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

Quarterly Medicaid Assistance Expenditures For the Medical Assistance Program

State: Quarter Ended: 03/31/2013

Certification									
CMS 64 Summary Sheet	Medical Assista	ance 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.

Form CMS 64 Certification

Report Date: Friday, February 01, 2013 - 02:57 PM

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

State:

Quarter Ended:

			Medic	al Assistance Pa	ayments			and Local
		Total			al Share			nistration
		Computable	Medicaid	ARRA	BIPP	Total	Total Computable	
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
Sec	tion 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							
ЗА	Interest: Received On Medicaid Recoveries							
3B	Interest: Assessed On Disallowances							
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30							
5	Other							
Se	ction B. Expenditures Reported for Period							
6	Expenditures In This Quarter							
7	Adjustments Increasing Claims For Prior Quarters							
8	Other Expenditures							
9A	Collections: Third Party Liability							
9B	Collections: Probate							
9C1	Recoveries: Fraud, Waste and Abuse Efforts							
9C2	Recoveries: OIG Compliant False Claims Act							
9D	Collections: Other							
9E	RAC Collections							
9F	PERM Collections							

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

State:

Quarter Ended:

			Medica	I Assistance Pa	yments			and Local
		Total Federal Share					Admir	nistration
		Computable	Medicaid	ARRA	BIPP	Total	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
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 64.90)							
10D	Adjustments/Decreasing Prior Qtrs - Perm							
10E	Adjustments/Decreasing Prior Qtrs - RAC							
10F	Adjustments/Decreasing Prior Qtrs - Fraud, Waste and Abuse Overpayments							
11	Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)							

Med	dical Assistance Payments				Federal	Share				
Med	dical Assistance Payments									
IVIE	JIVAL ASSISIALICE FAVILLENIS 🕒						Other 5	k Prompt Pay		
	area. 7 teeretarree 1 agrironte			IHS Facility	Fam. Plan.	Optional	Other %	k i rompt i ay	Total	
		Total	FMAP	Services	Services	Breast or	(Oth)		Federal	
		Comp.	I WAI	100%	90%	Cerv. Cancer Services	Prompt Pay	Federal Share	Share	
	_	· · · · · · · · · · · · · · · · · · ·	(5)				(PP)			
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	
	Innetient Hespital Consises Deguler									
1A	Inpatient Hospital Services - Regular Payments									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services - Regular Payments									
2B	Mental Health Facility Services - DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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%									

Sta	. c.						<u> </u>	uarter Ended	•
					Federal	Share			
Me	dical Assistance Payments					Optional		& Prompt Pay	T-4-1
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

Stat	e:						Q	uarter Ended	
					Federal	Share			
Me	dical Assistance Payments					0	Other 8	& Prompt Pay	
	,	T		IHS Facility	Fam. Plan.	Optional Breast or	Other %		Total
		Total	FMAP	Services	Services	Cerv. Cancer	(Oth) Prompt Pay	Fadaral Chara	Federal
		Comp.		100%	90%	Services	(PP)	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
-	MCO PAHP - Community First Choice								
18B1 c	WICO PARE - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2	MCO PIHP - Vaccine codes			İ					
b									
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								
	1					1			

Sta	ie.						Q	uarter Ended	
					Federal	Share			
Me	dical Assistance Payments					Ontional	Other 8	R Prompt Pay	_
	-	Total	FAAAB	IHS Facility	Fam. Plan.	Optional Breast or	Other % (Oth)		Total Federal
		Comp.	FMAP	Services 100%	Services 90%	Cerv. Cancer Services	Prompt Pay (PP)	Federal Share	Share
		(A)	(B)	(C)	(D)	(E)	(PP)	(F)	(G)
		(7.1)	(5)	(0)	(5)	(-)		(' /	(0)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

State: Quarter Ended:									
Medi	ical Assistance Payments				Federal	Share			
Waiv	er Type: er Number:					0-4	Other 8	& Prompt Pay	
1		Total		IHS Facility	Fam. Plan.	Optional Breast or	Other % (Oth)		Total
Waiv	er Name:	Comp.	FMAP	Services 100%	Services 90%	Cerv. Cancer Services	Prompt Pay	Federal Share	Federal Share
	-		(D)				(PP)		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

Waiv Waiv	ical Assistance Payments				Federal	Share		I	
	or Type:				i caciai	Silaie			
	er Type.						Other 8	& Prompt Pay	
	er Type: er Number:	T ()		IHS Facility	Fam. Plan.	Optional Breast or	Other % (Oth)		Total
Waiv	er Name:	Total Comp.	FMAP	Services	Services	Cerv. Cancer		Federal Share	Federal
	-		(=)	100%	90%	Services	Prompt Pay (PP)		Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1	MCO PAHP - Vaccine codes								

Stat		Quarter Ended:							<u>. </u>
1	cal Assistance Payments				Federal	Share			
Waiv Waiv	er Type: er Number:			IHS Facility	Fam. Plan.	Optional	Other %	& Prompt Pay	Total
Waiv	er Name:	Total Comp.	FMAP	Services 100%	Services 90%	Breast or Cerv. Cancer Services	(Oth) Prompt Pay (PP)	Federal Share	Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								

Sta							Q.	uarter Ended	•
1	ical Assistance Payments				Federal	Share			
Waiv	er Type: er Number:					Optional	Other &	& Prompt Pay	
	er Number: er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

Medica	Il Assistance Payments			ne #	Federal	Chara				
				Federal Share						
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other 8 Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A Ir	npatient Hospital Services: Regular Payments									
	npatient Hospital Services: DSH Adjustment Payments									
	npatient Hospital Services - Supplemental Payments									
1D Ir	npatient Hospital Services - GME Payments									
	Mental Health Facility Services: Regular Payments									
	Mental Health Facility Services: DSH Adjustment Payments									
3A N	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental Payments									
4A Ir	ntermediate Care Facility Services - Mentally Retarded: Public Providers									
4B Ir	ntermediate Care Facility Services - Mentally Retarded: Private Providers									
4C Ir	ntermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A P	Physician and Surgical Services - Regular Payments									
5B P	Physician and Surgical Services - Supplemental Payments									
5C P	Physician & Surgical Services - Evaluation and Management									
5D P	Physician & Surgical Services - Vaccine codes									
6A C	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental Payments									
7 P	Prescribed Drugs									
7A1 C	Orug Rebate Offset - National Agreement									
7A2 D	Orug Rebate Offset - State Sidebar Agreement									
7A3 ^N	MCO - National Agreement									

		Line #							Jai i c ai.	
Medio	cal Assistance Payments				Federal	Share				
	•	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other 8 Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

			1 i	ne #					Jai i eai.	
Modia	cal Assistance Payments			1110 #	Cadaral	Chara				
weak	cal Assistance Payments				Federal		Other &	R Prompt Pay		Deferral
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

Medical Assistance Payments Federal Share Other & Prompt Pay Ot			Line #								
Total Comp. FMAP Facility Fam. Plan Services Fam. Plan Services Face Face	Media	ral Assistance Payments			π	Fodoral	Shara				
(A) (B) (C) (D) (E) (F) (G) (L 24A Commission Cause Management Services - 24B Cele Management Services - 24B Cele Management Services - 25 Primary Care Cause Management Services - 26 Hospita Bernellis 27 Emergency Services for Undocumented Alteres 28 Potentily Qualified Health Center 29 Non-Emergency Miscoal Transportation 30 Physicial Therapy 31 Occupational Therapy 32 Services for Speech, Health Center 34 Dispress Services Devices, Dentures, Eyeppeces 34 Dispress Services Devices, Dentures, Eyeppeces 35 Prosthetic Devices, Dentures, Eyeppeces 36 Emergency Respiral Services 37 Critical Across Hospitals 38 Ninse Practitioner Services 39 Stroot Besed Services 40 Refabilitative Services (increased) 41 Prieste Ducy Narrang 42 Emergency Respiral Services 43 Prieste Ducy Narrang 44 Prieste Ducy Narrang	Weur	cal Assistance Fayments		FMAP	Facility Services	Fam. Plan Services	Optional Breast or Cerv. Cancer	Other % (Oth)	Federal	Federal	Deferral Or C.I.N. Number
24A Community Case Management Services 25 Primary Care Case Management Services 26 Nospice Bereatts 27 Emirgoncy Services for Undocumented Allene 28 Potentily-Qualified Health Career 29 Non-Emirgoncy Modical Transportation 30 Physical Therapy 31 Conspicious Therapy 32 Services for Speech, Health gard Lampuage 33 Prosthetic Devices, Destinate, Englasses 34 Diagnostic Screening & Preventive Services 34 Preventive Services (as A OR B. ACIP 35 Name Mark Wife 36 Emergency Heaplast Services 37 Critical Access Hospitals 38 Narse Practicore Services 39 Scrool Bead Services 40 Restabilisher's Services (non-scrool-based) 41 Priesto Duy Narsing				(P)				(PP)			
Community Case-Management - State Wide 25 Primary Case Case Management - State Wide 26 Primary Case Case Management Services 27 Emergency Services for Undocurrented Alteria 28 Federally Qualified Health Center 29 Non-Emergency Modical Transportation 30 Physical Thesiapy 31 Coccupational Trerapy 32 Services for Speech, Hearing and Language 33 Prosthotic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34 Diagnostic Screening & Preventive Services 35 Ninse Mid-Wie 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Ninse Practitioner Services 39 School Based Services 40 Rehabilitative Services (con-school-based)		Targeted Case Management Services	(A)	(B)	(C)	(D)	(=)		(F)	(G)	(H)
25 Primary Care Case Management Services 26 Hospice Benefits 27 Emergency Services for Undocumented Allens 28 Federally-Qualified Health Center 29 Not-Emergency Medical Transportation 30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Health gard Language 33 Prosthetic Devices, Dentures, Evoglasses 34 Dilagnostic Screening & Preventive Services 34 Dilagnostic Screening & Preventive Services 35 Nurse Mis-Wille 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Renabilitative Services (non-school-based) 41 Private Duty Nursing	24A										
26 Hospire Benefits 27 Emergency Services for Undocumented Allens 28 Fodernity-Qualified Health Center 29 Non-Emergency Medical Transportation 30 Physical Therapy 31 Cocupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Devices, Expediasses 34 Diagnosis Screening & Preventive Services Grade A OR B, ACIP Vaccines and their Admin 35 Norse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services 41 Private Duty Nursing	24B	Case Management - State Wide									
Emergency Services for Undocumented Aliens Referrelly-Qualified Health Center Non-Emergency Medical Transportation Coupational Therapy Referrelly-Qualified Health Center Services for Speech, Hearing and Language Services for Speech, Hearing and Language Referrelly-Reservices, Dentures, Eyeglasses Applications Services Grade A OR B, ACIP Vaccines and their Admin Nurse Med-Wife Referrelly-Nurse Med-Wife Referrelly-R	25	Primary Care Case Management Services									
Federally-Qualified Health Center Projectal Therapy In Non-Emergency Medical Transportation Physical Therapy Cocupational Therapy Services for Speech, Hearing and Language Prosthetic Devices, Dentures, Eyeplasses Juganostic Screening & Preventive Services Juganostic Screening & Preventive Services AAA Preventive Services Grade A OR B, ACIP Vaccines and their Admin Thurse Mid-Wife Critical Access Hospitals Critical Access Hospitals Nurse Practitioner Services Private Duty Nursing Private Duty Nursing Exercitation Bitth Couler Exercitation	26	Hospice Benefits									
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 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	27	Emergency Services for Undocumented Aliens									
30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 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	28	Federally-Qualified Health Center									
31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 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	29	Non-Emergency Medical Transportation									
32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34 Preventive Services Grade A OR B, ACIP 35 Nurse Mid-Write 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	30	Physical Therapy									
32 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34A Preventive Services Grade A OR B, ACIP Vaccines and their Admin 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	31	Occupational Therapy									
34 Diagnostic Screening & Preventive Services 34A Preventive Services Grade A OR B, ACIP Vaccines and their Admin 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	32	Services for Speech, Hearing and Language									
34A Preventive Services Grade A OR B, ACIP Vaccines and their Admin 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	33	Prosthetic Devices, Dentures, Eyeglasses									
Vaccines and their Admin Nurse Mid-Wife Benergency Hospital Services Critical Access Hospitals Nurse Practitioner Services Nurse Practitioner Services Rehabilitative Services (non-school-based) Private Duty Nursing	34	Diagnostic Screening & Preventive Services									
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	34A										
37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing	35	Nurse Mid-Wife									
38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing	36	Emergency Hospital Services									
39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing	37	Critical Access Hospitals									
40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing Freestanding Birth Center	38	Nurse Practitioner Services									
41 Private Duty Nursing Freestanding Birth Center	39	School Based Services									
Francisarding Birth Center	40	Rehabilitative Services (non-school-based)									
42 Freestanding Birth Center	41	Private Duty Nursing									
	42	Freestanding Birth Center									

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
							Other 8	Prompt Pay		Deferral
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

						FISCAI YEAR:								
Line #														
Medio	cal Assistance Payments				Federal	Share								
Waiv	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services	Fam. Plan Services	Optional Breast or Cerv. Cancer	Other & Other % (Oth) Prompt Pay	Federal Share	Total Federal Share	Deferral Or C.I.N. Number				
		•	<i>i</i> = <i>i</i>	100%	90%	Services *	(PP)							
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)				
1A	Inpatient Hospital Services: Regular Payments													
1B	Inpatient Hospital Services: DSH Adjustment Payments													
1C	Inpatient Hospital Services - Supplemental Payments													
1D	Inpatient Hospital Services - GME Payments													
2A	Mental Health Facility Services: Regular Payments													
2B	Mental Health Facility Services: DSH Adjustment Payments													
ЗА	Nursing Facility Services - Regular Payments													
3B	Nursing Facility Services - Supplemental Payments													
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers													
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers													
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments													
5A	Physician and Surgical Services - Regular Payments													
5B	Physician and Surgical Services - Supplemental Payments													
5C	Physician & Surgical Services - Evaluation and Management													
5D	Physician & Surgical Services - Vaccine codes													
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													

		FISCAI Y							sai i c ai.	
			Line #							
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

								1 13	cai Year:	
			L	ine #						
Medio	cal Assistance Payments				Federal	Share				
Waiv	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

							cai Year:			
	Line #									
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay (PP)		Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
	ver Type:						Other 8	Prompt Pay		Deferral
	ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

