP IHS Facility Fam. Plan. Services 100% 90%		Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

Stat							Q	uarter Ended	
Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type:		FMAP			Ontional	Other &	& Prompt Pay	
Waiv	er Number:	Total	- FMAR	IHS Facility	Fam. Plan.	Optional Breast or	Other % (Oth)		Total Federal
Waiv	er Name:	Comp.	Incr FMAP	Services 100%	Services 90%	Cerv. Cancer Services	Prompt Pay (PP)	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)	(FF)	(F)	(G)
1A	Inpatient Hospital Services - Regular Payments	()	(=)		(-)	(-/		(- /	(0)
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
6A	Outpatient Hospital Services - Regular Payments								
6B	Outpatient Hospital Services - Supplemental Payments								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
7A3	MCO - National Agreement								
7A4	MCO - State Sidebar Agreement								
7A5	Increased ACA OFFSET - Fee for Service - 100%								
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								

Stat	e:						Q	uarter Ended	
Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type:		FMAP			0	Other 8	& Prompt Pay	
	er Number: er Name:	Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19A	Home and Community-Based Services - Regular Payment (Waiver)								
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment								
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment								
22	Programs Of All-Inclusive Care Elderly								

Stat							Q	uarter Ended	<u> </u>
Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type:		FMAP			Ontional	Other &	& Prompt Pay	
Waiv	er Number:	Total	Incr FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or	Other % (Oth)		Total Federal
Waiv	er Name:	Comp.	IIIOI I WAT	100%	90%	Cerv. Cancer Services	Prompt Pay (PP)	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
35	Nurse Mid-Wife								
36	Emergency Hospital Services								
37	Critical Access Hospitals								
38	Nurse Practitioner Services								
39	School Based Services								
40	Rehabilitative Services (non-school-based)								
41	Private Duty Nursing								
42	Freestanding Birth Center								
43	Health Home for Enrollees w Chronic Conditions								

Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type:		FMAP			Octivity		& Prompt Pay	
	er Number: er Name:	Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

State: Quarter Ended: Fiscal Year:

							FISC	cai Year:	
		Li	ne #						
				Federal	Share				
	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
Inpatient Hospital Services: Regular Payments									
Inpatient Hospital Services: DSH Adjustment Payments									
Inpatient Hospital Services - Supplemental Payments									
Inpatient Hospital Services - GME Payments									
Mental Health Facility Services: Regular Payments									
Mental Health Facility Services: DSH Adjustment Payments									
Nursing Facility Services - Regular Payments									
Nursing Facility Services - Supplemental Payments									
Intermediate Care Facility Services - Mentally Retarded: Public Providers									
Intermediate Care Facility Services - Mentally Retarded: Private Providers									
Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
Physician and Surgical Services - Regular Payments									
Physician and Surgical Services - Supplemental Payments									
Outpatient Hospital Services - Regular Payments									
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%									
	Inpatient Hospital Services: DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services: Regular Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Supplemental Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Inpatient Hospital Services: Regular Payments  Inpatient Hospital Services: DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services: Regular Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Regular Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Inpatient Hospital Services: Regular Payments  Inpatient Hospital Services: DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services: Regular Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services - Supplemental Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Supplemental Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Intermediate Care Facility Services - Regular Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Total Comp.  Total Comp.  FMAP  Facility Services Services (A)  (A)  (B)  (C)  Inpatient Hospital Services: DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services: Regular Payments  Mental Health Facility Services - Supplemental Payments  Nursing Facility Services - Regular Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  Drug Rebate Offset - National Agreement  Drug Rebate Offset - State Sidebar Agreement  MCO - National Agreement  Increased ACA OFFSET - Fee for Service - 100%	Total Comp.  Total Comp.  FMAP  Facility Services Services Services Services 100%  (A)  (B)  (C)  Inpatient Hospital Services: DSH Adjustment Poyments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - SME Payments  Mental Health Facility Services: DSH Adjustment Payments  Mental Health Facility Services: DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Supplemental Payments  Intermediate Care Facility Services - Mentally Returded: Public Providers  Intermediate Care Facility Services - Mentally Returded: Public Providers  Intermediate Care Facility Services - Mentally Returded: Public Providers  Intermediate Care Facility Services - Mentally Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Supplemental Payments  Outpatient Hospital Services - Supplemental Payments  Outpatient Hospital Services - Supplemental Payments  Drug Rebate Offset - National Agreement  Drug Rebate Offset - National Agreement  MCO - National Agreement  MCO - State Sidebar Agreement  Increased ACA OFFSET - Fee for Service - 100%	Total Comp.  Total Comp.  FMAP  Total Comp.  Total Comp.  FMAP  Total Services Services Services Solvices Services Solvices Solvi	Total Comp.    FMAP   Facility Facility Facility Services   Servic	Federal Share   Federal Shar	Total Comp.    FMAP   Facility Services   Fam. Plan   Fam. Plan

Form CMS 64.9P

Line #											
			<u>L</u> I	116 #	Ca danal	Ohana			I		
				1	Federal	Share	1				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions										
15	EPSDT Screening Services										
16	Rural Health Clinic Services										
17A	Medicare Health Insurance Payments: Part A Premiums										
17B	Medicare Health Insurance Payments: Part B Premiums										
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty										
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations										
18B1	Prepaid Ambulatory Health Plan										
18B2	Prepaid Inpatient Health Plan										
18C	Medicaid Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles										
18E	Medicaid Health Insurance Program: Other										
19A	Home and Community-Based Services - Regular Payment (Waiver)										
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment										

19C Home and Community-Bright Plan 1915(j) Only Payme 22 Programs Of All-Inclusive 23A Personal Care Services -			Li	ne #	Federal	Share				
Plan 1915(j) Only Payme  Programs Of All-Inclusive  Personal Care Services a					Federal	Share			I	1
Plan 1915(j) Only Payme  Programs Of All-Inclusive  Personal Care Services a										
Plan 1915(j) Only Payme  Programs Of All-Inclusive  Personal Care Services a	Home and Community-Based Services - State	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
Plan 1915(j) Only Payme  Programs Of All-Inclusive  Personal Care Services a		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
Personal Care Services	ased Services - State nt									
23A Personal Care Services -	Care Elderly									
	Regular Payment									
23B Personal Care Services -	SDS 1915(j)									
24A Targeted Case Managem Community Case-Manag										
24B Case Management - Stat	e Wide									
25 Primary Care Case Mana	gement Services									
26 Hospice Benefits										
27 Emergency Services for I	Jndocumented Aliens									
28 Federally-Qualified Health	n Center									
29 Non-Emergency Medical	Transportation									
30 Physical Therapy										
31 Occupational Therapy										
32 Services for Speech, Hea	ring and Language									
33 Prosthetic Devices, Dente	ires, Eyeglasses									
34 Diagnostic Screening & F	reventive Services									
35 Nurse Mid-Wife										
36 Emergency Hospital Serv	ices									
37 Critical Access Hospitals										
38 Nurse Practitioner Service	es									
39 School Based Services										
40 Rehabilitative Services (r	on-school-based)									

State: Quarter Ended: Fiscal Year:

			Li	ne #						
					Federal	Share				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

Form CMS 64.9P

Report Date: Tuesday, July 12, 2011 - 12:48 PM

							FISCAL LEAL.											
			LI	ne #														
					Federal	Share												
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number								
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)								
1A	Inpatient Hospital Services: Regular Payments																	
1B	Inpatient Hospital Services: DSH Adjustment Payments																	
1C	Inpatient Hospital Services - Supplemental Payments																	
1D	Inpatient Hospital Services - GME Payments																	
2A	Mental Health Facility Services: Regular Payments																	
2B	Mental Health Facility Services: DSH Adjustment Payments																	
ЗА	Nursing Facility Services - Regular Payments																	
3B	Nursing Facility Services - Supplemental Payments																	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers																	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers																	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments																	
5A	Physician and Surgical Services - Regular Payments																	
5B	Physician and Surgical Services - Supplemental Payments																	
6A	Outpatient Hospital Services - Regular Payments																	
6B	Outpatient Hospital Services - Supplemental Payments																	
7	Prescribed Drugs																	
7A1	Drug Rebate - National Agreement																	
7A2	Drug Rebate - State Sidebar Agreement																	
7A3	MCO - National Agreement																	
7A4	MCO - State Sidebar Agreement																	
7A5	Increased ACA OFFSET - Fee for Service - 100%																	
7A6	Increased ACA OFFSET - MCO - 100%																	

	riscai reai.											
			Li	ne #								
					Federal	Share						
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)		
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
10	Clinic Services											
11	Laboratory And Radiological Services											
12	Home Health											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
17A	Medicare Health Insurance Payments: Part A Premiums											
17B	Medicare Health Insurance Payments: Part B Premiums											
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty											
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations											
18B1	Prepaid Ambulatory Health Plan											
18B2	Prepaid Inpatient Health Plan											
18C	Medicaid Health Insurance Payments: Group Health Plan Payments											
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
19A	Home and Community-Based Services - Regular Payment (Waiver)											
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment											

		1		ne #						
					Federal	Share				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
	Home and Community-Based Services - State Plan 1915(j) Only Payment									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services - Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									

			Li	ne #						
					Federal	Share				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

OMB No. 0938-0067 Expires 04/30/2014

### **Medicaid Overpayment Adjustment**

		Total		Fede	eral Share		Total
		Computable	FY	FY	FY	FY	Federal
	Overpayment Activity	(A)	(B)	(C)	(D)	(E)	(F)
	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit			ARRA:	ARRA:	ARRA:	ARRA:
	Decreasing Adjustments To Amounts Previously Reported On Line 1			ARRA:	ARRA:	ARRA:	ARRA:
3	Subtotal			ARRA:	ARRA:	ARRA:	ARRA:
	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business			ARRA:	ARRA:	ARRA:	ARRA:
	Total Overpayment Adjustments This Quarter			ARRA:	ARRA:	ARRA:	ARRA:

OMB No. 0938-0067 Expires 04/30/2014

### **Medicaid Overpayment Adjustment**

						444.10.	Liidod.	
		Tatal		Fede	ral Share		Tota	
		Total		PERM-identif	ied Overpaymen	its	— Tota	
		Computable	FY	FY	FY	FY	Feder	aı
PI	ERM Activity	(A)	(B)	(C)	(D)	(E)	(F)	
Adjusted	ments Not Collected Or I But Refunded Because Of iration Of The 60-Day Time			ARRA:	ARRA:	ARRA:	ARRA:	12
	ing Adjustments To s Previously Reported On			ARRA:	ARRA:	ARRA:	ARRA:	(
3 Subtotal				ARRA:	ARRA:	ARRA:	ARRA:	12
To Provi	sly Reported Overpayments ders Certified This Quarter rupt Or Out Of Business			ARRA:	ARRA:	ARRA:	ARRA:	(
5 Total Ov This Qua	erpayment Adjustments arter			ARRA:	ARRA:	ARRA:	ARRA:	12

#### Third Party Liability Collections And Cost Avoidance

State: Quarter Ended:							
		Total Computable	Medicaid FS	ARRA FS	Federal Share		
		(A)	(B)	(C)	(D)		
A. T	hird Party Liability Collections						
1.a.	Medicare Collections						
b.1	Other Collection - Health Insurance						
2.	Other Collections - Casualty Insurance						
C.	Total Collections						
1.	Less: Excess Paid to Individuals						
2.	Net Collections To Reimburse State						
3.	Less 15% Incentive						
4.	Net Federal Share						
2.	Total TPL Collections						
B. C	cost Avoidance						
1.	Medicare Title XVIII						
2.	Health Insurance						
3.	Other Cost Avoidance						
		-		1	-		

