Quarterly Medicaid Assistance Expenditures
For the Medical Assistance Program

State: **Quarter Ended: 03/31/2011**

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

I certify that:

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

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

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

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

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

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

Date:	Signature:	Title:

User Performing Certification:

Footnotes:

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

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

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

State: **Quarter Ended:**

		Medical Assistance Payments				State and Local Administration	
		Total Computable	Federal Share				
			Medicaid	ARRA	Total	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
Section A. Quarterly Status of Funding							
1	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters						
2	Awards Received During The Quarter For Subsequent Quarters						
3A	Interest: Received On Medicaid Recoveries						
3B	Interest: Assessed On Disallowances						
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30						
5	Other						
Section B. Expenditures Reported for Period							
6	Expenditures In This Quarter						
7	Adjustments Increasing Claims For Prior Quarters						
8	Other Expenditures						
9A	Collections: Third Party Liability						
9B	Collections: Probate						
9C1	Recoveries: Fraud, Waste and Abuse Efforts						
9C2	Recoveries: OIG Compliant False Claims Act						
9D	Collections: Other						
9E	RAC Collections						
10A	Adjustments Decreasing Claims For Prior Quarters: Federal Audit						
10B	Adjustments Decreasing Claims For Prior Quarters: Other						
10C	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.9O)						
10D	Adjustments/Decreasing Prior Qtrs - Perm						
10E	Adjustments/Decreasing Prior Qtrs - RAC						
11	Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)						

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

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay: Other % (Oth) Prompt Pay (PP)	Other & Prompt Pay: 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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay: Other % (Oth) Prompt Pay (PP)	Other & Prompt Pay: 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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay Other % (Oth) Prompt Pay (PP)	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								

Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

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

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Centers for Medicare & Medicaid Services

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments **Waiver Type:** **Waiver Number:** **Waiver Name:**		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	**Other & Prompt Pay** Other % (Oth) Prompt Pay (PP)	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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments **Waiver Type:** **Waiver Number:** **Waiver Name:**		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	**Other & Prompt Pay** Other % (Oth) Prompt Pay (PP)	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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments **Waiver Type:** **Waiver Number:** **Waiver Name:**		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	**Other & Prompt Pay** Other % (Oth) Prompt Pay (PP)	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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

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

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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									

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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)									

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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 - 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%									

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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									

Department of Health and Human Services
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OMB No. 0938-0067
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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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)									

Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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
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Medicaid Overpayment Adjustment

State: **Quarter Ended:**

	Overpayment Activity	Total Computable	Federal Share				Total Federal
			FY	FY	FY	FY	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit			ARRA:	ARRA:	ARRA:	ARRA: 808,041
2	Decreasing Adjustments To Amounts Previously Reported On Line 1			ARRA:	ARRA:	ARRA:	ARRA: (634,170)
3	Subtotal			ARRA:	ARRA:	ARRA:	ARRA: 173,871
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business			ARRA:	ARRA:	ARRA:	ARRA: (165,765)
5	Total Overpayment Adjustments This Quarter			ARRA:	ARRA:	ARRA:	ARRA: 8,106

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Medicaid Overpayment Adjustment

State: **Quarter Ended:**

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

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Third Party Liability Collections And Cost Avoidance

State: **Quarter Ended:**

	Total Computable	Medicaid FS	ARRA FS	Federal Share
	(A)	(B)	(C)	(D)
A. Third 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. Cost Avoidance				
1. Medicare Title XVIII				
2. Health Insurance				
3. Other Cost Avoidance				

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

State: **Quarter Ended:**

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	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						

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

State: **Quarter Ended:**

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.0%	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						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
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
Expenditures In This Quarter

State: **Quarter Ended:**

Waiver Type: **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	**0.0%**	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						

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

State: **Quarter Ended:**

Waiver Type: **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	**0.0%**	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						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
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:

Line #								
		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(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%)							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(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							
24E	HIT Incentive Payments - Eligible Professionals							
24F	HIT Incentive Payments - Eligible Hospitals							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
26	Planning for Health Homes for Enrollees with Chronic Conditions							
27A	Recovery Audit Contractors Contigency Fee							
27B	Recovery Audit Contractors State Administration							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #								
		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	0.0%	Federal Share		
		(A)	(B)		(C)		(D)	(E)
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:

Line #								
Waiver Type: **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(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%)							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #	**Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(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							
24E	HIT Incentive Payments - Eligible Professionals							
24F	HIT Incentive Payments - Eligible Hospitals							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
26	Planning for Health Homes for Enrollees with Chronic Conditions							
27A	Recovery Audit Contractors Contigency Fee							
27B	Recovery Audit Contractors State Administration							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #								
Waiver Type: **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(A)	(B)		(C)		(D)	(E)
29	Other Financial Participation							
30	Total							

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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: Alabama **Quarter Ended:**

	Plan Name	Receipts
	(A)	(B)
Donations		
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	
Assessments		
5.	Assessments	
Totals		
6.	Total Donations (Lines 1+1.A.+2+2.A)	
7.	Total Taxes, Fees, and Assessments (Lines 3+4+5)	

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

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

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

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

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

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

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Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State: **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						
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 2007 Allotment						
10	Excess Expenditures						
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						
10	Excess Expenditures						

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Centers for Medicare & Medicaid Services

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Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State: **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 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						
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 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						

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Centers for Medicare & Medicaid Services

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

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

State: **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 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						
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 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						
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 2011 Allotment						
10	Excess Expenditures						

Medicaid Drug Rebate Schedule

State: **Quarter Ended:**

Drug Rebate		Total Computable					
		Qtr. Ending 03/31/2011	Qtr. Ending 12/31/2010	Qtr. Ending 09/30/2010	Qtr. Ending 06/30/2010	Qtr. Ending 03/31/2010 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:

Medicaid Program Expenditure Report
Other Narrative Explainations

State:

Quarter Ended:

Narrative

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

State:

Quarter Ended:

Type of Eligible:		Total Computable	Federal Share				Total Federal
			FMAP **Incr. FMAP** **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	
		(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						
3A	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						

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

State:

Quarter Ended:

Type of Eligible:		Total Computable	Federal Share				Total Federal
			FMAP **Incr. FMAP** **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	
		(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						

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Prior Period Expenditures

Quarter Ended:

State:

Fiscal Year: /

Line #	Type of Eligible:	Total Computable	Federal Share				Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay		
		(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							
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							

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By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

Quarter Ended:

State:

Fiscal Year: /

Line #	Type of Eligible:	Total Computable	Federal Share				Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay		
		(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							

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By Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended:

Type of Eligible: **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share				Total Federal
			FMAP **Incr. FMAP** **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	
		(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						
3A	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						

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By Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended:

Type of Eligible: **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share				Total Federal
			FMAP **Incr. FMAP** **	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	
		(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						

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By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

Quarter Ended:

State:

Fiscal Year: /

Line #	**Type of Eligible:** **Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share				Total Federal Share	Deferral or C.I.N. Number
			FMAP **Incr. FMAP** **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay		
		(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							
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							

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By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

Quarter Ended:

State:

Fiscal Year: /

Line #	**Type of Eligible:** **Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share				Total Federal Share	Deferral or C.I.N. Number
			FMAP **Incr. FMAP** **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay		
		(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							

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By Children's Health Insurance Program
Expenditure Categories

State:

Quarter Ended:

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP Incr FMAP	Enhanced FMAP	
		(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				
3A	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				

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By Children's Health Insurance Program
Expenditure Categories

State: **Quarter Ended:**

Type of Eligible:		Total Computable	Federal Share		Total Federal Share
			FMAP Incr FMAP	Enhanced FMAP	
		(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				

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

State:

Quarter Ended:

Type of Eligible: **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share		Total Federal Share
			FMAP Incr FMAP	Enhanced FMAP	
		(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				
3A	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				

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

State: **Quarter Ended:**

Type of Eligible: **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share		Total Federal Share
			FMAP Incr FMAP	Enhanced FMAP	
		(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				

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

Quarter Ended:

State:

Qtr/Fiscal Year:

Line #	Type of Eligible:	Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr FMAP	Enhanced FMAP		
		(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					

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

Quarter Ended:

State: **Qtr/Fiscal Year:**

Line #	Type of Eligible:	Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr FMAP	Enhanced FMAP		
		(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					

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

Quarter Ended:

State:

Qtr/Fiscal Year:

Line #	**Type of Eligible:** **Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr FMAP	Enhanced FMAP		
		(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					

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

Quarter Ended:

State:

Qtr/Fiscal Year:

Line #						
Type of Eligible: **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP Incr FMAP	Enhanced FMAP		
		(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					

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Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet

State: **Quarter Ended:**

Section C Expenditures Reported for Period By Form Number	Medicaid Assist. Payments		Medicaid/CHIP			State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
6. Expenditures In This Quarter							
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 Prior Quarters: A. Federal 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 Prior 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							

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Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet

State: **Quarter Ended:**

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

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

Medical Assistance Payments Special Issue Reporting Program:		Total Comp.	Federal Share						Total Federal Share
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	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								

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Medical Assistance Expenditures By Type Of Service

For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

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

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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%						* #			

* = Other

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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						* #			

* = Other

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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)						* #			

* = Other

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State:

Quarter Ended:
Fiscal Year:

Line #		Total Comp.	Federal Share						Total Federal Share	Deferral Or C.I.N. Number
			FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share		
		(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						* #			

* = Other

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

State: **Quarter Ended:**

Administration **Special Issue Reporting Program:**		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	**0.0%**	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						

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

State: **Quarter Ended:**

Administration **Special Issue Reporting Program:**		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	**0.0%**	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						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
24C	HIT: Implementation and Operation: Cost of In-house Activities						
24D	HIT: Implementation and Operation: Cost of Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
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:

Line #								
Administration **Special Issue Reporting Program:**		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(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%)							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #								
Administration **Special Issue Reporting Program:**		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(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							
24E	HIT Incentive Payments - Eligible Professionals							
24F	HIT Incentive Payments - Eligible Hospitals							
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA							
25B	CVT Operation - CHIPRA							
26	Planning for Health Homes for Enrollees with Chronic Conditions							
27A	Recovery Audit Contractors Contigency Fee							
27B	Recovery Audit Contractors State Administration							

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

State:

Quarter Ended:
Prior Fiscal Year:

Line #								
Administration **Special Issue Reporting Program:**		Total Computable	Federal Share				Total Federal Share	Deferral Or C.I.N. Number
			FFP Rate	Federal Share	**0.0%**	Federal Share		
		(A)	(B)		(C)		(D)	(E)
29	Other Financial Participation							
30	Total							

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

State:

Quarter Ended:

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	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				
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 - 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				

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

State: **Quarter Ended:**

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	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				

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

State: **Quarter Ended:**

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	FMAP Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
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				

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

State: **Quarter Ended:**

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

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

Quarter Ended:

State: **Fiscal Year:**

Line #	Medical Assistance Payments	Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(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					
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 - 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					

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

Quarter Ended:

State: **Fiscal Year:**

Line #	Medical Assistance Payments	Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(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					

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

Quarter Ended:

State: **Fiscal Year:**

Line #	Medical Assistance Payments	Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(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					

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Medical Assistance Expenditures By Type Of Service
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Expenditures In This Quarter

Quarter Ended:

State: **Fiscal Year:**

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

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

Quarter Ended:

State:

Fiscal Year:

Line #	**Medical Assistance Payments** **Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(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					
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 - 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					

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

Quarter Ended:

State: **Fiscal Year:**

Line #	**Medical Assistance Payments** **Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(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					

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

Quarter Ended:

State: **Fiscal Year:**

Line #	**Medical Assistance Payments** **Waiver Type:** **Waiver Name:** **Waiver Number:**	Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP	FMAP Incr. FMAP	CHIP Amount	
		(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					

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

Quarter Ended:

State: **Fiscal Year:**

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

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

State: **Quarter Ended:**

Medical Assistance Payments **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	**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				
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 - 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				

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

State: **Quarter Ended:**

Medical Assistance Payments **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	**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				

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

State: **Quarter Ended:**

Medical Assistance Payments **Waiver Type:** **Waiver Name:** **Waiver Number:**		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP	**FMAP** **Incr FMAP**	CHIP Amount
		(A)	(B)	(C)	(D)
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
24A	Targeted Case Management Services - Community Case-Management				
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25	Primary Care Case Management Services				
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37	Critical Access Hospitals				
38	Nurse Practitioner Services				
39	School Based Services				
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Expenditures In This Quarter

State: **Quarter Ended:**

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