Medicaid Overpayment Adjustment

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

Fraud, Waste & Abuse Amounts Overpayments - Federal Credit Due From Medicaid Program Integrity Activities

State:

Medical Assistance Payments	Total Computable	Medicaid Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)
Amounts Identified from State PI activities					
1A. Data mining activities					
1B. PI Provider audits					
1C. Other					
2. MFCU Investigations					
3. Settlements/Judgements					
4. Civil Monetary Penalties					
5. CMS Medicaid Integrity Contractors (MICs)					
6. Other					
7. Sub-Total					
8. Decreasing Adjustments to Amounts Previously Reported on Line 7					
Decreasing Adjustments - Amounts Previously Reported Overpayments to Providers Certified this Quarter as Bankrupt or Out of Business					
10. Total					

Medicaid Overpayment Adjustment

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

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

Medicaid Overpayment Adjustment

-						Quality E	
		Total		Federa	al Share		Total
		Total		RAC-identifie	d Overpayments		Total
		Computable	FY	FY	FY	FY	Federal
	RAC Activity	(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:	BIPP:	вірр:	ARRA: BIPP:
2	Decreasing Adjustments To Amounts Previously Reported On Line 1		ARRA:	ARRA:	BIPP:	вірр:	ARRA: BIPP:
3	Subtotal		ARRA:	ARRA:	BIPP:	BIPP:	ARRA: BIPP:
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business		ARRA:	ARRA:	BIPP:	BIPP:	ARRA: BIPP:
5	Total Overpayment Adjustments This Quarter		ARRA:	ARRA:	BIPP:	вірр:	ARRA: BIPP:

Third Party Liability Collections And Cost Avoidance

Otate.				Qual to:	
	Total Computable	Medicaid FS	ARRA FS	BIPP FS	Federal Share
	(A)	(B)	(C)	(D)	(E)
A. Third Party Liability Collections					
1.a. Medicare Collections					
b.1. Other Collection - Health Insurance					
2. Other Collections - Casualty Insurance					
c. Total Collections - Cooperative Agreements & Assign of Rights					
Less: Excess Paid to Individuals					
2. Net Collections To Reimburse State Title XIX Medical Payments					
3. Less 15% Incentive Actually Paid Under Section 1903(p)(1)					
4. Net Federal Share					
2. Total TPL Collections					
B. Cost Avoidance					
Medicare Title XVIII					
2. Health Insurance					
3. Other Cost Avoidance					
				•	•

Stat	e:						Q	uarter Ended	•
				Feder	al Share m	atched at 1	00%		
Me	dical Assistance Payments						Other &	& Prompt Pay	
I IVIC	aloai 7 toolotarioo 1 ayiriciito			IHS Facility	Fam. Plan.	Optional	Other %		Total
		Total	FMAP	Services	Services	Breast or Cerv. Cancer	(Oth)		Federal
		Comp.		100%	90%	Services	Prompt Pay (PP)	Federal Share	Share
		(1)	(B)	(C)			(FF)	/E)	(G)
		(A)	(6)	(C)	(D)	(E)		(F)	(G)
4.0	Inpatient Hospital Services - Regular								
1A	Payments								
45	Inpatient Hospital Service - DSH Adjustment								
1B	Payments								
	Inpatient Hospital Services - Supplemental								
1C	Payments								
	Inpatient Hospital Services - GME Payments								
1D	Impatient Hospital Services - Givic Fayments								
-									
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
	Adjustifient Fayinents								
зА	Nursing Facility Services - Regular								
5/	Payments								
an.	Nursing Facility Services - Supplemental								
3B	Payments								
	Intermediate Care Facility Services -								
4A	Mentally Retarded: Public Providers								
			1		<u> </u>	1		1	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
ļ									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
	Mentally Retarded. Supplemental Payments								
5A	Physician and Surgical Services - Regular								
5/1	Payments								
ED.	Physician and Surgical Services -								
5B	Supplemental Payments								
	Physician & Surgical Services - Evaluation								
5C	and Management								
	Physician & Surgical Services - Vaccine								
5D	codes								
6A	Outpatient Hospital Services - Regular Payments								
6B	Outpatient Hospital Services - Supplemental Payments								
	i aymonto								
7	Prescribed Drugs								
7/1	Drug Rebate Offset - National Agreement		İ			İ			
7A1									
	Drug Rebate Offset - State Sidebar			1					
7A2	Agreement								
-	MCO - National Agreement			1	<u> </u>	1			
7A3	- Hallonal Agreement								
	1400 011 011		<u> </u>	1	<u> </u>	<u> </u>			
7A4	MCO - State Sidebar Agreement								
			ļ	1		ļ			
7A5	Increased ACA OFFSET - Fee for Service - 100%								
	100 /0								

Sta				Fodor	al Shara m	atched at 1		uarter Ended	-
N 4 -	dieel Assistance December			redei	ai Share ili	alcheu al 1		Down and Down	
ivie	dical Assistance Payments			IHS Facility	Fam. Plan.	Optional		& Prompt Pay	Total
		Total Comp.	FMAP	Services 100%	Services 90%	Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay	Federal Share	Federal Share
		(A)	(B)	(C)	(D)	(E)	(PP)	(F)	(G)
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								
0	Other Practitioners Services - Regular		1		1	1			
9A	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)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	1							
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

Stat	.e.		Quarter Ended:							
				Feder	al Share m	atched at 1	00%			
Me	dical Assistance Payments						Other 8	& Prompt Pay	ļ	
				IHS Facility	Fam. Plan.	Optional Breast or	Other %		Total	
		Total	FMAP	Services	Services	Cerv. Cancer	(Oth)		Federal	
		Comp.		100%	90%	Services	Prompt Pay (PP)	Federal Share	Share	
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	
		(/	(-)	(-)	(- /	(-/		(,	(-)	
18B1	MCO PAHP - Community First Choice									
С	MOO BAUD, Describes Condess Orada A		<u> </u>	<u> </u>	<u> </u> 	<u> </u>	<u> </u>	<u> </u>		
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2	MCO PIHP - Evaluation and Management									
а										
18B2 b	MCO PIHP - Vaccine codes									
4000	MCO PIHP - Community First Choice					İ				
18B2 c										
i	MCO PIHP - Preventive Services Grade A					İ	İ			
18B2 d	OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments:		İ	İ		İ	İ			
100	Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
	Madiacid Llashh Insurance Poursents Other		1			1	1			
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
22 4	Personal Care Services - Regular Payment			1						
23A										
23B	Personal Care Services - SDS 1915(j)									
24A	Targeted Case Management Services -									
244	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
-	 			1						
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									

Sta				Feder	al Share m	atched at 1		uarter Ended	
Me	dical Assistance Payments							& Prompt Pay	
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

			Li	ne #					Jai i c ai.	
Medic	cal Assistance Payments				Share ma	atched at	100%			
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *		Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments									
1B	Inpatient Hospital Services: DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

			1	ine #					cai i eai.	
Medio	cal Assistance Payments				Share m	atched at	100%			
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)	(PP)	(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement	(* 5)		(0)		(=)		(,)	(0)	(11)
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

			Li	ne #					ai itai.	
Medic	cal Assistance Payments				Share ma	atched at	100%			
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *		Federal Share	Total Federal Share	Deferral Or C.I.N. Number
	Medicaid MCO - Preventive Services Grade A	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

									cai Year:	
			L	ine #						
Medio	cal Assistance Payments			Federal	Share ma	atched at	100%			
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay (PP)		Total Federal Share	Deferral Or C.I.N. Number
	Targeted Case Management Services -	(A)	(B)	(C)	(0)	(E)		(F)	(G)	(H)
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

			Li	ne #						
Medi	cal Assistance Payments			Federal	Share ma	atched at	100%			
						0 " 1	Other 8	Prompt Pay		Deferral
		Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Or C.I.N. Number
	(A)			(C)	(D)	(E)	(F)		(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

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

				Fede	Federal Share		
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	– Total Federal Share
		(A)		(B)		(C)	(D)
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
ЗА	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

Stat			Quarter Ended:						
				Fede	eral Share		- Total		
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share		
		(A)		(B)		(C)	(D)		
20	Program Integrity/Fraud, Waste, and Abuse Activities								
21	County/Local ADM Costs								
22	Interagency Costs (State Level)								
23	Translation and Interpretation								
24	Health Information Technology Administration								
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								
27	Recovery Audit Contractors State Administration								
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities								
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors								
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities								
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors								
29	Other Financial Participation								
30	Total								

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

				Ead		:naea:	
Wa	iver Type:				eral Share	Ι	Total
	iver Name: iver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	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						
ЗА	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

Stat	<u>:e:</u>	Quarter E	naea:				
\A/-	iver Type:			Fede	eral Share		- Total
Wa	iver Type: iver Name: iver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share
		(A)		(B)		(C)	(D)
20	Program Integrity/Fraud, Waste, and Abuse Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration			•			
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						
27	Recovery Audit Contractors State Administration						
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities						
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors						
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities						
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors						
29	Other Financial Participation						
30	Total						

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

Prior riscai tear:										
			Line	#						
				Federal S	hare		Total	Deferral		
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number		
		(A)	((B)	(C)	(D)	(E)		
16	TANF Secondary (75%)									
17	External Review									
18	Enrollment Brokers									
19	School Based Administration									
20	Program Integrity/Fraud, Waste, and Abuse Activities									
21	County/Local ADM Costs									
22	Interagency Costs									
23	Translation and Interpretation									
24	Health Information Technology Administration									
24A	HIT: Planning: Cost of In-house Activities									
24B	HIT: Planning: Cost of Private Contractors									
24C	HIT: Implementation and Operation: Cost of In-house Activities									
24D	HIT: Implementation and Operation: Cost of Private Contractors									
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									
27	Recovery Audit Contractors State Administration									
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities									

	Line #											
				Federal S	hare	Total	Deferral					
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number				
		(A)	(B)	(C)	(D)	(E)				
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors											
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities											
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors											
29	Other Financial Participation											
30	Total											

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

Prior Fiscal Tear:										
			Line	#						
\A/-	ivor Typo			Federal S	hare		Total	Deferral		
Wa	iver Type: iver Name: iver Number:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number		
		(A)	(B)		(C)	(D)	(E)		
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									
27	Recovery Audit Contractors State Administration									
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities									

	Line #											
Wa	niver Type: niver Name: niver Number:	Total Computable	FFP Rate	Federal S Federal Share	Total Federal Share	Deferral Or C.I.N. Number						
•••		(A)	(B)		(C)		(D)	(E)				
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors											
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities											
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors											
29	Other Financial Participation											
30	Total											

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

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

Summary Total Of Receipts From Form CMS 64.11 A

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

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

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

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

Actual Receipts By Plan Name

State:

CODE:

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

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

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

		Inpatien	: Hospital		alth Facility vices	1115 DSH	Diversion	Т	otal
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FFY	2009 (10/01/2008 - 09/30/2009)								•
1	FFY 2009 Allotment								
2	Amount Previously Reported - Title XIX								
2A	Amount Previously Reported - CHIP Related - PE								
3	Line 6 - Title XIX								
ЗА	Line 6 - CHIP Related - PE								
4	Line 7 - Title XIX								
4A	Line 7 - CHIP Related - PE								
5	Line 8 - Title XIX								
5A	Line 8 - CHIP Related - PE								
6	Line 10 - Title XIX								
6A	Line 10 - CHIP Related - PE								
7	Subtotal - Title XIX								
7A	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8A	Total - CHIP Related - PE								
9	Unused FFY 2009 Allotment								
10	Amount Over FFY 2009 Allotment								
11	Additional Increased FFY 2009 DSH Allotment								
12	Amount Previously Reported - Inc Allotment								
13	Increased Amount Applied to Allotment (roll frwd)								
14	Reduction to Increased Allotment (roll back)								
15	Unused FFY 2009 Increased Allotment								
16	Excess Expenditures								

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

		Inpatien	t Hospital		alth Facility vices	1115 DSF	Diversion	T	otal
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FFY	2010 (10/01/2009 - 09/30/2010)				1		1	l	
1	FFY 2010 Allotment								
2	Amount Previously Reported - Title XIX								
2A	Amount Previously Reported - CHIP Related - PE								
3	Line 6 - Title XIX								
ЗА	Line 6 - CHIP Related - PE								
4	Line 7 - Title XIX								
4A	Line 7 - CHIP Related - PE								
5	Line 8 - Title XIX								
5A	Line 8 - CHIP Related - PE								
6	Line 10 - Title XIX								
6A	Line 10 - CHIP Related - PE								
7	Subtotal - Title XIX								
7A	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8A	Total - CHIP Related - PE								
9	Unused FFY 2010 Allotment								
10	Amount Over FFY 2010 Allotment								
11	Additional Increased FFY 2010 DSH Allotment								
12	Amount Previously Reported - Inc Allotment								
13	Increased Amount Applied to Allotment (roll frwd)								
14	Reduction to Increased Allotment (roll back)								
15	Unused FFY 2010 Increased Allotment								
16	Excess Expenditures								
FFY	2011 (10/01/2010 - 09/30/2011)				1		1		
1	FFY 2011 Allotment								
2	Amount Previously Reported - Title XIX								
2A	Amount Previously Reported - CHIP Related - PE								
3	Line 6 - Title XIX								
ЗА	Line 6 - CHIP Related - PE								
4	Line 7 - Title XIX								
4A	Line 7 - CHIP Related - PE								
5	Line 8 - Title XIX								
5A	Line 8 - CHIP Related - PE								
6	Line 10 - Title XIX								
6A	Line 10 - CHIP Related - PE								
7	Subtotal - Title XIX								
7A	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8A	Total - CHIP Related - PE								
9	Unused FFY 2011 Allotment								
10	Excess Expenditures								