Ota				Fed	eral Share	Quarter L	
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	– Total Federal Share
		(A)		(B)		(C)	(D)
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
3A	Skilled Professional Medical Personnel-Single State Agency						
3B	Skilled Professional Medical Personnel - Other Agency						
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
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						
19	School Based Administration						

State: Quarter Ended:

				Fede	eral Share		Total
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share
		(A)		(B)		(C)	(D)
20	Program Integrity/Fraud, Waste, and Abuse Activities						
21	County/Local ADM Costs						
22	Interagency Costs (State Level)						
23	Translation and Interpretation						
24	Health Information Technology Administration					1	
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
25	Citizenship Verification Technology - CHIPRA					•	
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
27A	Recovery Audit Contractors Contigency Fee						
27B	Recovery Audit Contractors State Administration						
29	Other Financial Participation						
30	Total						

Form CMS 64.10Base Report Date: Tuesday, July 12, 2011 - 12:48 PM

	e:		Federal Share						
Waiver Type:		T-1-1		I			Total		
	iver Name: iver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share		
'''	To Rumbon	(A)		(B)		(C)	(D)		
1	Family Planning								
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities								
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors								
3A	Skilled Professional Medical Personnel-Single State Agency								
3B	Skilled Professional Medical Personnel - Other Agency								
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions								
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors								
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities								
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors								
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency								
6	Quality Improvement Organizations								
7A	Third Party Liability: Recovery Procedure - Billing Offset								
7B	Third Party Liability: Assignment Of Rights - Billing Offset								
8	Immigration Status Verification System Costs (100% FFP)								
9	Nurse Aide Training Costs								
10	Preadmission Screening Costs								
11	Resident Review Activities Costs								
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								

\A/-				Total			
Wa	iver Type: iver Name: iver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share
		(A)		(B)		(C)	(D)
20	Program Integrity/Fraud, Waste, and Abuse Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration		1		1		
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
27A	Recovery Audit Contractors Contigency Fee						
27B	Recovery Audit Contractors State Administration						
29	Other Financial Participation						
30	Total						

						<u> </u>	Tior Fiscal Tea	AI.
Line #								
			Federal Share				Total	Deferral
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
		(A)	(	(B)	(	C)	(D)	(E)
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
ЗА	Skilled Professional Medical Personnel-Single State Agency							
3B	Skilled Professional Medical Personnel - Other Agency							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							
6	Quality Improvement Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							

Prior Fiscal Year:						11 .	
Line #							
		Federal Share				Total	Deferral Or
	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	C.I.N. Number
	(A)	(	(B)	(	C)	(D)	(E)
TANF Secondary (75%)							
External Review							
Enrollment Brokers							
School Based Administration							
Program Integrity/Fraud, Waste, and Abuse Activities							
County/Local ADM Costs							
Interagency Costs							
Translation and Interpretation							
Health Information Technology Administration							
HIT: Planning: Cost of In-house Activities							
HIT: Planning: Cost of Private Contractors							
HIT: Implementation and Operation: Cost of In-house Activities							
HIT: Implementation and Operation: Cost of Private Contractors							
Citizenship Verification Technology - CHIPRA							
CVT Development - CHIPRA							
CVT Operation - CHIPRA							
Recovery Audit Contractors Contigency Fee							
Recovery Audit Contractors State Administration							
Other Financial Participation							
Total							
	External Review  Enrollment Brokers  School Based Administration  Program Integrity/Fraud, Waste, and Abuse Activities  County/Local ADM Costs  Interagency Costs  Translation and Interpretation  Health Information Technology Administration  HIT: Planning: Cost of In-house Activities  HIT: Planning: Cost of Private Contractors  HIT: Implementation and Operation: Cost of In-house Activities  HIT: Implementation and Operation: Cost of Private Contractors  Citizenship Verification Technology - CHIPRA  CVT Development - CHIPRA  CVT Operation - CHIPRA  Recovery Audit Contractors Contigency Fee  Recovery Audit Contractors State Administration  Other Financial Participation	Computable (A)  TANF Secondary (75%)  External Review  Enrollment Brokers  School Based Administration  Program Integrity/Fraud, Waste, and Abuse Activities  County/Local ADM Costs  Interagency Costs  Translation and Interpretation  Health Information Technology Administration  HIT: Planning: Cost of In-house Activities  HIT: Planning: Cost of Private Contractors  HIT: Implementation and Operation: Cost of In-house Activities  HIT: Implementation and Operation: Cost of Private Contractors  Citizenship Verification Technology - CHIPRA  CVT Development - CHIPRA  Recovery Audit Contractors State Administration  Other Financial Participation	Total Computable  (A)  TANF Secondary (75%)  External Review  Enrollment Brokers  School Based Administration  Program Integrity/Fraud, Waste, and Abuse Activities  County/Local ADM Costs  Interagency Costs  Translation and Interpretation  Health Information Technology Administration  HIT: Planning: Cost of In-house Activities  HIT: Planning: Cost of Private Contractors  HIT: Implementation and Operation: Cost of In-house Activities  Cutizenship Verification Technology - CHIPRA  CVT Development - CHIPRA  Recovery Audit Contractors State Administration  Other Financial Participation	Total Computable	Total Computable FFP Rate Share  Total Computable FFP Rate Share 0.0%  (A) (B) (  TANF Secondary (75%)  External Review  Enrollment Brokers  School Based Administration  Program Integrity/Fraud, Waste, and Abuse Activities  County/Local ADM Costs  Interagency Costs  Translation and Interpretation  Health Information Technology Administration  HiT: Planning: Cost of In-house Activities  HIT: Implementation and Operation: Cost of In-house Activities  HIT: Implementation and Operation: Cost of Private Contractors  HIT: Implementation and Operation: Cost of Private Contractors  Citizenship Verification Technology - CHIPRA  CVT Development - CHIPRA  CVT Operation - CHIPRA  Recovery Audit Contractors State Administration  Other Financial Participation	Line #    Total Computable   Federal Share   Federal Share   FFP Rate   Share   Share   Share   Share   Share   Share   Share   (A)   (B)   (C)	Line #   Federal Share   Total Computable   FRate   Federal Share   Total Federal Shar

Line #								
Waiver Type:				Federal S	hare		Total	Deferral
Wa	iver Type: iver Name: iver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
		(A)	(	(B)	(	C)	(D)	(E)
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
3A	Skilled Professional Medical Personnel-Single State Agency							
3B	Skilled Professional Medical Personnel - Other Agency							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							
6	Quality Improvement Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							

	Prior Fiscai Year:						ar.	
			Line	#				
Wa	niver Type:			Federal S	Total	Deferral Or		
Wa	niver Name: niver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	C.I.N. Number
***	iivei Numbei.	(A)		(B)	(	C)	(D)	(E)
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	School Based Administration							
20	Program Integrity/Fraud, Waste, and Abuse Activities							
21	County/Local ADM Costs							
22	Interagency Costs							
23	Translation and Interpretation							
24	Health Information Technology Administration	,						
24A	HIT: Planning: Cost of In-house Activities							
24B	HIT: Planning: Cost of Private Contractors							
24C	HIT: Implementation and Operation: Cost of In-house Activities							
24D	HIT: Implementation and Operation: Cost of Private Contractors							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
27A	Recovery Audit Contractors Contigency Fee							
27B	Recovery Audit Contractors State Administration							
29	Other Financial Participation							
30	Total							

OMB No. 0938-0067 Expires 04/30/2014

Provider-Related Donations And Health Care Related Taxes, Fees, And Received Under Public Law 102-234

#### Summary Total Of Receipts From Form CMS 64.11 A

State: New Hampshire Quarter Ended:

	Plan Name	Receipts
	(A)	(B)
Donatio	ns	,
1.	Donations - Medicaid	
1.A.	Donations - CHIP	
2.	Donations- Outstationed Eligibility Workers - Medicaid	
2.A.	Donations - Outstationed Eligibility Workers - CHIP	
Taxes		
3.	Taxes	
Fees		
4.	Fees	
Assessr	ments	
5.	Assessments	
Totals		
6.	Total Donations (Lines 1+1.A.+2+2.A)	
7.	Total Taxes, Fees, and Assessments (Lines 3+4+5)	

Form CMS 64.11

Report Date: Tuesday, July 12, 2011 - 12:48 PM

OMB No. 0938-0067 Expires 04/30/2014

Provider-Related Donations And Health Care Related Taxes, Fees, And Received Under Public Law 102-234

#### **Actual Receipts By Plan Name**

State:

$\sim$	DE:
$\mathbf{c}$	UL.

- 1. Donations Medicaid
- 1.A. Donations CHIP
- Donations- Outstationed Eligibility Workers Medicaid
   A. Donations Outstationed Eligibility Workers CHIP
- 3. Taxes
- 4. Fees
- 5. Assessments

Code	Plan Name	Receipts
(A)	(B)	(C)

OMB No. 0938-0067 Expires 04/30/2014

Provider-Related Donations And Health Care Related Taxes, Fees, And Received Under Public Law 102-234

#### **Actual Receipts By Plan Name**

State:

$\sim$	DE:
$\mathbf{c}$	UL.

- 1. Donations Medicaid
- 1.A. Donations CHIP
- Donations- Outstationed Eligibility Workers Medicaid
   A. Donations Outstationed Eligibility Workers CHIP
- 3. Taxes
- 4. Fees
- 5. Assessments

Code	Plan Name	Receipts
(A)	(B)	(C)

OMB No. 0938-0067 Expires 04/30/2014

Provider-Related Donations And Health Care Related Taxes, Fees, And Received Under Public Law 102-234

#### **Actual Receipts By Plan Name**

#### State:

#### CODE:

- 1. Donations Medicaid
- 1.A. Donations CHIP
- Donations- Outstationed Eligibility Workers Medicaid
   A. Donations Outstationed Eligibility Workers CHIP
- 3. Taxes
- 4. Fees
- 5. Assessments

Code	Plan Name	Receipts
(A)	(B)	(C)

## Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

Sta	te:	Quarter Ended:						
		Inpatient Hospital		Mental Health Facility Services		Total		
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	
		(A)	(B)	(C)	(D)	(E)	(F)	
FFY	2007 (10/01/2006 - 09/30/2007)							
1	FFY 2007 Allotment							
2	Amount Previously Reported - Title XIX							
2A	Amount Previously Reported - CHIP Related - PE							
3	Line 6 - Title XIX							
ЗА	Line 6 - CHIP Related - PE							
4	Line 7 - Title XIX							
4A	Line 7 - CHIP Related - PE							
5	Line 8 - Title XIX							
5A	Line 8 - CHIP Related - PE							
6	Line 10 - Title XIX							
6A	Line 10 - CHIP Related - PE							
7	Subtotal - Title XIX							
7A	Subtotal - CHIP Related - PE							
8	Total To Date - Title XIX							
8A	Total - CHIP Related - PE							
9	Unused FFY 2007 Allotment							
FFY	2008 (10/01/2007 - 09/30/2008)							
1	FFY 2008 Allotment							
2	Amount Previously Reported - Title XIX							
2A	Amount Previously Reported - CHIP Related - PE							
3	Line 6 - Title XIX							
3A	Line 6 - CHIP Related - PE							
4	Line 7 - Title XIX							
4A	Line 7 - CHIP Related - PE							
5	Line 8 - Title XIX							
5A	Line 8 - CHIP Related - PE							
6	Line 10 - Title XIX							
6A	Line 10 - CHIP Related - PE							
7	Subtotal - Title XIX							
7A	Subtotal - CHIP Related - PE							
8	Total To Date - Title XIX							
8A	Total - CHIP Related - PE							
9	Unused FFY 2008 Allotment							
				1				

## Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

		Inpatient	Hospital	Mental Health Facility Services		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY	2009 (10/01/2008 - 09/30/2009)						
1	FFY 2009 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2009 Allotment						
10	Amount Over FFY 2009 Allotment						
11	Additional Increased FFY 2009 DSH Allotment						
12	Amount Previously Reported - Inc Allotment						
13	Increased Amount Applied to Allotment (roll frwd)						
14	Reduction to Increased Allotment (roll back)						
15	Unused FFY 2009 Increased Allotment						
16	Excess Expenditures						

### Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State: Quarter Ended:

Sta						Qualter Lilu	
		Inpatient Hospital		Mental Health Facility Services		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY	2010 (10/01/2009 - 09/30/2010)						
1	FFY 2010 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2010 Allotment						
10	Amount Over FFY 2010 Allotment						
11	Additional Increased FFY 2010 DSH Allotment						
12	Amount Previously Reported - Inc Allotment						
13	Increased Amount Applied to Allotment (roll frwd)						
14	Reduction to Increased Allotment (roll back)						
15	Unused FFY 2010 Increased Allotment						
16	Excess Expenditures						
FFY	2011 (10/01/2010 - 09/30/2011)						
1	FFY 2011 Allotment						
2	Amount Previously Reported - Title XIX						
2A	Amount Previously Reported - CHIP Related - PE						
3	Line 6 - Title XIX						
ЗА	Line 6 - CHIP Related - PE						
4	Line 7 - Title XIX						
4A	Line 7 - CHIP Related - PE						
5	Line 8 - Title XIX						
5A	Line 8 - CHIP Related - PE						
6	Line 10 - Title XIX						
6A	Line 10 - CHIP Related - PE						
7	Subtotal - Title XIX						
7A	Subtotal - CHIP Related - PE						
8	Total To Date - Title XIX						
8A	Total - CHIP Related - PE						
9	Unused FFY 2011 Allotment						
10	Excess Expenditures						

Form CMS 64.9D

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#### **Medicaid Drug Rebate Schedule**

State: Quarter Ended:

				Total C	omputable		
Dri	ug Rebate	Qtr. Ending 12/31/2010	Qtr. Ending 09/30/2010	Qtr. Ending 06/30/2010	Qtr. Ending 03/31/2010	Qtr. Ending 12/31/2009 and Prior	Total
		(A)	(B)	(C)	(D)	(E)	(F)
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1						
3	Rebates Invoiced In This Quarter						
4	Subtotal						
5	Rebates Reported On This Expenditure Report						
6	Balance As Of The End Of The Quarter						

FOOTNOTE:

Form CMS 64.9R

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### Medicaid Program Expenditure Report Other Narrative Explainations

State:	Other Narrative Explainations	Quarter Ended:
	Narrative	

State: Quarter Ended:

Stat		T				Quarter Ended	l <u>.</u>
Ty	pe of Eligible:			Federa	I Share		
		Total Computable	FMAP Incr. FMAP **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
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						
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment 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%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
	I .						

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State: Quarter Ended:

Ту	pe of Eligible:			Federa	l Share		
		Total Computable	FMAP Incr. FMAP **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
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						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

Form CMS 64.21 Report Date: Tuesday, July 12, 2011 - 12:48 PM

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Quarter Ended:

Stat	State: Fiscal Year: /							
		Line	#					
Ту	pe of Eligible:			Feder	al Share			
		Total Computable	FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset							
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid							
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
2A	Inpatient Hospital Services - DSH Adjustments Payments							
3	Inpatient Mental Health Facility Services - Regular Payments							
ЗА	Inpatient Mental Health Facility Services - DSH Adjustments 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%							
9	Dental Services							
10	Vision Services							
11	Other Practitioners' Services							
12	Clinic Services							
	1			1				

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Quarter Ended:

State: Fiscal Year: /
Line #

	Line #								
Ту	pe of Eligible:			Feder	al Share				
		Total Computable	FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share	Deferral or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	
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								
22	Hospice								
23	Medical Transportation								
24	Case Management								
25	Other Services								
26	Balance								
27	Collections								
28	Total								

State: Quarter Ended:

Sta	С.	<del>                                     </del>				<b>⊋uarter Ended</b>	l <del>.</del>
	pe of Eligible:			Federa	l Share		
Wa	ilver Type: liver Name: liver Number:	Total Computable	FMAP Incr. FMAP **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
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						
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment 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%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
	I	1		I.		1	

Form CMS 64.21 Waiver

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Ту	pe of Eligible:			Federa	l Share		
Wa	ilver Type: liver Name: liver Number:	Total Computable	FMAP Incr. FMAP **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
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						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

## Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Quarter Ended:

Fiscal Year: / State: Line # Type of Eligible: Federal Share Waiver Type: **FMAP** Total Deferral or I.H.S Facility Fam. Plan Total Prompt Pay Federal **Waiver Name:** C.I.N. Services Services Computable Incr. FMAP Share Number 100% 90% **Waiver Number:** (C) (D) (E) (F) (G) (A) (B) Premiums Up To 150% Of Poverty Level - Gross 1A Premiums Paid Premiums Up To 150% Of Poverty Level - Cost Sharing 1B Offset Premiums Over 150% Of Poverty Level - Gross Premiums 1C Premiums Over 150% Of Poverty Level - Cost Sharing 1D Offset 2 Inpatient Hospital Services - Regular Payments Inpatient Hospital Services - DSH Adjustments Payments 2A Inpatient Mental Health Facility Services - Regular 3 **Payments** Inpatient Mental Health Facility Services - DSH ЗА Adjustments Payments **Nursing Care Services** 5 Physician And Surgical Services 6 **Outpatient Hospital Services** Outpatient Mental Health Facility Services 8 Prescribed Drugs 8A1 Drug Rebate - National Agreement Drug Rebate - State Sidebar Agreement 8A2 8A3 MCO - National Agreement MCO - State Sidebar Agreement 8A4 8A5 Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% 846 9 **Dental Services** 10 Vision Services Other Practitioners' Services 11 Clinic Services 12

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Quarter Ended:

State: Fiscal Year: /

	Line #								
	oe of Eligible:			Feder	al Share				
Wa	iver Type: iver Name: iver Number:	Total Computable	FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share	Deferral or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	
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								
22	Hospice								
23	Medical Transportation								
24	Case Management								
25	Other Services								
26	Balance								
27	Collections								
28	Total								

State: Quarter Ended:

Stat			Quarter Ended:				
Tvi	pe of Eligible:		Fede	eral Share			
יאו	e of Eligible.	Total Computable	FMAP	Enhanced FMAP	Total Federal Share		
		(A)	(B)	(C)	(D)		
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						
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment 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%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
			1	1			

Form CMS 64.21U

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State: Quarter Ended:

Ту	pe of Eligible:		Fede	ral Share	
	•	Total Computable	FMAP Incr FMAP	Enhanced FMAP	Total Federal Share
		(A)	(B)	(C)	(D)
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				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

Form CMS 64.21U Report Date: Tuesday, July 12, 2011 - 12:48 PM

	e:			Quarter En	iueu.
Tvr	pe of Eligible:		Fede	eral Share	
	iver Type:		FMAP	Enhanced	Total
	iver Name:	Total	Incr FMAP	FMAP	Federal
	iver Number:	Computable			Share
		(A)	(B)	(C)	(D)
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				
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment 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%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				

Ту	pe of Eligible:		Fede	ral Share	
Wa Wa	iiver Type: iiver Name: iiver Number:	Total Computable	FMAP	Enhanced FMAP	Total Federal Share
		(A)	(B)	(C)	(D)
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				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

### OMB No. 0938-0067 Expires 04/30/2014

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Stai					Quiti isoui ic	u
		Line #				
			Feder	al Share		Deferral
Ту	pe of Eligible:		FMAP	Enhanced	Total	or
		Total	Incr FMAP	FMAP	Federal	C.I.N.
		Computable	INCI FINAP		Share	Number
		(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
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%					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					

OMB No. 0938-0067 Expires 04/30/2014

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

		Line #				
_	or of Filmilate		Federa	al Share		Deferral
Ту	pe of Eligible:	Total	FMAP	Enhanced	Total	or
		Computable	Incr FMAP	FMAP	Federal Share	C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
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					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					
	I.					

OMB No. 0938-0067 Expires 04/30/2014

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

Otal	ic.				Q11/1 13001 10	ui.
		Line #				
			Federa	al Share		Deferral
Туј	pe of Eligible:		FMAP	Enhanced	Total	or
Wa	iver Type:	Total		FMAP	Federal	C.I.N.
Wa	iver Name:	Computable	Incr FMAP	1	Share	Number
Wa	iver Number:	(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
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%					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
	1	1		1		

OMB No. 0938-0067 Expires 04/30/2014

# Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures

		Line #				
			Federa	al Share		Deferral
l	pe of Eligible: aiver Type:	Total	FMAP	Enhanced	Total Federal	or C.I.N.
	niver Name:	Computable	Incr FMAP	FMAP	Share	Number
Wa	aiver Number:	(A)	(B)	(C)	(D)	(E)
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					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

### Quarterly Medical Assistance Expenditures For the Medical Assistance Program Summary Sheet

State:			Quarter Ended:						
Section C	Medicaid Ass	sist. Payments		Medicaid/CHIF			Local Admin.		
Expenditures Reported for Period	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share		
Bv Form Number	(A)	(B)	(C)	(D)	(E)	(F)	(G)		
6. Expenditures In This Quarter		1					Г		
From Form CMS-64.9/CMS-64.10									
From Form CMS-64.9T									
From Form CMS-64.9E/CMS-64.9PE									
From Form CMS-64.21									
From Form CMS-64.21U									
7. Adjustments Increasing Claims For Prior	Quarters:								
From Form CMS 64.9P/CMS 64.10									
From Form CMS-64.9TP									
From Form CMS-64.9EP/CMS-64.9PEP									
From Form CMS-64.21P									
From Form CMS-64.21UP									
8. Other Expenditures									
From Form CMS 64.9P/CMS 64.10P									
From Form CMS-64.9TP									
From Form CMS-64.9EP/CMS-64.9PEP									
From Form CMS-64.21P									
From Form CMS-64.21UP									
9. Collections									
From Form CMS-64.9 Summary									
10. Adjustments Decreasing Claims For Price	or Quarters: A. I	ederal Audit							
From Form CMS 64.9P/CMS 64.10P									
From Form CMS-64.9TP									
From Form CMS-64.9EP/CMS-64.9PEP									
From Form CMS 64.21P									
From Form CMS 64.21UP									
10. Adjustments Decreasing Claims For Price	or Quarters: B. (	Other	•	•					
From Form CMS 64.9P/CMS 64.10P									
From Form CMS-64.9TP									
From Form CMS-64.9EP/CMS-64.9PEP									
From Form CMS 64.21P									

