



MISSISSIPPI DIVISION OF
MEDICAID

Mississippi HealthExplorer MARS Subsystem
Division of Medicaid
MEDICAID PROGRAM EXPENDITURES REPORT
(MR-O-64W/R-EXP)

Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program
Expenditures in This Quarter
Family Planning Waiver Only
For the Quarter Ended 09/30/2015

Federal Line Item	All Other Providers Paid Amount Unaffordable Demo Year (Date of Service)	All Other Providers Paid Amount Closed Demo Years	All Other Providers Paid Amount Demo Year 10 (Date of Service)	All Other Providers Paid Amount Demo Year 11 (Date of Service)	All Other Providers Paid Amount Demo Year 12 (Date of Service)	All Other Providers Paid Amount Sub-Total	IHS Paid Amount Unaffordable Demo Year (Date of Service)	IHS Paid Amount Closed Demo Years	IHS Paid Amount Demo Year 10 (Date of Service)	IHS Paid Amount Demo Year 11 (Date of Service)	IHS Paid Amount Demo Year 12 (Date of Service)	IHS Paid Amount Sub-Total	Total
1A. INPATIENT HOSPITAL SERVICES - REGULAR PAYMENTS	\$0.00	\$0.00	\$3,340.21	\$0.00	\$0.00	\$3,340.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,340.21
1B. INPATIENT HOSPITAL SERVICES - DSH ADJUSTMENT PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2A. MENTAL HEALTH FACILITY SERVICES - REGULAR PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2B. MENTAL HEALTH FACILITY SERVICES - DSH ADJUSTMENT PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. NURSING FACILITY SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4A. ICF SERVICES - MENTALLY RETARDED PUBLIC PROVIDERS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4A. INTERMEDIATE CARE FACILITY SERVICES - MENTALLY RETARDED PUBLIC PROVIDERS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B. ICF SERVICES - MENTALLY RETARDED PRIVATE PROVIDERS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B. INTERMEDIATE CARE FACILITY SERVICES - MENTALLY RETARDED PRIVATE PROVIDERS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. PHYSICIANS - SERVICES	\$0.00	-\$113.61	\$488.90	\$24,188.00	\$788,389.37	\$812,952.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$812,952.66
6. OUTPATIENT HOSPITAL SERVICES	\$0.00	-\$1,103.22	\$0.00	\$3,213.62	\$54,777.14	\$56,887.54	\$0.00	\$0.00	\$0.00	\$0.00	\$342.00	\$342.00	\$57,229.54
7. PRESCRIBED DRUGS	\$0.00	\$0.00	\$0.00	\$0.00	\$406,554.60	\$406,554.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$406,554.60
7A1. DRUG REBATE OFFSET - NATIONAL AGREEMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7A2. DRUG REBATE OFFSET - STATE SIBSBA AGREEMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. DENTAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. OTHER PRACTITIONERS SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$88.16	\$88.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.16
10. CLINIC SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. LABORATORY AND RADIOLOGICAL SERVICES	\$0.00	\$0.00	\$0.00	\$5,441.84	\$130,825.04	\$136,266.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$136,266.88
12. HOME HEALTH SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. STERILIZATIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. ABORTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. ABORTIONS NO. 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. EPIDST SCREENING SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16. RURAL HEALTH CLINIC SCREENING	\$0.00	\$0.00	\$0.00	\$198.14	\$60,889.42	\$61,087.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,087.56
17A. MEDICARE HEALTH INSURANCE PAYMENTS - PART A PREMIUMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17B. MEDICARE HEALTH INSURANCE PAYMENTS - PART B PREMIUMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17C1. 120% - 134% OF POVERTY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17C2. 135% - 175% OF POVERTY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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MEDICAID PROGRAM EXPENDITURES REPORT
(MR-O-64WV/R-EXP)

Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

Family Planning Waiver Only

For the Quarter Ended 09/30/2015

Run Date: 09/28/2015

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As of 09/30/2015

Federal Line Item	All Other Providers Paid Amount Unidentifiable Demo Year (Date of Service)	All Other Providers Paid Amount Closed Demo Years	All Other Providers Paid Amount Demo Year 10 (Date of Service)	All Other Providers Paid Amount Demo Year 11 (Date of Service)	All Other Providers Paid Amount Demo Year 12 (Date of Service)	All Other Providers Paid Amount Sub-total	IHS Paid Amount Unidentifiable Demo Year (Date of Service)	IHS Paid Amount Closed Demo Years	IHS Paid Amount Demo Year 10 (Date of Service)	IHS Paid Amount Demo Year 11 (Date of Service)	IHS Paid Amount Demo Year 12 (Date of Service)	IHS Paid Amount Sub-total	Total
17D. CONSUMANCE AND DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18A. MEDICAID HEALTH INSURANCE PAYMENTS: MANAGED CARE ORGANIZATIONS (MCO)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18B1. PREPAID AMBULATOR HEALTH PLAN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18B2. PREPAID INPATIENT HEALTH PLAN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18C. MEDICAID HEALTH INSURANCE PAYMENTS: GROUP HEALTH PLAN PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18D. MEDICAID HEALTH INSURANCE PAYMENTS: CONSUMANCE AND DEDUCTIBLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18E. MEDICAID HEALTH INSURANCE PAYMENTS: OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19A. HOME AND COMMUNITY-BASED SERVICES - WAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19B. HOME AND COMMUNITY-BASED SERVICES - WEB	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19C. HOME AND COMMUNITY-BASED SERVICES - WIL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19D. HOME AND COMMUNITY-BASED SERVICES - WMH	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19E. HOME AND COMMUNITY-BASED SERVICES - WTB	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. HOME AND COMMUNITY-BASED CARE FOR FUNCTIONALLY DISABLED ELDERLY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. COMMUNITY SUPPORTED LIVING SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. PROGRAMS OF ALL-INCLUSIVE CARE ELDERLY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. PERSONAL CARE SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TARGETED CASE MANAGEMENT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. PRIMARY CARE CASE MANAGEMENT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. HOSPICE BENEFITS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. EMERGENCY SERVICES: UNDOCUMENTED ALIENS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. FEDERALLY-QUALIFIED HEALTH CENTER	\$0.00	\$0.00	\$102.25	\$389.71	\$70572.66	\$71,065.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71,065.62	\$71,065.62
29. NON-EMERGENCY TRANSPORTATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. PHYSICAL THERAPY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. OCCUPATIONAL THERAPY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. SERVICES FOR SPEECH, HEARING AND LANGUAGE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33A. PROSTHETIC DEVICES, DENTURES, EYEGLASSES (COS 13)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33B. PROSTHETIC DEVICES, DENTURES, EYEGLASSES (COS 16)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33C. PROSTHETIC DEVICES, DENTURES, EYEGLASSES (COS 17)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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(MR-O-6AWR-EXP)

Run Date: 09/28/2015
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Medical Assistance Expenditures by Type of Service
For the Medical Assistance Program
Expenditures in This Quarter
Family Planning Waiver Only
For the Quarter Ended 09/30/2015

Federal Line Item	All Other Providers Paid Amount Unallocable Demo Year (Date of Service)	All Other Providers Paid Amount Closed Demo Year	All Other Providers Paid Amount Demo Year 10 (Date of Service)	All Other Providers Paid Amount Demo Year 11 (Date of Service)	All Other Providers Paid Amount Sub-total	IHS Paid Amount Unallocable Demo Year (Date of Service)	IHS Paid Amount Closed Demo Year	IHS Paid Amount Demo Year 10 (Date of Service)	IHS Paid Amount Demo Year 11 (Date of Service)	IHS Paid Amount Demo Year 12 (Date of Service)	IHS Paid Amount Sub-total	Total
33D PROSTHETIC DEVICES, DENTURES, EYEGLASSES (COS 240	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34. DIAGNOSTIC SCREENING AND PREVENTIVE SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35. NURSE MID-WIFE	\$0.00	\$0.00	\$0.00	\$0.00	\$2,691.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,691.03
36. EMERGENCY HOSPITAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
37. CRITICAL ACCESS HOSPITALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38. NURSE PRACTITIONER SERVICES	\$0.00	\$290.71	\$118.48	\$0.00	\$301,301.9	\$30,539.38	\$0.00	\$0.00	\$0.00	\$0.00	\$30,539.38	\$0.00
39A. SCHOOL BASED SERVICES - 90904	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39B. SCHOOL BASED SERVICES - 90806	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39C. SCHOOL BASED SERVICES - 90810	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39D. SCHOOL BASED SERVICES - 92506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39E. SCHOOL BASED SERVICES - 92507	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39F. SCHOOL BASED SERVICES - 96101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39G. SCHOOL BASED SERVICES - 97001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39H. SCHOOL BASED SERVICES - 97002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39I. SCHOOL BASED SERVICES - 97003	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39J. SCHOOL BASED SERVICES - 97004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39K. SCHOOL BASED SERVICES - 97112	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39L. SCHOOL BASED SERVICES - 97116	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39M. SCHOOL BASED SERVICES - 97530	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40A. REHABILITATIVE SERVICES (NON-SCHOOL-BASED) - 90801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40B. REHABILITATIVE SERVICES (NON-SCHOOL-BASED) - 90802	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41. PRIVATE DUTY NURSING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
46. OTHER CARE SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50. TOTAL	\$0.00	-\$556.12	\$4,050.84	\$33,431.31	\$1,544,917.61	\$1,581,473.64	\$0.00	\$0.00	\$0.00	\$0.00	\$342.00	\$1,581,815.64