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs

Sta	le.					Quarter Ended:			
		Inpatien	t Hospital		alth Facility vices	1115 DSF	l Diversion	Т	otal
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
FFY	2012 (10/01/2011 - 09/30/2012)								
1	FFY 2012 Allotment								
2	Amount Previously Reported - Title XIX								
2A	Amount Previously Reported - CHIP Related - PE								
3	Line 6 - Title XIX								
ЗА	Line 6 - CHIP Related - PE								
4	Line 7 - Title XIX								
4A	Line 7 - CHIP Related - PE								
5	Line 8 - Title XIX								
5A	Line 8 - CHIP Related - PE								
6	Line 10 - Title XIX								
6A	Line 10 - CHIP Related - PE								
7	Subtotal - Title XIX								
7A	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8A	Total - CHIP Related - PE								
9	Unused FFY 2012 Allotment								
10	Excess Expenditures								
FFY	2013 (10/01/2012 - 09/30/2013)								
1	FFY 2013 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 2013 Allotment								
10	Excess Expenditures								
	. ,								

Medicaid Drug Rebate Schedule

State: Quarter Ended:

	. 5.1.4		Total Computable									
Dri	ıg Rebate	Qtr. Ending 03/31/2013	Qtr. Ending 12/31/2012	Qtr. Ending 09/30/2012	Qtr. Ending 06/30/2012	Qtr. Ending 03/31/2012 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:	Other Narrative Explainations	Quarter Ended:
	Narrative	

Stat						Quarter Ended	l <u>.</u>
Ty	pe of Eligible:			Federa	I Share		
		Total Computable	FMAP	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets						
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
8A3	MCO - National Agreement						
8A4	MCO - State Sidebar Agreement						
8A5	Increased ACA OFFSET - Fee for Service - 100%						
8A6	Increased ACA OFFSET - MCO - 100%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
	<u>L</u>	1		1		1	

Ту	pe of Eligible:			Federa	l Share		
-		Total Computable	FMAP	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
14	Laboratory And Radiological Services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services						
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						
21A	Home and Community-Based Services - Regular Payment (WAIVER)						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

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

Quarter Ended:

Sta	te:						iscal Year:	/
		Line	#					
Ту	pe of Eligible:			Feder				
		Total Computable	FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid							
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset							
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid							
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
2A	Inpatient Hospital Services - DSH Adjustments Payments							
3	Inpatient Mental Health Facility Services - Regular Payments							
ЗА	Inpatient Mental Health Facility Services - DSH Adjustments Payments							
4	Nursing Care Services							
5	Physician And Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs							
8A1	Drug Rebate - National Agreement							
8A2	Drug Rebate - State Sidebar Agreement							
8A3	MCO - National Agreement							
8A4	MCO - State Sidebar Agreement							
8A5	Increased ACA OFFSET - Fee for Service - 100%							
8A6	Increased ACA OFFSET - MCO - 100%							
9	Dental Services							
10	Vision Services							
11	Other Practitioners' Services							
12	Clinic Services							
	1			1		1		

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

Quarter Ended:

State: Fiscal Year: /

		Line	: #					
Ту	pe of Eligible:			Feder	al Share			
		Total Computable	FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)	(F)	(G)
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
26	Balance							
27	Collections							
28	Total							

Sta	С.					Quarter Ended	I .
	pe of Eligible:			Federa	l Share		
Wa	iiver Type: iiver Name: iiver Number:	Total Computable	FMAP	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid						
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets						
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid						
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
2A	Inpatient Hospital Services - DSH Adjustments Payments						
3	Inpatient Mental Health Facility Services - Regular Payments						
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
8A3	MCO - National Agreement						
8A4	MCO - State Sidebar Agreement						
8A5	Increased ACA OFFSET - Fee for Service - 100%						
8A6	Increased ACA OFFSET - MCO - 100%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
	1			-			

						additor Endec	
	pe of Eligible:			Federa	l Share		
Wa	niver Type: niver Name: niver Number:	Total Computable	FMAP	IHS Facility Services 100 %	Fam. Plan Services 90%	Prompt Pay	Total Federal
		(A)	(B)	(C)	(D)	(E)	(F)
14	Laboratory And Radiological Services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services						
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						
21A	Home and Community-Based Services - Regular Payment (WAIVER)						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

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

Quarter Ended:

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

12

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

Quarter Ended:

State: Fiscal Year: /

	Line #											
	pe of Eligible:			Feder	al Share							
Wa	ilver Type: ilver Name: ilver Number:	Total Computable	FMAP Incr. FMAP **	I.H.S Facility Services 100%	Fam. Plan Services 90%	Prompt Pay	Total Federal Share	Deferral or C.I.N. Number				
		(A)	(B)	(C)	(D)	(E)	(F)	(G)				
13	Therapy Services											
14	Laboratory And Radiological services											
15	Durable And Disposable Medical Equipment											
16	Family Planning											
17	Abortions											
18	Screening Services											
19	Home Health											
20	Medicare Payments											
21	Home And Community-Based Services											
21A	Home and Community-Based Services - Regular Payment (WAIVER)											
22	Hospice											
23	Medical Transportation											
24	Case Management											
25	Other Services											
26	Balance											
27	Collections											
28	Total											

Stat				iaea:	
T.//	pe of Eligible:		Fede	eral Share	
יעי	e of Eligible.	Total Computable	FMAP	Enhanced FMAP	Total Federal Share
		(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
8A3	MCO - National Agreement				
8A4	MCO - State Sidebar Agreement				
8A5	Increased ACA OFFSET - Fee for Service - 100%				
8A6	Increased ACA OFFSET - MCO - 100%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
			1		

T	as of Flimible.		Fede	eral Share		
ı yı	oe of Eligible:	Total Computable	FMAP	Enhanced FMAP	Total Federal Share	
		(A)	(B)	(C)	(D)	
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Total					

Stat				iaea:	
Tvr	pe of Eligible:		Federal Share		
Wa	iver Type: iver Name:	Total		Enhanced FMAP	Total Federal
	iver Name: iver Number:	Computable	FMAP		Share
VVa	iver number.	(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid				
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
8A3	MCO - National Agreement				
8A4	MCO - State Sidebar Agreement				
8A5	Increased ACA OFFSET - Fee for Service - 100%				
8A6	Increased ACA OFFSET - MCO - 100%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				

Ty	pe of Eligible:		Fede	Federal Share				
Wa Wa	iver Type: iver Name: iver Number:	Total Computable	FMAP	Enhanced FMAP	Total Federal Share			
		(A)	(B)	(C)	(D)			
14	Laboratory And Radiological Services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
26	Total							

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

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

Quarter Ended: Qtr/Fiscal Year:

State: Line # Federal Share Deferral Type of Eligible: Total **FMAP** Enhanced or Total C.I.N. Federal **FMAP** Incr FMAP Computable Number Share (C) (D) (E) (A) (B) Premiums Up To 150% Of Poverty Level - Gross Premiums 1A Premiums Up To 150% Of Poverty Level - Cost Sharing 1B Offsets Premiums Over 150% Of Poverty Level - Gross Premiums 1C Paid Premiums Over 150% Of Poverty Level - Cost Sharing 1D Offsets 2 Inpatient Hospital Services - Regular Payments Inpatient Hospital Services - DSH Adjustments Payments 2A Inpatient Mental Health Facility Services - Regular 3 **Payments** Inpatient Mental Health Facility Services - DSH Adjustments ЗА **Payments Nursing Care Services** 4 Physician And Surgical Services 5 **Outpatient Hospital Services** 6 Outpatient Mental Health Facility Services Prescribed Drugs 8 Drug Rebate - National Agreement 8A1 Drug Rebate - State Sidebar Agreement 8A2 8A3 MCO - National Agreement MCO - State Sidebar Agreement 8A4 Increased ACA OFFSET - Fee for Service - 100% 8A5 Increased ACA OFFSET - MCO - 100% 8A6 **Dental Services** 9 Vision Services 10 Other Practitioners' Services 11 Clinic Services 12

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

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

or Period Expenditures

Quarter Ended:

State: Qtr/Fiscal Year:

		Line #				
Ту	pe of Eligible:	Total Computable	Federa FMAP Incr FMAP	Enhanced FMAP	Total Federal Share	Deferral or C.I.N. Number
	I	(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					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

State:

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

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

Quarter Ended: Qtr/Fiscal Year:

Otal	ic.				Q11/1 150a1 10	ui.
		Line #				
			Federa	al Share		Deferral
Ty	pe of Eligible:		FMAP	Enhanced	Total	or
Wa	iiver Type:	Total		FMAP	Federal	C.I.N.
Wa	iver Name:	Computable	Incr FMAP		Share	Number (E)
Wa	iver Number:	(A)	(B)	(C)	(D)	
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
ЗА	Inpatient Mental Health Facility Services - DSH 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					
	I	1		1		

State:

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

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

Prior Period Expenditures

Quarter Ended: Qtr/Fiscal Year:

		Line #				
Wa	pe of Eligible: liver Type: liver Name:	Total Computable	FMAP Incr FMAP	Enhanced FMAP	Total Federal Share	Deferral or C.I.N. Number
1	iver Number:	(A)	(B)	(C)	(D)	(E)
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
21A	Home and Community-Based Services - Regular Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

Quarterly Medical Assistance Expenditures For the Medical Assistance Program Summary Sheet

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

Quarterly Medical Assistance Expenditures For the Medical Assistance Program Summary Sheet

Section C	Medicaid Ass	ist. Payments		Medicaid/CHIP	State and Local Admin.						
Expenditures Reported for Period	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share				
By Form Number	(A)	(B)	(C)	(D)	(E)	(F)	(G)				
From Form CMS 64.21UP											
10. Adjustments Decreasing Claims For Prior	10. Adjustments Decreasing Claims For Prior Quarters: C. State and MIC Overpayment Adjustments										
From Form CMS-64.9O/64.9O ARRA											
10. Adjustments Decreasing Claims For Prior Quarters: D. PERM-Identified Overpayments											
From Form CMS-64.9OPerm											
10. Adjustments Decreasing Claims For Prior	Quarters: E. F	RAC-Identified	d Overpaymen	ts							
From Form CMS-64.9ORAC											
10. Adjustments Decreasing Claims For Prior	Quarters: F. F	raud, Waste,	and Abuse O	verpayments							
From Form CMS-64.9OFWA											
11. Net Expenditures Reported In This Period:											
Net Expenditures Reported This Period											

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

State: Quarter Ended:									
Medi	cal Assistance Payments		Federal Share						
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

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

State: Quarter Ended:									
	cal Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes		1						

Sta	ie:	Quarter Ended:									
Medi	cal Assistance Payments				Federal	Share					
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)		
18B1	MCO PAHP - Community First Choice										
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B2	Prepaid Inpatient Health Plan										
18B2 a	MCO PIHP - Evaluation and Management										
18B2 b	MCO PIHP - Vaccine codes										
18B2 c	MCO PIHP - Community First Choice										
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										
19D	Home and Community Based Services State Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
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										

	State: Quarter Ended:										
	cal Assistance Payments				Federal	Share					
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)		
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										
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										
44	Tobacco Cessation for Preg Women										
49	Other Care Services										
50	Total										

riscai Teal.										
			Liı	ne #						
Medic	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments			. ,						
1B	Inpatient Hospital Services: DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

Specia	al Assistance Payments al Issue Reporting Program:	Total Comp.	FMAP	ne # IHS	Federal	Share	I			
Specia	al Issue Reporting Program:	Comp.		IHS	Federal	Share				
		Comp.		IHS						' l
7A4 ^N	MCO - State Sidebar Agreement	/ A \		Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
7A4 N	MCO - State Sidehar Agreement	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
	vioo otate olaebai / igreement			. ,						
	ncreased ACA OFFSET - Fee for Service - 100%									
7A6	ncreased ACA OFFSET - MCO - 100%									
8	Dental Services									
	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11 L	aboratory And Radiological Services									
12 ^F	Home Health Services									
13	Sterilizations									
14	Abortions									
15 ^E	EPSDT Screening Services									
16 F	Rural Health Clinic Services									
17A A	Medicare Health Insurance Payments: Part A Premiums									
	Medicare Health Insurance Payments: Part B Premiums									
17C1 N	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty									
17D N	Medicare Health Insurance Payments: Coinsurance and Deductibles									
18A N	Medicaid Health Insurance Payments: Managed Care Organizations									
18A1 ^N	Medicaid MCO - Evaluation and Management									
18A2 ^N	Medicaid MCO - Vaccine codes									
18A3 ^N	Medicaid MCO - Community First Choice									

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			Li	ne #						
Medic	cal Assistance Payments				Federal	Share				
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

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			Li	ne #							
Medi	cal Assistance Payments				Federal	Share					
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	
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										
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

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

Adr	ninistration			Fede	eral Share	Quarter	
	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Total Federal Share
		(A)		(B)		(C)	(D)
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
3A	Skilled Professional Medical Personnel-Single State Agency						
3B	Skilled Professional Medical Personnel - Other Agency						
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						

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

Stat	. c.		Quarter Ended:							
Adr	ninistration			Fede	eral Share		- Total			
Spe	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share			
		(A)		(B)		(C)	(D)			
20	Program Integrity/Fraud, Waste, and Abuse Activities									
21	County/Local ADM Costs									
22	Interagency Costs									
23	Translation and Interpretation									
24	Health Information Technology Administration		•			•				
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									
27	Recovery Audit Contractors State Administration									
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities									
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors									
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities									
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors									
29	Other Financial Participation									
30	Total									

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

			Line	#				
Adr	ninistration			Federal S	hare		Total	Deferral
Spe	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
I	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							
BA .	Skilled Professional Medical Personnel-Single State Agency							
BB	Skilled Professional Medical Personnel - Other Agency							
ŀΑ	Operation Of An Approved MMIS: Cost Of In-House Activities							
IB	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
БВ	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency							
3	Quality Improvement Organizations							
7 A	Third Party Liability: Recovery Procedure - Billing Offset							
'B	Third Party Liability: Assignment Of Rights - Billing Offset							
3	Immigration Status Verification System Costs (100% FFP)							
)	Nurse Aide Training							
10	Preadmission Screening Costs							
1	Resident Review Activities Cost							
12	Drug Use Review Program							
3	Outstationed Eligibility Workers							
4	TANF Base							
5	TANF Secondary (90%)							