### Quarterly Medical Assistance Expenditures For the Medical Assistance Program Summary Sheet

Section C	Medicaid Ass	sist. Payments		Medicaid/CHIF	)	State and Local Admin.		
Expenditures Reported for Period	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share	
By Form Number	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
From Form CMS 64.21UP								
10. Adjustments Decreasing Claims For Prior	Quarters: C. C	Overpayment	Adjustments					
From Form CMS-64.9O/64.9O ARRA								
10. Adjustments Decreasing Claims For Prior	Quarters: D. F	Perm						
From Form CMS-64.9OPerm								
11. Net Expenditures Reported In This Period:								
Net Expenditures Reported This Period								

Sta	ie:						Q	uarter Ended	
Medi	cal Assistance Payments				Federal	Share			
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
6A	Outpatient Hospital Services - Regular Payments								
6B	Outpatient Hospital Services - Supplemental Payments								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
7A3	MCO - National Agreement								
7A4	MCO - State Sidebar Agreement								
7A5	Increased ACA OFFSET - Fee for Service - 100%								
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								

	te:		1				•	uarter Ended	•
Medi	ical Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19A	Home and Community-Based Services - Regular Payment (Waiver)								
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment								
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment								
22	Programs Of All-Inclusive Care Elderly								

State: Quarter Ended:								•	
Medi	cal Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
35	Nurse Mid-Wife								
36	Emergency Hospital Services								
37	Critical Access Hospitals								
38	Nurse Practitioner Services								
39	School Based Services								
40	Rehabilitative Services (non-school-based)								
41	Private Duty Nursing								
42	Freestanding Birth Center								
43	Health Home for Enrollees w Chronic Conditions								

Medi	cal Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)		(G)
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

State: Quarter Ended: Fiscal Year:

								Fisc	cal Year:	
			Liı	ne #						
					Federal	Share				
			FMAP		1				_	
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments						*			
1B	Inpatient Hospital Services: DSH Adjustment Payments						*			
1C	Inpatient Hospital Services - Supplemental Payments						*			
1D	Inpatient Hospital Services - GME Payments						*			
2A	Mental Health Facility Services: Regular Payments						*			
2B	Mental Health Facility Services: DSH Adjustment Payments						*			
3A	Nursing Facility Services - Regular Payments						*			
3B	Nursing Facility Services - Supplemental Payments						*			
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers						*			
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers						*			
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments						* #			
5A	Physician and Surgical Services - Regular Payments						*			
5B	Physician and Surgical Services - Supplemental Payments						*			
6A	Outpatient Hospital Services - Regular Payments						*			
6B	Outpatient Hospital Services - Supplemental Payments						*			
7	Prescribed Drugs						*			
7A1	Drug Rebate Offset - National Agreement						*			
7A2	Drug Rebate Offset - State Sidebar Agreement						*			
7A3	MCO - National Agreement						*			
7A4	MCO - State Sidebar Agreement						*			
7A5	Increased ACA OFFSET - Fee for Service - 100%						*			
7A6	Increased ACA OFFSET - MCO - 100%						*			

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State: Quarter Ended: Fiscal Year:

								Fisc	cal Year:	
			Liı	ne #						
					Federal	Share				
			FMAP							
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
8	Dental Services						*			
9A	Other Practitioners Services - Regular Payments						*			
9B	Other Practitioners Services - Supplemental Payments						*			
10	Clinic Services						*			
11	Laboratory And Radiological Services						*			
12	Home Health Services						*			
13	Sterilizations						*			
14	Abortions						*			
15	EPSDT Screening Services						*			
16	Rural Health Clinic Services						*			
17A	Medicare Health Insurance Payments: Part A Premiums						*			
17B	Medicare Health Insurance Payments: Part B Premiums						*			
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty						*			
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles						*			
18A	Medicaid Health Insurance Payments: Managed Care Organizations						*			
18B1	Prepaid Ambulatory Health Plan						*			
18B2	Prepaid Inpatient Health Plan						*			
18C	Medicaid Health Insurance Payments: Group Health Plan Payments						*			
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles						* #			
18E	Medicaid Health Insurance Program: Other						* #			
19A	Home and Community-Based Services - Regular Payment (Waiver)						*			
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment						* #			
	1									

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State: Quarter Ended: Fiscal Year:

Fiscal Year:										
			Li	ne #						
					Federal	Share				
			FMAP			I	Τ		-	
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment						*			
22	Programs Of All-Inclusive Care Elderly						*			
23A	Personal Care Services - Regular Payment						* #			
23B	Personal Care Services - SDS 1915(j)						* #			
24A	Targeted Case Management Services - Community Case-Management						*			
24B	Case Management - State Wide						*			
25	Primary Care Case Management Services						*			
26	Hospice Benefits						*			
27	Emergency Services for Undocumented Aliens						*			
28	Federally-Qualified Health Center						*			
29	Non-Emergency Medical Transportation						*			
30	Physical Therapy						* #			
31	Occupational Therapy						*			
32	Services for Speech, Hearing and Language						*			
33	Prosthetic Devices, Dentures, Eyeglasses						*			
34	Diagnostic Screening & Preventive Services						* #			
35	Nurse Mid-Wife						*			
36	Emergency Hospital Services						* #			
37	Critical Access Hospitals						*			
38	Nurse Practitioner Services						* #			
39	School Based Services						*			
40	Rehabilitative Services (non-school-based)						*			
	1									

State: Quarter Ended: Fiscal Year:

			Li	ne #						
					Federal	Share				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
41	Private Duty Nursing			-			* #			
42	Freestanding Birth Center						*			
43	Health Home for Enrollees w Chronic Conditions						* #			
44	Tobacco Cessation for Preg Women						* #			
49	Other Care Services						* #			
50	Total						*			

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#### Expenditures for State and Local Administration For the Medical Assistance Program Expenditures In This Quarter

State: Quarter Ended:

ninistration			Enda	eral Share		
			Total			
cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share
	(A)		(B)		(C)	(D)
Family Planning						
Design Development Or Installation Of MMIS: Cost of In-House Activities						
Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
Skilled Professional Medical Personnel-Single State Agency						
Skilled Professional Medical Personnel - Other Agency						
Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
Operation Of An Approved MMIS: Cost of Private Sector Contractors						
Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
Mechanized Systems - Not Approved under MMIS Procedures: Interagency						
Quality Improvement Organizations						
Third Party Liability: Recovery Procedure - Billing Offset						
Third Party Liability: Assignment Of Rights - Billing Offset						
Immigration Status Verification System Costs (100% FFP)						
Nurse Aide Training Costs						
Preadmission Screening Costs						
Resident Review Activities Costs						
Drug Use Review Program						
Outstationed Eligibility Workers						
TANF Base						
TANF Secondary 90%						
TANF Secondary 75%						
External Review						
Enrollment Brokers						
School Based Administration				İ		
	Design Development Or Installation Of MMIS: Cost of In-House Activities  Design Development Or Installation Of MMIS: Cost of Private Sector Contractors  Skilled Professional Medical Personnel-Single State Agency  Skilled Professional Medical Personnel - Other Agency  Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions  Operation Of An Approved MMIS: Cost of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities  Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Mechanized Systems - Not Approved under MMIS Procedures: Interagency  Quality Improvement Organizations  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training Costs  Preadmission Screening Costs  Resident Review Activities Costs  Drug Use Review Program  Outstationed Eligibility Workers  TANF Base  TANF Secondary 90%  TANF Secondary 75%  External Review  Enrollment Brokers	Family Planning  Design Development Or Installation Of MMIS: Cost of In-House Activities  Design Development or Installation Of MMIS: Cost of Private Sector Contractors  Skilled Professional Medical Personnel-Single State Agency  Skilled Professional Medical Personnel - Other Agency  Skilled Professional Medical Personnel - Other Agency  Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions  Operation Of An Approved MMIS: Cost of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities  Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Mechanized Systems - Not Approved under MMIS Procedures: Orbital Private Sector Contractors  Mechanized Systems - Not Approved under MMIS Procedures: Interagency  Quality Improvement Organizations  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Assignment Of Rights - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training Costs  Preadmission Screening Costs  Resident Review Activities Costs  Drug Use Review Program  Outstationed Eligibility Workers  TANF Base  TANF Base  TANF Secondary 90%  TANF Secondary 75%  External Review  Enrollment Brokers	Earnily Planning  Design Development Or Installation Of MMIS: Cost of In-House Activities  Design Development Or Installation Of MMIS: Cost of Private Sector Contractors  Skilled Professional Medical Personnel-Single State Agency  Skilled Professional Medical Personnel - Other Agency  Operation Of An Approved MMIS: Cost of In-House Activities  Operation Of An Approved MMIS: Cost of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of In-House Activities  Procedures: Cost Of Private Sector Contractors  Mechanized Systems, Not Approved under MMIS Procedures: Interagency  Quality Improvement Organizations  Third Party Liability: Recovery Procedure - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training Costs  Preadmission Screening Costs  Resident Review Activities Costs  Drug Use Review Program  Outstationed Eligibility Workers  TANF Base  TANF Secondary 90%  TANF Secondary 75%  External Review  Enrollment Brokers	Family Planning  Design Development Or Installation Of MMIS: Cost of In-House Activities  Design Development Or Installation Of MMIS: Cost of In-House Activities  Skilled Professional Medical Personnel-Single State Agency  Skilled Professional Medical Personnel-Single State Agency  Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agences And Institutions  Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agences And Institutions  Operation Of An Approved MMIS: Cost of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS Procedures: Costs of In-House Activities Plus State Agences Activities Plus State Agences Activities  Mechanized Systems, Not Approved Under MMIS Procedures: Cost of Private Sector Contractors  Mechanized Systems - Not Approved Under MMIS Procedures: Cost of Private Sector Contractors  Mechanized Systems - Not Approved Under MMIS Procedures: Interagency  Quality Improvement Organizations  Third Party Liability: Recovery Procedure - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training Costs  Preadmission Screening Costs  Preadmission Screening Costs  TANF Base  TANF Secondary 90%  TANF Secondary 75%  External Review  Enrollment Brokers	Family Planning  Design Development Or Installation Of MMIS: Cost of In-House Activities  Design Development Or Installation Of MMIS: Cost of In-House Activities  Design Development Or Installation Of MMIS: Cost of Private Sector Contractors  Skilled Professional Medical Personnel- Other Agency  Skilled Professional Medical Personnel- Other Agency  Operation Of An Approved MMIS: Cost of In-House Activities  Agency  Operation Of An Approved MMIS: Cost of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS  Procedures: Cost of In-House Activities  Mechanized Systems, Not Approved Under MMIS  Procedures: Cost Of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS  Procedures: Cost Of Private Sector Contractors  Mechanized Systems, Not Approved Under MMIS  Procedures: Cost Of Private Sector Contractors  Mechanized Systems - Not Approved under MMIS  Procedures: Interagency  Quality Improvement Organizations  Third Party Liability: Recovery Procedure - Billing  Offset  Inmigration Status Verification System Costs (100% FFP)  Nurse Aide Training Costs  Preadmission Screening Costs  Resident Review Activities Costs  Drug Use Review Program  Outstationed Eligibility Workers  TANF Secondary 90%  TANF Secondary 75%  External Review  Enrollment Brokers	(A) (B) (C)  Family Planning  Design Development Or Installation Of MMIS: Cost of Institution Activities.  Design Development Or Installation Of MMIS: Cost of Private Sector Contractors  Suited Prosessional Medical Personnel-Single State Agency  Suited Prosessional Medical Personnel-Single State Agency  Suited Protessional Medical Personnel-Single State Agency  Suited Protessional Medical Personnel-Single State Agency  Suited Protessional Medical Personnel-Single State Agency  Agency  Operation Of An Approved MMIS: Cost of In-House Activities Protessional Medical Personnel-Single State Agency  Mechanized Systems. Not Approved Institutions  Operation Of An Approved MMIS: Cost of Private Sector Contractors  Mechanized Systems. Not Approved Under MMIS Protections Costs Of In-House Activities Protections  Mechanized Systems. Not Approved under MMIS Protections Costs Of Private Sector Contractors  Mechanized Systems. Not Approved under MMIS Protections Costs Of Private Sector Contractors  Mechanized Systems. Not Approved under MMIS Protections Costs Of Private Sector Contractors  Mechanized Systems. Not Approved under MMIS Protections Costs Of Private Sector Contractors  Third Party Liability. Recovery Procedure - Billing Officer  Third Party Liability. Recovery Procedure - Billing Officer  Inter Party Liability. Assignment Of Rights - Billing Officer  Inter Party Liability. Assignment Of Rights - Billing Officer  Inter Party Liability. Assignment Of Rights - Billing Officer  Inter Party Liability. Assignment Of Rights - Billing Officer  Inter Party Liability. Assignment Of Rights - Billing Officer  Inter Party Liability. Assignment Of Rights - Billing Officer  Inter Party Liability Workers  Third Party Liabilit