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

					- 1	iioi i iscai i c	ai .
		Line	#				
ninistration			Federal S	hare		Total	Deferral
cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
	(A)	((B)	(C)	(D)	(E)
TANF Secondary (75%)							
External Review							
Enrollment Brokers							
School Based Administration							
Program Integrity/Fraud, Waste, and Abuse Activities							
County/Local ADM Costs							
Interagency Costs							
Translation and Interpretation							
Health Information Technology Administration							
HIT: Planning: Cost of In-house Activities							
HIT: Planning: Cost of Private Contractors							
HIT: Implementation and Operation: Cost of In-house Activities							
HIT: Implementation and Operation: Cost of Private Contractors							
HIT Incentive Payments - Eligible Professionals							
HIT Incentive Payments - Eligible Hospitals							
Citizenship Verification Technology - CHIPRA							
CVT Development - CHIPRA							
CVT Operation - CHIPRA							
Planning for Health Homes for Enrollees with Chronic Conditions							
Recovery Audit Contractors State Administration							
Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities							
	External Review Enrollment Brokers School Based Administration Program Integrity/Fraud, Waste, and Abuse Activities County/Local ADM Costs Interagency Costs Translation and Interpretation Health Information Technology Administration HIT: Planning: Cost of In-house Activities HIT: Implementation and Operation: Cost of In-house Activities HIT: Implementation and Operation: Cost of Private Contractors HIT: Implementation and Operation: Cost of Private Contractors HIT Incentive Payments - Eligible Professionals HIT Incentive Payments - Eligible Hospitals Citizenship Verification Technology - CHIPRA CVT Development - CHIPRA CVT Operation - CHIPRA Planning for Health Homes for Enrollees with Chronic Conditions Recovery Audit Contractors State Administration Design Development/Installation of Medicaid Elig.	Total Computable (A) TANF Secondary (75%) External Review Enrollment Brokers School Based Administration Program Integrity/Fraud, Waste, and Abuse Activities County/Local ADM Costs Interagency Costs Translation and Interpretation Health Information Technology Administration HIT: Planning: Cost of In-house Activities HIT: Planning: Cost of Private Contractors HIT: Implementation and Operation: Cost of In-house Activities HIT: Implementation and Operation: Cost of Private Contractors HIT Incentive Payments - Eligible Professionals HIT Incentive Payments - Eligible Hospitals Citizenship Verification Technology - CHIPRA CVT Development - CHIPRA CVT Operation - CHIPRA Planning for Health Homes for Enrollees with Chronic Conditions Recovery Audit Contractors State Administration Design Development/Installation of Medicaid Elig.	Total Computable TANF Secondary (75%) External Review Enrollment Brokers School Based Administration Program Integrity/Fraud, Waste, and Abuse Activities County/Local ADM Costs Interagency Costs Translation and Interpretation Health Information Technology Administration HIT: Planning: Cost of In-house Activities HIT: Planning: Cost of Private Contractors HIT: Implementation and Operation: Cost of In-house Activities HIT: Implementation and Operation: Cost of Private Contractors HIT Incentive Payments - Eligible Professionals HIT Incentive Payments - Eligible Hospitals Citizenship Verification Technology - CHIPRA CVT Operation - CHIPRA Planning for Health Homes for Enrollees with Chronic Conditions Recovery Audit Contractors State Administration Design Development/Installation of Medicaid Elig.	Total Computable (A) (B) TANF Secondary (75%) External Review Enrollment Brokers School Based Administration Program Integrity/Fraud, Waste, and Abuse Activities County/Local ADM Costs Interagency Costs Translation and Interpretation Halth Information Technology Administration HIT: Planning: Cost of In-house Activities HIT: Implementation and Operation: Cost of In-house Activities HIT: Implementation and Operation: Cost of Private Contractors HIT Incentive Payments - Eligible Professionals HIT Incentive Payments - Eligible Hospitals Citizenship Verification Technology - CHIPRA CVT Development - CHIPRA Planning for Health Homes for Enrollees with Chronic Conditions Recovery Audit Contractors State Administration Design Development/Installation of Medicaid Elig.	Total Computable Total Computable Rate Federal Share Total Computable (A) (B) (B) (TANF Secondary (75%) External Review Enrollment Brokers School Based Administration Program Integrity/Fraud, Waste, and Abuse Activities County/Local ADM Costs Interagency Costs Translation and Interpretation Hitz Planning: Cost of In-house Activities HIT: Implementation and Operation: Cost of In-house Activities HIT: Implementation and Operation: Cost of In-house Activities HIT: Implementation and Operation: Cost of Private Contractors HIT: Implementation and Operation: Cost of Private Contractors HIT: Incentive Payments - Eligible Professionals HIT Incentive Payments - Eligible Hospitals Citizenship Verification Technology - CHIPRA CVT Operation - CHIPRA Planning for Health Homes for Enrollees with Chronic Conditions Recovery Audit Contractors State Administration Design Development/Installation of Mediciaid Elig.	Line # Ininistration cial Issue Reporting Program: Total Computable Total (A) (B) (C) TANF Secondary (76%) External Review Firrollment Brokers School Based Administration Program Integrity/Fraud, Waste, and Abuse Activities Countyl/Local ADM Costs Interagency Costs Translation and Interpretation Health Information Technology Administration HitT: Planning: Cost of In-house Activities HitT: Implementation and Operation: Cost of In-house Activities HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation and Operation: Cost of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private Contractors HitT: Implementation of Private	Initistration cital Issue Reporting Program: Total Computable (A) (B) (C) (D) TANF Secondary (75%) External Review Enrollment Brokers School Based Administration Program Integrity-Fraud. Waste, and Abuse Activities County-Local ADM Costs Interragency Costs Translation and Interpretation Health Information Technology Administration HIT: Planning: Cost of In-house Activities HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation and Operation: Cost of In-house Administration HIT: Implementation of Medical Cost of In-house Administration HIT: Implementation of Medical Cost of In-house Administration HIT: Implementation of Medical Cost of In-house Administration Design Development - CHIPRA CVT Operation: CHIPRA Design Development - CHIPRA Design Development - CHIPRA Design Development - CHIPRA Design Development - CHIPRA Design Development - CHIPRA

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

	Line #												
Adn	ninistration			Federal S	hare		Total	Deferral					
Spe	cial Issue Reporting Program:	Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number					
		(A)	(B)	(C)	(D)	(E)					
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors												
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities												
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors												
29	Other Financial Participation												
30	Total												

	-		Quarter Ended.				
Med	lical Assistance Payments			Federal Share			
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit		
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount		
		(A)	(B)	(C)	(D)		
1A	Inpatient Hospital Services - Regular Payments						
1B	Inpatient Hospital Service - DSH Adjustment Payments						
1C	Inpatient Hospital Services - Supplemental Payments						
1D	Inpatient Hospital Services - GME Payments						
2A	Mental Health Facility Services - Regular Payments						
2B	Mental Health Facility Services - DSH Adjustment Payments						
ЗА	Nursing Facility Services - Regular Payments						
3B	Nursing Facility Services - Supplemental Payments						
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers						
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers						
4C	Intermediate Care Facility Services - Supplemental Payments						
5A	Physician and Surgical Services - Regular Payments						
5B	Physician and Surgical Services - Supplemental Payments						
5C	Physician & Surgical Services - Evaluation and Management						
5D	Physician & Surgical Services - Vaccine codes						
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%						
		•					

Med	ical Assistance Payments			Federal Share	
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
7A6	Increased ACA OFFSET - MCO - 100%				
8	Dental Services				
9A	Other Practitioners Services - Regular Payments				
9B	Other Practitioners Services - Supplemental Payments				
10	Clinic Services				
11	Laboratory And Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions No.				
15	EPSDT Screening Services				
16	Rural Health Clinic Screening				
17A	Medicare Health Insurance Payments - Part A Premiums				
17B	Medicare Health Insurance Payments - Part B Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
18B1	Prepaid Ambulatory Health Plan				
18B1 a	MCO PAHP - Evaluation and Management				
18B1 b	MCO PAHP - Vaccine codes				

State. Quarter Efficient:					
Med	ical Assistance Payments			Federal Share	
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount
		(A)	(B)	(C)	(D)
18B1 c	MCO PAHP - Community First Choice				
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
18B2	Prepaid Inpatient Health Plan				
18B2 a	MCO PIHP - Evaluation and Management				
18B2 b	MCO PIHP - Vaccine codes				
18B2 c	MCO PIHP - Community First Choice				
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
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				
19D	Home and Community Based Services State Plan 1915(k) Community First Choice				
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
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				

State	,	1	Quarter Ended.			
Med	lical Assistance Payments			Federal Share	_	
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount	
		(A)	(B)	(C)	(D)	
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					
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
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					
44	Tobacco Cessation for Preg Women					
49	Other Care Services					
50	Total					

State: Quarter Ended: Fiscal Year:

			Line #			
Med	ical Assistance Payments			Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
		Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
1A	Inpatient Hospital Services - Regular Payments					
1B	Inpatient Hospital Service - DSH Adjustment Payments					
1C	Inpatient Hospital Services - Supplemental Payments					
1D	Inpatient Hospital Services - GME Payments					
2A	Mental Health Facility Services - Regular Payments					
2B	Mental Health Facility Services - DSH Adjustment Payments					
ЗА	Nursing Facility Services - Regular Payments					
3B	Nursing Facility Services - Supplemental Payments					
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers					
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers					
4C	Intermediate Care Facility Services - Supplemental Payments					
5A	Physician and Surgical Services - Regular Payments					
5B	Physician and Surgical Services - Supplemental Payments					
5C	Physician & Surgical Services - Evaluation and Management					
5D	Physician & Surgical Services - Vaccine codes					
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%					

Form CMS 64.9TP

Report Date: Friday, February 01, 2013 - 02:57 PM

			Line #			
Med	ical Assistance Payments			Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
		Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services					
9A	Other Practitioners Services - Regular Payments					
9B	Other Practitioners Services - Supplemental Payments					
10	Clinic Services					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					
17A	Medicare Health Insurance Payments - Part A Premiums					
17B	Medicare Health Insurance Payments - Part B Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B1	Prepaid Ambulatory Health Plan					
18B1 a	MCO PAHP - Evaluation and Management					

			Line #			
Med	ical Assistance Payments			Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
		Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
18B1 b	MCO PAHP - Vaccine codes					
18B1	MCO PAHP - Community First Choice					
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B2	Prepaid Inpatient Health Plan					
18B2 a	MCO PIHP - Evaluation and Management					
18B2	MCO PIHP - Vaccine codes					
18B2 C	MCO PIHP - Community First Choice					
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
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					
19D	Home and Community Based Services State Plan 1915(k) Community First Choice					
22	Programs Of All-Inclusive Care Elderly					
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
24A	Targeted Case Management Services - Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					

State:

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

Quarter Ended: Fiscal Year:

Stat	State: Fiscal Year:							
			Line #					
Med	dical Assistance Payments							
	aroui Aodistanos i aymonto	Total	Medicaid and CHIP Enhanced FMAP	Medicaid FMAP	Applied Against the 20% Limit	Deferral or		
		Computable	(D)	Incr. FMAP	CHIP Amount	C.I.N. Number		
		(A)	(B)	(C)	(D)	(E)		
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							
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin							
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							
44	Tobacco Cessation for Preg Women							
49	Other Care Services							
50	Total							

Quarter Ended:
State: Fiscal Year:

			Line #			
Med	ical Assistance Payments			Federal Share		
Wai	ver Type: ver Name:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
	ver Number:	Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
1A	Inpatient Hospital Services - Regular Payments					
1B	Inpatient Hospital Service - DSH Adjustment Payments					
1C	Inpatient Hospital Services - Supplemental Payments					
1D	Inpatient Hospital Services - GME Payments					
2A	Mental Health Facility Services - Regular Payments					
2B	Mental Health Facility Services - DSH Adjustment Payments					
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					
5C	Physician & Surgical Services - Evaluation and Management					
5D	Physician & Surgical Services - Vaccine codes					
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%					

			Line #			
Med	lical Assistance Payments			Federal Share		
Wai	ver Type:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
	ver Number:	Total Computable	Enhanced FMAP	FMAP	CHIP Amount	Deferral or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services					
9A	Other Practitioners Services - Regular Payments					
9B	Other Practitioners Services - Supplemental Payments					
10	Clinic Services					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					
17A	Medicare Health Insurance Payments - Part A Premiums					
17B	Medicare Health Insurance Payments - Part B Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
18B1	Prepaid Ambulatory Health Plan					
18B1 a	MCO PAHP - Evaluation and Management					

State:

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

Quarter Ended: Fiscal Year:

	FISCAL TE		Line #		•	State
T		Federal Share				
-	Applied Against the 20% Limit	Medicaid FMAP	Medicaid and CHIP		cal Assistance Payments er Type: er Name:	Wai
Deferral or C.I.N. Number	CHIP Amount	FMAP	Enhanced FMAP	Total Computable	Waiver Number:	
(E)	(D)	(C)	(B)	(A)		
					MCO PAHP - Vaccine codes	18B1 b
					MCO PAHP - Community First Choice	18B1 c
					MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	18B1 d
					Prepaid Inpatient Health Plan	18B2
					MCO PIHP - Evaluation and Management	18B2 a
					MCO PIHP - Vaccine codes	18B2 b
					MCO PIHP - Community First Choice	18B2 c
					MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	18B2 d
					Medicaid Health Insurance Payments: Group Health Plan Payments	18C
					Medicaid Health Insurance Payments: Coinsurance And Deductibles	18D
					Medicaid Health Insurance Payments: Other	18E
					Home and Community-Based Services - Regular Payment (Waiver)	19A
					Home and Community-Based Services - State Plan 1915(i) Only Payment	19B
					Home and Community-Based Services - State Plan 1915(j) Only Payment	19C
					Home and Community Based Services State Plan 1915(k) Community First Choice	19D
					Programs Of All-Inclusive Care Elderly	22
					Personal Care Services - Regular Payment	23A
					Personal Care Services - SDS 1915(j)	23B
					Targeted Case Management Services - Community Case-Management	24A
					Case Management - State Wide	24B
					Primary Care Case Management Services	25
					Hospice Benefits	26
1						26

State:

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

Quarter Ended: Fiscal Year:

State	State: Fiscal Year:							
			Line #					
Med	dical Assistance Payments			Federal Share				
Wai Wai	iver Type: iver Name: iver Number:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit			
		Total Computable	Enhanced FMAP	Incr. FMAP	CHIP Amount	Deferral or C.I.N. Number		
		(A)	(B)	(C)	(D)	(E)		
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							
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin							
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							
44	Tobacco Cessation for Preg Women							
49	Other Care Services							
50	Total							