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### Expenditures for State and Local Administration For the Medical Assistance Program Expenditures In This Quarter

State: Quarter Ended:

Adr	ministration			Fede	eral Share		Total
Spe	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share
		(A)		(B)		(C)	(D)
20	Program Integrity/Fraud, Waste, and Abuse Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration				1		
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
25	Citizenship Verification Technology - CHIPRA			•		•	
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
27A	Recovery Audit Contractors Contigency Fee						
27B	Recovery Audit Contractors State Administration						
29	Other Financial Participation						
30	Total						

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#### Expenditures for State and Local Administration For the Medical Assistance Program Prior Period Adjustments

State: Quarter Ended: Prior Fiscal Year:

							Tior Fiscal Tea	<u> </u>
			Line	#				
Adr	ninistration			Federal S	hare		Total	Deferral
Spe	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
		(A)	(B)		(	C)	(D)	(E)
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
3A	Skilled Professional Medical Personnel-Single State Agency							
3B	Skilled Professional Medical Personnel - Other Agency							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							
6	Quality Improvement Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							
						•		

### Expenditures for State and Local Administration For the Medical Assistance Program Prior Period Adjustments

State: Quarter Ended: Prior Fiscal Year:

							rior Fiscai Yea	ar.
			Line	#				
Adn	ninistration			Federal S	hare		Total	Deferral
Spe	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
		(A)		(B)	(	C)	(D)	(E)
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	School Based Administration							
20	Program Integrity/Fraud, Waste, and Abuse Activities							
21	County/Local ADM Costs							
22	Interagency Costs							
23	Translation and Interpretation							
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities							
24B	HIT: Planning: Cost of Private Contractors							
24C	HIT: Implementation and Operation: Cost of In-house Activities							
24D	HIT: Implementation and Operation: Cost of Private Contractors							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
27A	Recovery Audit Contractors Contigency Fee							
27B	Recovery Audit Contractors State Administration							
29	Other Financial Participation							
30	Total							

Med	ical Accietance Desiments						
	ical Assistance Payments		Federal Share				
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount		
		(A)	(B)	(C)	(D)		
1A	Inpatient Hospital Services - Regular Payments						
1B	Inpatient Hospital Service - DSH Adjustment Payments						
1C	Inpatient Hospital Services - Supplemental Payments						
1D	Inpatient Hospital Services - GME Payments						
2A	Mental Health Facility Services - Regular Payments						
2B	Mental Health Facility Services - DSH Adjustment Payments						
ЗА	Nursing Facility Services - Regular Payments						
3B	Nursing Facility Services - Supplemental Payments						
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers						
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers						
4C	Intermediate Care Facility Services - Supplemental Payments						
5A	Physician and Surgical Services - Regular Payments						
5B	Physician and Surgical Services - Supplemental Payments						
6A	Outpatient Hospital Services - Regular Payments						
6B	Outpatient Hospital Services - Supplemental Payments						
7	Prescribed Drugs						
7A1	Drug Rebate Offset - National Agreement						
7A2	Drug Rebate Offset - State Sidebar Agreement						
7A3	MCO - National Agreement						
7A4	MCO - State Sidebar Agreement						
7A5	Increased ACA OFFSET - Fee for Service - 100%						
7A6	Increased ACA OFFSET - MCO - 100%						
8	Dental Services						

	; <b>.</b>		Quarter Ended:					
Med	lical Assistance Payments			Federal Share				
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit			
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount			
		(A)	(B)	(C)	(D)			
9A	Other Practitioners Services - Regular Payments							
9B	Other Practitioners Services - Supplemental Payments							
10	Clinic Services							
11	Laboratory And Radiological Services							
12	Home Health Services							
13	Sterilizations							
14	Abortions No.							
15	EPSDT Screening Services							
16	Rural Health Clinic Screening							
17A	Medicare Health Insurance Payments - Part A Premiums							
17B	Medicare Health Insurance Payments - Part B Premiums							
17C1	120% - 134% Of Poverty							
17D	Coinsurance And Deductibles							
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)							
18B1	Prepaid Ambulatory Health Plan							
18B2	Prepaid Inpatient Health Plan							
18C	Medicaid Health Insurance Payments: Group Health Plan Payments							
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles							
18E	Medicaid Health Insurance Payments: Other							
19A	Home and Community-Based Services - Regular Payment (Waiver)							
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment							
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment							
22	Programs Of All-Inclusive Care Elderly							

Heat Substance Payments         Federal Share         Federal Share         Applied Againated Plane         Plane Againated Plane         Plane Againated Plane         Applied Againated Plane         Plane Againated Plane         Applied Againated Plan	State	<i></i>	1	Quarter Ended:					
Note of Part (A)	Med	lical Assistance Payments			Federal Share				
Total Computation   (A) (B) (C) (D)				Medicaid and CHIP		Applied Against the 20% Limit			
23A         Personal Care Services - Regular Payment			Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount			
23B         Personal Care Services - SDS 1915())			(A)	(B)	(C)	(D)			
Targeted Case Management Services - Community Zab Case Management Services - Community Zab Case Management Services Primary Care Case Management Case Case Case Case Case Case Case Case	23A	Personal Care Services - Regular Payment							
Case-Management - State Wide	23B	Personal Care Services - SDS 1915(j)							
Primary Care Case Management Services Prederally-Qualified Health Center Proposed Management Services Proposed Management Services Non-Emergency Medical Transportation Cocupational Therapy Prosthetic Pervices Capentures Prosthetic Devices, Dentures, Eyeglasses Prosthetic Devices, Device	24A	Targeted Case Management Services - Community Case-Management							
Hospice Benefits  Emergency Services for Undocumented Allens  Federally-Qualified Health Center  Non-Emergency Medical Transportation  Non-Emergen	24B	Case Management - State Wide							
Emergency Services for Undocumented Aliens Emergency Services for Undocumented Aliens Federally-Qualified Health Center  Non-Emergency Medical Transportation N	25	Primary Care Case Management Services							
Federally-Qualified Health Center  Referally-Qualified Health Center  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Services for Speech, Hearing and Language  Prosthetic Devices, Dentures, Eyeglasses  Indianation of the provinces of the	26	Hospice Benefits							
Non-Emergency Medical Transportation  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Prosthetic Devices, Dentures, Eyeglasses  Nurse Mid-Wife  Emergency Hospital Services  Critical Access Hospitals  Nurse Practitioner Services  Nurse Practitioner Services  Rehabilitative Services (non-school-based)  Private Duty Nursing  Freestanding Birth Center	27	Emergency Services for Undocumented Aliens							
Physical Therapy 30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 35 Nurse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	28	Federally-Qualified Health Center							
31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 35 Nurse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	29	Non-Emergency Medical Transportation							
Services for Speech, Hearing and Language  32 Services for Speech, Hearing and Language  33 Prosthetic Devices, Dentures, Eyeglasses  34 Diagnostic Screening & Preventive Services  35 Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	30	Physical Therapy							
Prosthetic Devices, Dentures, Eyeglasses  34 Diagnostic Screening & Preventive Services  35 Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	31	Occupational Therapy							
Diagnostic Screening & Preventive Services  Nurse Mid-Wife  Emergency Hospital Services  Tritical Access Hospitals  Nurse Practitioner Services  School Based Services  Rehabilitative Services (non-school-based)  Private Duty Nursing  Freestanding Birth Center	32	Services for Speech, Hearing and Language							
Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	33	Prosthetic Devices, Dentures, Eyeglasses							
36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	34	Diagnostic Screening & Preventive Services							
37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	35	Nurse Mid-Wife							
38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	36	Emergency Hospital Services							
39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	37	Critical Access Hospitals							
40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	38	Nurse Practitioner Services							
41 Private Duty Nursing  42 Freestanding Birth Center	39	School Based Services							
42 Freestanding Birth Center	40	Rehabilitative Services (non-school-based)							
	41	Private Duty Nursing							
43 Health Home for Enrollees w Chronic Conditions	42	Freestanding Birth Center							
	43	Health Home for Enrollees w Chronic Conditions							

Med	ical Assistance Payments			Federal Share	
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
44	Tobacco Cessation for Preg Women				
49	Other Care Services				
50	Total				

Quarter Ended:
State: Fiscal Year:

Line #						
ical Assistance Payments			Federal Share			
		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
	Total Computable	Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	Deferral or C.I.N. Number	
	(A)	(B)	(C)	(D)	(E)	
Inpatient Hospital Services - Regular Payments						
Inpatient Hospital Service - DSH Adjustment Payments						
Inpatient Hospital Services - Supplemental Payments						
Inpatient Hospital Services - GME Payments						
Mental Health Facility Services - Regular Payments						
Mental Health Facility Services - DSH Adjustment Payments						
Nursing Facility Services - Regular Payments						
Nursing Facility Services - Supplemental Payments						
Intermediate Care Facility Services - Mentally Retarded: Public Providers						
Intermediate Care Facility Services - Mentally Retarded: Private Providers						
Intermediate Care Facility Services - Supplemental Payments						
Physician and Surgical Services - Regular Payments						
Physician and Surgical Services - Supplemental Payments						
Outpatient Hospital Services - Regular Payments						
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%						
Dental Services						
	Payments  Inpatient Hospital Service - DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Supplemental Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Total Computable  (A)  Inpatient Hospital Services - Regular Payments  Inpatient Hospital Services - DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Supplemental Payments  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Inpatient Hospital Services - Regular Payments  Inpatient Hospital Services - DSH Adjustment Payments  Inpatient Hospital Services - DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Regular Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  Prescribed Drugs  Drug Rebate Offset - National Agreement  Drug Rebate Offset - State Sidebar Agreement  MCO - State Sidebar Agreement  MCO - State Sidebar Agreement  Increased ACA OFFSET - Fee for Service - 100%	Total   Computable	Total Computable   Total Compu	

Form CMS 64.9TP

State: Quarter Ended: Fiscal Year:

	Line #						
Med	ical Assistance Payments			Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
		Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)	
9A	Other Practitioners Services - Regular Payments						
9B	Other Practitioners Services - Supplemental Payments						
10	Clinic Services						
11	Laboratory And Radiological Services						
12	Home Health Services						
13	Sterilizations						
14	Abortions No.						
15	EPSDT Screening Services						
16	Rural Health Clinic Screening						
17A	Medicare Health Insurance Payments - Part A Premiums						
17B	Medicare Health Insurance Payments - Part B Premiums						
17C1	120% - 134% Of Poverty						
17D	Coinsurance And Deductibles						
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)						
18B1	Prepaid Ambulatory Health Plan						
18B2	Prepaid Inpatient Health Plan						
18C	Medicaid Health Insurance Payments: Group Health Plan Payments						
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles						
18E	Medicaid Health Insurance Payments: Other						
19A	Home and Community-Based Services - Regular Payment (Waiver)						
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment						
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment						
22	Programs Of All-Inclusive Care Elderly						

Form CMS 64.9TP

Quarter Ended:
State: Fiscal Year:

	Line #						
Med	lical Assistance Payments			Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
		Total Computable	Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	Deferral or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)	
23A	Personal Care Services - Regular Payment						
23B	Personal Care Services - SDS 1915(j)						
24A	Targeted Case Management Services - Community Case-Management						
24B	Case Management - State Wide						
25	Primary Care Case Management Services						
26	Hospice Benefits						
27	Emergency Services for Undocumented Aliens						
28	Federally-Qualified Health Center						
29	Non-Emergency Medical Transportation						
30	Physical Therapy						
31	Occupational Therapy						
32	Services for Speech, Hearing and Language						
33	Prosthetic Devices, Dentures, Eyeglasses						
34	Diagnostic Screening & Preventive Services						
35	Nurse Mid-Wife						
36	Emergency Hospital Services						
37	Critical Access Hospitals						
38	Nurse Practitioner Services						
39	School Based Services						
40	Rehabilitative Services (non-school-based)						
41	Private Duty Nursing						
42	Freestanding Birth Center						
43	Health Home for Enrollees w Chronic Conditions						

Form CMS 64.9TP

State:

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

Quarter Ended: Fiscal Year:

	Line #						
Med	ical Assistance Payments						
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
				FMAP			
		Total Computable	Enhanced FMAP	Incr. FMAP	CHIP Amount	Deferral or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)	
44	Tobacco Cessation for Preg Women						
49	Other Care Services						
50	Total						

State: Quarter Ended: Fiscal Year:

			Line #			
Mos	lical Assistance Payments			Federal Share		
Wai	lical Assistance Payments ver Type: ver Name:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
	ver Number:	Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
1A	Inpatient Hospital Services - Regular Payments					
1B	Inpatient Hospital Service - DSH Adjustment Payments					
1C	Inpatient Hospital Services - Supplemental Payments					
1D	Inpatient Hospital Services - GME Payments					
2A	Mental Health Facility Services - Regular Payments					
2B	Mental Health Facility Services - DSH Adjustment Payments					
ЗА	Nursing Facility Services - Regular Payments					
3B	Nursing Facility Services - Supplemental Payments					
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers					
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers					
4C	Intermediate Care Facility Services - Supplemental Payments					
5A	Physician and Surgical Services - Regular Payments					
5B	Physician and Surgical Services - Supplemental Payments					
6A	Outpatient Hospital Services - Regular Payments					
6B	Outpatient Hospital Services - Supplemental Payments					
7	Prescribed Drugs					
7A1	Drug Rebate Offset - National Agreement					
7A2	Drug Rebate Offset - State Sidebar Agreement					
7A3	MCO - National Agreement					
7A4	MCO - State Sidebar Agreement					
7A5	Increased ACA OFFSET - Fee for Service - 100%					
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services					

Form CMS 64.9TP Waiver

State: Quarter Ended: Fiscal Year:

NA - 1	lical Assistance Downserts		Line #	Federal Share		
Wai	lical Assistance Payments ver Type: ver Name:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
	ver Number:	Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
9A	Other Practitioners Services - Regular Payments					
9B	Other Practitioners Services - Supplemental Payments					
10	Clinic Services					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					
17A	Medicare Health Insurance Payments - Part A Premiums					
17B	Medicare Health Insurance Payments - Part B Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)					
18B1	Prepaid Ambulatory Health Plan					
18B2	Prepaid Inpatient Health Plan					
18C	Medicaid Health Insurance Payments: Group Health Plan Payments					
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
19A	Home and Community-Based Services - Regular Payment (Waiver)					
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment					
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment					
22	Programs Of All-Inclusive Care Elderly					

State: Quarter Ended: Fiscal Year:

		ı	Line #			ı
Med	ical Assistance Payments			Federal Share		
	ver Type: ver Name:			Medicaid FMAP	Applied Against the 20% Limit	
	ver Number:	Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
24A	Targeted Case Management Services - Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
34	Diagnostic Screening & Preventive Services					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37	Critical Access Hospitals					
38	Nurse Practitioner Services					
39	School Based Services					
40	Rehabilitative Services (non-school-based)					
41	Private Duty Nursing					
42	Freestanding Birth Center					
43	Health Home for Enrollees w Chronic Conditions					

Form CMS 64.9TP Waiver

State:

#### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

Quarter Ended: Fiscal Year:

			Line #				
Med	dical Assistance Payments			Federal Share			
	ver Type:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
Waiver Name:				FMAP			
Wai	ver Number:	Total Computable	Enhanced FMAP	Incr. FMAP	CHIP Amount	Deferral or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)	
44	Tobacco Cessation for Preg Women						
49	Other Care Services						
50	Total						

	<del>;</del> .		_	Quarter E	iliaca.
Med	lical Assistance Payments			Federal Share	
Wai	ver Type: ver Name: ver Number:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
1A	Inpatient Hospital Services - Regular Payments				
1B	Inpatient Hospital Service - DSH Adjustment Payments				
1C	Inpatient Hospital Services - Supplemental Payments				
1D	Inpatient Hospital Services - GME Payments				
2A	Mental Health Facility Services - Regular Payments				
2B	Mental Health Facility Services - DSH Adjustment Payments				
ЗА	Nursing Facility Services - Regular Payments				
3B	Nursing Facility Services - Supplemental Payments				
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers				
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers				
4C	Intermediate Care Facility Services - Supplemental Payments				
5A	Physician and Surgical Services - Regular Payments				
5B	Physician and Surgical Services - Supplemental Payments				
6A	Outpatient Hospital Services - Regular Payments				
6B	Outpatient Hospital Services - Supplemental Payments				
7	Prescribed Drugs				
7A1	Drug Rebate Offset - National Agreement				
7A2	Drug Rebate Offset - State Sidebar Agreement				
7A3	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	Increased ACA OFFSET - MCO - 100%				
8	Dental Services				

	·•			Quarter E	iiucu.
Med	ical Assistance Payments			Federal Share	
Wai	ver Type: ver Name: ver Number:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
9A	Other Practitioners Services - Regular Payments				
9B	Other Practitioners Services - Supplemental Payments				
10	Clinic Services				
11	Laboratory And Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions No.				
15	EPSDT Screening Services				
16	Rural Health Clinic Screening				
17A	Medicare Health Insurance Payments - Part A Premiums				
17B	Medicare Health Insurance Payments - Part B Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)				
18B1	Prepaid Ambulatory Health Plan				
18B2	Prepaid Inpatient Health Plan				
18C	Medicaid Health Insurance Payments: Group Health Plan Payments				
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
19A	Home and Community-Based Services - Regular Payment (Waiver)				
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment				
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment				
22	Programs Of All-Inclusive Care Elderly				

Medical Assistance Payments         Medical Assistance Payments         Applied Against Medical FMAP         Applied Against Medical FMAP         Applied Against Medical FMAP         Applied Against Medical FMAP         Medical And CHIP         Medical FMAP         Applied Against Medical FMAP         CHIP Amount           23A         Personal Care Services - Regular Phyment         (A)         (B)         (C)         (D)           23B         Personal Care Services - SDS 1919(i)         (A)         (B)         (C)         (D)           24A         Targeed Caree Management Services - Community         (A)         (B)         (B)         (B)         (B)           24B         Case Management - State Wide         (A)         (B)	State	<b>,</b>	1		Quarter E	nueu.
Walver Name: Walver Number:	Med	lical Assistance Payments			Federal Share	
Total Computable   CHIP Amount	Wai	ver Name:		Medicaid and CHIP		Applied Against the 20% Limit
Personal Care Services - Regular Payment  23B Personal Care Services - SDS 1915(j)  24A Targeted Case Management Services - Community Case-Management Services - Community Case-Management Services  25 Primary Care Case Management Services  26 Hospice Benefits  27 Emergency Services for Undocumented Aliens  28 Federally-Qualified Health Center  29 Non-Emergency Medical Transportation  30 Physical Therapy  31 Occupational Therapy  32 Services for Speech, Hearing and Language  33 Prosthetic Devices, Dentures, Eyeglasses  34 Diagnostic Screening & Preventive Services  35 Nurse Mid-Wiffe  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Bitch Center  43 Prostate Case Services (non-school-based)  44 Freestanding Bitch Center  45 Private Duty Nursing  46 Freestanding Bitch Center			Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount
Personal Care Services - SDS 1915(i)  24A Targeted Case Management Services - Community 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 29 Non-Emergency Medical Transportation 30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Proventive Services 36 Nurse Mid-Wile 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center 4 Private Duty Nursing 4 Freestanding Birth Center			(A)	(B)	(C)	(D)
Targeted Case Management Services - Community  28 Case Management Services  Primary Care Case Management Services  Non-Emergency Services for Undocumented Aliens  Prostretion Hamber Care Case Management Services  Prostretion Hamber Care Case Management Services  Prostretion Hamber Care Case Management Services  Prostretion Hamber Case Case Management Services  Prostretion Foreition Services  Prostretion Hamber Case Case Case Case Case Case Case Case	23A	Personal Care Services - Regular Payment				
Case-Management - State Wide  26 Primary Care Case Management Services  27 Emergency Services for Undocumented Aliens  28 Federally-Qualified Health Center  29 Non-Emergency Medical Transportation  30 Physical Therapy  31 Occupational Therapy  32 Services for Speech, Hearing and Language  33 Prosthetic Devices, Dentures, Eyeglasses  34 Diagnostic Screening & Preventive Services  35 Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center  43 Freestanding Birth Center  44 Freestanding Birth Center	23B	Personal Care Services - SDS 1915(j)				
Primary Care Case Management Services  Primary Care Case Management Services  Hospice Benefits  Rederally-Qualified Health Center  Non-Emergency Medical Transportation  Non-Emergency Medical Transportation  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Prosthetic Devicas, Dentures, Eyeglasses  Prosthetic Devicas, Dentures, Eyeglasses  Murse Mid-Wife  Emergency Hospital Services  Critical Access Hospitals  Nurse Practitioner Services  School Based Services  Rehabilitative Services (non-school-based)  Private Duty Nursing	24A	Targeted Case Management Services - Community Case-Management				
Hospice Benefits  Emergency Services for Undocumented Allens  Federally-Qualified Health Center  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Prosthetic Devices, Dentures, Eyeglasses  Diagnostic Screening & Preventive Services  Nurse Mid-Wife  Emergency Hospital Services  Nurse Practitioner Services  Nurse Practitioner Services  School Based Services  Rehabilitative Services (non-school-based)  Private Duty Nursing  Freestanding Birth Center	24B	Case Management - State Wide				
Emergency Services for Undocumented Aliens  Emergency Services for Undocumented Aliens  Federally-Qualified Health Center  Non-Emergency Medical Transportation  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Prosthetic Devices, Dentures, Eyeglasses  Indicate the prostory of t	25	Primary Care Case Management Services				
Federally-Qualified Health Center  Non-Emergency Medical Transportation  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Prosthetic Devices, Dentures, Eyeglasses  Nurse Mid-Wife  Emergency Hospital Services  Tritical Access Hospitals  Nurse Practitioner Services  School Based Services  Rehabilitative Services (non-school-based)  Private Duty Nursing  Freestanding Birth Center	26	Hospice Benefits				
Non-Emergency Medical Transportation  Non-Emergency Medical Transportation  Physical Therapy  Cocupational Therapy  Services for Speech, Hearing and Language  Prosthetic Devices, Dentures, Eyeglasses  Juignostic Screening & Preventive Services  Final Diagnostic Screening & Preventive Services  Nurse Mid-Wife  Critical Access Hospitals  Nurse Practitioner Services  School Based Services  Rehabilitative Services (non-school-based)  Private Duty Nursing  Freestanding Birth Center	27	Emergency Services for Undocumented Aliens				
Physical Therapy  31 Occupational Therapy  32 Services for Speech, Hearing and Language  33 Prosthetic Devices, Dentures, Eyeglasses  34 Diagnostic Screening & Preventive Services  35 Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	28	Federally-Qualified Health Center				
31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 35 Nurse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	29	Non-Emergency Medical Transportation				
Services for Speech, Hearing and Language  32 Services for Speech, Hearing and Language  33 Prosthetic Devices, Dentures, Eyeglasses  34 Diagnostic Screening & Preventive Services  35 Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	30	Physical Therapy				
33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 35 Nurse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	31	Occupational Therapy				
34 Diagnostic Screening & Preventive Services 35 Nurse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	32	Services for Speech, Hearing and Language				
Nurse Mid-Wife  36 Emergency Hospital Services  37 Critical Access Hospitals  38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	33	Prosthetic Devices, Dentures, Eyeglasses				
36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	34	Diagnostic Screening & Preventive Services				
37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	35	Nurse Mid-Wife				
38 Nurse Practitioner Services  39 School Based Services  40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	36	Emergency Hospital Services				
39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center	37	Critical Access Hospitals				
40 Rehabilitative Services (non-school-based)  41 Private Duty Nursing  42 Freestanding Birth Center	38	Nurse Practitioner Services				
41 Private Duty Nursing  42 Freestanding Birth Center	39	School Based Services				
42 Freestanding Birth Center	40	Rehabilitative Services (non-school-based)				
	41	Private Duty Nursing				
43 Health Home for Enrollees w Chronic Conditions	42	Freestanding Birth Center				
	43	Health Home for Enrollees w Chronic Conditions				