State	/ ·			Quarter E	iiueu.			
Med	lical Assistance Payments		Federal Share					
Wai	ver Type: ver Name: ver Number:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit			
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount			
		(A)	(B)	(C)	(D)			
1A	Inpatient Hospital Services - Regular Payments							
1B	Inpatient Hospital Service - DSH Adjustment Payments							
1C	Inpatient Hospital Services - Supplemental Payments							
1D	Inpatient Hospital Services - GME Payments							
2A	Mental Health Facility Services - Regular Payments							
2B	Mental Health Facility Services - DSH Adjustment Payments							
ЗА	Nursing Facility Services - Regular Payments							
3B	Nursing Facility Services - Supplemental Payments							
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers							
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers							
4C	Intermediate Care Facility Services - Supplemental Payments							
5A	Physician and Surgical Services - Regular Payments							
5B	Physician and Surgical Services - Supplemental Payments							
5C	Physician & Surgical Services - Evaluation and Management							
5D	Physician & Surgical Services - Vaccine codes							
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%							

			Quarter Linded.					
Med	ical Assistance Payments		Federal Share					
Waiv	ver Type: ver Name: ver Number:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit			
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount			
		(A)	(B)	(C)	(D)			
7A6	Increased ACA OFFSET - MCO - 100%							
8	Dental Services							
9A	Other Practitioners Services - Regular Payments							
9B	Other Practitioners Services - Supplemental Payments							
10	Clinic Services							
11	Laboratory And Radiological Services							
12	Home Health Services							
13	Sterilizations							
14	Abortions No.							
15	EPSDT Screening Services							
16	Rural Health Clinic Screening							
17A	Medicare Health Insurance Payments - Part A Premiums							
17B	Medicare Health Insurance Payments - Part B Premiums							
17C1	120% - 134% Of Poverty							
17D	Coinsurance And Deductibles							
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)							
18A1	Medicaid MCO - Evaluation and Management							
18A2	Medicaid MCO - Vaccine codes							
18A3	Medicaid MCO - Community First Choice							
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin							
18B1	Prepaid Ambulatory Health Plan							
18B1 a	MCO PAHP - Evaluation and Management							
18B1 b	MCO PAHP - Vaccine codes							

			Quarter Ended.					
Med	ical Assistance Payments			Federal Share				
Waiv	ver Type: ver Name: ver Number:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit			
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount			
		(A)	(B)	(C)	(D)			
18B1 c	MCO PAHP - Community First Choice							
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin							
18B2	Prepaid Inpatient Health Plan							
18B2 a	MCO PIHP - Evaluation and Management							
18B2 b	MCO PIHP - Vaccine codes							
18B2 c	MCO PIHP - Community First Choice							
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin							
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							
19D	Home and Community Based Services State Plan 1915(k) Community First Choice							
22	Programs Of All-Inclusive Care Elderly							
23A	Personal Care Services - Regular Payment							
23B	Personal Care Services - SDS 1915(j)							
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							

		1	Quarter Ended.					
Med	ical Assistance Payments			Federal Share				
Wai	ver Type: ver Name:		Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit			
Wai	ver Number:			FMAP				
		Total Computable	Enhanced FMAP	Incr FMAP	CHIP Amount			
		(A)	(B)	(C)	(D)			
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							
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin							
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							
44	Tobacco Cessation for Preg Women							
49	Other Care Services							
50	Total							

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

State:

Medical Assistance Payments	Total Computable	Medicaid Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share
	(A)	(B)	(C)	(D)	(E)
1. Amounts Identified from State PI activities					
1A. Data mining activities					
1B. PI Provider audits					
1C. Other					
2. MFCU Investigations					
3. Settlements/Judgments					
4. Civil Monetary Penalties					
5. CMS Medicaid Integrity Contractors (MICs)					
6. Other					
50. Total					

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

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share			
	(A)	(B)	(C)	(D)	(E)	(F)	(G)			
Recoveries from OIG Certified Compliant FCA										
1A. Total Recovery										
1A1. Total Recovery										
1A2. Total Recovery										
1A3. Total Recovery										
1A4. Total Recovery										
1A5. Total Recovery										
1A6. Total Recovery										
1A7. Total Recovery										
1A8. Total Recovery										
1A9. Total Recovery										
1A10. Total Recovery										
1A11. Total Recovery										
1A12. Total Recovery										
1A13. Total Recovery										
1A14. Total Recovery										
1A15. Total Recovery										
1A16. Total Recovery										

^{*}These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

^{*}Recoveries from the State Medicaid Program Integrity Activities Form.

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1A17. Total Recovery							
1A18. Total Recovery							
1A19. Total Recovery							
1A20. Total Recovery							
1A21. Total Recovery							
1A22. Total Recovery							
1A23. Total Recovery							
1A24. Total Recovery							
1A25. Total Recovery							
1B. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B1. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B2. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B3. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B4. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B5. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B6. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B7. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B8. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							

^{*}These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

^{*}Recoveries from the State Medicaid Program Integrity Activities Form.

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1B9. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B10. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B11. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B12. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B13. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B14. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B15. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B16. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B17. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B18. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B19. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B20. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B21. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B22. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B23. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B24. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1B25. Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law							
1C. 10% Reduction FMAP Rate (to be used in the grant award computation)							

^{*}These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

^{*}Recoveries from the State Medicaid Program Integrity Activities Form.

Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
(A)	(B)	(C)	(D)	(E)	(F)	(G)
		Period Computable	Period Computable Rate	Period Computable Rate Federal Share	Period Computable Rate Federal Share Rate	Period Computable Rate Federal Share Rate Share

^{*}These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

^{*}Recoveries from the State Medicaid Program Integrity Activities Form.

Medical Assistance Payments	Period	Total Computable	FMAP Rate	Medicaid Federal Share	BIPP Rate	BIPP Federal Share	Total Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1C19. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C20. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C21. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C22. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C23. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C24. 10% Reduction FMAP Rate (to be used in the grant award computation)							
1C25. 10% Reduction FMAP Rate (to be used in the grant award computation)							

^{*}These recovery amounts should not be included in any recovery amounts reported on the Fraud, Waste, and Abuse

^{*}Recoveries from the State Medicaid Program Integrity Activities Form.

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

Stat		Quarter Ended:					
		Total Computable	Federal Share				
		(A)	(B)				
FFY	2010 (10/01/2009 - 09/30/2010)						
1	FFY 2010 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6 - Title XIX						
4	Line 7 - Title XIX						
5	Line 8 - Title XIX						
6	Line 10 - Title XIX						
7	Subtotal - Title XIX						
8	Total To Date - Title XIX						
9	Unused FFY 2010 Allotment						
FFY	2011 (10/01/2010 - 09/30/2011)						
1	FFY 2011 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6 - Title XIX						
4	Line 7 - Title XIX						
5	Line 8 - Title XIX						
6	Line 10 - Title XIX						
7	Subtotal - Title XIX						
8	Total To Date - Title XIX						
9	Unused FFY 2011 Allotment						
FFY	2012 (10/01/2011 - 09/30/2012)						
1	FFY 2012 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6 - Title XIX						
4	Line 7 - Title XIX						
5	Line 8 - Title XIX						
6	Line 10 - Title XIX						
7	Subtotal - Title XIX						
8	Total To Date - Title XIX						
9	Unused FFY 2012 Allotment						
FFY	2013 (10/01/2012 - 09/30/2013)						
1	FFY 2013 Allotment						
2	Amount Previously Reported - Title XIX						
3	Line 6 - Title XIX						
4	Line 7 - Title XIX						
5	Line 8 - Title XIX						
6	Line 10 - Title XIX						
7	Subtotal - Title XIX						
8	Total To Date - Title XIX						
9	Unused FFY 2013 Allotment						

Sia	State: Quarter Ended:								
Medi	cal Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

Madi		Federal Share									
	cal Assistance Payments				Federai	Snare					
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)		
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
9B	Other Practitioners Services - Supplemental Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions No.										
15	EPSDT Screening Services										
16	Rural Health Clinic Screening										
17A	Medicare Health Insurance Payments - Part A Premiums										
17B	Medicare Health Insurance Payments - Part B Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)										
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
18B1	Prepaid Ambulatory Health Plan										
18B1 a	MCO PAHP - Evaluation and Management										
18B1 b	MCO PAHP - Vaccine codes										

Sta			1				<u> </u>	uarter Ended	-
	cal Assistance Payments				Federal	Share			
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								

		Rederal Share Quarter Ended:									
	cal Assistance Payments				Federal	Share					
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)		
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										
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin										
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										
44	Tobacco Cessation for Preg Women										
49	Other Care Services										
50	Total										

		Line #									
		Line # Federal Share									
Medi	cal Assistance Payments				Federal	Share					
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	
1A	Inpatient Hospital Services - Regular Payments			(-)		, ,			(-)	(1.1)	
1B	Inpatient Hospital Service - DSH Adjustment Payments										
1C	Inpatient Hospital Services - Supplemental Payments										
1D	Inpatient Hospital Services - GME Payments										
2A	Mental Health Facility Services - Regular Payments										
2B	Mental Health Facility Services - DSH Adjustment Payments										
ЗА	Nursing Facility Services - Regular Payments										
3B	Nursing Facility Services - Supplemental Payments										
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers										
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers										
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments										
5A	Physician and Surgical Services - Regular Payments										
5B	Physician and Surgical Services - Supplemental Payments										
5C	Physician & Surgical Services - Evaluation and Management										
5D	Physician & Surgical Services - Vaccine codes										
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										

	al Assistance Payments		Liı	ne #						
	al Assistance Payments	Line # Federal Share								
					Federal	Share				
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement	. ,		, ,						()
	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
	Other Practitioners Services - Regular Payments									
	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									
	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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

								1 130	cai Year:	
			Liı	ne #						
Medic	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

								1 130	cai Year:	
			Liı	ne #						
Medi	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP Incr FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

								1 130	cai rear:	
			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type:		FMAP						-	
	ver Number:			IHS		Optional			Total	Deferral
Wai	ver Name:	Total	Incr FMAP	Facility	Fam. Plan	Breast or Cerv.	Other % (Oth)	Federal	Federal	Or C.I.N.
Flia	ibility:	Comp.		Services 100%	Services 90%	Cancer Services *		Share	Share	Number
9		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services - Regular Payments	. ,				, ,				(,
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services - Regular Payments									
2B	Mental Health Facility Services - DSH Adjustment Payments									
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									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

	al Assistance Payments		Liı	ne #						
	al Assistance Payments									
Waiv					Federal	Share				
Waiv Waiv	ver Type: ver Number: ver Name: bility:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
9.	~····y·	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement				,					(1.7)
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

								FISC	cal Year:	
			Liı							
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type:		FMAP							
	ver Number:			IHS		Optional			Total	Deferral
	ver Name:	Total	Incr FMAP	Facility	Fam. Plan	Breast or Cerv.	Other % (Oth)	Federal	Federal	Or C.I.N.
Fliai	bility:	Comp.		Services 100%	Services 90%	Cancer Services *		Share	Share	Number
Liigi	ionity.	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin		(-,	(-)		(-/		(,	(-)	(1.7)
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

								1 130	cai rear:	
			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
Wai Wai	ver Type: ver Number:		FMAP	IHS		Optional Breast or	Other %		Total	Deferral Or
	ver Name: ibility:	Total Comp.	Incr FMAP	Facility Services 100%	Fam. Plan Services 90%	Cerv. Cancer Services *	(Oth)	Federal Share	Federal Share	C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
Wai Wai	ver Type: ver Number: ver Name: ibility:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

Sta							Quarter Ended:			
	ical Assistance Payments				Federal	Share	ı			
Waiv	er Type: er Number: er Name:	Total Comp.	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer	Other % (Oth)	Federal Share	Total Federal	
		(A)	(B)	100% (C)	90% (D)	Services (E)		(F)	Share (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									
3В	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									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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%									

Stat							Quarter Ended:					
l	cal Assistance Payments				Federal	Share						
	er Type: er Number:	Total	FMAP	IHS Facility	Fam. Plan.	Optional Breast or	Other % (Oth)		Total Federal			
Waiv	er Name:	Comp.	FIVIAP	Services 100%	Services 90%	Cerv. Cancer Services		Federal Share	Share			
		(A)	(B)	(C)	(D)	(E)		(F)	(G)			
7A6	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
9B	Other Practitioners Services - Supplemental Payments											
10	Clinic Services											
11	Laboratory And Radiological Services											
12	Home Health Services											
13	Sterilizations											
14	Abortions No.											
15	EPSDT Screening Services											
16	Rural Health Clinic Screening											
17A	Medicare Health Insurance Payments - Part A Premiums											
17B	Medicare Health Insurance Payments - Part B Premiums											
17C1	120% - 134% Of Poverty											
17D	Coinsurance And Deductibles											
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)											
18A1	Medicaid MCO - Evaluation and Management											
18A2	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin											
18B1	Prepaid Ambulatory Health Plan											
18B1 a	MCO PAHP - Evaluation and Management											
18B1 b	MCO PAHP - Vaccine codes											

State: Quarter Ended:							•	
-				Federal	Share	_		
	Total	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer	Other % (Oth)	Fodoral Chara	Total Federal
		(B)	_					Share (G)
	(7.1)	(2)	(0)	(5)	(=)		()	(0)
MCO PAHP - Community First Choice								
MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
Prepaid Inpatient Health Plan								
MCO PIHP - Evaluation and Management								
MCO PIHP - Vaccine codes								
MCO PIHP - Community First Choice								
MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
Medicaid Health Insurance Payments: Group Health Plan Payments								
Medicaid Health Insurance Payments: Coinsurance And Deductibles								
Medicaid Health Insurance Payments: Other								
Home and Community-Based Services - Regular Payment (Waiver)								
Home and Community-Based Services - State Plan 1915(i) Only Payment								
Home and Community-Based Services - State Plan 1915(j) Only Payment								
Home and Community Based Services State Plan 1915(k) Community First Choice								
Programs Of All-Inclusive Care Elderly								
Personal Care Services - Regular Payment								
Personal Care Services - SDS 1915(j)								
Targeted Case Management Services - Community Case-Management								
Case Management - State Wide								
Primary Care Case Management Services								
Hospice Benefits								
Emergency Services for Undocumented Aliens								
Federally-Qualified Health Center								
	cal Assistance Payments er Type: er Number: er Name: MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes MCO PIHP - Vaccine codes MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid Health Insurance Payments: Group Health Plan Payments Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Other Home and Community-Based Services - Regular Payment (Waiver) Home and Community-Based Services - State Plan 1915(j) Only Payment Home and Community Based Services - State Plan 1915(j) Only Payment Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly Personal Care Services - Regular Payment Personal Care Services - Regular Payment Case Management Services - Community Case-Management Services - Community Case-Management Services Hospice Benefits Emergency Services for Undocumented Aliens	cal Assistance Payments er Type: er Number: er Name: Total Comp. (A) MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccine codes MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid Health Insurance Payments: Group Health Plan Payments Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Other Home and Community-Based Services - Regular Payment (Waiver) Home and Community-Based Services - State Plan 1915(i) Only Payment Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderty Personal Care Services - Regular Payment Personal Care Services - SDS 1915(j) Targeted Case Management Services - Community Case-Management Case Management - State Wide Primary Care Case Management Services Hospice Benefits Emergency Services for Undocumented Aliens	cal Assistance Payments er Type: er Number: er Name: Total Comp. (A) (B) MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Community First Choice MCO PIHP - Community First Choice MCO PIHP - Vaccine codes MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Coinsurance And Deduc	cal Assistance Payments er Type: er Name: Total Comp. (A) (B) (C) MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicald Health Insurance Payments: Group Health Plan Payments Medicald Health Insurance Payments: Group Health Plan Payments Medicald Health Insurance Payments: Corisusurance And Deductibles Medicald Health Insurance Payments: Home and Community-Based Services - Regular Payment (Walver) Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment Home and Community-Based Services - State Plan 1915() Compayment	Total FMAP Services from Payments or Number: ar Number: ar Number: ar Number: ar Number: ar Number: by Comp. (A) (B) (C) (D) Accompany of the Preventive Services Grade A OR B. ACIP Vencines and their Admin Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Evaluation and Management MCO PIHP - Evaluation and Management MCO PIHP - Evaluation and Management MCO PIHP - Evaluation and Management MCO PIHP - Preventive Services Grade A OR B. ACIP Vencines and their Admin Medical Health Insurance Payments: Group Health Plan Payments Medicald Health Insurance Payments: Group Health Plan Payments Medicald Health Insurance Payments: Croup Health Plan Payments Medicald Health Insurance Payments: Active Plan 1915 (Only Payment Home and Community-Based Services - State Plan 1915 (Only Payment Home and Community Based Services - State Plan 1915 (Only Payment Home and Community Based Services - State Plan 1915 (Only Payment Home and Community Based Services - State Plan 1915 (Only Payment Home and Community Based Services - State Plan 1915 (Only Payment Home and Community Based Services - State Plan 1915 (Only Payment Home and Community Based Services - State Plan 1915 (Only Payment Home and Community Based Services - Community Case-Management Services - Community Case-Management Services - Community Case-Management Services - Community Case-Management Services - Community Case-Management Services - Community Case-Management Services - Community Case-Management Services - Program Case Management Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Payment Services - Regular Pa	Call Assistance Payments or Type: or Name: Total Comp. FMAP Services 100% (A) (B) (C) (D) FMAP Services 90% Services 90% (E) MCO PAHP - Preventive Services Grade A OR 8, ACIP Vaccines and their Admin MCO PHP - Evaluation and Management MCO PHP - Evaluation and Management MCO PHP - Vaccine codes MCO PHP - Vaccine codes MCO PHP - Vaccine and their Admin Modical Health Insurance Payments: Concurrence And Deductible Services - Regular Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community-Based Services - State Plan 1915() Only Payment Home and Community Based Services - State Plan 1915() Only Payment Home and Community Based Services - State Plan 1915() Only Payment Home and Community Based Services - State Plan 1915() Only Payment Home and Community Based Services - Regular Payment Parsonal Care Services - Regular Payment Payment Care Management Services - Community Case - Management Services - Community Case - Management Case Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case - Management Services - Community Case -	Call Assistance Payments er Type: er Number: er Name: Total Comp. Total Comp. (A) (B) (C) (D) (E) MOO PAHP - Community First Choice MOO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Inpatient Health Plan MCO PIHP - Evaluation and Management MCO PIHP - Evaluation and Management MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Mcdical Health Insurance Payments: Mcdical Hea	Total FIMAP Facility Fam. Plan. Computer Foderal Share Foderal S

Sta	State: Quarter Ended:								
	cal Assistance Payments				Federal	Share			
	er Type: er Number: er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

State: Quarter Ended:								:	
Medi	cal Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

te:			Quarter Ended:						
cal Assistance Payments				Federal	Share				
cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share	
	(A)	(B)	(C)	(D)	(E)		(F)	(G)	
Increased ACA OFFSET - MCO - 100%									
Dental Services									
Other Practitioners Services - Regular Payments									
Other Practitioners Services - Supplemental Payments									
Clinic Services									
Laboratory And Radiological Services									
Home Health Services									
Sterilizations									
Abortions No.									
EPSDT Screening Services									
Rural Health Clinic Screening									
Medicare Health Insurance Payments - Part A Premiums									
Medicare Health Insurance Payments - Part B Premiums									
120% - 134% Of Poverty									
Coinsurance And Deductibles									
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
Medicaid MCO - Evaluation and Management									
Medicaid MCO - Vaccine codes									
Medicaid MCO - Community First Choice									
Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
Prepaid Ambulatory Health Plan									
MCO PAHP - Evaluation and Management									
MCO PAHP - Vaccine codes									
	Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management	Total Comp. (A) Increased ACA OFFSET - MCO - 100% Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes Medicaid MCO - Vaccine codes Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and Management MCO PAHP - Evaluation and Management	Total Comp. (A) (B) Increased ACA OFFSET - MCO - 100% Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums A Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management	Total Comp. Total Comp. (A) (B) (C) Increased ACA OFFSET - MCO - 100% Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicare Health Insurance Payments - Medicard McO - Evaluation and Management Medicaid MCO - Evaluation and Medicaid MCO - Vaccine codes Medicaid MCO - Vaccine codes Medicaid MCO - Vaccines and their Admin Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management	Total Comp. Total Comp. Total Comp. Total Comp. Total Comp. (A) (B) (C) (D) Increased ACA OFFSET - MCO - 100% Dental Services 100% (D) Dental Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Steritizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Promiums Medicare Health Insurance Payments - Part B Promiums Medicare Health Insurance Payments - Managed Care Organizations (MCO) Medicare Health Insurance Payments: Managed Care Organizations (MCO) Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Preventive Services Grade A OR B. ACIP Vaccines and their Admin Prepaid Ambulatory Health Plan MCO PAHP - Evaluation and Management	Total Comp. Total Comp. FMAP Gervices 90% Gerv. Concerser/oes 90% (A) (B) (C) (D) (E) FMAP	Total Comp. Total Comp. (A) (B) (C) (D) (E) Increased ACA OFFSET - MCO - 100% Increased ACA OFFSET - MCO - 100% Dental Services 100% (D) (E) Increased ACA OFFSET - MCO - 100% Dental Services - Regular Permittioners Services - Regular Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners Services - Supplemental Permittioners - Per	Total Comp. FMAP IHS Facility Fam. Plan. Services Fam. Pl	

State: Quarter Ended: Medical Assistance Payments Federal Share							-		
	cal Assistance Payments				Federal	Share			
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								

Sta	le.	Quarter Ended:							
1	ical Assistance Payments				Federal	Share			
Spec	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

			Liı	ne #						
Medi	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services - Regular Payments			(-)		, ,			(-)	(1.1)
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services - Regular Payments									
2B	Mental Health Facility Services - DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

	al Assistance Payments		Liı	ne #						
	al Assistance Payments									
					Federal	Share				
Spec	ial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement	. ,		, ,						()
	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
	Other Practitioners Services - Regular Payments									
	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									
	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)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

	Fiscal Teal.									
			Li	ne #						
Medic	cal Assistance Payments				Federal	Share				
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

Specia 24A T. C 24B C	I Assistance Payments al Issue Reporting Program:	Total Comp.	FMAP	ne #	Federal	Share				
Specia 24A T. C 24B C	al Issue Reporting Program:	Comp.			Federal	Share				
24A C 24B C		Comp.								
24A C	argeted Case Management Services -	(/\)		Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
24A C	argeted Case Management Services -	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
248	Community Case-Management			. ,						()
25 P	Case Management - State Wide									
25	Primary Care Case Management Services									
26 H	lospice Benefits									
27 E	Emergency Services for Undocumented Aliens									
28 F	ederally-Qualified Health Center									
29 ^N	Ion-Emergency Medical Transportation									
30 P	Physical Therapy									
31 0	Occupational Therapy									
32 S	Services for Speech, Hearing and Language									
33 P	Prosthetic Devices, Dentures, Eyeglasses									
34 ^D	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP /accines and their Admin									
35 ^N	lurse Mid-Wife									
36 E	Emergency Hospital Services									
37 C	Critical Access Hospitals									
38 ^N	lurse Practitioner Services									
39 S	ichool Based Services									
40 R	Rehabilitative Services (non-school-based)									
41 P	Private Duty Nursing									
42 F	reestanding Birth Center									

			Li	ne #						
Medi	cal Assistance Payments									
Spe	cial Issue Reporting Program:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

		FISCAI TEAL.								
			Liı	ne #						
Medi	cal Assistance Payments				Federal	Share				
Wai Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
Eligi	bility:	(A)	(B)	100% (C)	90% (D)	Services *		(F)	(G)	/ 山 \
1A	Inpatient Hospital Services - Regular Payments	(A)	(6)	(0)	(D)	(=)		(Г)	(G)	(H)
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services - Regular Payments									
2B	Mental Health Facility Services - DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

FI:								cai fear:	
		Li	ne #						
cal Assistance Payments				Federal	Share				
		FMAP	IHS		Optional			Total	Deferral Or
	Total Comp.	Incr FMAP	Facility Services	Fam. Plan Services	Cerv. Cancer	Other % (Oth)	Federal Share	Federal Share	C.I.N. Number
Dility:	-	(B)					(F)	(G)	(H)
MCO - State Sidebar Agreement	(7.7)	(D)	(0)		(=)		(1)	(0)	(11)
Increased ACA OFFSET - Fee for Service - 100%									
Increased ACA OFFSET - MCO - 100%									
Dental Services									
Other Practitioners Services - Regular Payments									
Other Practitioners Services - Supplemental Payments									
Clinic Services									
Laboratory And Radiological Services									
Home Health Services									
Sterilizations									
Abortions No.									
EPSDT Screening Services									
Rural Health Clinic Screening									
Medicare Health Insurance Payments - Part A Premiums									
Medicare Health Insurance Payments - Part B Premiums									
120% - 134% Of Poverty									
Coinsurance And Deductibles									
Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
Medicaid MCO - Evaluation and Management									
Medicaid MCO - Vaccine codes									
Medicaid MCO - Community First Choice									
	Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes	ver Type: ver Number: ver Name: dibility: Total Comp. (A) MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Dental Services Other Practitioners Services - Regular Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes	cal Assistance Payments ver Type: ver Number: ver Name: ibility: (A) (B) MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Increased ACA OFFSET - Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid Health Insurance Payments: Managed Care Organizations (MCO) Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes	ver Type: ver Number: ver Name: ibility: Total Comp. Incr FMAP Total Comp. (A) (B) (C) MCO - State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Dental Services Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments Clinic Services Laboratory And Radiological Services Home Health Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums 120% - 134% Of Poverty Coinsurance And Deductibles Medicaid MCO - Evaluation and Management Medicaid MCO - Vaccine codes	Federal FMAP Incr FMAP Services Ver Number: Ver Name: Ibility: Incr FMAP In	Total Comp. Total Comp.	Total Comp. Total Comp. (A) (B) (C) (D) (E) MCO- State Sidebar Agreement Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100% Dental Services - Regular Payments Carlino Services - Regular Payments Carlino Services - Regular Payments Carlino Services - Regular Payments Carlino Services - Regular Payments Laboratory And Radiological Services Sterilizations Abortions No. EPSDT Screening Services Rural Health Clinic Screening Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums Medicare Health Insurance Payments - Part B Premiums Medicare Health Insurance Payments - Part B Premiums Medicare Health Insurance Payments - Part B Premiums Medicare Health Insurance Payments - Mart A Premiums Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Medicare Gray Gray Carlino Screening Medicare Medicare Medicare Gray Carlino Scree	Line # ral Assistance Payments ver Type: ver Number:	Total comp. Total Comp. (A) (B) (C) (D) (E) (F) (G) Incremand ADA OFFEET - Fee for Service - 100% Other Practitioners Services - Regular Poyments - Performance Other Practitioners Services - Supplemental Poyments - Performance Indicate Health Fourance Payments - Performance Medicate Health Fourance Payments - Performance Medicate Health Incremance Payments - Performance Medicate Modification and Management Medicated Modification and