Med	ical Assistance Payments		Federal Share			
Wai	ver Type: ver Name:		Medicaid and CHIP		Applied Against the 20% Limit	
Wai	ver Number:		Enhanced EMAD	FMAP		
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount	
		(A)	(B)	(C)	(D)	
44	Tobacco Cessation for Preg Women					
49	Other Care Services					
50	Total					

# Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities

Medical Assistance Payments	Total Computable	Medicaid Federal Share	ARRA Federal Share	Federal Share
	(A)	(B)	(C)	(D)
Amounts Identified from State PI activities		0	0	
1A. Data mining activities		0	0	
1B. PI Provider audits		20,794	4,820	
1C. Other		0	0	
2. MFCU Investigations		38	9	
3. Settlements/Judgments		0	0	
4. Civil Monetary Penalties		0	0	
5. CMS Medicaid Integrity Contractors (MICs)		0	0	
6. Other		10,638	2,466	
50. Total		31,470	7,295	

<sup>\*</sup>This sheet will calculate the bottom line totals for Total Computable and Federal Share to generate the figures for Line 9C1, Columns A, B, C and D (Medical Assistance Payments) of the CMS-64 Summary Sheet.

	Period		FMAP	
Medical Assistance Payments	Pellod	Total Computable	Rate	Federal Share
	(A)	(B)		(C)
Recoveries from OIG Certified     Compliant FCA				
1A. Total Recovery				
1A1. Total Recovery				
1A2. Total Recovery				
1A3. Total Recovery				
1A4. Total Recovery				
1A5. Total Recovery				
1A6. Total Recovery				
1A7. Total Recovery				
1A8. Total Recovery				
1A9. Total Recovery				

<sup>\*</sup>These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

<sup>\*</sup>Recoveries from the State Medicaid Program Integrity Activities Form.

Medical Assistance Payments	Period	Total Computable	FMAP	Federal Share
	(A)	(B)	Rate	(C)
1A10. Total Recovery				
1B. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B1. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B2. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B3. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B4. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B5. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B6. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B7. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B8. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1B9. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				

<sup>\*</sup>These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

<sup>\*</sup>Recoveries from the State Medicaid Program Integrity Activities Form.

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Federal Share
	(A)	(B)		(C)
1B10. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law				
1C. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C1. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C2. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C3. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C4. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C5. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C6. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C7. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C8. 10% Reduction FMAP Rate (to be used in the grant award computation)				
1C9. 10% Reduction FMAP Rate (to be used in the grant award computation)				

<sup>\*</sup>These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

<sup>\*</sup>Recoveries from the State Medicaid Program Integrity Activities Form.

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Federal Share
	(A)	(B)		(C)
1C10. 10% Reduction FMAP Rate (to be used in the grant award computation)				

<sup>\*</sup>These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

<sup>\*</sup>Recoveries from the State Medicaid Program Integrity Activities Form.

# Allocation of Qualified Individual Part B (QIB) Benefits. Payment Adjustments to Applicable FFYs

O.C.			Quartor Endour
		Total Computable	Federal Share
		(A)	(B)
FFY	2010 (10/01/2009 - 09/30/2010)		
1	FFY 2010 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2010 Allotment		
FFY	2011 (10/01/2010 - 09/30/2011)		
1	FFY 2011 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2011 Allotment		

State. Quarter Ended.						•			
	cal Assistance Payments				Federal	Share	Г		
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3A	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
6A	Outpatient Hospital Services - Regular Payments								
6B	Outpatient Hospital Services - Supplemental Payments								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
7A3	MCO - National Agreement								
7A4	MCO - State Sidebar Agreement								
7A5	Increased ACA OFFSET - Fee for Service - 100%								
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								

State: Quarter Ended:							'		
	ical Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19A	Home and Community-Based Services - Regular Payment (Waiver)								
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment								
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment								
22	Programs Of All-Inclusive Care Elderly								

State: Quarter Ended:								•	
	ical Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
24A	Targeted Case Management Services - Community Case-Management								
24B	Case Management - State Wide								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services for Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Non-Emergency Medical Transportation								
30	Physical Therapy								
31	Occupational Therapy								
32	Services for Speech, Hearing and Language								
33	Prosthetic Devices, Dentures, Eyeglasses								
34	Diagnostic Screening & Preventive Services								
35	Nurse Mid-Wife								
36	Emergency Hospital Services								
37	Critical Access Hospitals								
38	Nurse Practitioner Services								
39	School Based Services								
40	Rehabilitative Services (non-school-based)								
41	Private Duty Nursing								
42	Freestanding Birth Center								
43	Health Home for Enrollees w Chronic Conditions								

Medi	cal Assistance Payments		Federal Share						
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

State: Quarter Ended: Fiscal Year:

							FISC	cai Year:	
		Li	ne #						
				Federal	Share				
		FMAP	11.10		Optional			Tatal	Deferral
	Total Comp.	Incr FMAP	Facility Services 100%	Fam. Plan Services 90%	Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Federal Share	Or C.I.N. Number
	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
Inpatient Hospital Services - Regular Payments						*			, ,
Inpatient Hospital Service - DSH Adjustment Payments						* #			
Inpatient Hospital Services - Supplemental Payments						*			
Inpatient Hospital Services - GME Payments						*			
Mental Health Facility Services - Regular Payments						*			
Mental Health Facility Services - DSH Adjustment Payments						*			
Nursing Facility Services - Regular Payments						* #			
Nursing Facility Services - Supplemental Payments						*			
Intermediate Care Facility Services - Mentally Retarded: Public Providers						* #			
Intermediate Care Facility Services - Mentally Retarded: Private Providers						* #			
Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments						*			
Physician and Surgical Services - Regular Payments						* #			
Physician and Surgical Services - Supplemental Payments						*			
Outpatient Hospital Services - Regular Payments						* #			
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%						*			
	Payments  Inpatient Hospital Service - DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Supplemental Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Private Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Inpatient Hospital Services - Regular Payments  Inpatient Hospital Service - DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Nursing Facility Services - Regular Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Physician and Surgical Services - Regular Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  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%	Inpatient Hospital Services - Regular Payments Inpatient Hospital Services - DSH Adjustment Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital Services - GME Payments Inpatient Hospital Services - GME Payments Inpatient Hospital Services - GME Payments Inpatient Hospital Services - Regular Payments  Mental Health Facility Services - Regular Payments Nursing Facility Services - DSH Adjustment Payments Nursing Facility Services - Supplemental Payments Intermediate Care Facility Services - Mentally Retarded: Private Providers Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments Intermediate Care Facility Services - Regular Payments Physician and Surgical Services - Regular Payments Physician and Surgical Services - Regular Payments Outpatient Hospital Services - Regular Payments Purpayments 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%	Total Comp.  Total Comp.  (A)  (B)  (C)  Inpatient Hospital Services - Regular Payments  Inpatient Hospital Services - DSH Adjustment Payments  Inpatient Hospital Services - Supplemental Payments  Inpatient Hospital Services - GME Payments  Inpatient Hospital Services - GME Payments  Mental Health Facility Services - Regular Payments  Mental Health Facility Services - DSH Adjustment Payments  Nursing Facility Services - Regular Payments  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Public Providers  Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments  Physician and Surgical Services - Regular Payments  Outpatient Hospital Services - Regular Payments  Outpatient Hospital Services - Regular Payments  Drug Rebate Offset - National Agreement  Drug Rebate Offset - National Agreement  MCO - State Sidebar Agreement  Increased ACA OFFSET - Fee for Service - 100%	Total Comp.  Total Comp.  Incr FMAP Services Services 90% (A) (B) (C) (D)  Inpatient Hospital Service - Regular Payments Inpatient Hospital Services - Supplemental Payments Inpatient Hospital Services - GME Payments Inpatient Hospital Services - GME Payments Inpatient Hospital Services - GME Payments Intermediate Care Facility Services - DSH Adjustment Payments Intermediate Care Facility Services - Mentally Retarded: Providers Intermediate Care Facility Services - Mentally Retarded: Providers Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments Intermediate Care Facility Services - Segular Payments Intermediate Care Facility Services - Segular Payments Intermediate Care Facility Services - Supplemental Payments Intermediate Care Facility Services - Segular Payments Intermediate Care Facility Services - Supplemental Payments Intermediate Care Facility Services - Segular Payments Intermediate Care Facility Services - Supplemental Payments Intermediate Care Facility Services - Regular Payments Intermediate Care Facility Services - Supplemental Payments Intermediate Car	Total Comp.  otal Comp. Total Comp. Total Comp. Total Comp. Total Comp. Total Comp. Total Comp.	Total Comp.  Total Comp.  Incr FMAP  FAcility Fam. Plan Breast or Care. (cm)  FMAP  Facility Services	Line #  Federal Share  FMAP Incr FMA	Total Comp.  Total

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State: Quarter Ended: Fiscal Year:

	Total	FMAP	ne #	Federal	Share				
	Total	FMAP		Federal	Share				
	Total	FMAP							
		Incr FMAP	IHS Facility	Fam. Plan	Optional Breast or Cerv.	Other % (Oth)	Federal	Total Federal	Deferral Or C.I.N.
	Comp.	(B)	Services 100%	Services 90%	Cancer Services *		Share	Share (G)	Number
Dental Services	(/\)	(b)	(0)	(D)	(=)		(Г)	(G)	(H)
Dental Services						#			
Other Practitioners Services - Regular Payments						*			
Other Practitioners Services - Supplemental Payments						*			
Clinic Services						*			
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						*			
Coinsurance And Deductibles						*			
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)						*			
Prepaid Ambulatory Health Plan						*			
Prepaid Inpatient Health Plan						* #			
Medicaid Health Insurance Payments: Group Health Plan Payments						* #			
Medicaid Health Insurance Payments: Coinsurance And Deductibles						* #			
Medicaid Health Insurance Payments: Other						* #			
Home and Community-Based Services - Regular Payment (Waiver)						* #			
Home and Community-Based Services - State Plan 1915(i) Only Payment						*			
	Payments  Other Practitioners Services - Supplemental Payments  Clinic Services  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  Coinsurance And Deductibles  Medicaid Health Insurance Payments: Managed Care Organizations (MCO)  Prepaid Ambulatory Health Plan  Prepaid Inpatient Health Plan  Medicaid Health Insurance Payments: Group Health Plan Payments  Medicaid Health Insurance Payments: Coinsurance And Deductibles  Medicaid Health Insurance Payments: Coinsurance And Deductibles  Medicaid Health Insurance Payments: Coinsurance And Deductibles  Medicaid Health Insurance Payments: Other  Home and Community-Based Services - Regular Payment (Waiver)  Home and Community-Based Services - State	Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Prepaid Ambulatory Health Plan Prepaid Inpatient Health Plan Medicaid Health Insurance Payments: Group Health Plan Payments Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Group Health Plan Payments Medicaid Health Insurance Payments: Other Home and Community-Based Services - Regular Payment (Waiver) Home and Community-Based Services - State	Dental Services  Other Practitioners Services - Regular Payments  Other Practitioners Services - Supplemental Payments  Clinic Services  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  Toinsurance And Deductibles  Medicaid Health Insurance Payments: Managed Care Organizations (MCO)  Prepaid Inpatient Health Plan  Medicaid Health Insurance Payments: Group Health Plan Payments  Medicaid Health Insurance Payments: Group Health Plan Payments  Medicaid Health Insurance Payments: Group Health Plan Payments  Medicaid Health Insurance Payments: Coinsurance And Deductibles  Medicaid Health Insurance Payments: Group Health Plan Payments  Medicaid Health Insurance Payments: Other   Comp.  (A) (B) (C)  Dental Services  Other Practitioners Services - Regular Payments  Other Practitioners Services - Supplemental Payments  Clinic Services  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  Coinsurance And Deductibles  Medicaid Health Insurance Payments: Managed Care Organizations (MCO)  Prepaid Inpatient Health Plan  Medicaid Health Insurance Payments: Group Health Plan Payments  Medicaid Health Insurance Payments: Coinsurance And Deductibles  Medicaid Health Insurance Payments: Cother  Home and Community-Based Services - Regular Payment (Waiver)  Home and Community-Based Services - State	Dental Services  Cher Practitioners Services - Regular Payments  Other Practitioners Services - Supplemental Payments  Clinic Services  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  T20% - 134% Of Poverty  Coinsurance And Deductibles  Medicarie Health Insurance Payments: Group Health Plan  Medicarie Health Insurance Payments: Group Health Plan Payments  Medicarie Health Insurance Payments: Coinsurance And Deductibles  Medicarie Health Insurance Payments: Group Health Plan Payments  Medicarie Health Insurance Payments: Coinsurance And Deductibles  Medicarie Health Insurance Payments: Other  Medicarie Health Insurance Payment	COTTIPLE   100%   90%   Services	COITIP.  (A) (B) (C) (D) (E)  Pental Services  Cher Practitioners Services - Regular Payments  Cher Practitioners Services - Supplemental Payments  Cher Practitioners Services - Part A Payments  Endorson And Radiological Services  Sterilizations  Cher Practitioners  Cher Practitioners Services  Cher Practitioners  Cher Practitioners  Cher Practitioners Services - Part A Payments  Cher Practitioners  Cher Practitioners  Cher Practitioners Services - Payments  Cher Practitioners Services - Payments  Cher Practitioners Services - Payments  Cher Practitioners Services - State  Cher Practition	Companies   Comp	Cump.   100%   90%   Services*   Shale   Sha	

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State: Quarter Ended: Fiscal Year:

								Fisc	cal Year:	
			Li	ne #						
					Federal	Share				
			FMAP			I	Τ		-	
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment						*			
22	Programs Of All-Inclusive Care Elderly						*			
23A	Personal Care Services - Regular Payment						* #			
23B	Personal Care Services - SDS 1915(j)						* #			
24A	Targeted Case Management Services - Community Case-Management						*			
24B	Case Management - State Wide						*			
25	Primary Care Case Management Services						*			
26	Hospice Benefits						*			
27	Emergency Services for Undocumented Aliens						*			
28	Federally-Qualified Health Center						*			
29	Non-Emergency Medical Transportation						*			
30	Physical Therapy						* #			
31	Occupational Therapy						*			
32	Services for Speech, Hearing and Language						*			
33	Prosthetic Devices, Dentures, Eyeglasses						*			
34	Diagnostic Screening & Preventive Services						* #			
35	Nurse Mid-Wife						*			
36	Emergency Hospital Services						* #			
37	Critical Access Hospitals						*			
38	Nurse Practitioner Services						* #			
39	School Based Services						*			
40	Rehabilitative Services (non-school-based)						*			
	1									

State: Quarter Ended: Fiscal Year:

			Li	ne #						
					Federal	Share				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
41	Private Duty Nursing						*			
42	Freestanding Birth Center						*			
43	Health Home for Enrollees w Chronic Conditions						* #			
44	Tobacco Cessation for Preg Women						*			
49	Other Care Services						*			
50	Total						*			

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State: Quarter Ended:									
Medi	cal Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
6A	Outpatient Hospital Services - Regular Payments								
6B	Outpatient Hospital Services - Supplemental Payments								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
7A3	MCO - National Agreement								
7A4	MCO - State Sidebar Agreement								
7A5	Increased ACA OFFSET - Fee for Service - 100%								
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								

Stat							Q		
	cal Assistance Payments				Federal	Share			
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18B1	Prepaid Ambulatory Health Plan								
18B2	Prepaid Inpatient Health Plan								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19A	Home and Community-Based Services - Regular Payment (Waiver)								
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment								
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment								
22	Programs Of All-Inclusive Care Elderly								

State: Quarter Ended:											
Medi	cal Assistance Payments				Federal	Share					
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)		
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
24A	Targeted Case Management Services - Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
32	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
35	Nurse Mid-Wife										
36	Emergency Hospital Services										
37	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
43	Health Home for Enrollees w Chronic Conditions										

Medi	ical Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

State: Quarter Ended: Fiscal Year:

	Fiscal Year:												
			Li	ne #									
					Federal	Share							
		<b>.</b>	FMAP	IHS Facility	Fam. Plan	Optional Breast or	Other %		Total	Deferral Or			
		Total Comp.	Incr FMAP	Services 100%	Services 90%	Cerv. Cancer Services *	(Oth)	Federal Share	Federal Share	C.I.N. Number			
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)			
1A	Inpatient Hospital Services - Regular Payments						*						
1B	Inpatient Hospital Service - DSH Adjustment Payments						*						
1C	Inpatient Hospital Services - Supplemental Payments						*						
1D	Inpatient Hospital Services - GME Payments						* #						
2A	Mental Health Facility Services - Regular Payments						*						
2B	Mental Health Facility Services - DSH Adjustment Payments						*						
ЗА	Nursing Facility Services - Regular Payments						*						
3B	Nursing Facility Services - Supplemental Payments						*						
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers						*						
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers						*						
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments						*						
5A	Physician and Surgical Services - Regular Payments						*						
5B	Physician and Surgical Services - Supplemental Payments						*						
6A	Outpatient Hospital Services - Regular Payments						*						
6B	Outpatient Hospital Services - Supplemental Payments						*						
7	Prescribed Drugs						*						
7A1	Drug Rebate Offset - National Agreement						* #						
7A2	Drug Rebate Offset - State Sidebar Agreement						*						
7A3	MCO - National Agreement						*						
7A4	MCO - State Sidebar Agreement						* #						
7A5	Increased ACA OFFSET - Fee for Service - 100%						* #						
7A6	Increased ACA OFFSET - MCO - 100%						*						
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State: Quarter Ended: Fiscal Year:

								Fisc	cal Year:	
			Li	ne #						
					Federal	Share				
			FMAP			I			-	
		Total Comp.	Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
8	Dental Services						*			, ,
9A	Other Practitioners Services - Regular Payments						* #			
9B	Other Practitioners Services - Supplemental Payments						*			
10	Clinic Services						* #			
11	Laboratory And Radiological Services						* #			
12	Home Health Services						* #			
13	Sterilizations						*			
14	Abortions No.						*			
15	EPSDT Screening Services						*			
16	Rural Health Clinic Screening						*			
17A	Medicare Health Insurance Payments - Part A Premiums						*			
17B	Medicare Health Insurance Payments - Part B Premiums						*			
17C1	120% - 134% Of Poverty						*			
17D	Coinsurance And Deductibles						* #			
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)						* #			
18B1	Prepaid Ambulatory Health Plan						* #			
18B2	Prepaid Inpatient Health Plan						* #			
18C	Medicaid Health Insurance Payments: Group Health Plan Payments						* #			
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles						* #			
18E	Medicaid Health Insurance Payments: Other						* #			
19A	Home and Community-Based Services - Regular Payment (Waiver)						* #			
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment						* #			

State: Quarter Ended: Fiscal Year:

Fiscal Year:											
			Liı	ne #							
					Federal	Share					
			FMAP	IHS		Optional Breast or			Total	Deferral Or	
		Total Comp.	Incr FMAP	Facility Services 100%	Fam. Plan Services 90%	Cerv. Cancer Services *	Other % (Oth)	Federal Share	Federal Share	C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment						* #				
22	Programs Of All-Inclusive Care Elderly						* #				
23A	Personal Care Services - Regular Payment						* #				
23B	Personal Care Services - SDS 1915(j)						* #				
24A	Targeted Case Management Services - Community Case-Management						* #				
24B	Case Management - State Wide						* #				
25	Primary Care Case Management Services						*				
26	Hospice Benefits						*				
27	Emergency Services for Undocumented Aliens						*				
28	Federally-Qualified Health Center						*				
29	Non-Emergency Medical Transportation						*				
30	Physical Therapy						*				
31	Occupational Therapy						*				
32	Services for Speech, Hearing and Language						*				
33	Prosthetic Devices, Dentures, Eyeglasses						*				
34	Diagnostic Screening & Preventive Services						*				
35	Nurse Mid-Wife						*				
36	Emergency Hospital Services						* #				
37	Critical Access Hospitals						*				
38	Nurse Practitioner Services						*				
39	School Based Services						*				
40	Rehabilitative Services (non-school-based)						*				

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State: Quarter Ended: Fiscal Year:

			Li	ne #						
					Federal	Share				
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
41	Private Duty Nursing						*			
42	Freestanding Birth Center						*			
43	Health Home for Enrollees w Chronic Conditions						* #			
44	Tobacco Cessation for Preg Women						*			
49	Other Care Services						*			
50	Total						*			

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