Walver Number: Walver Number: Walver Number: Eligibility: (A) (B) (C) (D) (E) (F) (G) Incr FMAP Spraces Spraces Sprace Spraces Sprace A (D) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G			FISCAL YEAR:								
Waiver Number: Waiver Name: Eligibility: (A) (B) (C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (D) (E) (F) (G) (G) (G) (G) (G) (G) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G				Liı	ne #						
Waiver Number: Waiver Name: Eligibility: Total Comp. (A) (B) (C) (D) (E) (F) (G) (B) (C) (D) (E) (F) (G) (B) (C) (D) (E) (F) (G) (B) (C) (D) (E) (F) (G) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	Medi	cal Assistance Payments				Federal	Share				
Maiver Number: Total	Wai	ver Type:		FMAP							
Total Comp. Incr FMAP Services Servi	1	-			IHS					Total	Deferral
Eligibility: Comp. Services Services Services Share Share Share Share Nu (A) (B) (C) (D) (E) (F) (G) IBAA Medical MoD - Preventive Services Glade A RR A, CPP Variations and Management Share Nu (A) (B) (C) (D) (E) (F) (G) IBAB MCD PAIP - Evaluation and Management Share Nu (A) (B) (C) (D) (E) (F) (G) IBAB MCD PAIP - Evaluation and Management Share Nu (A) (B) (C) (D) (E) (F) (F) (G) IBAB MCD PAIP - Variation and Management Share Nu (A) (B) (C) (D) (E) (F) (F) (G) IBAB MCD PAIP - Variation and Management Nu (A) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Wai	ver Name:	Total	Incr FMAP					Federal		Or C.I.N.
(A) (B) (C) (D) (E) (F) (G) 18A4 (RR B, ACP Vaccines and bar Admin 18B1 Prepaid Ambutatory Health Plan 18B1 MOD PAHP - Evaluation and Management 8 a 18B1 MOD PAHP - Community First Cholos 18B1 MOD PAHP - Community First Cholos 18B2 MOD PAHP - Community First Cholos 18B2 MOD PAHP - Preventive Services Grade A OR 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Elia	bility		IIIOI I WA			Cancer				Number
1884 ACR Processes and Pater Admin Montagement at Management at Montagement at Machine	Liig	bility.		(B)					(F)	(G)	(H)
1881 Prepaid Ambulatory Health Plan 1881 MCO PAMP - Evaluation and Management 1881 MCO PAMP - Evaluation and Management 1881 MCO PAMP - Varieties codes 1881 MCO PAMP - Varieties codes 1881 MCO PAMP - Preventine Services Crade A OR d 1882 ACID Vaccines and ties Admin 1882 Prepaid Inpatient Health Plan 1882 MCO PIMP - Evaluation and Management 1882 MCO PIMP - Evaluation and Management 1882 MCO PIMP - Foundation and Management 1882 MCO PIMP - Foundation and Management 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1883 MCO PIMP - Vaccine codes 1884 MCO PIMP - Vaccine codes 1885 MCO PIMP - Vaccine codes 1886 MCO PIMP - Vaccine codes 1887 MCO PIMP - Vaccine codes 1888 MCO PIMP - Vaccine codes 1888 MCO PIMP - Vaccine codes 1888 MCO PIMP - Vaccine codes 1889 MCO PIMP - Vaccine codes 1880 MCO PIMP - Vaccine codes 1881 MCO PIMP - Vaccine codes 1882 MCO PIMP - Vaccine codes 1883 MCO PIMP - Vaccine codes 1884 MCO PIMP - Vaccine codes 1885 MCO PIMP - Vaccine codes 1886 MCO PIMP - Vaccine codes 1886 MCO PIMP - Vaccine codes 1887 MCO PIMP - Vaccine codes 1888 MCO PIMP		Medicaid MCO - Preventive Services Grade A	(7)	(6)	(0)	(D)	(-)		((0)	(11)
18B1 MCO PAHP - Evaluation and Management a	18A4										
1881 MOD PAHP - Varcine codes b MOD PAHP - Varcines codes codes d MOD PAHP - Community First Choice d MOD PAHP - Preventive Services Grade A OR d R ACIP Vaccines and their Admin d MOD PHIP - Evaluation and Management a 1882 MOD PHIP - Evaluation and Management a 1882 MOD PHIP - Evaluation and Management a 1882 MOD PHIP - Preventive Services Grade A OR d R ACIP Vaccines and their Admin a 1882 MOD PHIP - Preventive Services Grade A OR d R ACIP Vaccines and their Admin a 1882 R MOD PHIP - Preventive Services Grade A OR d R ACIP Vaccines and their Admin a 1884 R Moderal Health Insurance Payments: Group Health Pan Payments 1885 Medicaid Health Insurance Payments: Conter Consumers And Deductibles 1886 Medicaid Health Insurance Payments: Other 1887 Request Payment 1888 Medicaid Health Insurance Payments: Other 1888 Medicaid Health Insurance Payments: Other 1889 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1881 Medicaid Health Insurance Payments: Other 1882 Medicaid Health Insurance Payments: Other 1883 Medicaid Health Insurance Payments: Other 1884 Medicaid Health Insurance Payments: Other 1885 Medicaid Health Insurance Payments: Other 1886 Medicaid Health Insurance Payments: Other 1886 Medicaid Health Insurance Payments: Other 1887 Medicaid Health Insurance Payments: Other 1888 Medicaid Health Insurance Payments: Other 1889 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medicaid Health Insurance Payments: Other 1880 Medi	18B1	Prepaid Ambulatory Health Plan									
1881 MCO PAHP - Reventires Services Grade A OR C C C C C C C C C C C C C C C C C C	I	MCO PAHP - Evaluation and Management									
18B1 B. MCO PHP - Preventive Services Grade A OR B. Dragotile Control of the Cont	I	MCO PAHP - Vaccine codes									
1882 MCO PHP - Evaluation and Management 1882 MCO PHP - Evaluation and Management 1882 MCO PHP - Evaluation and Management 1882 MCO PHP - Evaluation and Management 1882 MCO PHP - Vaccine codes 1882 MCO PHP - Community First Choice 1882 MCO PHP - Vaccine sorter 1882 MCO PHP - Vaccine sorter 1882 MCO PHP - Vaccine sorter 1882 MCO PHP - Vaccine sorter 1882 MCO PHP - Preventive Services Grade A OR 1882 MCO PHP - Vaccines and their Admin 1884 MCO PHP - Vaccines and their Admin 1885 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 MCO PHP - Preventive Services Grade A OR 1886 McO PHP - Preventive Services Grade A OR 1886 McO PHP - Preventive Services Grade A OR 1886 McO PHP - Preventive Services Grade A OR 1886 McO PHP - Preventive Services Grade A OR 1887 McO PHP - Preventive Services Grade A OR 1888 McO PHP - Preventive Services Grade A OR 1888 McO PHP - Preventive Services Grade A OR 1888 McO PHP - Preventive Services Grade A OR 1888 McO PHP - Vaccine and McO PHP -	18B1	MCO PAHP - Community First Choice									
18B2 MCO PIHP - Evaluation and Management 18B2 MCO PIHP - Vaccine codes 18B2 MCO PIHP - Community First Choice 18B2 MCO PIHP - Community First Choice 18B2 MCO PIHP - Preventive Services Grade A OR B, ACIP' Vaccines and their Admin 18C Medicaid Health Insurance Payments: Group 18B0 Medicaid Health Insurance Payments: Group 18B0 Medicaid Health Insurance Payments: 18B0 Medicaid Health Insurance Payments: 18B1 Medicaid Health Insurance Payments: 18B2 Medicaid Health Insurance Payments: 18B3 Medicaid Health Insurance Payments: 18B4 Medicaid Health Insurance Payments: 18B5 Medicaid Health Insurance Payments: 18B6 Medicaid Health Insurance Payments: 18B7 Medicaid Health Insurance Payments: 18B8 Medicaid Health Insurance Payments: 18B9 Medicaid Health Insurance Payments: 18B9 Medicaid Health Insurance Payments: 18B1 Medicaid Health Insurance Payments: 18B1 Medicaid Health Insurance Payments: 18B2 Medicaid Health Insurance Payments:											
18B2 b MCO PIHP - Vaccine codes b MCO PIHP - Vaccine codes b MCO PIHP - Preventive Services Grade A OR C B ACIP Vaccines and their Admin McGode B ACIP Vaccines and their Admin McGode B ACIP Vaccines and their Admin McGode B ACIP Vaccines and their Admin McGode Health Insurance Payments: Group Health Plan Payments Consurance And Deductibles Consurance And Deductibles McGode B McG	18B2	Prepaid Inpatient Health Plan									
18B2 C MCO PIHP - Community First Choice C B MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin D Medicaid Health Insurance Payments: Group Health Pilan Payments D Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payments: Community B Medicaid Health Insurance Payment B Medicaid Health Insurance Payments: Community	I	MCO PIHP - Evaluation and Management									
MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin		MCO PIHP - Vaccine codes									
B, ACIP Vaccines and their Admin Medicaid Health Insurance Payments: Group Health Plan Payments Medicaid Health Insurance Payments: Coinsurance And Deductibles Medicaid Health Insurance Payments: Other Medicaid Health Insurance Payments	I	MCO PIHP - Community First Choice									
Health Plan Payments 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(i) Only Payment 19D Home and Community Based Services State Plan 1915(i) Only Payment 22 Programs Of All-Inclusive Care Elderly 23A Personal Care Services - Regular Payment		MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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(i) Only Payment 19D Home and Community Based Services State Plan 1915(i) Only Payment 22 Programs Of All-Inclusive Care Elderly 23A Personal Care Services - Regular Payment	18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
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 19D Home and Community Based Services State Plan 1915(k) Community First Choice 22 Programs Of All-Inclusive Care Elderty 23A Personal Care Services - Regular Payment	18D										
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 19D Home and Community Based Services State Plan 1915(k) Community First Choice 22 Programs Of All-Inclusive Care Elderly 23A Personal Care Services - Regular Payment	18E	Medicaid Health Insurance Payments: Other									
Plan 1915(i) Only Payment 19C Home and Community-Based Services - State Plan 1915(j) Only Payment 19D Home and Community Based Services State Plan 1915(k) Community First Choice 22 Programs Of All-Inclusive Care Elderly 23A Personal Care Services - Regular Payment	19A										
Plan 1915(j) Only Payment 19D Home and Community Based Services State Plan 1915(k) Community First Choice 22 Programs Of All-Inclusive Care Elderly 23A Personal Care Services - Regular Payment	19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
Plan 1915(k) Community First Choice 22 Programs Of All-Inclusive Care Elderly 23A Personal Care Services - Regular Payment Parsonal Care Services - SDS 1915(i)	19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
23A Personal Care Services - Regular Payment Personal Care Services - SDS 1915(i)	19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
Personal Care Senines - SDS 1015(i)	22	Programs Of All-Inclusive Care Elderly									
Personal Care Services - SDS 1915(j)	23A	Personal Care Services - Regular Payment									
	23B	Personal Care Services - SDS 1915(j)									

	riscal fear:									
			Liı	ne #						
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type:		FMAP							
l	ver Number:			IHS		Optional			Total	Deferral
	ver Name:	Total	Incr FMAP	Facility	Fam. Plan	Breast or Cerv.	Other % (Oth)	Federal	Federal	Or C.I.N.
		Comp.	IIICI I WIAF	Services	Services 90%	Cancer Services *		Share	Share	Number
Elig	ibility:	(A)	(P)	100%	(D)			(F)	(C)	(Ш)
	Targeted Case Management Services -	(//)	(B)	(C)	(D)	(E)		(୮)	(G)	(H)
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
Wai Wai	ver Type: ver Number: ver Name: ibility:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

State: Quarter Ended:									•
Medi	cal Assistance Payments				Federal	Share			
1	er Type: er Number: er Name:	Total	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or	Other % (Oth)		Total Federal
Waiv	er Name.	Comp.		100%	90%	Cerv. Cancer Services		Federal Share	Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

Sta			1				Quarter Ended:			
	cal Assistance Payments				Federal	Share				
	er Type: er Number: er Name:	Total Comp.	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer	Other % (Oth)	Federal Share	Total Federal	
		(A)	(B)	100% (C)	90% (D)	Services (E)		(F)	Share (G)	
	Increased ACA OFFSET - MCO - 100%		, ,		, ,	, ,		, ,		
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums									
17B	Medicare Health Insurance Payments - Part B Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									

State: Quarter Ended:									
Medi	cal Assistance Payments				Federal	Share			
	er Type: er Number: er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
18B1	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								

State: Quarter Ended:									
1	ical Assistance Payments				Federal	Share			
	er Type: er Number: er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

64.S9RAC - RAC Collections

State: Quarter Ended:

	Total Computable (A)	Medicaid Federal Share (B)	ARRA Federal Share (C)	BIPP Federal Share (D)	Total Federal Share (E)
Collections Not Previously Reported on CMS-64.9ORAC					
Collections on Overpayment previously reported on CMS-64.9ORAC					
3 Total Collections					
RAC CONTINGENCY FEES DEDUCTED FROM COLLECTIONS					
5 COLLECTIONS LESS FEES					
6 LESS PREVIOUSLY REPORTED ON 64.9ORAC. (Line 2)					
7 NET COLLECTIONS					

Form: CMS 64.S9RAC Report Date: Friday, February 01, 2013 - 02:57 PM

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

State:			Quarter Ended:
		Medical Assistance Payment and Medicaid CHIP	State and Local Administration
Expe	enditures Reported for Period orm Number	Federal Share	Federal Share
~y		(A)	(B)
FFY			
1.	FY YYYY CAP		
2.	Amount Previously reported		
6.	Expenditures in this Quarter		
6.A.	From Form CMS-64.9/CMS-64.10		
6.A.1.	From Form CMS-64.9T		
6.A.2.	From Form CMS-64.9E/CMS-64.9PE		
6.B.	From Form CMS-64.21		
6.C.	From Form CMS-64.21U		
7.	Adjustments Increasing Claims for Prior Quarters		
7.A.	From Form CMS 64.9P/CMS 64.10P		
7.A.1.	From Form CMS-64.9TP		
7.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
7.B.	From Form CMS-64.21P		
7.C.	From Form CMS-64.21UP		
3.	Other Expenditures		
8.A.	From Form CMS 64.9P/CMS 64.10P		
8.A.1.	From Form CMS-64.9TP		
8.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
8.B.	From Form CMS-64.21P		
8.C.	From Form CMS-64.21UP		
0A.	Adjustments Decreasing Claims for Prior Quarters:		
١.	Federal Audit		
10.A.1.	From Form CMS 64.9P/CMS 64.10P		
10.A.1.a.	From Form CMS-64.9TP		
10.A.1.b.	From Form CMS-64.9EP/CMS-64.9PEP		
10.A.2.	From Form CMS 64.21P		
10.A.3.	From Form CMS 64.21UP		
10B.	Adjustments Decreasing Claims for Prior Quarters:		
3.	Federal Audit		
10.B.1.	From Form CMS 64.9P/CMS 64.10P		
10.B.1.a.	From Form CMS-64.9TP		
10.B.1.b.	From Form CMS-64.9EP/CMS-64.9PEP		
10.B.2.	From Form CMS 64.21P		
10.B.3.	From Form CMS 64.21UP		
1.	Net Expenditures Reported This Period		
12.	Unused CAP		

Expenditures for State and Local Administration - 200K For the Medical Assistance Program Expenditures In This Quarter

			I	Fede		Tatal		
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	- Total Federal Share	
		(A)		(B)		(C)	(D)	
1	Family Planning							
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities							
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors							
ЗА	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 - 200K For the Medical Assistance Program Expenditures In This Quarter

						Quarter Ended:					
				Fede	eral Share		Total				
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share				
		(A)		(B)		(C)	(D)				
20	Program Integrity/Fraud, Waste, and Abuse Activities										
21	County/Local ADM Costs										
22	Interagency Costs (State Level)										
23	Translation and Interpretation										
24	Health Information Technology Administration										
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										
27	Recovery Audit Contractors State Administration										
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities										
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors										
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities										
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors										
29	Other Financial Participation										
30	Total										

Expenditures for State and Local Administration - 200K For the Medical Assistance Program Prior Period Adjustments

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

Expenditures for State and Local Administration - 200K For the Medical Assistance Program Prior Period Adjustments

			Line	#			TIOI I ISCAI TE	
				Federal S	hare		Total	Deferral
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number
		(A)		(B)	(C)	(D)	(E)
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	School Based Administration							
20	Program Integrity/Fraud, Waste, and Abuse Activities							
21	County/Local ADM Costs							
22	Interagency Costs							
23	Translation and Interpretation							
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities							
24B	HIT: Planning: Cost of Private Contractors							
24C	HIT: Implementation and Operation: Cost of In-house Activities							
24D	HIT: Implementation and Operation: Cost of Private Contractors							
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							
27	Recovery Audit Contractors State Administration							
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities							

Expenditures for State and Local Administration - 200K For the Medical Assistance Program Prior Period Adjustments

	Line #										
				Federal S	hare	Total	Deferral				
		Total Computable	FFP Rate	Federal Share	0.0%	Federal Share	Federal Share	Or C.I.N. Number			
		(A)	(B)	(C)	(D)	(E)			
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors										
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities										
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors										
29	Other Financial Participation										
30	Total										

Stat	e:						Q	uarter Ended	
Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type: er Number:					0	Other &	& Prompt Pay	
Waiv	er Number:	Total		IHS Facility	Fam. Plan.	Optional Breast or	Other %		_Total
Waiv	er Name:	Total Comp.	FMAP	Services 100%	Services 90%	Cerv. Cancer Services	(Oth) Prompt Pay (PP)	Federal Share	Federal Share
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

Stat	e:								
Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type: er Number:					0	Other &	R Prompt Pay	
Waiv	er Number:	T-4-1		IHS Facility	Fam. Plan.	Optional Breast or	Other %		Total
Waiv	er Name:	Total Comp.	FMAP	Services	Services	Cerv. Cancer	(Oth) Prompt Pay	Federal Share	Federal
			(5)	100%	90%	Services	(PP)		Share
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

State: Quarter Ended:								•	
ı	cal Assistance Payments				Federal	Share			
Waive	er Type: er Number:					Optional		& Prompt Pay	Total
	er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
18B1 c	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								

Sta	te:						Qı	uarter Ended	:
Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type: er Number:	1				Ontional	Other 8	& Prompt Pay	
	er Number: er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
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								
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
44	Tobacco Cessation for Preg Women								
49	Other Care Services								
50	Total								

								1 13	cai Year:	
			L	ine #						
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)	(PP)	(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments	. ,	(-)			(-/		(-)		(1.7)
1B	Inpatient Hospital Services: DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

								1 13	cai Year:	
			L	ine #						
Medi	cal Assistance Payments				Federal	Share		<u> </u>		
Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)	(FF)	(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

Line #										
			L	ine #						
Medi	cal Assistance Payments				Federal	Share				
Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)	,	(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

Line #		cai Year:	iscai	ГІ										
Waiver Number: Waiver Name: Total Comp. FMAP Comp. FMA														
Waiver Number: Waiver Name: Total Comp. Total Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Share Sha						Share	Federal				cal Assistance Payments	Medi		
DSH Allotment Year: (A) (B) (C) (D) (E) (F) (G) Taggeted Case Management Services 24B Communify Case Management 25 Primary Care Case Management Services 26 Hoppice Brandits 27 Emergency Services for Undocumented Allene 28 Federally-Qualified Hearth Center 29 Non-Emergency Medical Transportation 30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Evoglasses 34 Diagnostic Screening & Preventive Services 35 Narse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Narse Protitioner Services 39 School Based Services 40 Reflabilitative Services 40 Reflabilitative Services 40 Reflabilitative Services 40 Reflabilitative Services 41 Services from-school-based)	Deferral Or C.I.N. Number	Federal	 ıl	Federal	Other % (Oth)	Breast or Cerv. Cancer	Services	Facility Services	FMAP		ver Number:	Wai		
24B Clase Management - State Wide 25 Primary Care Case Management Services 26 Hospices Benefits 27 Emergency Services for Undocumented Allena 28 Federally-Qualified Health Center 29 Non-Emergency Medical Transportation 30 Physical Transpy 31 Occupational Thorapy 32 Services for Speech, Health gand Language 33 Prosthetic Devices, Demurae, Eyegiasses 34 Diagnostic Screening & Preventive Services 34 Preventive Services Crade A OR B, ACIP Vaccines and their Admin 35 Nurse Med-Wife 36 Emergency Hospital Services 39 School Based Services 39 School Based Services 40 Rehabilitative Services 40 Rehabilitative Services 40 Rehabilitative Services 40 Rehabilitative Services	(H)	(G)		(F)		(E)	(D)		(B)	(A)	Allotment Year:	DSH		
25 Primary Care Case Management Services 26 Hospice Bernelits 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 Narse Mid-Wife 36 Emergency Hospitals 37 Ortical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services 40 Rehabilitative Services 40 Rehabilitative Services 40 Rehabilitative Services											Targeted Case Management Services - Community Case-Management	24A		
26 Hospice Benefits 27 Emergency Services for Undocumented Alens 28 Foderally-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 34 Diagnostic Screening & Preventive Services 35 Nurse Mid-Ville 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilistive Services (non-school-based)											Case Management - State Wide	24B		
Emergency Services for Undocumented Allens Enderally-Qualified Health Center Non-Emergency Medical Transportation Non-Emergency Medical Transportation Occupational Therapy Services for Speech, Hearing and Language Services for Speech, Hearing and Language Diagnostic Screening & Preventive Services Juagnostic Screening & Preventive Services Emergency Hospital Services Nurse Mid-Wille Emergency Hospital Services Nurse Practitioner Services Nurse Practitioner Services Rehabilitative Services (non-school-based)											Primary Care Case Management Services	25		
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 34 Preventive Services Grade A OR B, ACIP Vaccines and their Admin 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)											Hospice Benefits	26		
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 34 Preventive Services Grade & OR B, ACIP Vaccines and their Admin 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)											Emergency Services for Undocumented Aliens	27		
30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34 Preventive Services Grade A OR B, ACIP 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)											Federally-Qualified Health Center	28		
31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34A Preventive Services Grade A OR B, ACIP 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)											Non-Emergency Medical Transportation	29		
32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34A Preventive Services Grade A OR B, ACIP 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)											Physical Therapy	30		
32 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services 34 Preventive Services Grade A OR B, ACIP 35 Vaccines and their Admin 36 Nurse Mid-Wife 37 Critical Access Hospital Services 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based)											Occupational Therapy	31		
34 Diagnostic Screening & Preventive Services 34A Preventive Services Grade A OR B, ACIP Vaccines and their Admin 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)											Services for Speech, Hearing and Language	32		
34 Preventive Services Grade A OR B, ACIP Vaccines and their Admin 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)											Prosthetic Devices, Dentures, Eyeglasses	33		
Vaccines and their Admin 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)											Diagnostic Screening & Preventive Services	34		
36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based)											Preventive Services Grade A OR B, ACIP Vaccines and their Admin	34A		
37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based)											Nurse Mid-Wife	35		
38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based)											Emergency Hospital Services	36		
39 School Based Services 40 Rehabilitative Services (non-school-based)											Critical Access Hospitals	37		
40 Rehabilitative Services (non-school-based) Private Duty Nursing											Nurse Practitioner Services	38		
Private Duty Nursing											School Based Services	39		
. Private Duty Nursing											Rehabilitative Services (non-school-based)	40		
											Private Duty Nursing	41		
42 Freestanding Birth Center											Freestanding Birth Center	42		

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
1	ver Type:						Other 8	Prompt Pay		Deferral
	ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Or C.I.N. Number
DSH	OSH Allotment Year: (A) (B) (C) (D) (E) (F)						(G)	(H)		
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									

Medi	cal Assistance Payments				Federal	Share			
Waiv	er Type:								
Waiv	er Number: er Name:	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share	Total Federal Share
_	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
1C	Inpatient Hospital Services - Supplemental Payments								
1D	Inpatient Hospital Services - GME Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
ЗА	Nursing Facility Services - Regular Payments								
3B	Nursing Facility Services - Supplemental Payments								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments								
5A	Physician and Surgical Services - Regular Payments								
5B	Physician and Surgical Services - Supplemental Payments								
5C	Physician & Surgical Services - Evaluation and Management								
5D	Physician & Surgical Services - Vaccine codes								
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%								

	e:	Charc		uarter Ended	•				
	cal Assistance Payments				Federal	onare			
	er Type: er Number: er Name:	Total	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer	Other % (Oth)		Total Federal
Progr		Comp.		100%	90%	Services		Federal Share	Share
_	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
7A6	Increased ACA OFFSET - MCO - 100%								
8	Dental Services								
9A	Other Practitioners Services - Regular Payments								
9B	Other Practitioners Services - Supplemental Payments								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
17C1	120% - 134% Of Poverty								
17D	Coinsurance And Deductibles								
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)								
18A1	Medicaid MCO - Evaluation and Management								
18A2	Medicaid MCO - Vaccine codes								
18A3	Medicaid MCO - Community First Choice								
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1	Prepaid Ambulatory Health Plan								
18B1 a	MCO PAHP - Evaluation and Management								
18B1 b	MCO PAHP - Vaccine codes								

Stat						uarter Ended	•		
l	cal Assistance Payments				Federal	Share			
	er Type: er Number: er Name:	Total	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer	Other % (Oth)	- 1 O	Total Federal
Progi	am: DSH Excess Expenditure	Comp.		100%	90%	Services		Federal Share	Share
_	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
18B1	MCO PAHP - Community First Choice								
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2	Prepaid Inpatient Health Plan								
18B2 a	MCO PIHP - Evaluation and Management								
18B2 b	MCO PIHP - Vaccine codes								
18B2 c	MCO PIHP - Community First Choice								
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
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								
19D	Home and Community Based Services State Plan 1915(k) Community First Choice								
22	Programs Of All-Inclusive Care Elderly								
23A	Personal Care Services - Regular Payment								
23B	Personal Care Services - SDS 1915(j)								
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								

Sta	le.	Quarter Ended: Federal Share										
1	cal Assistance Payments				Federal	Share						
	er Type: er Number: er Name:	Total	FMAP	IHS Facility Services	Fam. Plan. Services	Optional Breast or Cerv. Cancer	Other % (Oth)		Total Federal			
Prog	ram: DSH Excess Expenditure	Comp.		100%	90%	Services		Federal Share	Share			
_	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)			
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											
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin											
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											
44	Tobacco Cessation for Preg Women											
49	Other Care Services											
50	Total											

Line #										
			Li	ine #						T
Medi	cal Assistance Payments				Federal	Share				
	ver Type: ver Number:			IHS		Optional Breast or	Other &	& Prompt Pay	Total	Deferral Or
	ver Name:	Total Comp.	FMAP	Facility Services	Fam. Plan Services	Cerv. Cancer	(Oth)	Federal Share	Federal Share	C.I.N. Number
	gram: DSH Excess Expenditure Allotment Year:		(D)	100%	90%	Services *	(PP)			
рэн		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments									
1B	Inpatient Hospital Services: DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
ЗА	Nursing Facility Services - Regular Payments									
3B	Nursing Facility Services - Supplemental Payments									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									
5D	Physician & Surgical Services - Vaccine codes									
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									

Line #										
			L	ine #					I	I
Medio	cal Assistance Payments				Federal	Share				
Waiv Waiv	ver Type: ver Number: ver Name:	Total	FMAP	IHS Facility Services	Fam. Plan Services	Optional Breast or Cerv. Cancer	Other % (Oth)	Federal Share	Total Federal Share	Deferral Or C.I.N.
	gram: DSH Excess Expenditure	Comp.		100%	90%	Services *	Prompt Pay (PP)			Number
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
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									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									

								1 130	cai Year:	
Line # Medical Assistance Payments Federal Share										
Medi	cal Assistance Payments				Federal	Share				
Wai Wai	ver Type: ver Number: ver Name:	Total	FMAP	IHS Facility Services	Fam. Plan Services	Optional Breast or Cerv. Cancer	Other % (Oth)	Federal	Total Federal	Deferral Or C.I.N.
	gram: DSH Excess Expenditure	Comp.		100%	90%	Services *	Prompt Pay (PP)		Share	Number
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B1	Prepaid Ambulatory Health Plan									
18B1 a	MCO PAHP - Evaluation and Management									
18B1 b	MCO PAHP - Vaccine codes									
18B1 c	MCO PAHP - Community First Choice									
18B1 d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18B2	Prepaid Inpatient Health Plan									
18B2 a	MCO PIHP - Evaluation and Management									
18B2 b	MCO PIHP - Vaccine codes									
18B2 c	MCO PIHP - Community First Choice									
18B2 d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19A	Home and Community-Based Services - Regular Payment (Waiver)									
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment									
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment									
19D	Home and Community Based Services State Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									

Line #										
Medi	cal Assistance Payments				Federal	Share		<u> </u>		
Wai Wai	ver Type: ver Number: ver Name:	Total Comp.	FMAP	IHS Facility Services	Fam. Plan Services	Optional Breast or Cerv. Cancer	Other & Other % (Oth) Prompt Pay	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
	gram: DSH Excess Expenditure			100%	90%	Services *	(PP)			
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
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									
34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
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									

			Li	ne #						
Medi	cal Assistance Payments				Federal	Share				
1	ver Type:						Other 8	Prompt Pay		Deferral
Wai	ver Number: ver Name: gram: DSH Excess Expenditure	Total Comp.	FMAP	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share	Total Federal Share	Or C.I.N. Number
DSH	Allotment Year:	(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
49	Other Care Services									
50	Total									